# PROMOTIONS, TENURE, APPOINTMENTS, AND MENTORING COMMITTEE (PTAMC)

## OF THE DEPARTMENT OF PEDIATRICS

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## A. INTRODUCTION TO THE PROCESS OF PROMOTION, TENURE, AND INITIAL APPOINTMENTS

Promotions in rank and acquisitions of tenure granted to the faculty of a university have been considered honored rewards for the faculty members' academic efforts. They represent the way academic institutions recognize and reward faculty for their academic efforts. They are rewards for the following:

1) <u>Excellence</u> for their work in the academic areas of teaching, research, and service.

2) For their becoming <u>scholars</u> and their presenting <u>scholarly achievements</u> of their work.

3) <u>Mentorship</u> of junior and mid-level faculty.

4) Demonstrating <u>focusing</u> in certain areas of their careers over the years.

5) Demonstrating <u>sustained activity</u> in the area(s) of their focusing.

6) Demonstrating <u>role modeling</u> to students and trainees.

7) Developing national and international reputation through peer recognition.

8) Developing <u>leadership</u> capabilities.

9) Developing strong <u>documentation</u> of all of the above.

<u>In the tenure track</u>, promotions and tenure have been linked to excellence and scholarship in two areas of academic activity and satisfactory performance in the third area. <u>In the non-tenure track</u>, promotion is linked to excellence and scholarship in one area of academic activity (tenure does not exist) and satisfactory performance is required in the other two areas. In both tracks, promotion also requires national and international peer recognition for the excellence that faculty have demonstrated in their areas or area of excellence. This peer recognition could be "developing" for promotion to the rank of associate professor and fully "developed" and both national and international for the rank of professor. In the University of Texas Health Science Center of San Antonio (UTHSCSA) School of Medicine, the non-tenure track pathway is further divided into the "non-tenure/clinical" and "non-tenure/research."

In the past 50 years, the non-tenure track faculty have increased in numbers in both schools of medicine and other colleges and universities reflecting the complex funding structures of these institutions. The U.S. Department of Education reports that between 1987 and 1998, the number of non-tenure track faculty almost tripled from 36,000 to 90,000, while the number of tenure track faculty decreased by 12 percent. Faculty physicians often obtain additional degrees, including doctoral and master's degrees (MBA, MPH, MMM, etc.).

Medical academic departments have seen an increase of faculty members with this supplementary education. The structure and function of academic clinical departments in medical schools today are much more complicated than 40 or 50 years ago. The number of faculty per department has increased and the clinical departments show more subspecialization and diversity of faculty. The knowledge required by academic physicians increases every day. Department budgets have ballooned and are financed through a mixture of revenue sources with faculty members generating significant portions of their salaries through clinical practice or contracts and grants. In a university like the UTHSCSA, the sources of funding for faculty salaries are multiple: state, contracts and grants, practice income, endowments and gifts, and others.

In the early 1960s, schools of medicine of major universities did not offer non-tenure track appointments; all faculty appointments were in the tenure track. When I was appointed on the faculty of the University of Wisconsin Medical School in 1966, I was not asked whether I wanted to be on the tenure or non-tenure track; there was only one track, the tenure track. By the mid-seventies, the non-tenure track appeared in the medical faculties. The Association of American Medical Colleges (AAMC) began to keep records of the medical faculties appointed in the two tracks. When I arrived in the UTHSCSA in 1982, the pediatric faculty numbered 16 full-time and 4 part-time members. Over the next 15 years, the faculty of the Department of Pediatrics increased to 107 with a significant number of them on the non-tenure track. In 2010, the same Department of Pediatrics of the UTHSCSA has over 130 faculty.

## The Continuum of the Academic Medical Career

You are now a junior or mid-level faculty person in a clinical department of a school of medicine and you ask the question, "When should I begin to prepare for promotion and/or tenure?" The answer to this question is, "It is never too early or too late to start working on your promotion or on the acquisition of tenure." Actually, the best advice is to start your preparation for promotion and/or tenure on the first day of your new academic job. This preparation should include the following:

- Develop a close association and good working relationship with your academic mentor(s).

- Become knowledgeable of the policies and procedures of your academic institution.

- Familiarize yourself with the unwritten institutional attributes that accompany those policies and procedures; ask your mentor for help on these issues.

- Keep track of your academic progress toward promotion and/or tenure.

As one looks at Table 1, one realizes the following:

1) The time each faculty person has is finite.

2) There is a stepwise evolution from residency to senior faculty.

3) In each step, there are several goals to be accomplished in order to move up to the next higher step.

4) In order to accomplish these goals, the faculty person needs to always focus on his/her objectives and use time constructively.

5) Promotion in rank and acquisition of tenure are linked to excellence in performance in one or more of the academic areas of activity.

**Table 1:**

### The Continuum of the Academic Medical Career

| Residency | | Fellowship | | Jr. Faculty | | Mid-Level Faculty | | Sr. Faculty |
|---|---|---|---|---|---|---|---|---|
| 26-29 yrs | ➡ | 29-32 yrs | ➡ | 32-37 yrs | ➡ | 37-42 yrs | ➡ | 42 → Up yrs |
| Specialty Training | | Subspecialty Training | | Teaching | | Teaching | | Teaching |
| | | Search for faculty position | | Research | | Research | | Research |
| | | | | Service | | Service | | Service |
| | | | | Clinical Practice, Administration, etc | | Clinical Practice, Administration, etc | | Clinical Practice, Administration, etc |
| | | | | Early National/International Peer Recognition | | Established National/International Peer Recognition | | Establsihed National/International Peer Recognition |

When I was at the University of Wisconsin in the mid-60s, psychologists and sociologists used to tell us that the truly productive and innovative years of a faculty person are up to the age of 45 years. After that age, a person relies on his/hers previous creative accomplishments. If these scientists are correct, there is a need to focus on the faculty years (32-45 years) and create enough advancements in teaching, research, and/or academic service to sustain the faculty person in the ensuing years of his/her academic career. One must set exact goals and activities, avoid shifting from one academic activity to another, remain focused in his/her academic work and always focus on excellence.

Having been in an academic setting for almost half a century, I dare to express my thoughts in this booklet on promotions and/or tenure of academic medical faculty. I realize that physicians are not the only inhabitants of academia and that we have colleagues who have a basic or social science degree after their name and also provide major contributions in medical academia. In my 50 years of academic life, I have always treated my non-MD academic colleagues as equals to the MDs and I firmly believe that whatever applies to the career continuum of MD faculty equally applies to the non-MD faculty. In this booklet, I

will try to express my thoughts, the ramblings of an old professor, in the hope that what I have observed in my long career will be of some help to my young colleagues.

1) <u>Time is finite:</u>

   We need to have definite career goals and to focus on reaching our goals every working day of our professional lives. This immense effort of focusing on our career goals is absolutely necessary because we are surrounded by many exciting opportunities and distracting events. Essential to our careers is a good mentor or mentors who will assist us by pointing out the need to always be focused and to pursue our career goals without distractions and loss of precious time. The clock will tick no matter what academic activity we are engaged in. It is really helpful to have a well-written career development plan with short-term (one year) and long-term (five years) goals.

2) <u>The stepwise evolution in the academic medical career:</u>

   In every stage of professional academic development, we need to focus on the preparation for the next stage. This means the acquisition of knowledge and professional expertise that we will need at the next stage. For example, during the fellowship, we need to gain the knowledge necessary for the practice of our subspecialty. In the next stage, that of assistant professor, we need to learn the intricate details of academia, academic politics, interactions with fellow faculty, and other such details of academic life so that when we enter the mid-level stage, we will be comfortable performing in our academic environment.

3) <u>Reaching the stepwise academic goals:</u>

   Each one of the academic goals we pursue at each stage of academic development must contain elements that will be helpful at the next stage. For example, building the basis of early national recognition during the stage of junior faculty should prepare us for establishing the concrete national peer recognition during the stage of mid-level faculty, which is necessary for our promotion to the level of senior faculty in our institutions. In order to reach the highest level of academic rank (professor) the faculty person needs to be recognized for academic excellence by his peers in the national as well as the international domains.

4) <u>There is need for constant focusing and constructive use of academic time:</u>

   One of the most difficult things for the faculty person to do during any stage of his/her academic career is to focus on the objectives of his/her career plan and to always use the finite time he/she has constructively. There are a number of very

distracting academic experiences that could draw our attention and thus cause us to abandon the constructive use of our time at any particular moment of our academic development. Every day, there are new research discoveries that are exciting and attractive. The young faculty person gets attracted to these developments and moves away from his/her career development plan and soon, confusing diffusion enters into his research academic career. This diffusion is a very frequent occurrence in young faculty. It happened to me and I have seen it happen to many young faculty. This is the time in one's academic career when he/she needs a caring and helpful mentor and a good individual career development plan.

5) Excellence in academic performance:

Something that is not always understood among medical faculty is that promotion in rank and the acquisition tenure in an academic institution is the result of academic excellence in whatever academic activities the faculty person is engaged in. Just performing a prescribed duty is not enough to be rewarded with promotion and/or tenure. Academics are asked to perform each duty in a way that demonstrates excellence and scholarship. We should not forget that our mission in medical academia is to promote excellence of our art or science and transmit that excellence to our students and trainees.

The granting of promotion and tenure (P&T) in academic medical institutions represents the way each institution recognizes and rewards its faculty for their academic accomplishments. It needs to be emphasized that promotion and tenure of faculty requires the faculty member who is a candidate for promotion and/or tenure demonstrate excellence and exemplary performance that is above the routine performance required by his/her position on the faculty of the medical institution. In preparation for consideration as a candidate for P&T, it should always be remembered that the basis for these rewards is excellence in academic performance. Junior and mid-level faculty should remember that "it is never too early to start working on your promotion and/or acquisition of tenure" and that they should start collecting documentation of excellence of their academic work form the first day of their employment by an academic medical institution and continue every day of their employment.

Preparing for P&T should be an ongoing process for all faculty at all stages of their careers and the preparation should include the following:

a) Secure an academic mentor and use his/her advice in your career.

b) Get to know the written policies and procedures of your institution.

c) Become familiar with the unwritten institutional attitudes.

d) Keep track of the progress of your career.

## Become Familiar with Institutional Attitudes

Every academic institution has unwritten attitudes about the implementation of official written policies. These attitudes are more difficult to discover and understand than the written policies. Junior and mid-level faculty should get advice about the underlying issues from members of the faculty who have been with the university for a long time and are already familiar with such aspects of the P&T process. Faculty members are encouraged to discuss P&T issues with any of the following people:

- Your mentor

- Department chair

- Members of the department or university PTAC

- Division chiefs

- UTHSCSA administration

Junior and mid-level faculty are encouraged to bring any questions to the chair of their departmental PTAC. The chair and other members of the PTAC will attempt to answer these questions. This process will not only solve individual faculty members' problems but will also help create a repository of knowledge on the P&T process for future use by the department PTAC.

## Keep Track of Career Progress Regarding Promotion and/or Tenure

Listed below are some suggestions for junior and mid-level faculty on how to track progress toward P&T on a regular basis:

1) Align career goals with the mission and goals of your institution:

Study the mission and goals of the university, medical school and department by reviewing the appropriate documents, and set personal career goals congruent with that mission and those goals. This alignment can be direct or indirect. Make sure that career activities support the personal mission in the letter of recruitment. To change career goals from those originally charted, consult the division chief or the chair of the department's Faculty Development Program, mentors and the department chair.

Always make sure that any change in career goals still mirrors the institution's mission and goals.

2) Update curriculum vitae regularly:

Through the discipline of regular updates to the electronic curriculum vitae (eCV), there is less likelihood of omission of important information. Knowing that the eCV is current brings peace of mind and will reduce the stress of having to locate and input a backlog of information. See Appendix 2 for more on the eCV.

3) Make use of the personal statement:

At times, a faculty member will need to present a supplement to the eCV, a personal statement. Such situations include:

- **Annually**: When a faculty member undergoes the annual evaluation by the division chief.

- **Occasionally**: When a faculty member applies for a new position or a new assignment at the same institution.

- **At P&T time**: When the faculty member becomes a candidate for P&T by the departmental and university PTAC.

The personal statement should not reiterate what is already included in the eCV, but it should contain parts of the career philosophy hidden between the lines of the eCV. In the personal statement, faculty members have the opportunity to describe unique academic accomplishments, academic philosophies and career goals. A personal statement should be a road map through the eCV. This road map should provide evaluators with insight into academic performance. For example, the personal statement could point out the importance of findings published by a faculty member in an article or report, the quality of teaching and lecturing, or the significance of his/her impact on a clinical effort:

- ➢ "My paper was cross-referenced 12 times in the medical literature."
- ➢ "Since I assumed the leadership of this clinical unit, referrals increased by 50 percent."
- ➢ "I lectured to an audience of physicians and my evaluations showed a score of 4.9 out of 5.0."
- ➢ "I participated in this multi-institutional patient study and I contributed 40 percent of all patients to the statistical analysis."

In the examples above, specific numbers were used in the personal statement. Evaluators, and particularly PTACs, like numbers and appreciate well-documented numerical scores. Continuing medical education evaluation forms provide such scores. Faculty can even ask directors of multicenter studies to provide numerical figures of their contributions. The department PTAC requests a personal statement from all candidates for P&T and uses it in formulating its recommendation to the UTHSCSA PTAC. The university PTAC does not require a personal statement, but a review of PTAC activities strongly advocated its use. All pediatric faculty members are encouraged to make use of their personal statements during annual evaluations. Division chiefs will include those statements in annual evaluations to be eventually used for P&T purposes.

4) Make your annual evaluation relevant:

At the annual evaluation, faculty should meet division chiefs armed with detailed information about academic career progress and with questions about how this career trajectory agrees with personal and university goals. Discuss any changes in career direction with your division chief and your mentor(s). Keep a written record and report the reactions to the division chief. File these reports in the personal file to be used at P&T time. Annual evaluations should be an effort to detect underlying attitudes of the department and institution. Annual evaluations are rehearsals for official P&T proceedings.

5) Document academic progress:

Progress needs to be documented in a systematic way. The secret of a successful personal file is to keep everything. Experts suggest that medical faculty members should develop a file of career information as if it were for the Internal Revenue Service. Place in this file anything that may be useful in the future. Such items include invitations to speak or participate in workshops, all teaching or clinical assignments, copies of acceptance letters for grants and papers, awards and honors, copies of annual reviews or reviews of individual projects, evaluations of academic performance, and notes of appreciation from patients, students and colleagues.

Ask for letters of evaluation and appreciation from project leaders after completing an academic assignment. Put these letters in the personal file. Some academic activities are documented automatically. For example, if a faculty member has a paper published, that implies peer review and recognition of academic success. If the application for a grant has received an extraordinarily high priority score for funding, that score should be included in the personal statement and a copy of the letter announcing the funding should be placed in the personal file.

Researchers should document all invitations to lecture at national or international meetings, participate in scientific workshops, or organize or chair such meetings or workshops. Invitations are particularly important documents of academic success and should be always saved in the personal file.

Documentation of successful academic teaching and service is more difficult, but with a little effort, it can be done. Faculty members should file teaching evaluations; educational portfolios; peer and student reviews; documents of success in the careers of graduate students, residents or advisees; and evaluations documenting the value of any innovative instructional methods. Any documents pertaining to educational activities should be meticulously collected and filed for future use.

Similar documentation of service activity is also recommended. After serving on any committee, ask the chair of the committee to write a performance review letter. Then file it in your personal file. For example, if a faculty member is asked to direct a clinic and brings about noticeable improvements, that person should ask the supervisor to document all clinic improvements in a letter for the personal file. At P&T time, improvements demonstrated in numerical scores will have the biggest impact.

Meticulous documentation of career progress and a thorough personal statement reflecting academic achievements will prove a candidate's worth to the department PTAC and, in turn, will help the university PTAC to look favorably on a candidate.

6) Consult frequently with academic mentor(s):

Keep careful records of academic career progress and ask colleagues for periodic evaluations. Consult with former members of the university PTAC or with current members of the department PTAC about P&T issues. The chair of the department PTAC has a lot of experience with P&T issues and should be consulted freely. Colleagues who have recently gone through the P&T process can be a useful source of advice.

## B. MENTORING AND PROMOTIONS AND TENURE

### Secure an Academic Career Mentor and Use His/Her Advice in Your Career

You cannot do it alone! Choose a suitable mentor or have one assigned to you by your department or school. Go to your mentor and ask for his/her assistance every time you need help in order to navigate the difficult oceans of academia. There are unwritten rules and regulations in every academic institution that only your experienced mentor can help you

interpret. Remember, sometimes you may need more than one mentor depending on the problems you face or questions you have. The area of promotion and tenure is particularly filled with such unwritten rules and policies that have evolved over many years in the life of your academic institution.

## Career Mentoring

Mentoring is not something new in the area of adult learning and development, although there has been renewed emphasis on mentoring in the past 40-50 years. According to Galbraith and Cohen, mentoring is considered to be "a process that advocates to us and assists and guides us through the transitional phases of our adulthood and, in doing so, influences our personal and professional growth and development." (4)

The word "mentor" goes back to the time of the poet Homer in ancient Greece who wrote the epic poem *Odyssey* around 1200 BC. In this epic saga, Odysseus, the King of Ithaca, as he was getting ready to join the other Greek kings in their voyage to fight the Trojans in Asia Minor, asked his wise, educated, and trusted friend Mentor to guide his very young son Telemachus in order to make his passage from childhood to adulthood and learn how to be the future king of Ithaca. Homer added in his poem an element of divine intervention by having Athena, the Greek goddess of wisdom, war, and craft, assist Mentor in the upbringing of young Telemachus into an able prince and heir to the throne of Ithaca. According to Homer, upon the return of Odysseus from his 20-year journey to Troy and back, Athena took the form and voice of Mentor in order to help restore Odysseus to his throne. The terms mentor and mentoring first appeared in the English literature around the middle of the 18th century. The words mentor and mentoring appeared in the MEDLINE of the USA by the mid-1980s and in 2004, there were four million notations of the terms mentor and mentoring in Google.

## Definitions of Mentoring

There are many definitions of the term mentoring and they depend on the area of adult learning each one of them is applied. The closest definition of mentoring that approaches the form of universal definition of this term is the one proposed by Healy and Weichert (7) and reads as follows:

> "Mentoring is a dynamic, reciprocal relationship in a work environment between two individuals where, often, but not always, one is an advanced career

incumbent and the other is a less experienced person; the relationship is aimed at fostering the development of the less experienced person."

In the areas of the practice of medicine and dentistry, the Standing Committee on Post-graduate Medical and Dental Education (SCOPME) of the United Kingdom (6) presented a report titled, <u>An inquiry into mentoring, supporting doctors and dentists at work</u>, which offered the following definition of mentoring:

> "A voluntary relationship, typically between two individuals, in which the mentor is usually an experienced, highly regarded, empathic individual, often working in the same organization or field as the mentee, in private and in confidence, guides the mentee in the development of his/her own ideals, learning personal and professional development; the mentoring process should be positive, facilitative, and developmental and should not be part of assessment or performance monitoring procedures."

## Use of Mentoring in the Healthcare Field

Mentoring has been used extensively in the areas of higher education, business, law, academic medicine, and health services. It should be viewed as a form of adult learning which is a part of the system of support provided to young and mid-level faculty. The mentors must inspire trust and confidence and the mentees should expect to receive from them educational and personal support as they move along in their careers. They should always remember that the most important aspect of mentoring is to help the mentees to advance their career goals. This is the reason the Promotions, Tenure, Appointments, and Mentoring Committee (PTAMC) of the UTHSCSA Department of Pediatrics has decided that "career mentoring" will be the first and most important stage (Phase I) in the development of the mentoring program in the Department of Pediatrics. Jackson and colleagues (8) in their qualitative study of mentoring in schools of medicine emphasized that "having a mentor is critical to having a successful career in academic medicine." They suggested the following:

- Finding a suitable mentor requires effort and persistence.

- Lack of mentoring is one of the most decisive factors hindering career progress in academic medicine.

- Effective mentoring necessitates "certain chemistry" for an appropriate interpersonal match between mentee and mentor.

- Prize mentors have clout, knowledge, and interest in their mentees and provide both professional and personal support to them.

- In cross-gender mentoring, maintaining clear boundaries is essential for an effective mentoring relationship.

- Same gender or same race match (concordance) between mentor and mentee were not felt to be essential.

- It is critical that mentoring be a no-fault relationship that either party has the option to terminate for good reason at any time without risk or harm to careers.

- Mentoring must always be "project focused" and "outcome driven."

Today, a mentor is considered to be a friend who is experienced, does not foster imitation in the mentee, provides critical advice to the mentee, is not directive but, instead, assists the mentee to form good decisions. A mentor is a person who does his/her homework before giving advice to the mentee, highlights the mentee's strengths and weaknesses, and facilitates the mentee to make good decisions in his/her career. In other words, a good mentor is the ideal helper we all wish we had on our side; someone who has a bit of the "divine" instructions and capabilities, just like the goddess Athena in Homer's *Odyssey* who took on the form of Mentor in order to help Odysseus and Telemachus in their lives when they needed that help. Viewed this way, the concepts of successful mentoring described by Homer over three thousand years ago in the *Odyssey* remain the same in all the professional and personal areas where they are needed.

## Modes of Mentoring

Career mentoring in academic medicine today involves facilitating relationships between less experienced academic physicians with senior colleagues and/or peers in an atmosphere that is collaborative, collegial, and supportive. The relationships between mentors and mentees must focus on achievements by the mentees, emotional and psychological support of the mentees by their mentors, direct assistance in professional career development, help in identifying opportunities for recognition of leadership capabilities, and, above all, role modeling by the mentors for the mentees. In order to have effective interaction between mentors and mentees, there must be personal and direct communications between the parties. The mentors should always remember that mentoring is a valuable mechanism in support of mentee faculty development. Mentoring can be a powerful tool in helping create cohesive cadres of researchers, educators, and providers of clinical services in an academic medical environment, which in turn pushes forward the frontiers of medical education and health care. Mentoring empowers the junior faculty and helps them turn their weaknesses into strengths. Good mentors advocate for junior faculty in their departments, the medical school, and national professional organizations. Mentoring of junior faculty builds success for each

one individually and for their organizational units.  Good and sensitive mentors help the mentees to keep their personal and family lives strong and healthy.

There are different types of mentoring serving mentoring needs depending on what is needed by the mentees or the mentors and what the needs of the academic medical institution are at a given time.

<u>One-to-One Mentoring</u>:

This is the traditional mentoring relationship which involves one mentor and one mentee forming a dyadic relationship like the one described by Homer in the *Odyssey*.  This form of mentoring can address general career needs (<u>career mentoring</u>) or be narrowly focused. In the first case, the mentee seeks to find ways to advance his/her career in general terms and he/she needs to find a broadly focused and career oriented mentor.  In the second case, the mentee needs a mentor or several mentors who will address his/her special needs such as designing research plans, writing effective applications for research grants, organizing a research laboratory, writing a scientific paper, creating a teaching course, an evaluation system of teaching effectiveness, etc.

Regardless of the specific needs a mentee may seek to satisfy in a mentoring relationship, he/she needs to look for some special qualities in a prospective mentor:

- The prospective mentor should be experienced in medical academia and especially knowledgeable about the inner workings of the mentee's particular academic institution.

- The mentee should be looking for a mentor who has been successful in the particular field of his/her academic endeavors.

- The interests of the prospective mentor should fit the specific needs and academic interests of the mentee.

- The mentor is a person who believes in and promotes the independence of the mentee.

- The prospective mentor has excellent communication skills, especially: listening, honesty, empathy, respect for junior faculty and a reputation of being interested in the academic development of junior faculty.

- The prospective mentor has established a reputation for integrity in the academic setting.

- The mentor honors confidentiality.

- The mentor's academic performance has been exemplary in the career development of mentees.

- The prospective mentor is known for delivering structured and valuable assistance to mentees.

Group Mentoring:

The more contemporary model of group mentoring has many formal and informal types: routine lunch or dinner groups, mentor directed journal clubs, mentor committees, peer mentors, to name a few. Because of the current day complexities of the mentoring needs and the increased requirements for mentors, mentees often decide to approach more than one mentor so that their combined efforts can satisfy the aggregate of the needs of one mentee.

Peer Mentoring:

Such mentoring offers a group of peers to a new faculty prospective mentee. The members of the group are of the same or similar academic status as the mentee but he/she feels comfortable about questions and concerns he/she may have to discuss with the group of peers. Occasionally, senior faculty mentors intimidate the mentee and the group becomes unproductive. In such cases, the peer mentoring is convenient for the mentee because it lacks possible intimidation. The disadvantage of peer mentoring is that frequently the group of junior peers lack the experience and achievements of senior faculty mentors.

Mentoring Committee:

This form of group mentoring consists of at least three senior mentors and not more than eight with whom the mentee meets at regular intervals. The discussions between the mentee and this group of senior mentors usually covers topics of career development of the mentee. It is advisable that at least one member of the mentor group should be from the mentee's department and one outside of the junior faculty's department so that the group would appear neutral regarding issues of promotion and tenure in the department of origin of the mentee.

Colleagues as Mentors:

Pololi, et al (9) suggested that junior faculty members who do not have formalized mentoring relationships should look to their peers or colleagues for informal mentoring and assistance in navigating the academic system. Colleague mentors can be found in a mentee's own department or in another department or even in another academic health system.

# Failing Mentoring Relationships

In most mentoring relationships, the mentor acts in the best interest of the mentee. However, in some cases, mentors may take advantage of mentees by, for example, taking credit for the work of the mentees, making racist or sexist remarks or sexually harassing mentees. Such incidents are very disturbing for the mentee who has viewed the mentor with high regard "as a coach or an academic parent." If there is any indication that the mentoring relationship has been violated, the mentee should gather the necessary documentation and go to the chair of the PTAMC or the chair of the department or other appropriate academic superior or the ombudsperson of the institution and report the incident and seek help toward a possible termination of the mentoring relationship. If further assistance is needed, the mentee should contact the office of affirmative action or diversity council or equal employment opportunity office of the institution for immediate assistance.

# Benefits from the Mentoring Relationship

The mentoring relationship provides benefits for the mentee, the mentor, the organization where mentor and mentee work, and the society in general.

Benefits to the Mentee:

The mentee, having the mentor as a private tutor, undergoes rapid learning of the elements needed for the evolution of his/her career. The mentee grows professionally, develops leadership skills and autonomy in his/her area of expertise.

Benefits to the Mentor:

The synergistic activities of mentor and mentee result in growth of the mentor and his/her personal satisfaction and development of improved communication skills. The mentor has opportunities to learn specific skills and new ideas and theories from the mentee who has gone through his/her training in more recent and updated curricula. The mentor grows personally as he/she has the renewed opportunity to develop the reputation as a leader and an expert with knowledge and wisdom to share. This gives mentors the feeling of continued value to the organization which results in increased feelings of self-worth.

Benefits to the Organization:

Many studies have demonstrated that mentoring improves recruitment efforts by the organization, increase productivity and cost effectiveness, decreases training costs of new faculty, and helps the development of the employees of the organization. Mentoring

reduces employee turnover and improves the culture of the organization. Mentoring creates a climate of learning and an attitude of professionalism, particularly in organizations of higher education.

Benefits to Society as a Whole:

Mentoring in organizations comprising the society, increases the human capacity to form attachments, learn from one another, and gain mutual understanding, particularly in accepting minorities in the workplace.

An excellent chapter on "The Benefits of Mentoring" has been written by Susan F. Schulz and published in the book edited by Michael W. Galbraith and Norman H. Cohen titled, *Mentoring: New Strategies and Challenges*, Jossey-Bass, Inc., Publishers, 1995. It is recommended as useful reading on the topic of mentoring. (4)

## What the Participants in Mentoring Relationships Provide or Receive?

Mentoring offers to adult learners opportunities for significant personal, academic, and career development. Mentor-mentee relationships provide unique learning experiences because through them mentees explore and expand their professional talents in the company of concerned professionals, the mentors, who have chosen their roles voluntarily.

Mentors Provide:

- Assistance to mentees in order to help them advance their professional development. The form of assistance is based on the form of relationships between mentors and mentees.

- The relationship between mentors and mentees is based on "knowledge sharing" and "knowledge transfer between the mentors and the mentees."

- The mentoring relationship is built with a focus on knowledge transfer from mentors to mentees and occasionally from mentees to mentors.

- The mentors guide the mentees toward reaching their educational and career goals.

- The mentors frequently facilitate the desired knowledge transfer to the mentees silently by simply being there and acting as role models. Thus, they succeed in knowledge transfer without having an adult teaching plan or teaching curriculum for their mentees.

- The mentors also serve as observers, advocates, or commentators to the mentees and help their mentees through their influential presence.

The Mentees Receive from the Mentors:

- Instructions, occasionally challenges, often encouragements, role modeling, psychosocial support, and prevention of adverse career events.

- The mentees frequently receive from their mentors emotional support as they occasionally face upsetting influences from adverse career events.

- Perhaps the most important help and support mentees receive from their mentors are in the knowledge that they are not alone in their career journey but they have colleagues, the mentors, who are willing and able to help them stay on their career paths and pursue their professional dreams.

## Is Mentoring Needed in Schools of Academic Health Centers?

It has been shown that mentoring is beneficial to students of medical and other health schools of academic health centers because it stimulates:

- Employee satisfaction in the schools.

- Increased teaching, research, and service/clinical care productivity.

- Improved faculty and staff retention because of their satisfaction from the mentoring.

- Increased commitment of faculty and staff to the institution because of their satisfaction.

- Improved financial performance of each school resulting from the increased productivity.

Academic organizations investing in the development of their faculty and staff through mentoring activities have seen multiple benefits in their institutional performance. A recent study of the project, Faculty Forward: Ideas in Practice, of the American Association of Medical Colleges (AAMC), indicated that in the next 20 years, U.S. medical schools will have difficulties replacing the retiring, aged, "baby boomer" generation of faculty with experienced and talented younger faculty. It is also predicted that some medical schools may have difficulties retaining the recruited faculty if they are not able to satisfy their needs, including mentoring, which has been shown to result in faculty and employee satisfaction, methodologies facilitating increased productivity in academic activities, actions resulting in institutional commitments to the welfare of faculty and staff and methodologies improving

the work productivity in the schools. If the given organization fails to invest in the good conditions of the work environment of its employees, it runs the risk of losing them to professional competitors. Investing in various forms of mentoring is one of the most successful ways to improve faculty and staff satisfaction resulting in their retention and satisfactory institutional performance. (1)

## Purpose of Mentoring

Mentoring should be viewed as part of a system of support provided to young and mid-level faculty or employees in institutions of higher education, business, law, academic medicine, industry, etc. As a prospective mentee in an academic institution, you, the junior medical faculty person, must develop a clear understanding of your needs for mentoring and actively seek to identify the prospective mentor(s) in your institution. Even when your new chairperson assigns you to a mentor, it is your responsibility to ascertain that the mentor is strongly interested in your academic growth and success. Your mentor(s) must inspire trust and confidence and help you achieve your academic goals. You should expect your mentors to provide you with professional, educational, and personal support as you move along with your career. It does not matter whether the mentoring will be delivered by instruction or by example or by one or many mentors. The important element of mentoring is to help you advance your career goals.

Today, a mentor is considered to be a friend who is experienced, does not foster imitation, provides critical advice to the mentee, is not directive but, instead, assists the mentee to form decisions that benefit his/her career. A mentor is a person who does his/her homework before giving advice to the mentee, highlights the mentee's strengths and weaknesses, and facilitates the mentee to make good choices in his/her career. A new minority faculty mentee may find that the very strengths, such as high initiative, working alone, and not bringing extra attention to oneself, that lead to success in undergraduate medical education, may weaken his/her academic success which is dependent on relationships with colleagues and guidance from mentors.

Mentoring in academic medicine involves facilitating relationships between less experienced academic physicians with experienced senior colleagues and/or peers in an atmosphere that is collaborative, collegial, and supportive. The relationships between mentors and mentees must focus on achievements by the mentees, emotional and psychological support of the mentees, direct assistance in professional development of their careers, help in identifying leadership and awarding opportunities for the mentee(s) and, above all, role modeling by the mentor(s). In order to have effective interactions between mentees and mentors, there must be personal and direct communications between the parties. It should always be remembered that mentoring is a valuable mechanism in support of faculty development. Mentoring forges

relationships critical to creating a cohesive cadre of researchers, educators, and clinical care providers who push the frontiers of medical education and health care. Mentoring fosters the empowerment of junior faculty in each department, medical school, academic health center, and national professional organizations. Successful mentoring advances the academic careers of mentees. Good mentors are also sensitive to helping mentees keep their personal and family lives strong and healthy.

## Goals of Mentoring

As a junior or mid-level member of the medical faculty, you should have definite expectations as to what you expect to gain as you enter into a mentoring relationship with a single (one-to-one) mentor of a group of mentors. You need to define the goals and expectations of your academic career that are appropriate for you. Your helper in achieving the goals of your academic life is your "career mentor or mentors." Your mentor(s) will be able to effectively help you if you have developed a "career development plan" which contains an outline of the steps and timelines in order to reach your career goals.

## Career Development Plan

The career development plan should be in writing and be shared with the chair of your department, your division chief, and the career mentor of you, the mentee. In formulating his/her career development plan the mentee must:

- Define and prioritize his/her career values, showing where he/she will put the emphasis of the academic endeavors and the priority scale of the implementation of these endeavors.

- Define the academic needs and the work that needs to be done with the prospective mentor in order to find ways to address those needs.

- Assess the personal academic strengths and weaknesses that are related to the academic activities in the future career steps.

- Ask questions about whether or not the mentee has done the preparations for the various activities involved in pursuing his/her career goals.

- Identify gaps in his/her knowledge and skills that will be needed to pursue his/her career goals. The mentee needs to find if his/her present institution or local/national professional organization offers opportunities to acquire such knowledge and skills.

- The mentee should find out if training opportunities exist for strengthening skills in communication, team building, time management, negotiations, budges, oral and written presentations, and teaching.

- The mentee, with assistance from the mentor, should set "short-term" (one year) and "long-term" (five years) career goals and write out expected, concrete outcomes.

- Estimate the resources (equipment, support staff, extra protected time for research, writing, etc.) that will be needed from the institution in order to be able to reach his/her career goals without delays or impediments.

- Identify possible collaborations the mentee will need from the department, school, and university or from other related institutions.

The career development plan of the mentee may not be initially perfect but with help from his/her mentor, the plan will provide a rational and realistic picture of the mentee's career baseline and the determination of the future career building action steps.

### The Individual Career Development Plan (ICDP)

Each new junior member of the faculty either self-selects a mentor or is assigned one by the director of the mentoring program of the Department of Pediatrics or by a member of the departmental mentoring program committee. In the first year, the mentor and mentee organize a number of meetings which assists them in starting the career activities of the mentee and the subsequent career development in the years to come. During the first year, mentor and mentee plan four structured meetings. Of course, if they feel that there is need for additional ad hoc meetings, they should feel free to schedule as many additional meetings as they need.

The mentoring committee recommends four structured meetings in the first year:

First Meeting:

- To take place in the first month after the arrival of the newly recruited junior faculty person.

- First order of business will be to have the mentor and mentee become acquainted with each other.

- The mentor and mentee will discuss how their mentoring will be conducted.

- The mentor will provide to the mentee orientation to the department, the UTHSCSA, and the city of San Antonio (information will be either printed or in electronic format).

- Mentor and mentee will develop a system of communication with each other in case the need to discuss urgent mentoring issues arises.

- Set up the times for subsequent meetings.

Second Meeting:

It is recommended that the second meeting take place in approximately four weeks after the first meeting. The agenda should include the following:

- Any issues or questions the mentee would need to discuss with his/her mentor.
- Discuss the need for an individual career development plan (ICDP), its structure and use in the mentoring relationship. A blank copy of the ICDP will be given to the mentee as well as verbal instructions how the ICDP should be completed by the mentee.
- The ICDP should contain the career goals of the mentee in the short term (one year) and in the long term (five years).
- The mentee is asked to use the following month in order to complete the ICDP before the next mentor-mentee meeting in one month.

Third Meeting:

This will occur one month after the second meeting and the main topic of discussion will be the completion of the ICDP:

- In the interval between the second and third meetings it will be the responsibility of the mentee to complete his ICDP to the extent he/she is prepared to do so.
- Mentor and mentee arrange ad hoc meetings in the interval. Those meetings may be dedicated to the completion of the ICDP.
- It is advised that the mentee send a copy of the completed ICDP, or as complete as possible, to the mentor a few days in advance of the third meeting and brings the completed ICDP with him/her to the meeting.
- Mentor and mentee review jointly the ICDP and finalize it. It should contain the time and effort the mentee will be advised to dedicate to each area of the major academic activities: teaching, research, service (which includes clinical care).
- The mentee should be advised that any scholarship activities he/she conducts (abstracts presented, papers submitted for publication or have been published, innovations in teaching have been produced, lectures and consultations) have been annotated in the eCV.

<u>The Fourth Meeting of the First Year</u>:

This is an important meeting because the mentor and mentee reflect upon the academic activities of the mentee and go through a process of formative evaluation.  It takes place at the end of the first year and questions are asked by the mentor in order to develop an impression about the success of the mentee in pursuing his career goals during his/her first year:

- Has the mentee remained <u>focused</u> in his/her planned academic activities during the past year?
- Has he/she demonstrated <u>sustained</u> academic activity in the areas he/she chose to engage in his/her ICDP?
- Did the mentee stay on course or deviated from his/her plan?
- Did anything unusual happen during the year that precipitated a change in career direction which either augmented or inhibited his/her planned academic activities?
- Has the mentee collected documentation of <u>excellence</u> of his/her academic activities which might be used when the time comes for promotion and/or tenure?
- Is the mentee's academic career on track for success?

<u>Career Conference</u>:

Armed with the answers to the above questions and with additional pertinent information about the mentee's academic career, the mentor will write a brief (up to one page) report about the evolution of the mentee's career in the first year.  Then the mentor will participate in a "career conference" attended by himself/herself, the mentee's division chief, and the chair or vice chair of the PTAMC of the Department of Pediatrics.  The goal of the "career" conference" is to discuss whether or not there have been signs of favorable progress in the career of the mentee during his/her first year in our academic institution.  This "career conference" will take place at the end of each year of the mentee's career.  If the mentor notices slow progress, impediments or deviation from the course of the mentee's academic action, this should trigger corrective action.

Every academic year, the mentor's brief report after the career conference for his/her mentee should be noted and any suggested actions for making the mentee's career academically productive should be undertaken.  The Department of Pediatrics should receive a notice that the career conference for a given mentee has taken place and that notice should be included in the annual evaluation of each faculty person with a notation that "<u>mentoring of this faculty person took place during the past academic year</u>" without divulging any other information so that the mentoring evaluation will be kept <u>formative</u> and not become summative.

The "career conference" will be repeated yearly and an effort should be made to include in the summary answers to the following questions:

1) Has the mentee stayed on his/her planned course of the academic career or has he/she deviated from it?

2) If he/she has deviated from the career course, what were the reasons for the changes that occurred?

3) What are the predictions for the future advancement of the mentee's career?

4) Is the mentee demonstrating ongoing progress in his/her academic career, particularly in the following areas?

- Focused and sustained academic activities in the areas he/she chose to follow?

- Is the mentee demonstrating excellence in his/her chosen area(s) of academic activities?

- Has the mentee demonstrated ample scholarship?

- Has the mentee collected appropriate documentation of his/her excellence in academic activities?

- Has the mentee been developing peer recognition and or role modeling through outstanding reputation among peers?

The above characteristics of the mentee's academic career will be the elements that will satisfy the criteria for promotion by the PTAC of the UTHSCSA.

Armed with the answers to the above and other questions and with other information about the mentee's career, the mentor is to write a brief (half-page) review of the mentee's career and will deliver to the mentee. The annual department summative review of each junior member of the pediatric faculty will not be considered complete unless it includes a confirmation that there has been an annual formative review conducted by the junior faculty person's mentor. The mentee will send a copy of his formative evaluation to the director of the departmental mentoring program for record keeping in the mentee's personnel file.

In the second and subsequent years of each member of the faculty, the annual report from the mentor should be included and should include the following items:

- Has the mentee stayed on his/her planned academic career or has he/she deviated from the plan?

- If he/she has deviated, what were the reasons for these changes?

- What predictions could be made about his/her career in the future?

- Is he/she continuing to show career success? Success is demonstrated as:

   o Focused and sustained academic activities in the areas he/she chose to follow.

- o <u>Excellence</u> in his/her chosen academic area.

- o Demonstration of <u>scholarship</u>.

- o Satisfactory <u>documentation</u> of the above.

- o <u>Peer recognition</u> through excellent reputation among peers (local, regional, national, and international).

These characteristics of the mentee's academic career will eventually be the elements that will satisfy the criteria for promotion and/or tenure. That candidacy will be determined by the joint activities of the mentor and mentee and approved by the chair of the department before the promotion and tenure packet is submitted to the University promotions, tenure, and appointments committee (PTAC) for evaluation and approval.

If for any reason the mentor and mentee are separated (mentor or mentee moves to another institution) the relationship may continue as <u>long-distance mentoring</u> or they may become totally separated. In the last case, it will be the responsibility of the faculty person to seek a replacement mentor with the help of the director of the mentorship program of the department. It will be the responsibility of the mentee to always have a mentor. However, if the mentor-mentee relationship does not satisfy the mentee's needs, he/she should be able to dissolve that relationship without any adverse effects on either party and proceed with securing a new mentor.

## <u>References</u>

We would like to suggest to our faculty the following reading references regarding mentoring of faculty in institutions of higher education in the health sciences:

Books/Monographs/Papers:

1. *Creating a mentoring Culture: The Organization's Guide.* Lois J. Zachary. John Wiley and Sons, 2005, Jossey-Bass Publishers, San Francisco, CA.

2. *The Mentee's Guide: Making Mentoring Work for You.* Lois J. Zachary (with Lory A. Fischer). Copyright 2009 by John Wiley and Sons, Inc., Jossey-Bass Publishers, San Francisco, CA.

3. *The Mentor's Guide: Facilitating Effective Learning Relationships.* Lois J. Zachary. Copyright 2000 by John Wiley and Sons, Inc., Jossey-Bass Publishers, San Francisco, CA

4. *Mentoring: New Strategies and Challenges – New Directions for Adult and Continuing Educatio*n. M.W. Galbraith and N.H. Cohen, Editors; 1995. Jossey-Bass Publishers, Inc., San Francisco, CA.

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## C. THE PROCESS OF PROMOTION AND TENURE AT UTHSCSA

Each faculty member who wants to be considered for promotion in rank and/or acquisition of tenure must first place his/her academic progress under peer review. This review is conducted at two levels of committees comprised of peers and several administrative steps.

## The Departmental Promotions, Tenure, Appointments, and Mentoring Committee (PTAMC)

Each department of the medical school has a Promotions, Tenure, and Appointments Committee (PTAC). Members are appointed by the chair of the department. The departmental PTAC is advisory to the chairman of the department. This committee conducts the preliminary review of each candidate for promotion in rank and/or acquisition of tenure. The current members of the PTAMC for the Department of Pediatrics are Drs. N. Amodei, V. German, J. Guajardo, A. Infante, S. Mustafa, R. Nolan, J. Novak, J. Parra, and J. Mangos (Chair). The department PTAMC evaluates each candidate, collects the necessary career documents from each candidate, solicits letters of support written by local, regional, national and international peers, and makes recommendations to the chair of the Department of Pediatrics on each candidate. The chair conducts his/her own review of each candidate based on the recommendations of the department PTAC and makes the final recommendation to the dean of the medical school. After review by the office of the dean, the P&T packet is returned to the Department of Pediatrics where 20 copies are made and submitted to the UTHSCSA PTAC for its consideration.

## The UTHSCSA PTAC

The UTHSCSA PTAC is a standing committee charged by the president and in accordance with the "Guidelines for Establishing Rank and Tenure of Faculty" to make recommendations to the president and to work with the vice president for academic administration on issues related to faculty promotion, tenure and initial appointments.

The PTAC is comprised of 18 members from the five schools of the university. The term of membership is three years with six member slots changing each year.

The UTHSCSA PTAC meets monthly in November and December, and weekly, January through March. Committee business is handled by e-mail, phone, and memo at all other times. The PTAC members must have tenure at UTHSCSA.

## The Timetable for P&T

The Department of Pediatrics has established an annual timetable for the P&T process to best serve its faculty. The process begins February 1 and ends on or about September 1, when the department PTAC delivers its recommendations to the chair of the department. The chair then reviews each candidacy and writes his/her own report. Upon approval, he/she submits the P&T packet to the dean's office by October 15.

The start date for the process is earlier in pediatrics than in the rest of the school of medicine in order to:

1. allow time for informal consultation between possible P&T candidates and members of the department PTAC;

2. give candidates time to organize the necessary documents: eCV, personal statement, list of anyone who would write letters of support for each candidate;

3. obtain letters of support for each candidate. Experience has shown that requests for letters during the summer months are often delayed due to travel and vacation; and

4. give careful review of the letters of support and other documents.

**Phase I of Pediatrics' P&T Timeline:**

February 1:    Announcement to the faculty members who would like to be considered for P&T to declare their intent in a personal statement.

March 1:    Deadline for receipt of letter of intent.

March 31:    Deadline for receipt of personal statement, list of individuals to contact for letters of support, and eCV.

April 1 – 15:    Evaluation of candidacies by the department PTAC and notification of candidates. The committee chair writes requests for letters of support for each candidate.

April 15-30:    A binder containing all necessary information is prepared for each candidate and requests for letters of support and accompanying documents are mailed out.

June 15 – August 15:    The PTAC chair prepares a final letter of recommendation and sends to the members of the PTAC for review.

August 15 - August 31:    Final preparation of P&T packets and submission to the chair of pediatrics for review and final department endorsement and submission to the dean's office by October 1. (See Appendix 1)

At this point in the P&T process, the department PTAC has completed the first phase of the process and the second phase begins.

## Phase II of Pediatrics' P&T Timeline

October 1:     The department chair delivers the complete P&T packets to the office of the dean of the medical school.

October 14:    After the dean's review and approval, the packets are returned to the Department of Pediatrics where 20 copies of each packet are prepared and delivered to the university PTAC for its review and recommendations to the executive committee of the university. (This dateline may vary according to the needs of the Dean's Office.)

March 15 –April 1 (of the following year):   The President reviews the recommendations of the university PTAC.

April 1:       Schools and departments receive notice from the vice president for academic administration regarding those candidates for P&T who were turned down. An invitation for appeal is extended according to the guidelines of the *UTHSCSA Handbook of Operating Procedures*. (Appendix 1)

After appeals have been completed, the decision on faculty promotions and tenure are submitted to the vice chancellor for health affairs of the UT System for review, approval, and further submission to the UT System Board of Regents for the final step of the P&T process. At its July meeting, the Board of Regents grants approval to the proposed changes of rank and tenure and communicates their decision back to each component of the UT System. These changes become effective September 1, when the new fiscal year begins.  The entire P&T process lasts 18 months, of which the first seven months are handled at the department PTAC level.

The Department of Pediatrics has had a nearly perfect record in the P&T process in the past 24 years.  The success can be attributed to the hard work and good will of the members of the department PTAC. Administrative support personnel also demonstrate enthusiasm and relentless dedication to their work for the faculty of the department.

## Documents Necessary for the P&T Process

When a faculty member decides to become a candidate for P&T at UTHSCSA, he/she must prepare and submit the following set of documents to the chair of the department PTAC:

1.  A written request to be considered for P&T during the next P&T cycle.

2.  The curriculum vitae in mandatory eCV format.

3. A personal statement explaining the reasons the faculty member believes he/she deserves to be a candidate for P&T.

4. A list of supporters willing to write letters for the candidate; include titles, mailing addresses, e-mail addresses, fax numbers, and a brief explanation as to why each letter writer has been selected by the candidate for P&T.

## THE DEADLINE FOR SUBMISSION OF THESE DOCUMENTS IS MARCH 31

### Acquisition of Letters of P&T Support for Candidates

The departmental PTAC writes requests for letters of support of each P&T candidate because:

- The PTAC can ask direct questions about each candidate.

- By using a standardized letter format, the PTAC can obtain all the necessary information needed for consideration of each candidate.

- By having standard attachments to the letters, the letters will all be uniform and contain the pertinent information.

- The natural reservations of candidates to write about themselves are eliminated.

Each candidate can obtain letters of support from colleagues within the university and from colleagues from other local, regional, national and international academic institutions. Letters of support reflect the quality of the academic activities of each candidate, as well as the peer recognition he/she has at the local, regional, national, and international levels. The method that has been developed in the pediatrics department is simple yet effective so the support letters are of maximal benefit for each candidate.

The introduction clearly states the rank or tenure status change requested by the candidate and the academic areas(s) on which the request is based. The body of the request letter includes as much specific information about the candidate as possible. Questions are posed to elicit valuable details.

Example questions:

- How will you characterize the performance of this candidate in each area of academic activity: teaching, research or service?

- Would you support this candidate for the proposed change in rank or the acquisition of tenure if he/she were a member of the faculty in your department or school?

- Do you have any reservations about the promotion of this candidate?

- Do you have any other specific comments about the academic performance of this candidate?

- What is your level of support for this candidate for promotion or tenure?

- Do you believe that this candidate enjoys wide and favorable recognition among his/her academic peers?

The following documents are attached to the request for a letter of support:

- Curriculum vitae of the candidate (all CVs are in electronic format).

- Personal statement of the candidate as to why he/she considers himself/herself eligible for promotion or tenure.

- Copy of the guidelines for promotion and tenure from the *UTHSCSA Handbook of Operating Procedures.*

The closing of the letter expresses appreciation for their cooperation in providing letters of support for the candidate and their willingness to meet the deadlines of the P&T process at UTHSCSA.

### Report of the PTAC to the Chair of the Department of Pediatrics

After evaluating each candidate for P&T, the chair of the department PTAC prepares a report in the form of a letter. The letter is reviewed by the members of the committee, who may suggest revisions or corrections. After making all the revisions, the letter is signed by all PTAC members and is submitted to the chair of the department whom the department PTAC advises.

Over the past 24 years, a format of this letter has emerged and consists of the following:

1. Introduction.
2. Biographical sketch of the candidate.
3. Accomplishments of the candidate in the three academic areas: teaching, research, service. The area of areas of excellence should be listed first.
4. Summaries of the letters in support of the candidate.
5. Comparisons between the accomplishments of the candidate and the UTHSCSA requirements for establishing promotion in rank and tenure; including statement of PTAC recommendation to chair of the department.

6. Concluding remarks.

1) <u>Introduction:</u>

This portion of the letter usually does not exceed 10-12 typed lines and includes the following:

- Statement of support of the candidacy by the members of the PTAC.

- Statement of the basis of the recommendation for promotion and/or tenure.

- Request for the recommended further action by the department chair.

2) <u>Biographical sketch:</u>

This section contains the following:

- Education and training of the candidate.

- Previous academic appointments.

- If relevant, previous nonacademic appointments.

- Certification(s) and licensure(s).

- Honors and awards.

The biographical sketch is brief since a copy of the candidate's eCV is included in the packet. The purpose of the biographical sketch is to provide a complete picture of the candidate and his/her accomplishments to the department chair, the dean of the medical school and the members of the university PTAC.

3) <u>Accomplishments of the candidate:</u>

The candidate's accomplishments in the three areas of academic activity (teaching, research, and service) described in this section, reflect the personal statement of the candidate and complement the eCV. This section also reflects the letters of support that are summarized in the next section of the letter. If appropriate, the individual composing this report should use the terms "exemplary," "outstanding," "excellent" or other such terms describing the candidate's academic performance.

4) <u>Summaries of letters of support:</u>

This section contains concise summaries of the letters received in support of the candidate for P&T. These letters are organized into three groups:

- Letters from colleagues within the UTHSCSA

- Letters from colleagues outside the UTHSCSA
- Letters from students and trainees

In processing the letters of support, it is advisable that the chair or members of the PTAC review each letter in its entirety because a letter may contain a sentence or statement, perhaps even a single word, which could have a detrimental effect on the candidate's chances of obtaining P&T. Quotes from support letters may be used in this portion of the letter. No set number of letters is used for each candidate. As long as a letter is relevant and supportive of the candidate, it should be included in the P&T packet.

5) Comparison of candidate's accomplishments to the UTHSCSA requirements for P&T:

This important aspect places each candidate in direct comparison with the prescribed requirements of the institution. The list of requirements is derived from the *UTHSCSA Handbook of Operating Procedures.*

6) Concluding remarks:

This statement briefly summarizes the reasons why the members of the department PTAC support the candidacy of the faculty member for P&T, the level of their support, and their recommendation to the department chair for his/her approval and endorsement of this candidate.

The report contains the signatures of all department PTAC members.


## Review by the Dean of the School Of Medicine

The chair of the Department of Pediatrics submits his/her own letter of recommendation and the packet prepared by the department PTAC to the office of the dean of the medical school. The dean or a representative, usually the associate dean for academic affairs, conducts an administrative review of the P&T packet for completion and academic merit and, if everything is in order, signs approval and returns the packet to the Department of Pediatrics for further processing which includes making 20 copies and submitting them to the UTHSCSA PTAC for its review and consideration.


## Review by the UTHSCSA PTAC

The UTHSCSA PTAC meets monthly in November and December and weekly January through March. The members of this committee review each application for P&T and decide on individual recommendations. These are then sent to the office of the president of

UTHSCSA and are usually handled by the vice president for academic administration. The departments of candidates whose candidacies were not approved are notified around April 1 so appeals of negative recommendations can be made according to the appeal process described in the *UTHSCSA Handbook of Operating Procedures.* (Appendix 1.)

### Final Steps of the P&T Process

The recommendations of the University PTAC are then reviewed and signed by the president. The roster of faculty members recommended for P&T is submitted to the vice chancellor for health affairs of the UT System. After review and approval, the recommendations are submitted to the UT System Board of Regents, which reviews the recommendations at its July meeting. After the approval by the regents, the P&T changes become effective September 1 – 18 months after the P&T process began.

## D. INITIAL APPOINTMENTS

Initial appointments at the rank of assistant professor, tenure- or non-tenure track, do not require action by the university PTAC. They are handled directly between the office of the chair of the department and the office of the dean of the school of medicine. On the other hand, appointments at the rank of associate professor and professor, regardless of track, have to be processed through the department PTAC and the UTHSCSA PTAC as if they were promotions for current faculty.

Because of the required length of the process, candidacies for appointments at these ranks are handled without deadlines. The university PTAC reviews the candidacies as soon as they receive the appointment packets on a year-round basis.

Frequently, the faculty member starts working at UTHSCSA before the initial appointment process is completed. In that case, he/she is appointed assistant professor in an administrative action pending evaluation by the PTACs and the president of UTHSCSA.

# UTHSCSA HANDBOOK OF OPERATING PROCEDURES

*(from the UTHSCSA Handbook of Operating Procedures July 15, 2011)*

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| Chapter 3 | Faculty Policies and Procedures | Effective: | February 2000 |
| Section 3.6 | Guidelines for Establishing Rank and Tenure | Revised: | May 2005 |
| **Policy 3.6.1** | **General Considerations for Appointment or Promotion Without Regard to Rank** | Responsibility: | Vice President for Academic Administration |

## GENERAL CONSIDERATIONS FOR APPOINTMENT OR PROMOTION WITHOUT REGARD TO RANK

**Excellence in Teaching and Research**

A university health science center, like all other major institutions of learning, is founded on two fundamental objectives: to educate and to advance knowledge. The scholarly achievements of a faculty member in either or both of these areas should, in a large measure, determine the individual's academic rank and tenure status. Scholarly achievement refers to original or imaginative accomplishments in the conduct of one's academic responsibilities in teaching, research, or service. Guidelines for judging the originality or creative nature of scholarly accomplishments are by generally accepted standards. Scholarly achievements may include innovative teaching techniques, methods, and testing; or the innovative applications of existing research findings to the practice of one's discipline or professional area.

**Excellence in Service**

In addition to teaching and research, the faculty of a health science center provide services to patients and to the community. As a consequence, the clinical faculty members generally assume service responsibilities that are often not shared by colleagues in the basic sciences. The competence and scholarly manner with which faculty members discharge these responsibilities should be recognized, because the example of clinical competence is a major aspect of teaching ability. Some faculty members, in addition to their teaching and research activities, assume administrative responsibilities such as serving on committees necessary for the operation of the institution. Other faculty members make contributions that play an important role in the interaction of the Health Science Center with State or national agencies. All of these contributions should be recognized in promotion and tenure considerations.

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| **Criteria** | Each individual must be judged in the context of those responsibilities assigned by the chair.  There must be an appropriate division of time and labor, as well as opportunity, to accomplish the academic goals necessary for achieving departmental objectives.  It may be difficult for a given faculty member to attain excellence in research, teaching, and service (e.g., patient care, supportive services, administration) when the candidate's departmental assignments exclude time for one or more of these activities.  Therefore, the degree of responsibility assigned to an individual is a consideration for the determination of rank. |
| **Documentation** | Faculty appointed on the tenure track must present documented excellence in at least two of the three fundamental academic activities (teaching, research, or service) as the major consideration for promotion.  Faculty appointed to non-tenure track positions are expected to demonstrate excellence in at least one of the three areas of academic activity and will be evaluated for advancement in rank based on performance in their specialized area of expertise.  Faculty appointed to the non-tenure track who are seeking a tenure-track appointment with either a lateral shift or promotion will be evaluated by the criteria established for faculty appointed to the tenure track. |

## UTHSCSA HANDBOOK OF OPERATING PROCEDURES

*(from the UTHSCSA Handbook of Operating Procedures July 15, 2011)*

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| Chapter 3 | Faculty Policies and Procedures | Effective: | February 2000 |
| Section 3.6 | Guidelines for Establishing Rank and Tenure | Revised: | May 2005 |
| **Policy 3.6.2** | **Procedures for Application for Promotion and/or Tenure to the Health Science Center Faculty Promotions, Tenure, and Appointments Committee** | Responsibility: | Vice President for Academic Administration |

## PROCEDURES FOR APPLICATION FOR PROMOTION AND/OR TENURE TO THE HEALTH SCIENCE CENTER FACULTY PROMOTIONS, TENURE, AND APPOINTMENTS COMMITTEE

**Initiating Requests**
Each department or school, through the chair, dean, or departmental/school Tenure and Promotions Committee, should establish a policy whereby faculty applications for promotion and/or tenure are initiated. Typically, the chair of the department or the departmental/school committee initiates this request for promotion and/or tenure. This also could occur by individual faculty request to either the chair or departmental/school committee.

**Documentation**
If the departmental/school application for promotion or tenure is approved, all documentation is gathered by the departmental/school Promotions, Tenure, and Appointments Committee. As guidelines for required documentation, the "*Suggestions for Departmental Tenure and Promotions Committees*" should be considered. The completed application will then be forwarded to the chair of the department and then to the dean of each school. Following review by the dean, the application is forwarded to the Chair of the Health Science Center Faculty Promotions, Tenure, and Appointments Committee. Mid-October of each year is typically the time for completed applications to be received in the respective Dean's Office.

The same procedure applies in the case of a part-time faculty member, at the rank of Associate Professor or Professor, who is increasing their percent time to 75 or above, for the retention of rank.

Appendix 1

## UTHSCSA HANDBOOK OF OPERATING PROCEDURES

*(from the UTHSCSA Handbook of Operating Procedures July 15, 2011)*

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|---|---|---|---|
| Chapter 3 | Faculty Policies and Procedures | Effective: | February 2000 |
| Section 3.6 | Guidelines for Establishing Rank and Tenure | Revised: | May 2005 |
| **Policy 3.6.3** | **Initial Appointment or Promotion to the Ranks of Associate Professor and Professor, Tenure Track** | Responsibility: | Vice President for Academic Administration |

## INITIAL APPOINTMENT OR PROMOTION TO THE RANKS OF ASSOCIATE PROFESSOR AND PROFESSOR, TENURE TRACK

**Overview**

The following guidelines are intended to help clarify expectations for, and differences in, the academic ranks of Associate Professor and Professor. General guidelines for each rank are specified, whether for initial appointment or promotion. Examples of the types of activities which are consistent with the general guidelines are given for the three academic activities essential to the mission of the Health Science Center (teaching, research, and service).

**Associate Professor- General Guidelines**

1. A minimum of three years in the rank of Assistant Professor or equivalent.

2. Academic credentials congruent with the expectations of the school and department.

3. Developing peer recognition that is reflected by an emerging national reputation.

4. Evidence of scholarly achievement reflected in peer recognition of works from original research, clinical observations, educational programs, etc.

5. Significant scholarly accomplishments in at least two of the three academic activities: teaching, research, and service.

6. Board certification or its equivalent, if pertinent.

Examples of the types of activities which are consistent with the general guidelines follow for the three academic activities essential to the mission of the Health Science Center (teaching, research, and service).

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| **Associate Professor-Teaching** | 1. Is effective as a teacher, evidenced by mastery of both content and method and documented by student and faculty evaluation. |
| | 2. Is responsible for design, organization, coordination, and evaluation of a course or series of lectures. |
| | 3. Is recognized as an exemplary scientist or clinician whose teaching activities can be documented as providing an outstanding role model for students. |
| | 4. Demonstrates effectiveness in the development and/or presentation of continuing education or other professional programs including invited presentations. |
| | 5. Is effective as a supervising professor for M.S. or Ph.D. students. |
| | 6. Participates in student guidance and counseling. |
| | 7. Demonstrates innovation in teaching methods and production of texts or educational "software". |
| **Associate Professor-Research** | 1. Demonstrates initiative, independence, and sustained activity in research. |
| | 2. Publishes research findings and scholarly papers in professional journals; publications in refereed journals are considered more significant. |
| | 3. Serves on thesis or dissertation committees or Health Science Center research review boards. |
| | 4. Obtains grants or other monies for research or other scholarly activities. |
| | 5. Presents research and scholarly findings at professional meetings. |
| | 6. Demonstrates support of interdisciplinary research. |
| **Associate Professor-Service** | 1. Provides staff responsibility for a service or specific area of patient care or clinical teaching for which peer recognition can be documented. |
| | 2. Serves on committees within the department, school, Health Science Center, and/or affiliated institutions. |
| | 3. Provides consultation or service to other departments or schools within the Health Science Center and to local, State, regional, or national organizations that seek or benefit from the candidate's expertise. |
| | 4. Serves on extramural grant review committees or editorial boards of scientific or professional journals. |
| | 5. Performs a key administrative role in patient care, research, or teaching activities within a department or division. |
| | 6. Provides service to the professional or lay community through education, consultations, or other roles. |
| **Professor-General Guidelines** | 1. Distinguished performance and maturity as an Associate Professor, generally three to five years at this rank. |

2. Academic credentials congruent with the expectations of the school or department.

3. An established reputation that is derived from national or international peer recognition.

4. Sustained scholarly achievement reflected in peer recognition of works from original research, clinical observations, educational programs, etc.

5. Sustained scholarly productivity in at least two of the three academic activities: teaching, research, and service.

6. Board certification or equivalent, if pertinent.

Examples of the types of activities that are consistent with the general guidelines follow for the three academic activities essential to the mission of the Health Science Center (teaching, research, and service).

**Professor-Teaching**

1. Sustained and outstanding teaching performance of the examples cited for the Associate Professor level.

2. Leadership through design, organization, coordination, and evaluation of a course or courses (undergraduate, graduate, or continuing education); administrative responsibility at the school or departmental level for curriculum; supervision of staff teaching within a course, department, or school.

3. Sustained recognition as an exemplary scientist, teacher, or clinician whose activities can be documented as providing an outstanding role model for students.

4. Invitations as visiting professor at other institutions.

5. Publication of educational works in relevant journals.

6. Responsibility for student guidance and counseling regarding program planning and general curricular activities, as well as consultation to student organizations and groups within and outside of the Health Science Center.

**Professor-Research**

1. Is senior or responsible author of papers published in refereed professional journals or other media (books, papers, etc.)?

2. Recognition for excellence in research by professional or scientific institutions or organizations.

3. Serves as chair of thesis or dissertation committees.

4. Receives grants or other monies as a principal investigator for research.

5. Invitations to participate at national or international professional or scientific meetings.

6. Invitations to preside over sessions at national or international professional or scientific meetings.

**Professor-Service**

1. Senior staff responsibility for a service or specific area of patient care or clinical teaching.

2. Appointment to responsible positions within the institution or its affiliates (chairs a committee, department, or division; membership on major decision-making Health Science Center committees).

3. Recognition as an authority by other schools and departments within the Health Science Center and by local, State, regional, or national organizations or institutions.

4. Serves on editorial boards of professional or scientific journals.

5. Serves as an officer or committee chair in professional or scientific organizations.

6. Consultant to, or serves on, government review committees, study sections, or other national review panels.

7. Election to responsible positions on civic boards or organizations concerned with health care issues at the local, State, regional, national, or international levels.

**UTHSCSA HANDBOOK OF OPERATING PROCEDURES**

*(from the UTHSCSA Handbook of Operating Procedures July 15, 2011)*

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|---|---|---|---|
| Chapter 3 | Faculty Policies and Procedures | Effective: | February 2000 |
| Section 3.6 | Guidelines for Establishing Rank and Tenure | Revised: | May 2005 |
| **Policy 3.6.4** | **Initial Appointment or Promotion to the Ranks of Associate Professor and Professor, Non-Tenure Track** | Responsibility: | Vice President for Academic Administration |

## INITIAL APPOINTMENT OR PROMOTION TO THE RANKS OF ASSOCIATE PROFESSOR AND PROFESSOR, NON-TENURE TRACK

**Overview**

The following guidelines are intended to help clarify expectations for, and differences in, the academic ranks of Associate Professor and Professor, non-tenure track, whether for initial appointment or promotion.

**Associate Professor-General Guidelines**

1. A minimum of three years in the rank of Assistant Professor or equivalent.

2. Academic credentials congruent with the expectations of the school and department.

3. Developing reputation that is reflected by peer recognition within the institution.

4. Significant scholarly accomplishments in at least one of the three academic activities: teaching, research, and service.

5. Board certification or its equivalent, if pertinent.

Examples of the types of activities which are consistent with the general guidelines follow for the three academic activities essential to the mission of the Health Science Center (teaching, research, and service).

**Associate Professor-Teaching**

1. Is effective as a teacher, evidenced by mastery of both content and method and documented by student and faculty evaluation.

2. Is responsible for design, organization, coordination, and evaluation of a course or series of lectures.

3. Is recognized as an exemplary scientist or clinician whose teaching activities can be documented as providing an outstanding role model for students.

4. Is effective as a supervising professor for M.S. or Ph.D. students.

5. Demonstrates innovation in teaching methods and production of texts,

|  | educational "software", etc. |
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|  | 6. Participates in student guidance and counseling. |
|  | 7. Responsible for the development of continuing education or other professional programs, or is an invited speaker. |
| **Associate Professor-Research** | 1. Demonstrates initiative, independence, and sustained activity in research. |
|  | 2. Publishes research findings and scholarly papers in professional journals; publications in refereed journals are considered more significant. |
|  | 3. Presents research and scholarly findings at professional meetings. |
|  | 4. Obtains grants or other monies for research or other scholarly activities. |
|  | 5. Serves on thesis or dissertation committees or Health Science Center research review boards. |
| **Associate Professor-Service** | 1. Provides staff responsibility for a service or specific area of patient care or clinical teaching for which peer recognition can be documented. |
|  | 2. Serves on committees within the department, school, Health Science Center, and/or affiliated institutions. |
|  | 3. Provides consultation to other departments or schools within the Health Science Center and to local, State, regional, or national organizations or institutions that seek or benefit from the candidate's expertise. |
|  | 4. Serves on extramural grant review committees or editorial boards of scientific or professional journals. |
|  | 5. Performs a key administrative role in patient care, research, or teaching activities within a department or division. |
|  | 6. Provides service as a health educator for the community. |
| **Professor-General Guidelines** | 1. Distinguished performance and maturity as an Associate Professor, generally three to five years at this rank. |
|  | 2. Academic credentials congruent with the expectations of the school or department. |
|  | 3. An established reputation that is derived from substantive extramural peer recognition. |
|  | 4. Sustained scholarly activity or significant accomplishments in at least one of the three academic activities: teaching, research, and service. |
|  | 5. Board certification or its equivalent, if pertinent. |
|  | Examples of the types of activities which are consistent with the general guidelines follow for the three academic activities essential to the mission of the Health Science Center (teaching, research, and service). |
| **Professor-Teaching** | 1. Sustained and outstanding teaching performance of the examples cited for |

the Associate Professor level.

2. Leadership through design, organization, coordination, and evaluation of a course or courses; administrative responsibility at the school or departmental level for curriculum; supervision of staff teaching within a course, department, or school.

3. Invitations as visiting professor at other institutions.

4. Responsibility for student guidance and counseling regarding program planning and general curricular activities, as well as consultation to student organizations and groups within and outside of the Health Science Center.

5. Sustained recognition as an exemplary scientist, teacher, or clinician whose activities can be documented as providing an outstanding role model for students.

6. Publication of educational works in relevant journals.

**Professor-Research**

1. Is senior or responsible author of papers published in refereed professional journals or other media (books, papers, etc.)?

2. Receives grants or other monies as a principal investigator for research.

3. Invitations to participate at national or international professional or scientific meetings.

4. Invitations to preside over sessions at national or international professional or scientific meetings.

5. Recognition for excellence in research by professional or scientific institutions or organizations.

6. Serves as chair of thesis or dissertation committees.

**Professor-Service**

1. Appointment to responsible positions within the institution or its affiliates (chairs a committee, department, or division; program director; membership on major decision-making Health Science Center committees).

2. Recognition as an authority by other schools and departments within the Health Science Center and by local, State, regional, or national organizations or institutions.

3. Senior staff responsibility for a service or specific area of patient care or clinical teaching.

4. Consultant to, or serves on, government review committees, study sections, or other national review panels.

5. Serves as an officer or committee chair in professional or scientific organizations.

6. Serves on editorial boards of professional or scientific journals.

7. Election to responsible positions on civic boards or organization concerned

with health care issues at the local, State, regional, national, or international levels.

**UTHSCSA HANDBOOK OF OPERATING PROCEDURES**

*(from the UTHSCSA Handbook of Operating Procedures July 15, 2011)*

| Chapter 3 | Faculty Policies and Procedures | Effective: | March 2001 |
|---|---|---|---|
| Section 3.6 | Guidelines for Establishing Rank and Tenure | Revised: | April 2006 |
| **Policy 3.6.8** | **Process for Promotions, Tenure, and Appointments** | Responsibility: | Vice President for Academic Administration |

**PROCESS FOR PROMOTIONS, TENURE, AND APPOINTMENTS**

**Policy**

Faculty appointments, promotions, and tenure are governed by the Regents' *Rules and Regulations*, Rule 31007 as found at http://www.utsystem.edu/bor/rules.htm#A4.

At the beginning of each year, faculty are notified in writing of the processes and deadlines for promotions, tenure, and appointments. A copy of this notice may be obtained from the deans' offices. Generally, applications for consideration by the Health Science Center Promotions, Tenure, and Appointments Committee (see below) must be received by the Dean's office no later than the middle of October for changes to be effective the following September 1. Applications for new appointments are processed as needed.

It is the policy of the Health Science Center to allow the promotion of part-time faculty, and it is up to the discretion of each school as to whether or not they will exercise this option.

**Action by the Departmental Promotions, Tenure, and Appointments Committee**

Initial appointments and applications for promotion above the level of Assistant Professor and applications for tenure must be reviewed by the departmental or school promotion and tenure committee. The committee's recommendation must be in writing and forwarded to the department chair or dean, along with the application packet.

In the case of departmental promotion and tenure committee review, the departmental chair must provide a letter of transmittal to the dean, by mid-October that clearly states the legs upon which the candidate is being considered for promotion and/or tenure, and that provides an assessment of the candidate's qualifications for promotion and/or tenure. This letter must accompany the application packet.

**Action by the School Promotions, Tenure, and Appointments Committee**

The dean's signature on the FA-1 form provides transmittal of the application packet to the chair of the Health Science Center Faculty Promotions, Tenure, and Appointments Committee. The dean's signature indicates that the candidate is eligible for consideration for the rank and tenure status being requested by the departmental chair, and that application materials are complete

|  | and are in the prescribed format. |
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| **Action by Health Science Center Promotions, Tenure, and Appointments Committee** | The chair of the Health Science Center Faculty Promotions, Tenure, and Appointments Committee must provide a letter of recommendation to the Vice President for Academic Administration. |
|  | The same procedure applies in the case of a part-time faculty member, at the rank of Associate Professor or Professor, who is increasing their percent time to 75 or above, for the retention of rank. |

| **Action by the Vice President for Academic Administration** | The Vice President for Academic Administration will accept and forward the favorable recommendation of the Health Science Center Faculty Promotions, Tenure, and Appointments Committee for promotion, tenure, and/or initial appointment to the President for approval. |
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|  | The Vice President for Academic Administration will accept and forward an unfavorable recommendation from the Health Science Center Promotions, Tenure, and Appointments Committee for promotion, tenure, and/or initial appointment to the President for approval of the Committee's actions. |
|  | The Office of the Vice President for Academic Administration compiles the databases of actions taken regarding promotion, tenure, and/or initial appointment and compiles a confidential list of faculty for whom promotion and tenure decisions have been made.  Once all packets have been reviewed by the Health Science Center Faculty Promotions, Tenure, and Appointments Committee, relevant portions of this confidential list are shared with each of the deans and the list in its entirety is shared with the Vice President for Academic Administration and with the President of the Health Science Center.  The deans must then share the information on these lists with the appropriate departmental chairs, who must share the information with the candidate. |
|  | A faculty member who was disapproved for either promotion or tenure may then appeal this decision (see below). |
|  | The Vice President for Academic Administration will prepare congratulatory letters to successful faculty, dated two weeks after the deans' receipt of the lists, for the President's signature.  Faculty members whose appeals are successful also will receive congratulatory letters. |

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| **Appeal of Decisions** | Faculty members who choose to appeal must inform the Vice President for Academic Administration within 30 days of distribution of the list. The Vice President for Academic Administration must inform the chair of the Health Science Center Promotions, Tenure, and Appointments Committee of the request to appeal. The chair of the Health Science Center Promotions, Tenure, and Appointments Committee must provide in writing to the Vice President for Academic Administration whether the request for appeal meets the conditions for appeal established in the *Handbook of Operating Procedures.* |
| | For all eligible appeals, the chair of the Health Science Center Promotions, Tenure, and Appointments Committee must provide in writing to the Vice President for Academic Administration the recommendation regarding the re-examination of the application material. Upon notification of a favorable recommendation, the Vice President for Academic Administration forwards the packet to the President for approval. Upon receipt of an unfavorable recommendation, the Vice President for Academic Administration forwards the packet to the President for approval of the Committee's actions. |
| | A faculty member whose appeal of a promotion and/or tenure decision is denied by the Health Science Center Promotions, Tenure, and Appointments Committee may present a written appeal through the Vice President for Academic Administration to the President of the Health Science Center for consideration. An appeal to the President must be filed within ten days of the date of notification of the findings of the Health Science Center Promotions, Tenure, and Appointments Committee, and must be based upon compelling evidence that the Health Science Center Promotions, Tenure, and Appointments |
| | Committee has failed to apply accurately the "Guidelines for Establishing Rank and Tenure of Faculty at The University of Texas Health Science Center at San Antonio." See the *Handbook of Operating Procedures* (HOP), Section 3.6.6, "Procedures for Faculty Appeal of Tenure or Promotion Decisions" for additional information. |
| **Action by the President** | The Health Science Center President must sign all FA-1 forms approving decisions regarding promotion, tenure, and initial appointments, in accordance with Regents' *Rules*. |
| **Action by Board of Regents** | Appointments, promotions, and awarding of tenure are approved by the Board of Regents annually, generally during the last meeting of the academic year. See Regents' *Rules and Regulations*, Rule 31007, as found at http://www.utsystem.edu/bor/rules.htm#A4. |

Appendix 1

## UTHSCSA HANDBOOK OF OPERATING PROCEDURES

*(from the UTHSCSA Handbook of Operating Procedures July 15, 2011)*

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|---|---|---|---|
| Chapter 3 | Faculty Policies and Procedures | Effective: | February 2000 |
| Section 3.7 | Policies and Procedures Regarding Tenure | Revised: | May 2009 |
| **Policy 3.7.1** | **Health Science Center Tenure Policy** | Responsibility: | Vice President for Academic Administration |

### HEALTH SCIENCE CENTER TENURE POLICY

**Policy**

The University of Texas System policies concerning the granting of tenure are detailed in the Regents' *Rules and Regulations*, Rule 31007. Faculty should read these rules, especially regarding the terminal year of the tenure process. As stated in these *Rules*, "the maximum period of probationary faculty service in any academic rank or combination of academic ranks shall not be more than nine years of full-time academic service at the health related institutions of the System". The Regents' *Rules* are accessible at http://www.utsystem.edu/bor/rules.htm.

The awarding of tenure to a faculty member is recognition by the institution that the faculty member has demonstrated an exceptional degree of professional competence and scholarly achievement, as well as the attitudes and intellectual qualities that make the individual a desirable and continuing member of the faculty. As noted earlier, scholarly achievement refers to original accomplishments in research, teaching, and service that are recognized as outstanding by one's peers, both within and outside the Health Science Center. The faculty member must demonstrate sustained, superior level of performance in two of three academic activities (teaching, research, and service) consistent with his/her rank, and there should be clear evidence to predict performance at this level for the future.

**Criteria**

Tenure denotes a status of continuing appointment as a member of the faculty of the Health Science Center. Only members of the faculty with the academic titles of Professor, Associate Professor, or Assistant Professor may be granted tenure. Full-time faculty who request appointment as part-time faculty will not be eligible to retain tenure status.

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| **Consideration of Tenure** | The Health Science Center Faculty Promotions, Tenure and Appointments Committee will consider recommendation for advancement in rank and the awarding of tenure individually when submitted jointly for review. Tenure may be granted at the time of appointment to any of such academic ranks. All such appointments to tenure shall be reviewed by the Health Science Center Faculty Promotions, Tenure and Appointments Committee, and have the approval of the President, the Executive Vice Chancellor for Health Affairs, and the Board of Regents. |

**Probationary Period**     Tenure may be withheld upon initial appointment to any of these ranks pending satisfactory completion of a probationary period of faculty service not to exceed nine years of cumulative full-time academic service. No later than August 31 of the penultimate (eighth) academic year, all non-tenured faculty serving in the rank accruing time toward the probationary period shall be given notice that the subsequent academic year will be the terminal year of employment or that beginning with the next academic year, tenure will be granted. In the event that the employment of a non-tenured faculty member is to be terminated prior to the end of the maximum probationary period, notice will be given in accordance with Section 3.8.1, "Termination and Reappointment of Faculty", of the *Handbook of Operating Procedures.*

Only full-time academic service in the ranks of Professor, Associate Professor, and Assistant Professor, or any combination thereof, shall be counted toward fulfillment of the required probationary period related to the granting of tenure. Periods during which a faculty member is on leave of absence shall not be counted toward fulfillment of the required probationary period. Previous full-time service becomes cumulative with full-time service following such leaves.

If non-tenured faculty members are appointed to administrative or other non-faculty positions within the Health Science Center, the period of non-academic assignment shall not be counted toward fulfillment of a probationary period. If such a person is subsequently returned to full-time non-tenured faculty appointment, the probationary time will resume at that time and be cumulative with probationary time acquired prior to the period of nonacademic assignment.

If full-time non-tenured faculty members change to part-time adjunct or clinical appointments with pay, the period of part-time service shall not be counted toward fulfillment of a probationary period. If such a person is subsequently returned to full-time non-tenured faculty appointment, the probationary time will resume at that time and be cumulative with any probationary time acquired prior to the period of part-time appointment.

Prior service at other academic institutions, whether inside or outside The University of Texas System, shall not be counted toward fulfillment of the required probationary period at the Health Science Center.

For purposes of calculating the period of probationary service, an "academic year" shall be the period from September 1 through the following August 31. If

a faculty member is initially appointed during an academic year, the period of service from the date of appointment until the following September 1 shall not be counted as academic service toward fulfillment of the maximum probationary period.

Under special circumstances there may be an extension of the maximum probationary period. The request for the extension shall follow these guidelines:

1. A faculty member who determines that certain personal circumstances may impede his or her progress toward achieving demonstration of eligibility for recommendation of award of tenure may make a written request for extension specifying the reason(s) for the requested extension. Personal circumstances that may justify the extension include, but are not restricted to, disability or illness of the faculty member; status of the faculty member as a principal caregiver of a preschool child; or status of the faculty member as a principal caregiver of a disabled, elderly, or ill member of the family of the faculty member. It is the responsibility of the faculty member to provide appropriate documentation to adequately demonstrate why the request should be granted.

2. The request for extension shall be limited to one academic year. A request for an additional academic year's extension will follow the established request process, with the maximum duration of extension, whether consecutive or non-consecutive, to be two academic years.

3. Normally, requests for extension must be made in advance of the academic year or semester for which the extension is desired and may be made no later than three months prior to the deadline for initiation of the mandatory review process to determine recommended award of tenure or notice as provided under Rule 31002, Section 1, of the Regent's *Rules and Regulations*, concerning notice of non-renewal, that the next year will be the faculty member's terminal year of appointment.

4. The decision regarding the request shall be made by the Chief Academic Officer of the institution, upon recommendation of the department Chair and the Dean, within a reasonable period of time and in a manner specified by institutional policy.

**Process**

Because the Health Science Center is composed of several academic components, each having different goals and objectives, academic achievements in teaching, research, and service will be judged in terms of the mission of the particular academic component. Outstanding accomplishments in teaching, research, and service should be clearly documented by letters from peers within the department/division, as well as from other individuals (e.g., peers, students, colleagues from other departments) who have first-hand knowledge of the candidate's contributions. In addition to this local peer support, the candidate's professional excellence should be recognized by, and

have support from, his/her peers outside the Health Science Center at the local, state, national, and international level.  In the absence of outside peer support, a compelling argument of the unique value of the individual to this institution must be documented by the departmental Tenure and Promotions committee, as well as by the Chair of the department.  For all requests for tenure, the perceived value of the candidate to the missions of the department, School, and Health Science Center must be clearly presented by the nominating Chair and departmental Tenure and Promotions Committee.

**Transfer to Tenure Track**

These guidelines can be found in the *Handbook of Operating Procedures* (HOP), Section 3.4.1, "General Appointment Policies".

# UTHSCSA HANDBOOK OF OPERATING PROCEDURES

*(from the UTHSCSA Handbook of Operating Procedures December 16, 2008)*

| Chapter 3 | Faculty Policies and Procedures | Effective: | February 2000 |
|---|---|---|---|
| Section 3.6 | Guidelines for Establishing Rank and Tenure | Revised: | June 2006 |
| **Policy 3.6.6** | **Procedures for Faculty Appeal of Tenure or Promotion Decisions** | Responsibility : | Vice President for Academic Administration |

## PROCEDURES FOR FACULTY APPEAL OF TENURE OR PROMOTION DECISIONS

**General Guidelines**

Each school or academic department within the Health Science Center has developed its own procedures for considering faculty applications for promotion and/or tenure. These procedures include establishing departmental/school Tenure and Promotions Committees for evaluation and recommendation of candidates to the Health Science Center Faculty Promotions, Tenure, and Appointments Committee. Each departmental/school committee should also establish its own procedures for appeal by a faculty member whose application for promotion or tenure is unsuccessful at the departmental/school Committee level. The appeals procedure may be developed to meet the needs of the various academic units, but such policies must be consistent with the Health Science Center appeals procedures described below.

A faculty member denied promotion or tenure at the departmental, school, or Health Science Center level may appeal the decision to the respective Tenure and Promotions Committee in writing and request reconsideration of his or her credentials. The basis of the appeal must be to emphasize some aspect of the faculty member's documentation, which the candidate feels was not properly represented or emphasized in the materials presented for review. Maintenance of an accurate, up-to-date curriculum vita is the responsibility of the individual faculty member. Recent accomplishments or other changes in a faculty member's curriculum vita, which occur after the established annual deadline for submission of materials for review, do not constitute grounds for appeal and will not be considered in the appeals process.

The written appeal of decisions of either departmental/school or Health Science Center Faculty Promotions, Tenure, and

Appointments Committee is forwarded, via the respective Dean's Office, through the Vice President for Academic Administration to the Health Science Center Faculty Promotions, Tenure, and Appointments Committee. By forwarding the appeal, the dean is not necessarily endorsing the appeal. However, a letter of information may be added which indicates the position of the dean on the appeal request. Appeals should be made by the faculty within 30 days from being informed of decisions of either the departmental/school or Health Science Center Faculty Promotions, Tenure, and Appointments Committee. The following procedures must be followed by a faculty member who wishes to appeal a promotion or tenure decision.

**Appeal of Departmental or School Committee Decision**

A faculty member whose request and appeal for promotion or tenure is denied at the level of the departmental/school Tenure and Promotions Committee, or by the departmental chair, should be informed of the decision on a timely basis. If the faculty member asserts that his or her credentials have not been evaluated accurately, the faculty member may request that the dean of the respective school advance the faculty member's application to the Health Science Center Faculty Promotions, Tenure, and Appointments Committee for consideration. However, a report of the departmental/school Tenure and Promotions Committee, or department chair, must accompany the faculty member's application when submitted to the Health Science Center Faculty Promotions, Tenure, and Appointments Committee.

**Appeal of Health Science Center Promotions, Tenure, and Appointments Committee Decision**

A faculty member whose request for promotion and/or tenure is denied at the level of the Health Science Center Faculty Promotions, Tenure, and Appointments Committee has an opportunity to review the written report of the Committee's findings on file in the President's Office. If the faculty member asserts that his or her application had not been evaluated accurately, the faculty member may request that the dean of the respective school (in consultation with the candidate's department chair) submit a request through the Vice President for Academic Administration for reconsideration to the Health Science Center Faculty Promotions, Tenure, and Appointments Committee. As stated earlier, this request does not necessarily constitute an endorsement of the appeal by the dean. The specific basis for the appeal must be stipulated when the faculty member's application is resubmitted to the Health Science Center Faculty Promotions, Tenure, and Appointments Committee. The Health Science Center Faculty Promotions, Tenure, and Appointments Committee will first determine whether the appeal raises substantial issues that were not evident in the original application and, if so, will then reopen consideration of the faculty member's application.

| | |
|---|---|
| **Appeal of Decision to the President** | A faculty member whose appeal of a promotion and/or tenure decision is denied by the Health Science Center Faculty Promotions, Tenure, and Appointments Committee may present a written appeal through the Vice President for Academic Administration to the President of the Health Science Center for consideration.  An appeal to the President must be filed within ten days of the date of notification of the findings of the Health Science Center Promotions, Tenure, and Appointments Committee, and must be based upon compelling evidence that the Health Science Center Faculty Promotions, Tenure, and Appointments Committee has failed to apply accurately the "*Guidelines for Establishing Rank and Tenure*" at The University of Texas Health Science Center at San Antonio as described in the *Handbook of Operating Procedures* (HOP), Section 3.6.8, "Process for Promotions, Tenure, and Appointments". |

Appendix 1

# FACULTY GUIDE TO ECV

Anthony J. Infante, MD, PhD
Professor, Dept. of Pediatrics

and

Sandra Burge, PhD
Professor, Dept. of Family & Community Medicine

## Role of the CV in academic life

Every university has three basic missions: UTHSCSA labels these three missions teaching, research, and service, which includes patient care. In addition to the performance of each faculty member's day-to-day job duties, promotion in academic rank and acquisition of tenure is based on *focused and sustained scholarly activity* and *excellence built on peer review*.

Promotion to associate professor at UTHSCSA requires the development of an emerging national reputation, while promotion to professor demands an established national or international reputation. Acquisition of tenure requires demonstrated excellence in two missions. Non-tenure track faculty must demonstrate excellence in one mission.

"Excellence" in academics does not exist in isolation. Scholarly activity involves sharing your expertise with others so that they can use your knowledge to improve their own work. In turn, their feedback can improve *your* work. You share your expertise through presentations and publications, as well as service on committees, advisory groups, and/or professional organizations. Through interaction with local, national and international peers, you establish your academic reputation.

The curriculum vitae (literally, the "course of life") is your "academic ticket." It is universally understood as the primary source document of your professional career. The CV forms the backbone for your promotion and tenure packet. An outstanding CV, along with strong letters of recommendation, makes a huge impact on the promotions and tenure committee. No amount of supporting documentation can save a weak CV.

The CV also forms the basis for additional important documents, like the NIH biographical sketch. The "biosketch" provides the necessary and sufficient documentation that your training and experience merit the financial award that comes with an otherwise outstanding research grant proposal.

Your CV is also important to the institution. Various certifications, accreditations, and annual reports depend upon the collection of information contained in faculty CVs. Institutional funding applications depend on accurate and comprehensive faculty CV-based information. Considerable

effort is expended at the institutional level to collect and collate this information. In response to these individual and institutional needs, academic institutions have established standard formats for the display of CV information.

## Electronic CV solution

Given the importance of the CV, the faculty member needs to put the necessary time and effort into making sure that the document is complete, current, and properly formatted. Since every faculty member needs a CV and there is a mandated format, the adoption of an electronic solution was a logical development. The widespread adoption of eCV solves a number of existing problems and delivers important new functionality.

1. eCV provides the CV output in the desired format, regardless of input. The standard UTHSCSA template cannot be defeated, intentionally or unintentionally.

2. eCV can provide multiple outputs from the same dataset. For example, templates for the full institutional CV, the NIH biosketch, and customized "short" or "traveling" CVs can be set up as multiple outputs of the same eCV dataset. Updating the information in eCV automatically results in updated versions of all the different outputs.

3. eCV can automatically populate and update individual or academic unit websites through the use of simple HTML codes.

4. Through the use of pull-down menus, standardized terms can be used as input. This simplifies reporting and searching (more on this to follow).

5. As a relational database eCV can be accessed by various institutional officials for individual and aggregate data. This replaces the need for periodic e-mails, memos, and directives to submit the data. This requires an implicit agreement on the part of faculty that the information will be kept up to date.

6. Individual faculty members also benefit from the accumulated information in the eCV database. It can be searched with key words to find topic experts or technology users by querying publications, grants, and other fields.

As with any electronic solution, eCV contains a number of inherent compromises. As with any vendor-derived product, it is not technically possible or feasible to replicate every aspect of the existing template. However, every attempt has been made to follow the traditional UTHSCSA format. Drop down menu terms may not exactly match actual titles but limiting and standardizing potential responses helps maximize the search and reporting functions.

## Getting the most in to and out of eCV

The eCV system contains an online tutorial and online help. In addition, you may submit questions and suggestions to the eCV administrator. Here are some additional helpful hints to getting the most out of eCV.

1. Make frequent use of the "preview" function. This icon is usually located in the upper right hand corner of the screen. <u>Preview the entries in each section frequently</u>. This will show you how the data appears in the finished document. When you are satisfied that the appearance is correct, input the remaining entries. Then preview the entire section and/or entire CV.

2. Make liberal use of the <u>free text</u> boxes supplied with most sections. This is an excellent way to <u>annotate your CV</u> for emphasis of particular entries. It gives users the best of both worlds: your own CV will fit your needs while the ability to incorporate your data into the institutional database will be maintained.

3. Use the <u>Medline import function</u> to enter publications before keying in publication entries. In most cases, this is the most rapid and accurate method for entering publication information. Individuals with common names will need to carefully review the Medline results to determine which publications actually belong to you.

   - There is one issue that merits special attention. If you have publications with UTHSCSA co-authors, check the publications section to see whether these have already been imported into the database. If so, they should already appear in your publications section. When you use the Medline import function, check to make sure that the entry is not duplicated.

   - Please note: if you key in a publication that is even slightly different than the Medline citation, even minor changes in punctuation or initials, eCV will see this as a different publication and it will appear as a duplicate entry. You will then have to go back and delete the duplicates. It is a good idea to communicate with your co-authors to let them know when you are deleting what you believe to be a duplicate publication entry.

4. The <u>pull-down menus</u> are a compromise between wanting to provide accurate descriptions of faculty activities and maintaining a straightforward ability to search the database. For example, you may have served on something that called itself a committee, panel, working group, or other such term. eCV may have chosen to use the generic term "committee" for all these activities so that administrators would be able to search for or report on aggregate faculty activity in the area of professional service. If your "committee" used a different term for itself that is particularly hallowed, please use the generic term from pull-down menu that most closely approximates the activity and then put the actual name in a free-text section.

5. It takes a little practice to optimize <u>NIH biosketch</u> output because of the page limit. Because eCV cannot know which publications you wish to include, it lists them all. You will then need to choose the ones you would like to display. The same applies to positions, honors, awards, and grants.

6. Get accustomed to using the function that marks a section as "complete." Department, school, and university level administrators have the ability to reset this function to "needs review" when they need to make sure that your information is up to date. They will notify

you when this has been done and will be able to see when you have reset the function to "complete."

7. The eCV website lists sections in alphabetical order, not the order in which they appear in the finished CV:

| - EDIT CV DATA | | GENERAL INFO |
|---|---|---|
| ➢ Biographical Data<br>➢ Committees<br>➢ Degrees/Education<br>➢ Employment History<br>➢ Expertise<br>➢ Grant Reviews<br>➢ Honors & Awards<br>➢ Lic./Certifications<br>➢ Patents<br>➢ Presentations<br>➢ Prof. Development<br>➢ Prof. Organizations<br>➢ Projects<br>➢ Publications<br>➢ Research Grants<br>➢ Service Activities<br>➢ Teaching Activities | ◄ ◄ ◄<br><br>*These eCV sections will populate these parts of your c.v.*<br><br>► ► ► | ➢ Biographical Data<br>➢ Degrees/Education<br>➢ Employment History<br>➢ Lic/Certifications<br>➢ Honors & Awards<br>➢ Prof. Development<br><br>TEACHING<br>➢ Teaching Activities<br><br>RESEARCH<br>➢ Expertise<br>➢ Projects<br>➢ Publications<br>➢ Presentations<br>➢ Research Grants<br>➢ Patents<br><br>SERVICE<br>➢ Service Activities<br>➢ Prof. Organizations<br>➢ Grant Reviews<br>➢ Committees |

8. What goes here?

| GENERAL INFO | |
|---|---|
| ➢ Biographical Data | *A "self-description" can be included here; keep it professional, about 100-300 words.* |
| ➢ Degrees/Education | |

| | |
|---|---|
| ➢ Employment History | |
|    o Academic Appointments | *Assistant/Associate/Professor, etc.; Administrative roles in Dept or University* |
|    o Non-Academic Appointments | *Hospital roles; previous employment* |
| ➢ Licenses/Certifications | |
| ➢ Honors & Awards | |
| ➢ Professional. Development | *Any self-development courses, events or meetings; UTHSCSA teaching courses; Medical Spanish, etc.* |
|    o Admin., Clinical, Research, Teaching | |

| TEACHING | |
|---|---|
| ➢ Teaching Activities | |
|  o Course-based Teaching | *Courses only – must have a course number !!* |
|  o Other Teaching | |
|    ▪ Group Instruction | *Grand Rounds, noon conferences, seminars* |
|    ▪ Individual Instruction | *Student advising; other single-person teaching* |
|    ▪ Theses or Dissertations Directed | *Chaired a thesis or dissertation committee* |
|    ▪ Supervising Committees | *Member of a thesis or dissertation committee* |
|    ▪ Pre-Doctoral Student Supervision | *Medical Students in clinic, grad students in lab* |
|    ▪ Post-Doctoral Student Supervision | *Residents & fellows in clinic or lab* |
|    ▪ Post-Graduate Rotation Supervision | *Residents & fellows (rotations, inpatient)* |
|    ▪ Rotation Student Supervision | *Student clerkships (rotations, inpatient)* |
|    ▪ Undergraduate Student Supervision | *Clinical practica, lab supervision, "shadowing"* |

| RESEARCH – *NOTE!! All scholarly work goes here, not limited to "research"* | |
|---|---|
| ➢ Expertise | *Include teaching, research, or service.* |
| ➢ Projects | *Include teaching, research, or service.* |

| | |
|---|---|
| ➢ Publications | *Download from Medline* |
|     o Abstracts, Book Chapters, Books/Monographs, Editorials, Electronic/Web Pubs, Journal Articles, Other, Review Articles | *Note: you can include web-based items; "other" can include book reviews; published reports can be included under "monographs"* |
| ➢ Presentations | *Talks <u>outside</u> your department and institution speak to reputation* |
| ➢ Research Grants | *Include all grants here. Funded or pending grants only.* |
|     • Federal, Private, State | |
| ➢ Patents | |
|      SERVICE | |
| ➢   Service Activities | *If you spend a lot of time in any of these activities, annotate them well!* |
|     o Administrative Responsibilities | |
|     o Patient Care | *<u>Clinicians – do not forget to include Pt Care!!</u>* |
|     o Service to the Government | *Save local committee work for below.* |
|     o Service to the Institution | *Non-committee service goes here.* |
|     o Service to the Profession | *Professional society work; Journal reviews.* |
|     o Service to the Public | *Community & Mission work can go here.* |
| ➢   Prof. Organizations | *List and describe your national societies.* |
| ➢   Grant Reviews | *Committees that review grant proposals.* |
| ➢   Committees | |
|     o Standing Committees | *<u>Designated standing committees are listed in a pull-down menu</u>* |
|       ▪ Dept, School, University | |

| | |
|---|---|
| o Other Committees<br><br>    ▪ Dept, Hosp, School, University | *These include other <u>local</u> committees-type in the names and descriptions* |

## Frequently Asked Questions - FAQ

<u>What is the most common problem seen in a CV?</u>

➢ Not enough information to make a decision - this is the *NUMBER ONE PROBLEM.*

➢ An applicant's largest responsibility is described in one line (e.g., "Training Director") without explanation of time or effort, importance, etc.

➢ Many clinicians neglect to include *Patient Care* (should be in the "Service" section.)

➢ CV items are located in the wrong place

➢ Sloppy document – misspellings, incomplete items, repeated items, no obvious proofreading

<u>I gave a talk:  Is it "Teaching,"  or a "Presentation," or  "Community Service"?</u>

➢ *Teaching* is what you do with your own students, residents, fellows, learners <u>*inside*</u> your own department; part of your regular job

➢ A *Presentation* is given to professional groups <u>*outside*</u> the department; it demonstrates your reputation among other professionals; "Invited" presentations are most highly valued-list as such

➢ Talks to community groups (non-professional groups) can be listed under *Community Service* (Chamber of Commerce, civic associations, etc.)

<u>How much detail should go into my c.v.?</u>

➢ Annotate freely!

➢ Your most important jobs should get the most detailed description

➢ Describe your work as if the reader was unfamiliar with your profession

    o Imagine your audience is from one of the other schools

    o Give details about your most time-consuming work

- o Service

    - ➢ describe your national society; others may not be familiar with it

    - ➢ Clinicians – don't forget to describe *patient care*!

- ➢ Include a description of the workload -

    - o The number of hours, clinic sessions, nights on call, classroom time, preparation time.

    - o Specific information about your learners and patients.

## Should I worry about repetition?

- ➢ Some repetition is OK

- ➢ Many jobs overlap – for example, patient care and supervising residents and students

- ➢ When you think two descriptions are too repetitive, put your richest description in one place, and refer to it from the other sections

- ➢ If you have the same responsibility year after year (for example, teaching the same course or the same lecture, or reviewing for the same journal), cite it once, and list the years that you were involved in the annotation (e.g., "I taught this course seven semesters in this 10-year period")

## What is evidence of excellent reputation?

- ➢ First, get outside your own department and share your expertise with other professionals

- ➢ Researchers: publish, obtain grants, do national presentations, sit on grant review panels

- ➢ Teachers: write for textbooks, instruct other teachers, develop innovative curricula and share it

- ➢ Clinicians: write case reports, direct or improve an existing service or create a new service, sit on clinical committees, attract regional referrals

- ➢ Administrators: sit on policy-making committees, speak and write about management, consult with other institutions