

Career Development Resource [CDR]

Promotion to Associate Professor-A Career Development Resource

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Abstract

This will most likely be the first time through the promotion and tenure process for the faculty member. The faculty member is responsible for meeting with the department chair and/or division chief on a regular basis to determine if she is on the right time line to successfully achieve promotion to associate professor. A physician will begin seriously preparing her portfolio for promotion to Associate Professor about five to six years out of training at which time she will have some considerable experience running a practice and managing her time. However, the planning process for promotion should begin immediately upon starting the first academic position.

Key Words: Promotion, tenure, professor, associate professor, career resource

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Associate Professor

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The following is a general guide to obtaining promotion at the rank of Associate Professor. The University of Virginia guidelines [1] have been used here but surgeons should familiarize themselves with the Faculty Handbook at their own institution as the rules and regulations vary from one school to another.

I. Time Management and Organization

This will most likely be the first time through the promotion and tenure process for the faculty member. The faculty member is responsible for meeting with the department chair and/or division chief on a regular basis to determine if she is on the right time line to successfully achieve promotion to associate professor. A physician will begin seriously preparing her portfolio for promotion to Associate Professor about five to six years out of training at which time she will have some considerable experience running a practice and managing her time. However, the planning process for promotion should begin immediately upon starting the first academic position.

1. Identify Goals

It is important to identify goals and priorities with an appropriate timeline for each one for example one year, five years and ten years and plan to reassess each at quarterly intervals. Goals could be categorized under the following headings:

- a. Personal
- b. Clinical
- c. Education
- d. Research
- e. Financial

2. Job Description

It is the responsibility of the individual physician to meet with her chair and/or division chief to negotiate or renegotiate her job description and to ensure that both have a clear understanding of each other's goals

and expectations. This process should be documented, as it will become the framework for academic development and promotion. A job description should contain details of the percentage time she will devote to teaching, research and clinical work. It should be reviewed and updated periodically. The chair's letter recommending promotion and/or tenure must refer to the achievements in each of these areas, and relate these to the expectation implied in the initial or modified letter of appointment. Therefore significant changes in practice should prompt an update /addendum to the job description.

3. The Plan "Plan A"

While it is important to have both short and long term goals these will need to be flexible as priorities and opportunities will change with time. The overall focus should be aimed at acquiring excellence and recognition in the areas of research, education, and clinical service at institutional, regional, national and international levels. Physicians should:

- a. Identify mentors. The process of mentoring can take many forms, including counseling, advising, facilitating introductions, providing constructive criticism of teaching, grant proposals, or a professional portfolio. While such mentoring may cross departmental lines, the main mentor will usually be within the faculty member's primary department. In some institutions new faculty members are assigned a mentor, or a recommendation may be available through the office of the Dean or Department Chair. If the institution is unhelpful in this regard faculty should consider contacting local member lists of the Association of Women Surgeons, the Association for Surgical Education, or the local chapter of the American College of Surgeons or specialty organization [2 – 4]. Mentoring relationships evolve and mature over time therefore most people will identify more than one mentor in their careers.
- b. Form professional relationships that may be of mutual benefit for example in establishing a new inter departmental health program, a multidisciplinary teaching conference, collaborative research or a joint teaching curriculum.
- c. Identify and apply for workshops that will help to build skills in negotiation, strategic planning, budgeting and conflict resolution [5].
- d. Identify and apply for career development awards [5- 10].

- e. Establish relationships within professional organizations, for example the Association of Women Surgeons or the Association for Surgical Education or specialty societies, with a view towards creating a multi-center study, developing regional specialty groups or educational programs
- f. Not feel restricted to working within the primary department. In fact collaboration across departmental borders is highly regarded when faculty apply for promotion
- g. Establish a social network of colleagues. Many of the most successful projects began with a discussion over a game of golf!

4."Plan B"

Very few physicians are fortunate enough to have the ideal job. More often than not there is a need to compromise in one or more of the areas outlined above under goals. It is not unusual to find that plans are impeded by lack of funding, resources, time constraints, geographical restrictions, or unhelpful even obstructive colleagues. If goals are not being met then the following algorithm may be of use. Physicians should make a list of possible impediments and divide these into correctable and non-correctable problems. If the majority of problems are non -correctable then it may be time to take stock, re-adjust priorities or even consider another position (Go to **Section III** on negotiating a contract). If moving is not an option then the problem will need to be addressed by the most appropriate means.

- a. If the problem is lack of funds it is worthwhile exploring the option of outside grants from professional, specialty organizations and industry while awaiting NIH funding [7].
Consider joining forces with a colleague to improve the strength of a proposal.
- b. If the problem is a lack of infrastructure faculty could consider "borrowing" a colleague's resources in exchange for her expertise.
- c. If the problem is time constraints then it is necessary to readjust priorities and offload those distracting tasks that are not helpful to a career. This will mean learning to say no [11 – 13]
- d. Unhelpful or obstructive colleagues can be the most challenging problem. The solution will depend on whether this colleague is a superior or an equal and whether he/she is behaving in a discriminatory manner or just behaving badly. Physicians, who believe they are being treated in a discriminatory manner either by a superior or an equal, should seek

guidance from the equal opportunity program (EOP). Although the best way to solve the issue will almost always be by negotiation within the department or division, the EOP counselors are a great resource with regard to putting concerns in perspective, and advising of rights and relevant institutional grievance policies. Everything that is said will be treated in total confidence. In the unlikely event that legal steps will become necessary at a later date EOP early input will be invaluable with regard to documentation.

- e. Seek advice from a trusted colleague
- f. If a superior is hindering career advancement for a non-discriminatory reason (e.g. perhaps faculty goals are not aligned with those of the chair / chief) and that person is the one who will make the recommendation for promotion it may be necessary to consider relocation, a career move or change such as a sideways move to education, critical care or a different general surgery sub-specialty.
- g. If the obstructive colleague is not the person who will ultimately make decisions about promotion, then faculty could consider flying under the radar screen for example identify other mentors, change a designated area of excellence, establish a reputation outside the department, or outside the institution. If recognition can be accomplished in another area this will establish credibility and make subsequent arbitrary denial of promotion more difficult and therefore easier to appeal.

5. Preparing for Promotion to Associate Professor and/or Tenure

The faculty member should be familiar with the guidelines for promotion and tenure within their institution and should review these with the department chair/division chief during annual reviews to make sure they are on target for promotion at the appropriate time. Promotion and tenure committees commonly look at three areas of excellence: research, teaching, and clinical service. Scholarship in at least one area is expected. To merit promotion and/or tenure, the faculty member must provide strong evidence of achievement within the areas reflected in their portfolio. At the same time, since the proportion of total effort devoted to any one of the three focus areas may vary considerably from person to person, there will be substantial flexibility in how any one faculty member prepares his or her portfolio. However the

proportion of time dedicated to each area must be consistent with the designated allocations in the faculty member's job description.

Research

Documentation of excellence in research should reflect the ability to create new knowledge as evidenced by continued publication of substantive, original studies in peer-reviewed major journals, and funding by external agencies

Teaching

A detailed description of documenting excellence in education is available in the Career Development on Education [14]. Each educational endeavor should contain documentation of effort (a description of the activity) and an outcome measure of effectiveness or excellence.

Clinical Service

Excellence in clinical service includes extensive participation in patient care, but will also be manifest by recognition as a consultant through referrals of significant numbers of patients, by provision of unusual or innovative types of service or patient care programs not otherwise available in the region or institution, and by other clinical services in addition to routine supervisory assignments. Many institutions also look at relative value units (RVUs), Faculty should be familiar with the Medical Group Management Association (MGMA) benchmarks for their specialty [15].

Scholarship

In addition to evidence of excellence in the above areas, the candidate must prove scholarship in at least one of the focus areas for promotion and tenure. While publications in peer-reviewed journals will continue to provide prominent evidence of scholarly activity, an expanded concept of scholarship is becoming more commonplace and should receive recognition in the promotion and tenure decision process. Such evidence may consist of publication, or similar communications for areas in which publication is not possible or appropriate. For example, documentation in teaching could consist of a widely used text or videotape or web based educational document. Documentation of research

productivity is evidenced by publications in scientific journals. In service, such documentation could consist of published clinical reviews, reports of innovative treatment, editorials, or authorship of special reports by major commissions or committees concerning health-related issues. Regardless of the type of scholarship, it should possess the qualities of excellence, capability for review by peers, and dissemination in the public domain (16,17). .

6. Clarification of Institutional Rules

It cannot be over emphasized that the promotion and tenure rules and regulations vary considerably from one institution to another. It is crucial to understand the relative importance of teaching, research, and clinical/service to promotion and tenure and to begin a promotion portfolio, early in academic practice. Faculty members must familiarize themselves with the institutional guidelines for promotion tracks, and tenure. Here are some questions that each faculty member should address in their institution:

- a. What are the relative merits and requirements for different promotion tracks e.g. educator versus investigator? For example some institutions will not permit promotion to full professor or tenure on an educator track.
- b. Is tenure mandatory or are non-tenure tracks available or desirable? Some institutions allow faculty to apply for tenure and promotion (to professor or associate professor) simultaneously.
- c. What is the maximum probationary period and what are the consequences if promotion is denied? Is there an appeal process?
- d. Is it possible to change from tenure to non-tenure track, or vice versa, at a later date?
- e. Is “time off the clock” allowed for pregnancy or family leave? Are there penalties if you choose to work part time for part of your career? Faculty members availing of “time off the clock” must ensure that their job description is amended appropriately to reflect a period of reduced productivity.

II. Portfolio Preparation

Each institution has specific rules about the preparation of a promotion portfolio and CV and these should be followed. The format will vary but usually includes:

- a. Letter of recommendation from the chair based on the initial or modified letter of offer describing the performance expectations
- b. Copy of job description
- c. Current curriculum vitae.
- d. Documentation of excellence and scholarship in the designated area (s)
- e. Reprints of the three most substantive written contributions since the last promotion

Letters solicited by the dean .These letters of reference usually fall into three categories: internal letters, external letters (from collaborators) and independent referees nominated by the chair or dean. Unless contact is specifically forbidden by the Medical School it is a courtesy to inform referees that a request for a reference will be forthcoming from the dean.

III. Negotiating a New Contract as Associate Professor

If an assistant professor is applying for a position in a new institution it may be appropriate to negotiate entry at the associate professor level. In order to be successful in achieving this, physicians will need to have clearly demonstrated they were close to promotion in their previous position. Once again faculty must familiarize themselves with the rules and regulations in the new institution. It is particularly important to consider the maximum probationary period for promotion to the next level. Will it be possible to achieve the criteria for promotion in a short period of time in an unfamiliar program? Will the necessary resources, time and support structure be provided? If the primary focus of the appointment is to establish new clinical services will this become all consuming to the exclusion of research and teaching?

Physicians should always establish expectations in writing. If the Chair does not automatically do this, then respond to phone calls and meeting with an “as we discussed on the phone/when we met” type of written summary. The following is a negotiation checklist

- a. Start with a “wish list” and divide these into negotiable and not negotiable, then list in order of priority.
- b. With regard to salary look at the AAMC national guidelines, and then add 10% as a starting point. Enquire about the average salary for associate professors in the institution and department. If salary expectations are not met, negotiate something in lieu for example more lab space.

- c. Write out a list of current position assets for comparison. The department business manager is often a good resource in this regard.
- d. Establish the relative percentages of salary that are base and negotiable for the institution. Are there penalties if earnings fall below a certain level during periods of decreased productivity i.e. maternity leave?
- e. Ascertain the collection rate for the department.
- f. Check the institutional website for information regarding expenses, spousal placement and faculty and family benefits. Are there academic fee reductions for children attending that college or university?
- g. Ask about protected time for teaching or research and protected salary.
- h. Enquire about office space, secretarial support, office overheads, payments to the Dean / collection fees / and malpractice dues.
- i. Are there “new faculty” grants or “start up” funds.
- j. Is there a “do not compete” clause in the contract?

Conclusions

Promotion to Associate Professor is the first step in the academic promotion process and frequently results in tenure when the faculty member is successfully promoted. Once the rank of Associate Professor is attained, the criteria for promotion to Professor need to be reviewed and planning begins for promotion to Professor which will be significantly more difficult than promotion to Associate Professor. Mentors need to be critically reviewed at this point. The areas of excellence in research, teaching and clinical service already established will be amplified and the scholarship intensified in order to achieve the next promotion to full Professor.

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5204 Fairmount, Downer's Grove, Illinois 60515

Tel (630) 655- 0391

<http://www.womensurgeons.org/> (Accessed 11/30/11)

3. Association for Surgical Education

Department of Surgery, SIU School of Medicine

PO Box 19655, Springfield, IL 62794-9655

<http://www.surgicaleducation.com/> (Accessed 11/30/11)

4. American College of Surgeons

633 N St Clair St, Chicago Illinois 60611

Tel (312) 202 - 5000

<http://www.facs.org/> (Accessed 11/30/11)

5. AAMC Women's Leadership and Professional Development Programs

2450 N Street, NW, Washington, DC 20037-1126

Tel: (202) 828-0400

<https://www.aamc.org/members/gwims/awards/> (Accessed 11/30/11)

6. Executive Leadership in Academic Medicine (ELAM)

Drexel University College of Medicine

The Gatehouse, 3300 Henry Avenue

Philadelphia, PA 19129-1191

(215) 842-6041

<http://www.drexelmed.edu/Home/OtherPrograms/ExecutiveLeadershipinAcademicMedicine.aspx>

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HTTP://WWW.WOMENSURGEONS.ORG/HOME/CAREER_PLANNING.ASP (Accessed 11/30/11)

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Institute for Research on Women and Gender

1136 Lane Hall, 204 South State Street

University of Michigan, Ann Arbor, MI 48109-1290

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General Resources

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2. Since strangling is not an option. Sandra Crowe published by Perigee of the Berkley Publishing Group 1994
3. In the company of women. Pat Heim PhD and Susan Murphy PhD, MBA Tarcher Putnam 2001
4. She wins you win by Gail Evans. Gotham Books
5. Forged by the knife. Patricia L Dawson. Open Hand Publishing
6. From now on with passion. Christine Mockler. Casper. Cypress House
7. Learning to lead. Pat Heim & Elwood Chapman. Crisp Publications

8. Be a bloody train driver. Jacky Fleming. Penguin books
9. Beyond race and gender. R.Roosevelt Thomas jr. Amacom
10. The scalpel and the silver bear. Lori Arviso Alvord & Elizabeth Cohen Van Pelt. Bantam
11. On becoming a leader. Warren Bennis. Perseus books
12. Same game different rules. Jean Hollands. McGraw Hill
13. Why so slow? Virginia Valian.
14. Nice girls don't get the corner office. Lois P Frankel
15. Brag: the art of tooting your horn without blowing it. Peggy Klaus
16. Tempered radicals. Debra Myerson
17. Men are from Mars, women are from Venus. John Gray
18. How to say it for women. Phyllis Mindell
19. The best advice ever for leaders. Wess Roberts
20. Talking from 9 to 5. Deborah Tannen
21. Getting past "no". William Ury
22. Transforming the organization. Gouillart and Kelly
23. The first 90 days. Michael Watkins
24. Who moved my cheese? Spencer Johnson
25. When you come to a fork in the road, take it. Yogi Berra