

Career Resources

Career development resource: promotion to associate professor★

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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 5 to 6 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.

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The following is a general guide to obtaining promotion to the rank of associate professor. The University of Virginia guidelines¹ are used here, but surgeons should familiarize themselves with the faculty handbooks at their own institutions, because the rules and regulations vary from 1 school to another.

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 5 to 6 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.

Identify goals

It is important to identify goals and priorities, with an appropriate timeline for each (eg, 1, 5, and 10 years), and plan to reassess each at quarterly intervals. Goals can be categorized under the following headings:

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

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

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understanding of each other’s goals and expectations. This process should be documented, because it will become the framework for academic development and promotion. A job description should contain details of the percentage time the physician 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 or addendum to the job description.

“Plan A”

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

- 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. Although such mentoring may cross departmental lines, the main mentor will usually be within the faculty member’s primary department. At some institutions, new faculty members are assigned mentors, or recommendations may be available through the office of the dean or department chair. If the institution is unhelpful in this regard, faculty members 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 (Table 1). Mentoring relationships evolve and mature over time, so most people will identify more than 1 mentor in their careers.
- b. Form professional relationships that may be of mutual benefit, for example, in establishing a new interdepartmental health program, a multidisciplinary teaching conference, collaborative research, or a joint teaching curriculum.
- c. Identify and apply for workshops that will help build skills in negotiation, strategic planning, budgeting, and conflict resolution.²
- d. Identify and apply for career development awards (Table 1).²⁻⁷
- e. Establish relationships within professional organizations, such as the Association of Women Surgeons or the Association for Surgical Education or specialty societies, with a view toward creating a multicenter study or developing regional specialty groups or educational programs.

- f. Do not feel restricted to working within the primary department. In fact, collaboration across departmental borders is highly regarded when faculty members apply for promotions.
- g. Establish a social network of colleagues. Many of the most successful projects began with a discussion over a game of golf!

“Plan B”

Very few physicians are fortunate enough to have the ideal job. More often than not, there is a need to compromise in 1 or more of the goals outlined above. It is not unusual to find that plans are impeded by a lack of funding or resources, time constraints, geographic restrictions, or unhelpful and even obstructive colleagues. If goals are not being met, the following algorithm may be of use. Physicians should make a list of possible impediments and divide these into correctable and noncorrectable problems. If most problems are noncorrectable, it may be time to take stock, readjust priorities, or even consider another position (see “Negotiating a New Contract as an Associate Professor”). If moving is not an option, the problem will need to be addressed by the most appropriate means.

- a. If the problem is a lack of funds, it is worthwhile exploring the option of outside grants from professional societies, specialty organizations, and industry while awaiting National Institutes of Health funding.⁴ Consider joining forces with a colleague to improve the strength of a proposal.
- b. If the problem is a lack of infrastructure, faculty members could consider “borrowing” colleagues’ resources in exchange for their expertise.
- c. If the problem is time constraints, 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.”⁸⁻¹⁰

Table 1 Contact information for organizations recommended for identifying mentors or obtaining career development awards

Organization	Contact Information
Association of Women Surgeons	http://www.womensurgeons.org
Association for Surgical Education	http://www.surgicaleducation.com
American College of Surgeons	http://www.facs.org
National Science Foundation ADVANCE Project	Institute for Research on Women and Gender, University of Michigan, 1136 Lane Hall, 204 South State Street, Ann Arbor, MI 48109-1290; http://sitemaker.umich.edu/advance/home

- d. Unhelpful or obstructive colleagues can be the most challenging problem. The solution will depend on whether such a colleague is a superior or an equal and whether he or 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 by an equal should seek guidance from the equal opportunity program. Although the best way to solve the issue will almost always be by negotiation within the department or division, equal opportunity program 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, equal opportunity program 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 (eg, perhaps the faculty member's goals are not aligned with those of the chair or chief), and that person will make the recommendation for promotion, it may be necessary to consider relocation, a career move, or a change such as a sideways move to education, critical care, or a different general surgery subspecialty.
- g. If the obstructive colleague is not the person who will ultimately make decisions about promotion, the faculty member could consider flying under the radar, for example, identify other mentors, change a designated area of excellence, or 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.

Preparing for promotion to associate professor and/or tenure

Faculty members should be familiar with the guidelines for promotion and tenure within their institutions and should review these with the department chair or division chief during annual reviews to ensure that they are on target for promotion at the appropriate time. Promotion and tenure committees commonly look at 3 areas of excellence: research, teaching, and clinical service. Scholarship in at least 1 area is expected. To merit promotion and/or tenure, faculty members must provide strong evidence of achievement within the areas reflected in their portfolios. At the same time, because the proportion of total effort devoted to any 1 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 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 from the Association of Women Surgeons.⁴ 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 the 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. Faculty members should be familiar with the Medical Group Management Association's benchmarks for their specialties.¹¹

Scholarship. In addition to evidence of excellence in the above areas, the candidate must prove scholarship in at least 1 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, video, 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.^{12,13}

Clarification of institutional rules

It cannot be overemphasized that the promotion and tenure rules and regulations vary considerably from 1 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 faculty members should address at their institutions:

- a. 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 or tenure on an educator track.
- b. Is tenure mandatory, or are nontenure tracks available or desirable? Some institutions allow faculty members 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 nontenure 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 descriptions are amended appropriately to reflect a period of reduced productivity.

Portfolio Preparation

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

- a. A letter of recommendation from the chair based on the initial or modified letter of offer describing the performance expectations.
- b. A copy of the job description.
- c. A current curriculum vitae.
- d. Documentation of excellence and scholarship in the designated area(s).
- e. Reprints of the 3 most substantive written contributions since the last promotion.
- f. Letters solicited by the dean. These letters of reference usually fall into 3 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.

Negotiating A New Contract As An Associate Professor

If an assistant professor is applying for a position at a new institution, it may be appropriate to negotiate entry at the associate professor level. To be successful in achieving this, physicians will need to clearly demonstrate that they were close to promotion in their previous positions. Once again, faculty members must familiarize themselves with the rules and regulations at the new institution. It is partic-

ularly 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 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, refer to the Association of American Medical Colleges national guidelines, and then add 10% as a starting point. Inquire about the average salary for associate professors in the institution and department. If salary expectations are not met, negotiate something in lieu of salary, such as more laboratory 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, such as maternity leave?
- e. Ascertain the collection rate for the department.
- f. Check the institutional Web site 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. Inquire about office space, secretarial support, office overheads, payments to the dean, collection fees, and malpractice dues.
- i. Are there “new faculty” grants or “startup” 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 to achieve the next promotion to full professor.

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