Tracking Your Progress Towards Promotion

Presented by: The Office of Faculty Academic Affairs

Resources available on our webpage:
https://intranet.dellmed.utexas.edu/public/promotion-and-tenure-information

Questions? Please reach out to us: DellMedFacultyAffairs@austin.utexas.edu
This information session will cover:

• How to determine readiness for promotion
  • Time at rank
  • Contributions to the academic mission – impact & trajectory
• Distinguish between 2 titles series for Professional-Track faculty:
  • Professional-Track Clinical Professor title series
  • Professional-Track Professor title series
• Areas of Excellence and Areas of Additional Contributions
• Materials for Your Dossier
• Q&A
Promotion in rank is based on:

- Elapsed time in your current rank, aka ‘effective years at rank’
- Scholarship
  - Impact / Influence of Scholarship
  - Trajectory

<table>
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<tr>
<th>Has sufficient ‘effective years at rank’</th>
<th>Impactful scholarship with strong trajectory?</th>
<th>Ready for promotion?</th>
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<tbody>
<tr>
<td>yes</td>
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<td>yes</td>
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*in some exceptional cases accelerated promotion is appropriate
Elapsed time in your current rank*

• Professional-Track faculty: 7 years
  – You **may** prepare and submit your dossier during the spring of your 6th year in rank, which will then be considered during fall of the same calendar year, with promotion becoming official on September 1 of the following calendar year (at the conclusion of your 7th year in rank).

• Tenure-Track faculty: 7 years
  – You **must** prepare and submit your dossier during the spring of your 6th year in rank which will then be considered during fall of the same calendar year, with promotion becoming official on September 1 of the following calendar year (at the conclusion of your 7th year in rank).

• Tenured faculty: 7 years
  – You **may** prepare and submit your dossier during the spring of your 6th year in rank, which will then be considered during fall of the same calendar year, with promotion becoming official on September 1 of the following calendar year (at the conclusion of your 7th year in rank).

*for Dell Med faculty not jointly appointed at another college/school at UT
New information related to Time in Rank:

• Minimum Amount of Qualifying Service at UT Austin
  – All faculty must have a minimum of 2 years in rank at UT Austin before review by the Dell Med APT committee and the President’s Committee for promotion.

• Election to Combine Service from a Previous Institution:
  – Up to 3 years of time in equivalent rank at institution(s) immediately preceding your appointment at Dell Med can be counted towards the requisite 7 years.
  – Faculty must follow process for formal request to elect to combine service.
Promotions Process

1. **Fall 2023**
   - List of potential promotion candidates compiled by Dept

2. **Winter 2023** (Dec/Jan)
   - List of potential candidates reviewed & approved by Dept Chair

3. **Jan 2024**
   - Candidates & Division Chiefs informed of Chair’s decision. Candidates start process

4. **Feb 2024**
   - Executive Committee (EC) meeting to assign primary & secondary reviewers

5. **Feb-March 2024**
   - Candidates work with Division Chiefs on Promotion Dossier

6. **May 2024**
   - EC meets to discuss candidate statements & EC Statements & review external letters

7. **May 2024**
   - EC Primary reviewer writes EC statements

8. **July 2024**
   - Division Chiefs write Chair memos with Dept Chair

9. **By Sept 1, 2024**
   - Completed dossiers sent to Dell Med Faculty Academic Affairs by Sept 1

10. **Jan 2025**
    - Dossiers sent to Provost Office

11. **Date TBD 2025**
    - Decisions shared with Dell Med Dean, who shares with Dept Chairs

12. **Sept 1, 2025**
    - Promotions effective

Promotion discussion occurs each year during annual evaluation/appraisal process

Slide credit: Sherine Salib
Scholarship

Defined as: the creation and/or dissemination of new knowledge*.

Dell Med uses a broad, flexible definition that includes:

- **Discovery**, original research that advances knowledge
- **Integration**, synthesizing information across disciplines, topics, or time
- **Application**, involving the rigorous application of your disciplinary expertise
- **Teaching**, systematic study of teaching and learning processes**

*All of these require accomplishments beyond your service duties (i.e., beyond your “job”) and in formats that allow dissemination, application, and/or evaluation by peers.

**Requires a format that will allow public sharing and the opportunity for application and evaluation by others.
Impact / Influence of Scholarship

• Professional-Track:
  – Professional-Track Clinical Professor title series:
    • Expected to have active engagement in scholarly activities that derive from and support clinical, teaching, and professional service activities.
    • **Scholarship is defined broadly. Peer-reviewed publications are not required.**
  – Professional-Track Professor title series:
    • Expected to play an *active and sustained key role* in a *program of scholarship in an area of expertise*, which includes *traditional outputs of scholarship* (e.g. peer-reviewed publications).

• Tenure-Track/Tenured:
  – Expected to **drive** a program of scholarship with includes a **body of original peer-reviewed publications**.
    • For promotion to Associate Professor: demonstrate peer recognition at an established national level.
    • For promotion to Professor: demonstrate peer recognition at a sustained national/emerging international level.
Tracks and title series

**PROFESSIONAL-TRACK (FORMERLY NON-TENURE TRACK)**

- Clinical Professor
- Professor Title Series
- Clinical Assistant Professor
- Clinical Associate Professor
- Clinical Professor

**TENURE-TRACK**

- Assistant Professor
- Associate Professor
- Professor

**TENURED**

- Associate Professor
- Professor
Example of a typical faculty phenotype at rank of Clinical Associate Professor (Professional-Track Clinical Title Series)

- Almost all effort is clinical, clinical teaching of residents and medical students
- Scholarship portfolio examples:
  - Leads QI program in clinical domain that has:
    - Improved quality, as supported by data
    - Been adopted across a regional network
    - Been presented at professional society meetings or other venues
  - Serves as clerkship director and has:
    - Developed new curriculum
    - Disseminated curriculum, which has been adopted by other medical schools
    - Presented the curriculum at professional society meetings or other venues
  - Established and leads a clinical program that:
    - Has brought new clinical expertise to Dell Med and the central Texas community
    - Draws patients from a referral base beyond central Texas
    - Invited to give CME talks in area of clinical expertise
    - Contributes to book chapters or clinical handbooks/guidelines (UptoDate, etc.)
Example of a *typical* faculty phenotype at rank of Associate Professor (Professional-Track Professor title series) – Clinical Expertise as Area of Excellence

- Majority of effort is clinical
- Clinical teaching of residents and medical students
- Scholarship portfolio *example*
  - Has served and continues to serve as PI of multiple industry-sponsored trials in clinical area of expertise
  - Established track record of serving as lead/senior author of invited reviews in clinical area of expertise
  - Track record of serving as invited speaker at regional (Southwest US) and/or statewide meetings in clinical area of expertise
  - Track record of excellence in mentorship of clinical fellows, resulting in track record of peer reviewed presentations and/or publications with mentees
  - Key role as a part of a research team evidenced by co-authored peer reviewed original research
Areas of Excellence: Professional-Track Faculty

- Professional-Track faculty require evaluation:
  1. in their designated Area of Excellence and
  2. of their additional contributions to the academic enterprise that do not fall under their designated Area of Excellence*

- Areas of Excellence
  - Educational Leadership
  - Clinical Expertise
  - Investigation and Inquiry

- Academic and Professional Service: these activities that are not a part of the Area of Excellence must be included as a part of “additional contributions to the academic enterprise”
Areas of Excellence

• Educational Leadership
  – Enable the provision of exceptional training, mentoring or curricular development and provide fair and committed support for learners, in alignment with the medical school’s mission to educate leaders who transform health care and redesign the academic health environment to better society.

• Clinical Expertise
  – Enable the delivery and measurement of excellent health care, with a focus on quality, health equity, population and/or public health, value and/or innovation.

• Investigation and Inquiry
  – Support the development of a rich multidisciplinary environment for research, bringing distinct skills or resources to advance the impact of research, in alignment with the medical school’s mission to accelerate innovation and research to improve health.
Additional Contributions: Professional-Track Faculty

Additional Contributions to the Academic Enterprise:

• A record of and evidence supporting a future trajectory of excellence in terms of active, additional contributions to the academic enterprise more generally must also be clearly demonstrated and is reviewed.

• The additional contributions to the academic enterprise might be made at the intersection of one or more of the areas of excellence.

• Activities in the area of Academic and Professional Service that faculty are engaged in that do not fall within their designated Area of Excellence must be included as a part of additional contributions to the academic enterprise.

• For faculty engaged in clinical care who do not have Clinical Expertise as their designated Area of Excellence, their clinical activities must be included as a part of additional contributions to the academic enterprise.

• Additional contributions to the academic enterprise offered by the candidate cannot repeat use of accomplishments and performance in the Area of Excellence.
Materials for your Dossier

1. Curriculum Vitae (“course of life”)
   • Use the Dell Med CV template
   • Complete (from college ➔, mind the gaps), internally consistent, and meticulous
   • Up-to-date
   • Complete references to publications and presentations
   • No abbreviations / abbreviations defined
   • Curated annotations of significance (e.g., invitations, memberships, awards)
   • Attention to formatting

2. Summaries of Activities (for Area of Excellence, Area of Review, and/or Additional Contributions)
   • Translate the CV listings to a description of activities, duties & responsibilities, estimated effort
   • Use explanatory language suitable for a non-biomedical reader
   • No abbreviations / abbreviations defined
   • Not required for Investigation & Inquiry
Materials for your Dossier

3. List of Five Most Significant Works Created While in Rank
   • Required for all tenure-track and tenured faculty as well as professional-track faculty that have selected Investigation and Inquiry as their Area of Excellence
   • Use the University template for List of Five Most Significant Works
Materials for your Dossier

4. Candidate Statements (for Area of Excellence, Area of Review, and/or Additional Contributions)
   • A < 4-page personal essay highlighting the impact and significance of your scholarly activities
   • You can expand on your background, philosophy, struggles, and context of accomplishments
   • Include anticipated future trajectory and plans
   • Use explanatory language suitable for a non-biomedical reader
   • No abbreviations / abbreviations defined

5. Supplemental Materials
   • The “evidence” to support the claims and opinions you make in the Summaries and Candidate Statements.
   • Use your discretion to include any and all materials that you believe are relevant to document your case (e.g., clinical innovations, teaching portfolios, powerpoint slide decks, publications, etc.).
   • Include a Table of Contents that helps annotate the supplemental materials.
Materials for your Dossier

6. Peer Observations of Teaching
   • Minimum of 3 required if your Area of Excellence is Educational Leadership
   • Best if longitudinal over 3 years
   • May come from small group, clinical, and/or classroom teaching
   • You may choose a colleague or an observer from the Dell Med Academy of Distinguished Educators

7. Learner Evaluations
   • From medical students and residents/fellows, CME, etc.

8. Letters from Collaborators and Mentees
   • Solicited by you
   • Mentees are individuals upon whom you have had a major and lasting influence