PROMOTION AND TENURE WORKSHOP

CLINICAL DOSSIER PREPARATION

April/May 2019
Discussion Items

• COM-Tucson Faculty Affairs Office
• Reason for Clinical Dossier
• Process steps & Important Dates
• Dossier Sections and Content
• Common problems with Dossiers
• Resources
COM Faculty Affairs Office
Tucson

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Why a Separate Dossier?

- **UHAP P&T** Section 3.3.03 C & F
  - 7/1/18 revision recognizes
    - Distinctive duties of clinical faculty and strengthen the alignments of career progressions with the quality of clinical care
  - Starting in 2019/2020 for all Clinical Faculty will use the Clinical Faculty Dossier

- **Clinical Dossier Features**
  - Workload Assignment was modified for a Clinical focus
  - A Clinical Service Portfolio was added
  - External evaluators were re-defined with a Clinical focus
Levels of Review for Promotion

Faculty & Dept. Prepare Dossier

External Reviews Contacted (by dept.)

Dept. P&T Review

Dept. Head Review*

College AP&T Review

COM-T Dean Review*

Appeals will go to the SVP Health Sciences

* Feedback to the candidate
During Annual Evaluation

Feedback on your Work

Teaching Assessment

What to Prioritize

Areas of Improvement

Promotion Timeline

Do I have Peer Teaching Evaluations?

Am I on the right Track/Path?
Important Promotion Dates
Career Track/Non-Tenure Faculty

- **Candidate Confirms**
  - 6/20
  - 9/30
  - 1/15
  - 3/1

- **Dept. Seeks External Letters**
  - Last Day to submit for 7/1 Date
  - April
  - May
  - June
  - July

- **Dossier to COM for Review (Committee)**
- **Dean Review for Clinical Dossier**

- **Provost Review for Non-Clinical**

- **Candidate Notified of Dept. Recommendation**
Two Career Track/Non-Tenure Promotion Cycles

July 1
Effective Date

- Received in FA
- **10/1 through 3/1**

January 1
Effective Date

- Received in FA
- **3/1 through 9/30**
Clinical Promotion Dossier

For promotion reviews, you are going to be evaluated on work relative to your workload

There are 9 Sections:

Promotion Dossier for Clinical Faculty
Colleges of Medicine – Phoenix and Tucson

SECTION 1: SUMMARY DATA SHEET ................................................................. 2
SECTION 2: SUMMARY OF CANDIDATE’S WORKLOAD ASSIGNMENT .................................................. 3
SECTION 3: CURRICULUM VITAE & COLLABORATORS/SUPERVISORS LIST ........................................... 4
SECTION 4: CANDIDATE STATEMENT ...................................................................................... 5
SECTION 5: TEACHING PORTFOLIO .................................................................................... 6
SECTION 6: CLINICAL SERVICE PORTFOLIO ......................................................................... 7
SECTION 7: LETTERS FROM EXTERNAL EVALUATORS AND COLLABORATORS ............................ 8
SECTION 8: LETTERS FROM DEPARTMENTAL COMMITTEE AND CHAIR ...................................... 9
SECTION 9: FINAL RECOMMENDATION ............................................................................... 10

Appendices in Separate Document
Appendix A: College Guidelines/Examples
Appendix B: Curriculum Vitae Format & Common Questions
Appendix C: Worksheet for the Selection of Outside Evaluators
Section 2: Workload
(Candidate/Dept. Head or Div. Director)

- Critical to evaluating productivity in areas of assignment - informs reviewers of expectations

**SECTION 2: SUMMARY OF CANDIDATE’S WORKLOAD ASSIGNMENT**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DEPARTMENT:</th>
<th>FTE:</th>
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Duties for the period 2014-2015 through

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| Funded Research %² |  |  |
| Didactic Teaching %³ |  |  |
| Committee & Community Service %⁴ |  |  |
| Administrative Service %⁵ |  |  |

| A + B + C + D + E = Total Workload Assignment | 100% | 100% | 100% | 100% | 100% | 100% |

1. Teaching in clinical setting reflects the amount of time you have a trainee with you, e.g., 50% of the time you are in clinic you have trainees with you. Service in clinical setting reflects % toward commitments, e.g., hospital committee, etc. Research related to the clinical setting reflects the % of the time you help recruit for studies in your field or specialty or similar "non-funded" activities.

*Use this space to clarify percentages listed, particularly if important scholarship allocation is listed and to address departmental expectations.*
Section 2: Workload  
(Candidate/Dept. Head or Div. Director)

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| Funded Research %² |  |
| Teaching and mentoring in research setting |  |
| Important scholarship |  |

| Didactic Teaching %³ |  |
| Committee & Community Service %⁴ |  |
| Administrative Service %⁵ |  |

A + B + C + D + E = Total Workload Assignment 100% 100% 100% 100% 100%

1. Teaching in clinical setting reflects the amount of time you have a trainee with you, e.g., 50% of the time you are in clinic you have trainees with you. Service in clinical setting reflects % toward

2. Funded research is defined as formal support to protect time. Small allocations are permitted for important department supported scholarship, e.g., educational research and/or industry studies not providing % effort. Teaching and mentoring in research setting reflects the time you spend formally teaching research techniques or methods. Place non-funded research under important scholarship.

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Duties for the period 2014-2015 through

#### Academic Year
- Clinical Service %
- Teaching in clinical setting %
- Service in hospital/clinical setting %
- Research related to the clinical setting %

#### Funded Research %
- Teaching and mentoring in research setting %
- Important scholarship %

#### Didactic Teaching %
- Committee & Community Service %
- Administrative Service %

\[ A + B + C + D + E = \text{Total Workload Assignment} \]

1. Teaching in clinical setting reflects the amount of time you have a trainee with you, e.g., 50% of the time you are in clinic you have trainees with you. Service in clinical setting reflects % toward

2. Funded research is defined as formal support to protect time. Small allocations are permitted for important department supported scholarship, e.g., educational research and/or industry.

3. 1% allocation for every 20 hours of engagement. Add allocation if funded to teach.

4. 1% allocation for every 20 hours of engagement. Do not include hospital committee service here.

5. Only list funded administrative service in this section, e.g., program directorship, sleep lab director, institute director, core faculty, division chief, and other.

Use this space to clarify percentages listed, particularly if important scholarship allocation is listed and to address departmental expectations.
Section 3: The CV & List of Collaborators
(Candidate)

Follow the CV guidelines precisely

Note: Some sections are restricted to accomplishments in rank

- Education
- Employment
- Honors and Awards
- Service/Outreach
- Publications/Creative Activity
- Works in Progress
- Conferences/Scholarly Presentations
- Awarded Grants, Contracts & Clinical Trials
- List of Collaborators and their Organizational Affiliations

Notice that there is little in Section 3 related to Teaching – there are separate dossier sections for this work
Who is a Collaborator?

• Collaborators from the past 5 years
  ✓ Any co-authors
  ✓ PI’s where the candidate is a co-PI or sub-investigator
  ✓ Listed alphabetically by last name *(include institution)*

• Former...
  ✓ Supervisors
  ✓ Program directors *(residency or fellowships)*
  ✓ Dissertation chairs
  ✓ Individuals with close relationships
Section 4: Candidate’s Statement

(Candidate)

Clinical is 1-3 pages tell their story

- Frame what it is that you do, focusing on impact
- Connect the different parts of the workload (e.g., teaching and service; clinician and educator) into one narrative to communicate total impact
  - **Clinical Scholar**: Include information addressing your plan for ongoing scholarship. (See P&T Guideline Appendices for scholarship examples)
  - **Clinical Series**: Include information addressing your plan for excellence in clinical care, now and into the future

- Plus:
  - Make statement readable/free of jargon
  - Avoid highly technical terms if possible
  - Get input from a range of readers
  - Use 11pt font or larger
Section 5: The Teaching Portfolio (Candidate)

1) A “Teaching CV,” as it were
   ✓ List of courses taught and scholarly activities that support teaching
   ✓ Teaching awards and grants
   ✓ Individual student contacts (i.e., advising, mentoring, internships, faculty advising of clubs, dissertation chair or committee memberships, etc.)
   ✓ Additional activities that support teaching (i.e., use of technology, participation in trainings from Office of Instruction and Assessment, etc.)

2) A Teaching Portfolio (Video Presentation)
   ✓ Syllabi, assignments and tests; grading rubrics
   ✓ Awards, kudos, nominations for teaching-related recognition
   ✓ Any work you’ve done to improve your teaching (workshops completed through OIA, professional development training, etc.)
Section 5: Teaching Portfolio

(Candidate)

• Below are suggested examples and format.
• Not all sections will be applicable to each candidate.
• Sections may be added, as desired, to clarify contributions.

BELOW IS A SUGGESTED LIST OF CONTRIBUTIONS.
Examples are not all inclusive and vary widely by department.

Teaching Setting (scholarship of teaching, limit to 3 examples of excellence & abbreviate, as needed, to conform to a 20-page limit)
- Syllabi or curriculum outline which you contributed to locally, regionally or nationally
  - Examples: Syllabus of anatomy lecture series you guest taught; material, website link/ screenshot, letter from site director or other supporting evidence of resident mentoring program that may have been adopted by another internal program or other institution
- Relevant seminars or contributions to teaching
  - Examples: Outline you created for a student, resident or fellow learning initiative (e.g., effective patient hand-offs); flyers from retreats or faculty development session; design of board review for residents or remediation initiatives
- Select UME, GME, CME lecture materials or PPT presentations, ideally with learner evaluation
  - Examples: PPT or lecture notes given for conference, journal club, CBI, Grand Rounds, etc. that ideally include learner evaluation

Teaching Evaluations
- Learners: Obtain evaluations and summary reports from your DIO, curriculum director, clerkship director, or academic affairs unit (UA and other learners)
- Peer evaluations are required (recommended annually) Letters attesting to teaching excellence and effectiveness can be included.
Section 6: Clinical Service Portfolio
(Candidate / Department Coordinator)

Below is a suggested format. Not all sections will be applicable to each candidate. Sections may be added, as desired, to clarify contributions.

<table>
<thead>
<tr>
<th>Service to Patient</th>
</tr>
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<tbody>
<tr>
<td>• Clinical Metrics of Service and Quality</td>
</tr>
<tr>
<td>○ Examples: Reports related to the assessment of clinical productivity; summaries of your clinical productivity (e.g., RVU, Referrals) as traditionally measured by your division/clinical employer (check with your division chief or clinical division manager for documentation)</td>
</tr>
<tr>
<td>○ Examples: Reports related to patient outcome, quality and safety (personal data or program data from practice plan, hospital, national, or data)</td>
</tr>
<tr>
<td>▪ Demonstrates cultural competence and works to reduce health disparities among patients</td>
</tr>
<tr>
<td>○ Assessment of clinical leadership, citizenship, stewardship; letters from clinical leadership attesting to clinical excellence (if important to the candidate’s narrative or if portfolio does not have other metrics readily available)</td>
</tr>
<tr>
<td>• Patient Centered Service</td>
</tr>
<tr>
<td>○ Support group or volunteer clinic testimonials</td>
</tr>
<tr>
<td>○ Patient satisfaction reports (if not available from institution, consider including letters/emails from patient/family)</td>
</tr>
<tr>
<td>○ Letters/notes/communications from grateful patient and family</td>
</tr>
<tr>
<td>○ Patient-centered community engagement/education</td>
</tr>
<tr>
<td>• Clinical-Translational Research Efforts</td>
</tr>
<tr>
<td>○ Letters of support from research colleagues</td>
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Section 6: Clinical Service Portfolio
(Candidate / Department Coordinator)

- The clinical service portfolio should not duplicate activities listed on the CV. The portfolio should consist of hard copies of supporting documentation that fits the candidate’s narrative of excellence in patient care.

- Candidates may include, for example, productivity (or RVU) reports, measures of clinical effectiveness of clinical programs in which you are involved (e.g., NSQIP in surgery).

- Should address the following areas:
  - Clinical draw to the Institution
  - Clinical Leadership
  - Evidence of Commitment to Improvement & Growth as a Clinician
  - Quality Improvement
  - Program Building/New Care Models (if applicable)
Section 7: External Evaluators (Department)

- **Three External Letters (required):** The department will contact evaluators with instructions and include copies of the 1) workload assignment, 2) candidate statement, 3) teaching portfolio 4) clinical portfolio 5) CV
  
  - Letters cannot be from collaborators or past/current supervisors

- Letters should be outside your local peer group (i.e., not from the same center, department or community practice) but can be from other departments or affiliate institutions.

  - Letter writers must be at the requested rank/equivalent experience or higher

  - *Note: Scholar Track faculty must have at least one letter from outside your academic and clinical institutions that speaks to National impact*
Letters of Support & Collaborator Letters
(Candidate / Department)

- **Letters of Support (optional):** Solicited by the department and placed in the appropriate portfolio section; Adds to the strength of the dossier
  - **Collaborator** letters speak to the candidate’s contributions to a group or project
  - **Letters of support** may come from colleagues across the university or from outside
    - **Examples:**
      - Physicians with whom you have referral relationships
      - If you hold a secondary title, consider a letter from that chair
      - Letters from research colleagues
      - Nursing team and hospital leaders
      - Clerkship Director
      - Trainee letters
Section 8 & 9: Letters of Recommendation

Dept. P&T Committee Recommendation

Dept. Chair Recommendation

College AP&T Committee Assessment

COM-T Dean Decision
Common Problems

• CV not formatted correctly or missing information
• Candidate statement:
  o Jargon or doesn’t connect workload, criteria and CV
• Evaluators aren’t truly independent
  o Getting new letters takes time!
• Dossiers not submitted on time
  o This hurts you!
Resources

- **Department P&T Coordinators** have the most recent documents to guide you:
  - College of Medicine P&T Guidelines
  - Promotion dossier guide sheets
  - COM CV Guidelines
  - Peer Teaching Evaluation forms

- **Advice/Resources**
  - Department P&T Committee Members
  - Department Chair
  - Mentors & other faculty who promoted!
  - College of Medicine [Promotion & Tenure website](#)