



## P&T for Junior and New SOM Faculty

Bob Nakamoto  
Mol. Physiology & Biol. Physics  
Snyder 280 (Fontaine)  
Coordinator of Academic Achievement  
rkn3c@virginia.edu, 2-0279

2

### Promotion & Tenure Topics for today

P&T information

Faculty tracks

Criteria for promotion and tenure

Timeline for promotion and tenure


The P&T process and who is involved

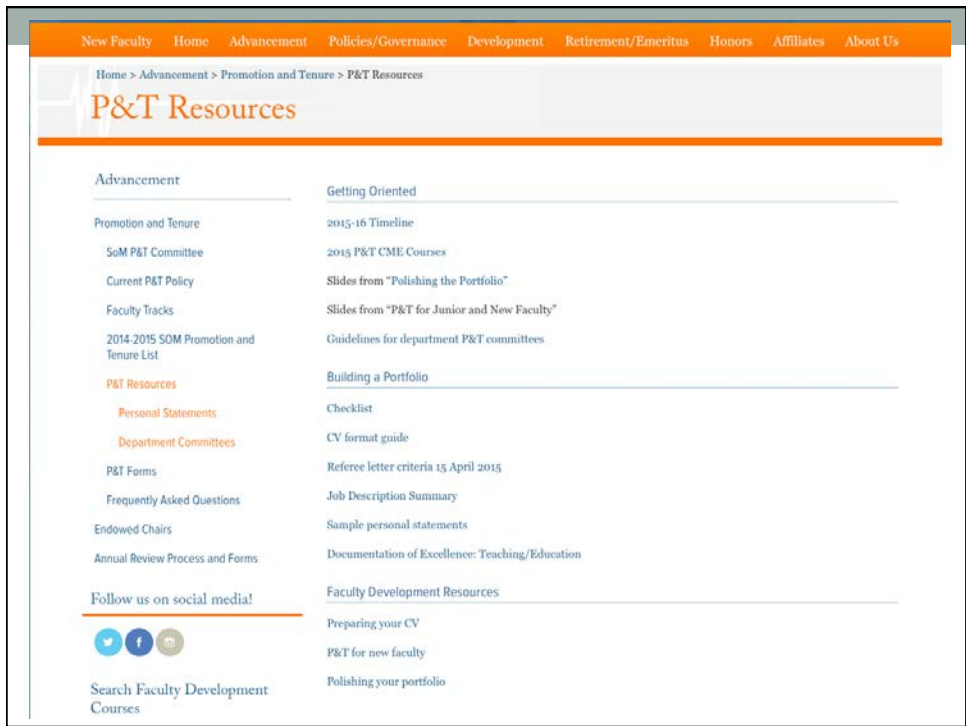
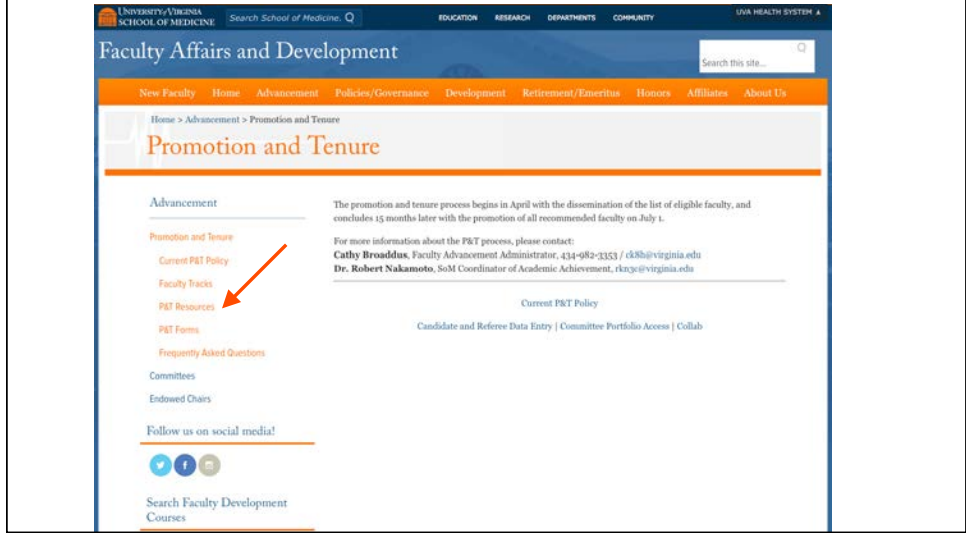
Documentation for P&T - the *Portfolio*

Components of the portfolio

Who to ask for help

# Everything you need to know about P&T is on the website:

 <https://faculty.med.virginia.edu/facultyaffairs/advancement/pandt/>



- Know what **track** you are on and what your **Offer Letter** says (not what Oracle says)
  - Duties/Responsibilities
  - % Effort
- Portfolio (CV, Clinical, Education, Research) should be consistent with **most recent** Offer Letter
- *If your Offer Letter (position statement) is inconsistent with your position duties, get a new one from your chair*

## Tenure Ineligible

- Instructional Faculty
- Research Faculty (Independent Research)
- Research Faculty (Research Support)
- Clinical Faculty

## Tenure Eligible\*

- Academic Investigator
- Clinician Investigator
- Clinician Educator

\*Promotion is “on the clock”



## Tenure-eligible Faculty Tracks: Typical Effort Allocation

- Academic Investigator: majority of effort (>80%) devoted to research; variable amount of teaching
- Clinician Investigator: 50-80% of effort devoted to research (protected time); variable amounts of patient care and teaching
- Clinician Educator: 80% of time devoted to patient care/teaching and at least 20% devoted to scholarship; scholarship required

7

## Tenure-ineligible Faculty Tracks: Typical Effort Allocation

- Clinical Faculty: majority of time devoted to clinical service and teaching; scholarship is optional and variable\*
- Research Faculty: two tracks; on each, majority of time is devoted to PI research; teaching is optional -- details of position in offer letter are important
  - Independent Research\*
  - Research Support\*
- Instructional Faculty: majority of time devoted to teaching or service (clinical or other) \*

\*However..... (promotion to Full Professor-Substantial scholarship is required) !!!!

8

## Criteria for promotion: tenure-eligible tracks

- **Key words = EXCELLENCE and TRAJECTORY**
  - **Assistant to Associate** – excellence in *one* area (clinical care, medical education, research), scholarship, and local & regional reputation, service
  - **Associate to Tenure** – excellence in *two* areas plus continuing scholarship with a regional and emerging national reputation, service
  - **Tenure to Professor** – sustained excellence in *two* areas plus significant sustained scholarship and national & international reputation, service
- Same criteria apply to non-tenure tracks, but generally excellence is expected in only one area



**Keep your eyes on the goal:** e.g. Clinician Educator

### THE AWARD OF **TENURE**:

#### Documented excellence in two of the following areas:

❖ **Patient care:** Clinical skills, clinical innovations, leadership of clinical trials and/or programs that are locally and/or regionally distinctive; programs that measurably improve patient outcomes.

❖ **Education:** Evidence of continued excellence in training, teaching, and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; as evidenced by recognition through teaching awards, membership in the Academy of Distinguished Educators, regional and national invited lectures, and participation in symposia, professional society programs and CME courses.

❖ **Research:** Original investigation recognized by scientific peers. Excellence in laboratory investigation must be documented by competitive extramural funding.

**Scholarship:** Publication of original studies, clinical observations or reviews in peer-reviewed journals; chapters; and development of teaching materials for curricula. Scholarship of application. Authorship of invited chapters in major textbooks, monographs and curricula.

**Reputation:** Emerging national reputation as a clinician educator as recognized by service as e.g. board examiner, editor, invited lecturer at peer institutions and at national meetings. National reputation supported by letters from external referees.

**Service:** There is an expectation of service to the School, University, National

Keep your eyes on the goal: *e.g. Academic Investigator*

**THE AWARD OF TENURE:**

❖ **Research:** Independent original research with recognition by peers and sustained external funding as principal investigator (renewal of a NIH-R01, second NIH-R01 or the award of a project in a PPG, NSF, AHA, ACS)

❖ **Education:** Excellence in training, teaching and advising of undergraduate, medical and graduate students, residents, clinical and postdoctoral research fellows and colleagues.

**Scholarship:** Sustained publication, preferably as first or senior author, of original substantive work in peer-reviewed journals of high impact.

**Reputation:** National and international recognition for research contributions supported by letters from external referees, service on study sections, editorial boards, named lectureships, leadership in professional societies and governing boards.

**Service:** There is an expectation of service to the School, University, National

## What exactly does tenure confer?

- Appointments are “without term”
  - [Associate Professor without term]
  - Without tenure, you are typically on a 3 year term or contract



## Promotion is uncoupled from Tenure

Unlike most schools, promotion to Associate Professor is not linked to Tenure

- Both good and bad

Promotion to Associate Professor can be requested without or with Tenure (“with or without term”)

- Good

Denial can be appealed in another track

- Good

Have two required P&T actions within 4 years

- Bad but can be good

## When can I be promoted?

### *P&T Timeline*

- Tenure-eligible tracks
  - Assistant Professor – 6 years (maximum)
  - Associate Professor with term – 4 years (maximum)
  - Associate Professor without term – (time to promotion to full Professor is not mandated)
  - Professor
- Non-tenure-eligible tracks
  - Must be in rank for minimum of 6 years before you can be promoted
  - No maximum time

## The Timing of Promotion and Tenure:

*How long can I be an Assistant Professor on the tenure-eligible track?*

- 1<sup>st</sup> promotion is usually **Assistant Professor with term** to **Associate Professor with term**
  - Must be promoted by end of the 6<sup>th</sup> year on UVA faculty
  - You can apply early
- Promotions process starts 15 months before promotion
  - Spring of 4<sup>th</sup> year for **Assistant to Associate**
- If you and your Chair feel you meet the criteria for both promotion and tenure, you may request both at the same time (**the “double jump” is rarely done**)
- Early and double jump promotions – excellence/scholarship must be “sustained”.
  - The committee can only vote for approval or denial of both (if appeal is necessary, it can be changed to promotion without tenure)

15

16

## The Timing of Promotion and Tenure

*When do I have to get tenured?*

- Tenure eligibility continues for 4 years (maximum) after promotion to Associate Professor with term
- A faculty member hired as an Associate Professor has only 4 years of tenure eligibility
- You can apply for tenure only once, it is “up or out”





## Time “off-the-clock”

- Must be requested from the Dean by your Chair
- Granted in one-year increments
- Granted for various reasons, such as:
  - change in professional responsibilities
  - personal illness
  - childbirth, child care
  - illness of a child, parent, spouse
- Should be requested *when needed*, not after the absence from duties has occurred
- Should not be requested after faculty member is nominated for promotion or tenure

17

18

## The Journey through P&T



## The Journey: *When things happen*

- Spring– Chairs receive list from Dean's office of who must achieve promotion to Associate Professor, or awarded tenure, by July 1 of the following year.
  - Also who is eligible for promotion.
    - Annual performance review
    - Candidates and department prepare the P&T CV and generate list of potential references for letter requests
    - **June 1** – Department Administrators submit P&T CV and list of potential references
- September– Department Committee review and vote
- **October 1**– Chairs nominate candidates and portfolios submitted to the Dean's Office.

## The Journey: *When things happen (cont.)*

- November-December– SOM P&T Committee reviews portfolios.
- December– *only the chairs* of candidates not recommended for promotion/tenure are notified.
- Mid-January– Appeals to the SOM Committee are due by mid January. Will only consider new information.
- End of January– Dean's office notifies outcome of appeals.
- Early February– Dean forwards nominations to the Provost.
- Feb-May– Provost P&T Committee reviews.
- June– Final approval by the President and the BOV.
- July 1- Promotion or tenure is awarded.

## The Journey – who's involved

- Department P&T committee
  - Usually tenured full Professors.
- School of Medicine P&T Committee
  - 15 tenured and 3 non-tenure track full time Professors.
  - Review Clinical and Academic-All portfolios are discussed unless information is missing.
  - Review all tracks (non-tenure track members only discuss non-tenure track applications).
  - Members with COI are absent during discussion and abstain from vote.
- Dean, School of Medicine
- Provost and Provost Committee (representatives from each school or college)
- President and Board of Visitors

21

## Portfolio Structure

- Nomination
  - Promotion Request Form from the Dept., Chair's letter
    - + Division Chief, Chair of 2° appointment, or Center Director)
  - Letter from Dept. Committee including their vote
  - Appointment letter
- *Curriculum vitae*
- Personal statement
- Documentation of excellence in clinic and/or research
  - Clinical and research portfolios are free form
- Teaching Portfolio (Not the application for Academy of Distinguished Educators, 30 page limit)
- Documentation of scholarship
  - 3 publications (pdfs)
  - Books, videos, software (materials not available on-line)

22

## Portfolio Structure – *Letters of Recommendation*

- Candidate and Chair make list of up to 20 potential referees
- At least 7 must be “independent external” (recommend more)
  - Cannot be former advisor/mentor, institutional colleague, or collaborator
  - *Dean’s office must receive at least 3 for committee consideration*
- Rest are combination of internal and external
- Waiver to view letters
  - You will not know who sends and does not send letters
- *You may ask if they are willing to write a letter, but only before you enter the promotion cycle*

23

24

[Referee Name]  
[Referee Rank/Dept]  
[Referee Institution]

### External Referee Form for Faculty Promotion

Dr. [Candidate Name]’s Promotion to [Candidate’s Rank]

**Please complete this form and return it with your response to our request.**

| Relationship to the Candidate and his/her Work (check as many as apply): |   |
|--|---|
| <input type="checkbox"/>   | Present or past colleague (at same institution as a student, postdoctoral fellow, resident or faculty member) |
| <input type="checkbox"/>   | Past mentor   |
| <input type="checkbox"/>   | Collaborator (co-authored papers or worked with candidate)  |
| <input type="checkbox"/>   | Close personal friend or relative   |
| <input type="checkbox"/>   | None of the above   |

| Knowledge of Candidate’s Work based primarily on (check as many as apply): |  |
|--|--|
| <input type="checkbox"/>   | Publications and CV  |
| <input type="checkbox"/>   | Publications and scientific presentations                            |
| <input type="checkbox"/>   | Personal knowledge and discussions                                   |
| <input type="checkbox"/>   | Participated on review panels (study section, advisory boards, etc.) |
| <input type="checkbox"/>   | None of the above  |

## Nomination - from your Chair

- Make sure your reappointment letters from your Chair reflect your actual job requirements and activities
- If your letter is out of date and not accurate, ask your Chair for a new one

## *Curriculum vitae*

- Content not context
  - Review P&T website for formatting of promotion materials
  - Keep simultaneous “P&T version” of CV, *not a “normal” CV (format on the P&T webpage)*
  - P&T committee needs to see what you do, not what you are known for
  - Keep track of everything
  - Keep CV **updated** regularly

## Excellence in Education and the Teaching Portfolio

- Keep list of all lectures and dates
  - Students, residents, CME, other Departments, outside of UVA
- Keep all CME, course evaluations



## Documenting Excellence in Education

- **Didactic Teaching:**
  - quantity and quality
  - evaluations by students, residents, or fellows (compared to other instructors)
  - evaluations by peers (letters from course directors)
  - teaching awards in the department or SOM
  - development of new courses
  - leadership of courses
  - responsibility for innovations
  - *Ask the course directors if they are collecting this information and if not tell them it is important for your next promotion.*
- **Training in Laboratory and Clinical Research:**
  - Attracting students, residents, and fellows to collaborate in your activities
  - Outcomes – where are they now
  - Evaluations by them
  - Posters and papers presented by them at national meetings
  - Papers co-authored by them
  - Awards won by students, residents or fellows

## Excellence in Education (cont)

- Clinical Training:
  - directing residency or fellowship program
  - innovations in training
  - initiating a new fellowship
  - papers, posters, presentations co-authored with students, residents, or fellows
  - awards won by residents or fellows
  - evaluations by students, residents, or fellows

29

30

## Documenting: Clinical Excellence

- *Trying to document the impact of your clinical contributions: skills, innovations, leadership of clinical trials and/or programs that are locally and/or regionally distinctive; programs that measurably improve patient outcomes*
- RVUs (*with comparison to national norms-UHC*) have become an important factor
- Include unadjusted and adjusted (based upon cFTE) wRVUs
- Keep track of all notes from grateful patients/staff
- Provide all parameters of evaluation

## Documenting Clinical Excellence

- Some suggested criteria for clinical excellence (see details on the P&T website )
  - Productivity – 50% of UHC scale; other
  - Adherence to practice standards – specialty specific
    - Examples are P4P, JCAHO core measures, National Patient Safety Goals, etc.
    - Candidates should be above the median
  - Institutional performance standards
    - Practice improvement & innovations
  - Patient satisfaction scores-Press Ganey
  - Contact Peg Broadhurst in Patient Experience for Press-Ganey and geographic distribution data - mention it's for P&T use, provide 2 weeks notice

31

## Documenting Clinical Excellence: Other Possible Measures

- Specialty-specific outcome measures
  - i.e., mortality rates, readmission rates, case complexity
- Scholarly activity applicable to the candidate's clinical activity is expected
  - This may include peer-reviewed publications, participation in clinical trials, etc.

32



## Excellence in Research



- Judgments of peers:
  - funding from nationally competitive sources, esp. NIH; external letters
- Research productivity:
  - papers in peer-reviewed journals
    - quantity is considered, quality is weighted more heavily than quantity
- Impact of Research:
  - journal rankings, citations,
  - invitations to speak at national/international meetings and other institutions
  - letters from leaders in the field that specify candidate's contributions to field
- Ability to attract students and fellows and evidence of productive interactions with other investigators
  - Publishing with your trainees

33

## Collaborations in Research

- **Collaborations are good (Team Science)**, but you must demonstrate your own original and scholarly contributions
- If your research is inherently collaborative, important to indicate your roles and contributions:
  - Multi-PI vs Co-I grants
  - Independent publications in your specialty or area of scholarship
  - Indicate clearly your contributions to projects
- If all your research is with a senior colleague:
  - Independent funding
  - Independent publications, or senior/corresponding authorship
  - Independent invitations establishing your own reputation
- Independent referee letters will help establish your reputation in the field.
- Letters from collaborators should emphasize the "unique, invaluable, innovative contributions" to the success of the projects

34

## Scholarship of Application

- As an alternative to traditional research, *applying knowledge to solve problems*:
  - a physician may establish a new field or a new school of thinking in clinical medicine,
  - adapt a major application of new knowledge to the clinical setting,
  - develop or improve a diagnostic or therapeutic technique,
  - design or implement a new program of patient care and/or education,
  - develop patient education materials,
  - pursue health services research,
  - create a new and innovative mode of health care delivery.
- *Scholarship of application should result in peer-reviewed publications and presentations at regional or national meetings and other institutions.*

35

## Evaluating publications

- Peer review
- More weight is given to first- and senior- (corresponding) author papers
  - If you are not the first or senior author, describe your role
- Must demonstrate your independent contributions
- Quality is as important as quantity
- Special attention is paid to the papers published at UVa and since the last promotion (helpful to indicate pubs since last promotion action)
- The quality of journals is relevant.
  - We look at journal rankings and impact factors published by ISI.  
Impact factors differ by field.
  - We realize they are not perfect and that they differ by fields.

36

## Evaluating publications (cont)

- Citations to the candidate's papers tell us the impact the candidate's publications have on his/her field. We know that publications in some fields garner more citations than others.
  - Consider reporting the number of journal site hits or downloads, if the information is available (Altmetrics)
- Un-refereed publications (chapters, invited articles) are also considered but are given less weight (track dependent)
- Be careful of the journals/publications (publishers) in which you publish or join the editorial boards. They should be known to your field.

37

38

## Scholarship (for the clinician)

- Write review papers
- Invited reviews and book chapters
- Keep track of clinical projects, including those funded by drug company studies on which you are a co-PI
  - Include patient accrual
- There is no specification of # of papers or grant \$ required for promotion or tenure [there is a requirement for continued funding at a national (NIH or equivalent) level for some]

## Reputation

- Get involved with specialty and subspecialty societies
- Make yourself known to people outside the institution



## Indicators of Regional/ National/ International Reputation

- Service on a study section or grant review panel of a regional or national agency
- Membership on editorial boards of major journals
- Editorships of journals in your field
- Invited reviews and articles
- Invited talks at regional/national/international symposia and at other institutions; visiting professorships
- Officer, chair, or member of a committee of regional or national professional or scientific society

**Before you submit your portfolio, you are *encouraged* to consult P&T Committee members**

*We want you to understand the P&T guidelines, know the criteria for P&T for your particular track, and learn how to construct your best possible portfolio.*

**Current P&T Committee Members**

Lou Hammarskjold, Chair, Microbiology  
Frances Shen, Vice-Chair, Orthopaedic Surgery

William Brady, Em Med  
Jim Casanova, Cell Biology  
Adam Goldfarb, Pathology  
Paul Matherne, Pediatrics  
Ed Nemergut, Anesthesiology  
Victoria Norwood, Pediatrics  
Ben Purow, Neurology  
Jeff Smith, Biochem Mol Genetics  
Zhiyi Zuo, Anesthesiology

Stuart Berr, Radiology  
Kim Penberthy, Psychiatry& NBS

41

**Other Able Consultants**

***Veterans of P&T Committee***

Mark Abel, Orthopedics  
Brian Annex, Medicine  
Bob Bloodgood, Cell Biology  
David Brautigan, Microbiology  
John Bushweller, Physiology  
Bobby Chhabra, Orth. Surgery  
Mark Conaway, PHS  
Brent French, BME  
Wendy Golden, Pathology  
Leigh Grossman, Pediatrics  
Patrice Guyenet, Pharmacology  
Lin Harrison, Neurology  
Jennifer Harvey, Radiology  
Fern Hauck, Fam Med

Lee Jensen, Radiology  
Jaideep Kapur, Neurology  
Bea Lopes, Pathology  
Mark Okusa, Medicine  
Joann Pinkerton, OB/GYN  
Mark Shaffrey, Neurosurgery  
Jason Sheehan, Neurosurgery  
Lois Shepherd, PHS  
Judy White, Cell Biology

Susan Pollart, Senior Associate Dean  
Bob Nakamoto, P&T Coordinator  
Cathy Broaddus, Faculty Advancement  
Administrator

42

## Remember

- Check out the website for formatting and instructions
- Go to presentations offered by the Dean's office
  - *"Polishing the Portfolio"*
    - Thursday, May 4, 4:00 pm Pinn Conference Center G1/G2
    - Tuesday, May 16, 7:00 am Pinn Conference Center G1/G2

## Summary

- It's not as intimidating as you may think
- If your Chair and Dept do a good job, there should be a 100% "pass rate"
- Keep track of all activities in real time
- READ and BELIEVE the website
- The P&T criteria appear to be vague, but this allows flexibility in covering the wide range of activities we do as a faculty. Don't be vague is telling the committee what you do.
- Keep and maintain both a standard and a P&T CV
- Your portfolio should create your narrative, i.e., tell the committee your story. Don't assume they can interpret everything in your portfolio.

## Summary (Cont'd)

- Think about inside and outside letters
- P&T Committee members in your department or with whom you work will recuse themselves and will not be present in the room for discussion. Don't be afraid to ask their advice and help.
- The Committee members are supportive; feel free to contact any of us.