

# Academic Appointment, Promotion & Tenure 2010

Gary L. Klipple M.D.

Chair, Academic Appointment, Promotion and Tenure  
Committee

University of Tennessee Graduate School of Medicine

## University of Tennessee Graduate School of Medicine Core Values

- To foster an innovative learning organization through the leadership of pre-eminent faculty
- To educate fellows, residents and students to provide competent, safe and compassionate healthcare
- To promote basic science and clinically relevant research
- To cultivate physicians to be educational scholars, life long learners and informed consumers of clinical research
- To collaborate with our partners and community for shared responsibility

## Policy: Faculty Affairs Website

[http://www.utmem.edu/Medicine/Acad\\_Affairs/Fac\\_Adm/](http://www.utmem.edu/Medicine/Acad_Affairs/Fac_Adm/)

- Faculty Handbook – UTHSC policy
- COM By-Laws – COM policy
- Insider's Guide to Promotion in COM

## Academic Appointment and Promotion Categories

- Regular appointments
  - Professor, associate professor, assistant professor and instructor
  - Receive compensation
  - Tenure or non-tenure tracts
  - Research/educator or clinician/educator tracts

## Academic Appointment and Promotion Categories

- Part-time faculty
- Limited term faculty
- Affiliated faculty
- Volunteer faculty
- Joint faculty appointments
- Emeritus faculty

## Essentials for Criteria for Rank

- **Assistant Professor**
  - show promise as a teacher
  - show evidence of ability in research and/or professional promise
  - Certified by American Board or equivalent credentials
- **Associate Professor**
  - accomplished in teaching, patient care, research and/or service with promise of continued productivity and development
  - Publications: peer-reviewed, reviews, textbook chapters, case studies
  - ~4 year minimum time as an Assistant Professor
- **Professor**
  - made and continues to make outstanding contributions in teaching, patient care, research, and/or service
  - achieved a high level of productivity in the academic arena
  - developed new technique in a surgical procedure or clinical protocol
  - ~5 year minimum time as an Associate Professor
  - *national or international recognition*

## National / International Reputation:

- invited lectureships outside UTHSC
- leading symposia outside UTHSC
- membership on grant review sections
- editorial board appointments
- elected position/membership in professional society (exclusive)
- developing a now accepted surgical technique or clinical protocol
- comments made in “arms length” external letters of recommendation

## Tenure – value to UTHSC COM

- good job in assigned duties throughout tenure track period
- shown promise of continued growth and success in these roles
- ability to contribute to programs/activities that are likely to be needed at UTHSC

## Promotion and Tenure Schedule 2009 – 2010

- Oct: APTC publishes schedule and detailed instructions
- Sep/Oct: Department Chair informs faculty member of their consideration for promotion and/or award of tenure
- Sep/Oct: Candidate prepares dossier ( C.V., letters of recommendation, additional supporting documents)
- Oct/Nov: Department P and T/ peer review meetings
- Nov: Chair of Department reviews metric worksheet, dossier, record of P and T committee and makes recommendation (positive or negative)
- Dec 1 – 11: All P and T paperwork due in Faculty and Staff Office, Graduate School of Medicine
- Jan/Feb: APTC meets weekly making recommendations to Dean, GSM

## Promotion and Tenure Schedule 2009 – 2010

- Feb: Appeal of non-recommendations
- Feb 22: All records to Dean, GSM. Dean reviews and makes recommendations
- Mar 15: All recommendations to Vice Chancellor for Academic Affairs. Preparation of consolidate report
- Apr: Recommendations to Chancellor
- Apr: Consolidated recommendations approved by the Chancellor forwarded to U. of Tenn. Knoxville
- May: President reviews and prepares recommendation for U.T. Board of Trustees
- Jun: Board of Trustees decides on these recommendations
- Jul: Chancellor notifies faculty member of action taken

## Candidate's Role in P & T

- Faculty member prepares dossier
- Updated curriculum vitae in UT College of Medicine format
- Annual Accomplishments and Goals written by the candidate
- Summaries of Annual Performance and Reviews written by the Chair
- Request up to 6 Letters of Recommendation
- Other supporting documentation
- Play an active role and work with Department Chair

## Documentation beyond CV:

- Table Defining Clinical Activities – with details
- Table Defining Educational Activities – with details
- Student Evaluations – summary with sample comments
- Statement Identifying Innovation
- Table with Scores and History on Recently Applied for Grants
- Table to Quantify Mentoring Ability – with details
- Annual Evaluations
- Table of Invited Talks – with details
- Table of Collaborations

## Chair/Division Chief Role in P&T: with varying levels of input from faculty

- identify faculty to be put forward for P & T
- review CV for completeness
- select faculty to be asked for internal/external letters of reference
- draft letter of recommendation
- receive recommendation from departmental P&T committee
- finalize letter of recommendation
- complete metric survey

## Example Clinician % Effort on: Reappointment letter Versus Promotion Letter

Reappointment letter:

to insure fair clinical  
compensation

- 10% formal education - classroom and small group teaching only
- 70% composite clinical care - clinical care including bedside teaching of students and GME

Promotion letter:

to insure fair consideration  
of teaching

- 40% composite education - classroom and bedside teaching
- 40% isolated clinical care - clinical care without trainees

## Academic Appointment, Promotion and Tenure Committee Organization

- Chairman and 11 members
- Appointed by Dean, GSM
- Diverse membership
- Selected from various departments
- Rules require an adequate number of senior and tenured faculty
- Discussion confidential
- Chair informs Dean, and for negative result, the Department Chair of recommendations

## Academic Appointment, Promotion and Tenure Committee Responsibilities

- Review and make recommendations to the Dean on nominations for appointment, promotion and award of tenure
- Review and recommend policies and procedures in the area of appointments, promotions and tenure of faculty
- Implement procedures in the above areas
- Review of appeals of negative recommendations as requested by the Dean



## Preparation of Curriculum Vitae

- Responsibility of individual with assistance from Department
- Precise format (Appendix D)
- Account for all of your time starting with undergraduate school
- Citations complete in proper format
- Can attach addendum to CV to clarify time or other issues
- Separate statement to document performance not covered in CV

## Internal / External Letters of Recommendation

- Minimum number of 2 (NOT recommended), and the typical number of letters is ~4.
- Effective letters of recommendation come from “**arm’s length**” relationship.
- Internal letters for the award of tenure or for Assist Prof are typical.
- All letters of recommendation received **MUST** be forwarded to AAPTC and the Dean.

## Internal / External Letters of Recommendation (con't)

### Rules for Regular (non-volunteer) Faculty:

- Nominee for Assist Professor  
Letter writer should be **Assoc Prof** or higher at UT or external
- Nominee for Assoc Professor  
Letter writer should be Assoc Prof or higher at UT or external
- Nominee for Professor  
Letter writer should be Professor outside UT

## Mission – Teaching:

- Courses Taught: name of course, hours, number of students
- Mentoring of Trainees: names and current positions
- Course or Clerkship Director?
- Evaluations: student and Course Director
- Good Teaching Techniques / Innovation in Teaching
  - organized
  - appropriate technical media
  - course objectives: given and adhered to
  - handouts
  - handling student questions
- Beyond “Meets Expectations”: teaching awards, developed new curriculum , established novel and effective teaching technique

## Mission – Scholarly Activity: Financial Expectations of Extramural Funding

If > 50% scholarly activity, then:

- support  $\geq$  yearly NIH R01 grant: direct cost ~150-200K/yr
  - single grant or the sum of multiple grants
  - any extramural source acceptable
- demonstrated ability to renew extramural grants or consistently secure research funds
- principal investigator (PI) or co-PI or a Project Director for a Program Project
- alternate to PI: collaborator on a number of grants with sum of the total effort designated on grants  $\geq$  agreed upon % effort for scholarly activity/research
- If critical role with no designated % effort on grant, then Chair/Division Chief letter should note

## Mission – Scholarly Activity: Quantity and quality of publications

Table 1. Minimum expectations for publications.

Track	Assistant to Associate Prof	Associate Prof to Full Prof
Non-tenure (clinicians, teachers)	2	5
Non-tenure (researchers)	5	10
Tenure	5	10

# Quantity and quality of publications

- Pub count made over time in rank
- All should list UTHSC as affiliated institution.
- If >50% research effort, then should be first or last author on majority of pubs.
- Tenure Track: peer reviewed journals, journal Impact Factor >1.0, citation history of pubs >3 years old should be > 0-1
- Non-tenure track: peer reviewed journals and scholarly works such as textbook chapters, monographs etc

Note: year, citation number, impact factor, author order

*Citation History using Scopus.com for Schwab, SJ*

- Cheung AK, Levin NW, Greene T, Agodoa L, Bailey J, Beck G, Clark W, Levey AS, Leypoldt JK, Ornt DB, Rocco MV, Schulman G, Schwab S, Teehan B, Eknoyan G.(2003). Effects of high-flux hemodialysis on clinical outcomes: Results of the HEMO study. *Journal of the American Society of Nephrology*, 14(12), 3251-3263. Citation number 49, Impact Factor 6.5
- Reddan DN, Szczech LA, Tuttle RH, Shaw LK, Jones RH, Schwab SJ, Smith MS, Califf RM, Mark DB, Owen WF Jr. (2003). Chronic kidney disease, mortality, and treatment strategies among patients with clinically significant coronary artery disease. *Journal of the American Society of Nephrology*, 14(9), 2373-2380. Citation number 38, Impact Factor 6.5
- Allon M, Depner TA, Radeva M, Bailey J, Beddhu S, Butterly D, Coyne DW, Gassman JJ, Kaufman AM, Kaysen GA, Lewis JA, Schwab SJ; HEMO Study Group.(2003). Impact of dialysis dose and membrane on infection-related hospitalization and death: Results of the HEMO study. *Journal of the American Society of Nephrology*, 14(7), 1863-1870. Citation number 44, Impact Factor 6.5
- Ross, J. J., Narayan, G., Worthington, M. G., Strom, J. A., & Schwab, S. J. (2003). Infection rates of the LifeSite hemodialysis access system. *Kidney International*, 63(5), 1963. Citation number 0, Impact Factor 4
- G, Beck GJ, Cheung AK, Daugirdas JT, Greene T, Kusek JW, Allon M, Bailey J, Delmez JA, Depner TA, Dwyer JT, Levey AS, Levin NW, Milford E, Ornt DB, Rocco MV, Schulman G, Schwab SJ, Teehan BP, Toto R; Hemodialysis (HEMO) Study Group.(2002). Effect of dialysis dose and membrane flux in maintenance hemodialysis. *New England Journal of Medicine*, 347(25), 2010-2019. Citation number 415, Impact Factor 22.4

## Mission – Service:

- **Institutional:** as participant, chair, organizer, level of commitment?
  - Department, College, UTHSC Committees/Service
- **Professional:** role?
  - local or national organizations
  - review for journals
  - grant review: ad hoc versus regular member
  - role as medical or scientific expert for government or board
- **Community:** participated or organized?
  - community health initiatives
  - health-related presentations to local groups
  - K-12 activities in area schools (i.e. health fairs, science fair)
  - research/training/teaching opportunities to local students/teachers

## Mission – Clinical Service: Quantity and Quality of Patient Care

- **Quantity:**
  - achieving greater than 75% of depart/division set RVU
  - Chair / Division Chief letter of recommendation must address if RVU target was met
- **Quality:** examples
  - extent of referrals
  - reputation of clinical abilities - faculty is said to be the “go-to” physician

# Metrics

- Point system based on meeting/not meeting benchmarks
- Distribution of % effort important to calculation. Four missions: Teaching, Clinical Care, Scholarly Activity/Research, Service
- Benchmarks listed in survey tool or checklist
- No one person will hit all benchmarks
- Metrics and benchmarks are guidelines not absolute standards

## Patient Care: A. Productivity/Patient Load/Scheduling:

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
___ fell short by 25% or more of the department/division set goal or AAMC average for RVU / FTE	___ met the department/division set goal for RVU / FTE or, if not set, the AAMC University Hospital based average RVU / FTE value for that discipline	___ exceeded by 25% or more the department/division set goal or AAMC average in RVU / FTE
___ fell short by 25% or more of the department/division set goal or MGMA average for charges / FTE	___ met the department/division set goal for charges / FTE or, if not set, the MGMA (Medical Group Management Assoc) private practice median for physicians in that discipline	___ exceeded by 25% or more the department/division set goal or MGMA average in charges / FTE
___ fell short by 25% or more of the department/division set goal for numbers of procedures	___ met the department/division set goal for numbers of procedures	___ exceeded by 25% or more the department/division set goal for numbers of procedures
___ fell short by 25% or more of the department/division set goal for numbers of clinics / week	___ met the department/division set goal for numbers of clinics / week	___ exceeded by 25% or more the department/division set goal for numbers of clinics / week
___ fell short by 25% or more of the department/division set goal for numbers of patients seen	___ met the department/division set goal for numbers of patients seen	___ exceeded by 25% or more the department/division set goal for numbers of patients seen
___ consistently late in completion of reports / medical records	___ completed reports / medical records in a timely fashion	

## Teaching: D. Innovation in Teaching

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input checked="" type="checkbox"/> used out-of-date information	<input checked="" type="checkbox"/> well organized and	<input checked="" type="checkbox"/> developed and implemented
<input type="checkbox"/> material disorganized and	<input type="checkbox"/> interesting presentations	<input type="checkbox"/> curriculum for new course or
<input type="checkbox"/> presented in an uninteresting	<input checked="" type="checkbox"/> used appropriate multi-media	<input type="checkbox"/> clinical rotation
<input type="checkbox"/> fashion	<input checked="" type="checkbox"/> technology	<input type="checkbox"/> annually upgraded material
<input type="checkbox"/> lacked clear objectives in	<input checked="" type="checkbox"/> assessed and updated	<input type="checkbox"/> based on board scores,
<input type="checkbox"/> training/lectures	<input type="checkbox"/> materials at reasonable	<input type="checkbox"/> standards set by professional
<input type="checkbox"/> ignored questions and	<input checked="" type="checkbox"/> intervals	<input type="checkbox"/> organizations, emerging
<input type="checkbox"/> requests for added help	<input checked="" type="checkbox"/> provided help / answered	<input type="checkbox"/> concepts
<input type="checkbox"/> lectures were duplication of	<input type="checkbox"/> questions in a professional	<input type="checkbox"/> created student, residency or
<input type="checkbox"/> book or other single source	<input type="checkbox"/> fashion	<input type="checkbox"/> fellowship manuals for
<input type="checkbox"/> exams were arbitrary in	<input checked="" type="checkbox"/> objectives were stated and	<input type="checkbox"/> standard practice in division
<input type="checkbox"/> material tested	<input type="checkbox"/> adhered to	<input type="checkbox"/> or department
<input type="checkbox"/> (other, describe below)	<input checked="" type="checkbox"/> gave handouts and/or online	<input checked="" type="checkbox"/> introduced novel and useful
	<input type="checkbox"/> access to materials from	<input type="checkbox"/> teaching tool(s) that require
	<input type="checkbox"/> lectures, i.e. graphs, images,	<input type="checkbox"/> significant effort by faculty,
	<input type="checkbox"/> or bullet points	<input type="checkbox"/> i.e. DVD or web based
	<input checked="" type="checkbox"/> exams tested the objectives	<input type="checkbox"/> tutorial.
	<input type="checkbox"/> and material presented	<input type="checkbox"/> developed simulations or
		<input type="checkbox"/> standardized patients and/
		<input type="checkbox"/> or implemented their use
		<input type="checkbox"/> consistently sought out
		<input type="checkbox"/> trainees that were struggling
		<input type="checkbox"/> and provided additional
		<input type="checkbox"/> instruction
		<input checked="" type="checkbox"/> published or presented at
		<input type="checkbox"/> national meeting on
		<input type="checkbox"/> innovative teaching
		<input type="checkbox"/> (other, describe below)

## Planning for Promotion

- Plan ahead and develop a strategy
- Work with Department and/or Division Chair
- Knowledge of your accomplishments
- Review faculty % of effort
- Use annual review to present clear picture
- Document teaching, clinical activities, student evaluations, grant requests and success, and annual evaluations

## Planning for Promotion Research and Scholarly Activity

- Be a top-notch M.D. /Ph.D. laboratory researcher with an outstanding mentor
- Participate in Departmental ongoing projects
- Look for non-departmental potential or ongoing projects for collaborative projects
- Watch for potential case reports
- Consider opportunities for reviews and book chapters
- Find a mentor
- Establish an area of expertise

## Planning for Promotion Regional, National and International Reputation

- Join and volunteer for committee work in regional and national organizations
- Section co-chairs at meetings
- Develop local area of speaking expertise
- Transition to presentations at sister medical centers and universities
- Grand rounds
- Resident or fellow teaching lectures
- Regional conferences



## Timetable of Promotion and Tenure:

- Oct:  
Prepare documents, Division Chief letter drafted, and obtain letters of recommendation
- Oct – Nov:  
Department P & T Committee meets
- Nov:  
Chair Letter written
- Dec 2nd:  
Paperwork for P & T is due in the COM Office of Faculty Affairs.

## Who reviews my promotion and/or tenure package in COM?

- If you are an MD then an MD is your primary reviewer.
- If you are a PhD then a PhD is your primary reviewer.
- COM P&T is made up of full Professors.
- COM P&T is about 50:50 in MD:PhD

## Preparation of Curriculum Vitae

- Responsibility of individual with assistance from Department
- Precise format (Appendix D)
- Account for all of your time starting with undergraduate school
- Citations complete in proper format
- Can attach addendum to CV to clarify time or other issues
- Separate statement to document performance not covered in CV