Building a Regional Reputation: Preparing for Promotion to Associate Professor in the Medical Center Line

November 16, 2011
• Dr. Maurice Druzin, Associate Dean for Academic Affairs; Chair, Assistant Professors Review Committee, Professor of Obstetrics and Gynecology

• Dr. Cheryl Gore-Felton, Co-Chair, Department of Psychiatry Appointments and Promotions Committee; Professor of Psychiatry and Behavioral Sciences

• Dr. Deirdre Lyell, Associate Professor of Obstetrics and Gynecology
Agenda

• Dr. Druzin – the School
  – Introduction to the reappointment and promotion process
  – Appointments and timelines
  – Criteria, candidate’s role, proportionality of contributions
  – Defining regional recognition

• Dr. Gore-Felton – the Department
  – Departmental process and considerations

• Dr. Lyell – the Candidate
  – Going through the promotion process
  – Regional recognition
Handouts

- Criteria and Application of Criteria in the MCL
- CV Guidelines
- CV Guidelines: Annotation Regarding Collaborative Research
- Candidate’s Statement Guidelines
- Sample Reappointment/Promotion Long Form
- Sample Clinical Excellence Form
- 2011-12 Academic Affairs Workshops

Available on OAA website:
  med.stanford.edu/academicaffairs/assistant-professors
  med.stanford.edu/academicaffairs/faculty/workshops.html
## Medical Center Line – Duration of Appointments

<table>
<thead>
<tr>
<th>Rank</th>
<th>Initial Appointment</th>
<th>Reappointment or Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Professor</td>
<td>Generally 4 years</td>
<td>Renewable generally for 6 years for a maximum of 10 years in rank</td>
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<tr>
<td>Associate Professor</td>
<td>Generally 5 years</td>
<td>Renewable for an unlimited number of up to 5 year terms</td>
</tr>
<tr>
<td>Professor</td>
<td>Generally 5 years</td>
<td>Continuing term (unless for special circumstances for which an appointment for a term of years is appropriate)</td>
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Medical Center Line
Criteria

• Excellence in the overall mix of contributions
  – Clinical care
  – Teaching
  – Scholarly activity

• Based on FTE distribution, excellence in area of greatest time commitment

• Excellence in clinical care is always required

• Protected time for scholarship (normally at least 20% FTE)
Reappointment to Assistant Professor (MCL) (6 years)

Assistant Professors in the MCL are assessed for reappointment on the basis of their performance and achievements in the area of clinical care, clinical teaching and scholarly activity that advances clinical medicine. They may be reappointed based on evidence of progress, high-level performance, and continuing programmatic need. *Written* scholarship that advances the field will nearly always be required for reappointment to the rank of Assistant Professor. There should be evidence that the candidate will continue to successfully fill the programmatic need for which the reappointment is made and to make meritorious contributions to his/her discipline and to the School. There should be evidence that candidates have the promise to attain *regional* recognition for excellence in the overall mix of contributions.
Promotion to the rank of Associate Professor in the MCL will be considered for those who have demonstrated excellence in the overall mix of clinical care, clinical teaching, scholarly activity that advances clinical medicine, and institutional service (if applicable) during their terms of appointment as Assistant Professors at Stanford. *Written* scholarship that advances the field will almost always be required for the rank of Associate Professor. There should be evidence that candidates have attained *regional recognition* as superior clinicians, clinical teachers or scholars.
Reappointment or Promotion Process

• Initiated by Department
• Departmental evaluation committee
• Review by Office of Academic Affairs
• School of Medicine Committee:
  – Assistant Professors Review Committee: appoint/reappoint as Assistant Professor
  – Appointments and Promotions Committee: promote to Associate Professor
• Senior Associate Dean for Academic Affairs
• Dean of the School of Medicine (final review for fixed term reappointments)

For other actions:
• Provost of the University

For Professor with continuing term, also:
• Advisory Board

For all Professoriate actions:
• President of the University
<table>
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<tr>
<th>Time period before current appt ends</th>
<th>Action</th>
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<tbody>
<tr>
<td>13 months before</td>
<td>Department consults with OAA, decides to review for reappointment or promotion.</td>
</tr>
<tr>
<td>12 months before</td>
<td>Faculty member receives email notification of the start of the process from Senior Associate Dean for Academic Affairs. Also receives email from dept, stating what materials will be needed and when. Faculty member provides materials as requested in timely fashion.</td>
</tr>
<tr>
<td>12 – 5 months before</td>
<td>Department assembles evidence, conducts review.</td>
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<tr>
<td>4 months before</td>
<td>Dept submits file to OAA for School level review. Assist Prof appts/reappts – Assistant Professors Review Cmte Promo to Assoc Prof and above – A&amp;P Cmte</td>
</tr>
<tr>
<td>3 months before</td>
<td>File reviewed by the Dean; if fixed-term reappt, finished; otherwise goes to Provost for final review.</td>
</tr>
</tbody>
</table>
Your Role

- Curriculum Vitae – up to date; peer-reviewed articles (original or review) separate; no funding amounts; note role in collaborative research
- Candidate’s Statement – 3-5 pages on clinical, teaching, and scholarly work and future plans
- Trainees – comprehensive list of trainees and relationship to you (current/former)
- Referees – 3-5 suggestions for internal or external faculty who can review your work
- Teaching evaluations
- For promotion, five “favorite” articles

Provide to department on time!
“Regional Recognition” – What’s my Region?

- Usually recognition for clinical work
- Evidence – referrals, presentations, service to regional organizations, external referee letters
- “Region” depends on your specialty, number of patients and number of doctors
- Could range from “Greater Bay Area” to “Western United States”
- Discuss with Department Chair or Division Chief
Assistant Professors
Review Committee

• Members:
  – Maurice Druzin, Chair (Obstetrics and Gynecology)
  – Loretta Chou (Orthopaedic Surgery)
  – Eric Knudsen (Neurobiology)
  – Chandra Ramamoorthy (Anesthesia)
  – Eric Sibley (Pediatrics)
  – David Spain (Surgery)
  – Lucy Tompkins (Medicine)
Appointments & Promotions Committee

• Members:
  – Yvonne Maldonado, Chair (Pediatrics)
  – K. Christopher Garcia (Molecular & Cellular Physiology)
  – Rona Giffard (Anesthesia)
  – Youn Kim (Dermatology)
  – Ann Leung (Radiology)
  – Timothy Meyer (Medicine)
  – Robert Norris (Surgery)
  – Natalie Rasgon (Psychiatry)
  – Renee Reijo Pera (Ob/Gyn)
  – Thomas Robinson (Pediatrics)
  – Matthew Scott (Developmental Biology)
Evaluating a Regional Reputation: A Departmental Perspective

Cheryl Gore-Felton, Ph.D.
Professor & Co-Chair, Appointment and Promotions Committee, Department of Psychiatry and Behavioral Sciences
What We Look At

• **THE LONG FORM**
  • Curriculum Vitae
    – Number of publications since appointment; First/senior authorships
    – Number of invited talks/presentations
    – Funding (source, role)
    – Service (Department, School of Medicine, University)/Awards
  – **CANDIDATE’S ROLE**
    • Scholarly Review
      – Prepared by someone other than the candidate
      – A general overview of the candidate’s accomplishments and impact
      – Review of 2-4, peer-reviewed manuscripts (Psychiatry does 3) that summarizes the specific work and the contributions to the particular field
  • Clinical Activities
  • Teaching and Advising
  • Candidate’s Statement
What We Look At

• THE LONG FORM CONTINUED
  • External/Internal Referee Letters
    – Look for evidence that clinical, scholarly, teaching/advising activities are meritorious
  • Student/Trainee Letters
    – Look for evidence of meritorious teaching/advising
    – Look at academic trajectory of trainees
• SYNTHESIZING THE DATA IN THE LONG FORM
  • DO THE CLINICAL, SCHOLARLY, AND TEACHING ACTIVITIES MAP ONTO THE FTE?
  • IS THERE EVIDENCE OF EXCELLENCE IN THE OVERALL MIX?
    – WERE THE REFEREE LETTERS STRONG?
    – WERE THE TEACHING EVALUATIONS STRONG?
    – WERE THE CLINICAL EVALUATIONS STRONG?
    – WAS THE SCHOLARLY ACTIVITY STRONG?
    – WAS THERE EVIDENCE OF REGIONAL/NATIONAL REPUTATION?
  • IS THE CANDIDATE CONTRIBUTING TO THE PROGRAMMATIC NEEDS OF THE DEPARTMENT?
Reputation Building Blocks

- **KEYS TO ASSESSING A REGIONAL/NATIONAL REPUTATION**
  - REFEREE LETTERS, PARTICULARLY EXTERNAL LETTERS
  - AWARDS
  - COMMUNITY SERVICE
  - REFERRALS
  - LEADERSHIP/SERVICE IN REGIONAL/NATIONAL ORGANIZATIONS
  - INVITED TALKS/KEYNOTE ADDRESSES
  - EXTERNAL FUNDING
  - HIGH IMPACT ARTICLES
  - SCIENTIFIC REVIEWER SERVICE (e.g., NIH, CDC)
AFTER THE DISCUSSION

• SUMMARY/EVALUATION
  
  • A SUMMARY OF THE EVIDENCE THAT WAS PRESENTED IN THE LONG FORM ALONG WITH THE COMMITTEE INTERPRETATION/IMPRESSION OF THE EVIDENCE IS WRITTEN.

  • THE SUMMARY CONCLUDES WITH A DEFINITIVE RECOMMENDATION TO THE CHAIR FOR A PARTICULAR ACTION… IN YOUR CASE, PROMOTION TO ASSOCIATE PROFESSOR!
Building a Regional Reputation: Workshop on Promotion to Associate Professor in the Medical Center Line
November 16, 2011

Notes (Suggestions and comments from the presenters which were not captured on the slides)

- Coming into the Stanford faculty, you start with an “A”. We are trying to set you up for success and moving up through the ranks.

- Actions (reappointments and promotions) start at the department or division level and must be vetted through the department before they reach the school review.

- Ten years in rank is the maximum for Assistant Professors in the MCL – you can be considered for promotion before that time if you and the department (and the Senior Associate Dean for Academic Affairs) agree that you are ready.

- One difference between the University Tenure Line and the Medical Center Line – in the UTL, tenure is conferred at the Associate Professor level. In the MCL, continuing term is conferred at the Professor level.

- Scholarly activity in the MCL must be of high quality and must advance the field.

- The 20% protected time for scholarship that the department must provide you is flexible – it may be in the form of two half-days per week, or no time one month and 40% time the next month.

- Regional recognition can be shown through: clinical referrals, teaching (e.g. residency program director, invitations to teach at national programs), scholarship that advances the field and changes clinical practice (e.g. inventing a new catheter), or service on regional and national committees.

- Talk to your chair about where you stand. You need to know what success looks like in your department and how you are doing against that standard, what you need to improve.

- Use your candidate’s statement to tell the story of your work – put your papers, funding, research, and clinical work into a broader context. This is your opportunity to connect the dots.

- External referees generally carry more weight than internal referees.
• Talk to your chair about your department’s programmatic needs and how you fit into them, so that you can make the case convincingly.

• Meet with your mentor on a regular basis.

• At all times, keep your CV up to date. Monthly is good. Did you give a lecture or review for a journal? Make sure you get credit for everything you have done. Spend time on your candidate’s statement as well.

• Always know when you agree to do something (write a book chapter, serve on a committee, e.g.) whether it is going to help you get where you want to go.

• Take the extra steps in clinical care – they will be noticed and will help to demonstrate excellence, which is required.

• Research matters – build in one area where you can be recognized for your achievements (though it’s fine to collaborate in different areas of course). Go to national meetings and find out who focuses in your area of research? Meet them so they have heard of you, and may write referee letters later. Joining a national committee may help with this.

• Speak with your department leadership – are your expectations reasonable? Are you meeting their expectations?

• Work/life balance is important too. Don’t lose sight of that even during the reappointment and promotion periods. For any talks you give, collect the evaluations and keep them. They can help demonstrate your regional recognition, teaching ability, etc.

• Go to the big national meetings in your specialty and network.

• Send a copy of your latest paper to people in your field – it’s a good way to gain recognition.

Q&A

Q: The “five favorite articles” that are needed for the promotion long form – should those all have been published after reappointment, or can they be from any time in your career?

A: They should mostly come from your time at Stanford. If you have a particularly outstanding publication from before (in the journal Nature, for example), feel free to include it, but the focus is on what you have done at Stanford and particularly what you have done recently. (Check with Craig on this; my impression is that it is usually optimal to include some recent publications)

Q: With regards to suggesting referees – I heard that you couldn’t include any mentors or collaborators – is that right?
A: No. For promotion, most of the referees should be what we call “independent” (not current or former mentors, collaborators, teachers, close colleagues). However, input from mentors and collaborators is always included and welcomed. For reappointment, most of the letters can be from mentors or collaborators.

Q: When the appointment terms changed for Assistant Professors in the MCL from a 7 year limit to a 10 year limit, did that “raise the bar” for promotion, in terms of what you had to produce?

A: No. The “bar” is the same, and still focuses on regional recognition. Also, you can still be considered for promotion at 7 years or any time if you and your department agree that you are ready.

Q: At what level are problems in reappointment or promotion usually identified – at the department or the school, say – problems like needing more regional recognition?

A: These shouldn’t turn up in the reappointment or promotion process – hopefully they will have been identified long before that, in annual counseling from your chair or chief. At annual counseling you should be told how you’re doing and how your trajectory looks towards your next “action” (reappointment or promotion). Also, at the reappointment action, the School reviewers do consider the scholarly trajectory – are you on the right track for a possible future promotion?

Q: Is there a high rate of success for reappointments and promotions?

A: Yes, very high. The intent is that everyone should be able to be successful, and the rate of successful actions is extremely high.

Q: Can you get regional recognition as part of a large multi-center clinical trial?

A: Yes, but you will need to clarify what your role in the trial was, either in your CV (on any publications that resulted) or in your candidate’s statement.

Q: I have an NIH biosketch for my CV. What should my CV look like?

A: In the handouts you will find a sample CV, a set of guidelines for putting your CV together, and a discussion about annotating your middle-authored publications to clarify your role in collaborative research. These are also available on the OAA website here. Most important – separate your peer-reviewed publications from non-peer-reviewed, and number them.

Q: In terms of “invited presentations” or “invited talks”, if I submit a proposal for a talk to a workshop and I’m accepted, does that count?

A: Yes.