

## Career Resources

# Promotion to professor: a career development resource

Hilary Sanfey, M.B.BCh., F.A.C.S.\*

SIU School of Medicine, Department of Surgery, PO Box 19638, Springfield, IL 62794, USA

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**Abstract.** By the time a faculty member is being considered for promotion to full professor, he/she will be about 10 years out of residency training and will almost certainly have prior experience with the academic promotion process. The preparation for promotion to full professor should begin soon after the promotion to associate professor. This is a time to reassess opportunities, resources, skills, and career goals. The timing of the promotion to full professor is usually less rigid than the timeframe for promotion at lower ranks, but schools vary in this regard.

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The following is a general guide to obtaining promotion at the rank of full professor. The University of Virginia guidelines<sup>1</sup> have been used here, but surgeons should familiarize themselves with the Faculty Handbook at their own institution as the rules and regulations vary significantly from 1 school to another. By the time a faculty member is being considered for promotion to full professor, he/she will be about 10 years out of residency training and will almost certainly have prior experience with the academic promotion process. The preparation for promotion to full professor should begin soon after promotion to associate professor. This is a time to reassess opportunities, resources, skills, and career goals. The timing of promotion to full professor is usually less rigid than the timeframe for promotion at lower ranks, but schools vary in this regard.

## Job Description

It is the responsibility of each faculty member to meet with the department chair and/or division chief to renegotiate the job description after each promotion or other change in status. The purpose of the meeting is to ensure that each has a clear understanding of the other's goals and

expectations. This process should be documented because it will become the framework for further academic development and promotion. A job description should contain details of the percentage time devoted to teaching, research, and clinical work and should be reviewed and updated periodically. The chair's letter recommending promotion and/or tenure must refer to the achievements in each of those areas and relate these to the expectation implied in the initial or modified letter of appointment.

## Clarification of Institutional Rules

It cannot be overemphasized 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. The following are some questions that each faculty member should address in their institution:

1. What are the relative merits and requirements for different promotion tracks (eg, educator vs investigator)? For example, some institutions will not permit promotion to full professor on an educator track.

\* Corresponding author: Tel.: +217-545-7257; fax: +217-545-1793.  
E-mail address: [hsanfey@siumed.edu](mailto:hsanfey@siumed.edu)

2. Is tenure mandatory or are nontenure tracks available or desirable? It is usually possible to apply for a promotion to professor from a nontenure eligible track, but faculty on tenure tracks may not be permitted to apply for a promotion to professor without having already achieved tenure. Some institutions allow faculty to apply for tenure and a promotion (to professor or associate professor) simultaneously.
3. What are the maximum probationary period and the consequences if promotion is denied? Is there an appeal process?
4. Is it possible to change from tenure to nontenure track or vice versa at a later date?
5. 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.

As with promotion to associate professor,<sup>2</sup> it is important to 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.<sup>3</sup> Although such mentoring may cross departmental lines, the main mentor will usually be within the faculty member's primary department. If the institution is unhelpful in this regard, consider contacting local member lists of the Association of Women Surgeons, the Association for Surgical Education, the local chapter of the American College of Surgeons, or your specialty organization.<sup>4-6</sup> Mentoring relationships evolve and mature over time; therefore, most people will identify more than 1 mentor in their careers (Career Development Resource [CDR] Mentoring/CDR Associate Professor).

## Preparing for Promotion to Professor and/or Tenure

Promotion and Tenure Committees commonly look at 3 areas of excellence: research, teaching, and clinical service. Usually excellence must be achieved and documented in at least 2 of these major areas of endeavor for promotion to professor and/or tenure. In addition, documented scholarship in 1 area is required. Regardless of the type of scholarship, it should possess the qualities of excellence, capability for review by peers, and dissemination in the public domain.<sup>7,8</sup> In preparing for promotion faculty need to (1) identify areas of excellence, (2) work toward achieving excellence in the chosen area, and (3) document areas of excellence.

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, because the proportion of total effort devoted to any one of the 3 focus areas may vary considerably from person to person,

there will be substantial flexibility in how any 1 faculty member prepares his/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. Such documentation of excellence in research could include (1) publication of original research in peer-reviewed journals; (2) a strong record of national grant support awarded through peer review (eg, National Institutes of Health,<sup>9</sup> National Science Foundation,<sup>10</sup> or similar federal granting agency; American Cancer Society,<sup>11</sup> National Kidney Foundation,<sup>12</sup> Bureau of Veterans Affairs,<sup>13</sup> Robert Wood Johnson<sup>14</sup>); (3) invitations to hold endowed lectureships or invited lectures, particularly at major scientific meetings; (4) participation on editorial boards or editorships of journals; (5) participation on national study sections and scientific advisory boards; (6) leadership roles in national or international scientific societies or meetings; (7) consultancy participation or institutional or program reviews; and (8) leadership or active participation in development of research programs, research-related administrative or committee activity, training grants, or postdoctoral training.

## Teaching

A detailed description of documenting excellence in education is available in the Career Development on Education.<sup>15</sup> Each educational endeavor should contain documentation of effort (a description of the activity) and an outcome measure of effectiveness or excellence. Frequently, the judgment of the members of the department will be given more weight in the evaluation of teaching than in the evaluation of other areas of excellence, which are more easily quantified by objective means. Consideration will be given to leadership and major participation in departmental or institutional courses or educational programs and development and implementation of new courses, curricular content, or important teaching materials including the syllabi, computer-assisted instruction, films, or videotapes. Documentation of excellence in teaching could include the following: (1) participation in the surgery clerkship, department teaching program, or resident lecture schedule; (2) evidence of educational leadership (eg, director of residency program or clerkship director); (3) teaching in the research environment; (4) educational committees in the university (eg, a clerkship or curriculum committee); (5) advising responsibilities; (6) invited presentations, visiting professorships, and lectureships; (7) professional and educational leadership roles (eg, program chair for a professional soci-

ety); (8) scholarships, authorship, editorship, and publications in the area of education; (9) grants or fellowships related to medical education<sup>16,17</sup>; (10) evidence of mentorship with names, accomplishments, and current positions; (11) teaching awards received; (12) recognition by successful generations of students, residents, and fellows; and (13) peer evaluation.

### 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 types of service not otherwise available in the region or institution, by the organization of new types of patient care programs, and by other clinical services in addition to routine supervisory assignments. An objective evaluation of patient care by medical faculty is at best difficult and in many ways impossible to quantify, but documentation of excellence in clinical service could include the following:

1. Recognition by peers and patients as a physician's physician.
2. Reputation within and outside the institution for excellence in medical practice.
3. Patient referrals from other physicians and patients taking into account the geographic size of the referral area and specialty.
4. Percentages of referrals/consultations that are requested by other physicians rather than assigned.
5. Number and complexity of patients referred. More and more departments are looking at the number of faculty relative value units and comparing these against national benchmarks for the region and the specialty.<sup>18</sup>
6. Documentation of clinician excellence must include evidence of a positive impact by outcome measurement regarding mortality, morbidity, and length of stay. The institutional director of quality should be able to provide these data. These data are also available through institutional participation in the American College of Surgeons National Surgical Quality Improvement Program<sup>19</sup> or a similar national database.
7. Introduction of new skills or techniques, including clinical laboratory-based technology, unique locally or regionally or special competencies that improve or extend clinical or training programs.
8. Development and maintenance of new clinical programs or a laboratory service taking into account the number of years the program has been in existence and the impact of the program based on the number of patients.
9. Clinical productivity in the group practice setting based on the volume of patients (outpatient and inpatient census), volume of procedures, and number of consultations.
10. Participation in research involving patients including clinical trials and outcomes evaluations.

11. Leadership in clinical care (eg, membership on major clinical committees at local, regional, or national levels).
12. Administrative contributions associated with a major organization or reorganization of a Health Sciences Center department, center, or other administrative unit.
13. Initiation of or participation in health care delivery research that is oriented to rural and agricultural populations, minority or geriatric populations, or any other targeted population with documented health care needs.
14. Identification and coordination of responses to health needs in the surrounding communities, the state, and the nation. Examples include increasing public awareness of disease prevention and health maintenance and providing continuing medical education to practicing health care professionals.
15. Leadership in national and international groups dealing with health care policy, health care planning, health care reform, and health care legislation.
16. Membership on site visit teams for funding agencies such as the National Institutes of Health or private foundations or regular participation in peer review activities for funding agencies and/or professional journals.
17. Community-based service (professionally related) including guest lectures and preparation of materials for nonmedical health care professionals.

### Scholarship

In addition to evidence of excellence, the candidate must prove scholarship in at least one of the focus areas for promotion and tenure. Although 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.

### Service

Recognition that leadership roles (service) may signify excellence in reputation in teaching, research, and scholarship will be considered. Performance or service, however

exemplary, may not substitute for the primary criteria of teaching, scholarship, and research. Service is shown by (1) active participation and/or leadership on committees at the departmental, hospital, medical school, or university level; (2) active participation and/or leadership in local, regional, national, and international professional organizations; (3) participation and administrative leadership in division and sections, including programmatic management; and (4) outreach programs such as local and rural community service related to teaching and applied medical science as appropriate.

## Referees

Referees should be chosen with great care. Usually a candidate will need a specific number of referees from inside and outside the institution. Some institutions prohibit direct solicitation of letters of reference by the candidate so caution should be exercised before engaging a potential referee in conversation. It is best to choose referees who are familiar with academic tracks or the promotion process and can speak to each area of excellence. The department chair may be asked to nominate independent referees who can provide an objective opinion of the candidate's Curriculum Vitae (CV) or dossier.

## 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 the following: (1) a letter of recommendation from the chair based on the initial or modified letter of the offer describing the performance expectations, (2) a copy of the job description, (3) current curriculum vitae, (4) documentation of excellence and scholarship in the designated area(s), (5) reprints of the 3 most substantive written contributions since the last promotion, and (6) letters solicited by the dean including designated referees.

## Negotiating a new contract as professor

When an associate professor is applying for a position in a new institution, it may be appropriate to negotiate entry at the full professor level. Some institutions will not award promotion until after the faculty recruit has been in post for a period, and it is important to realize this if entry at full professor is a critical requirement of the recruitment package. To be appointed as a full professor, the faculty recruit will need to clearly show that he/she was close to promotion in their prior institution. As with other issues pertaining to recruitment and job negotiation, it is important to establish expectations in writing.

## Conclusions

The promotion to full professor is difficult and represents the pinnacle of an academic career. Faculty who attain this rank will need to show evidence of a national and international reputation by active participation and leadership in professional societies. They will have shown sustained excellence in a least 2 of the areas of education, research and clinical care, in addition to scholarship. Individuals at this level are expected to have a substantial quantity of publications, with the expectation that there will be a larger contribution as senior author since the appointment or promotion to the rank of associate professor.

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