

## **School of Medicine Promotion Task Force Recommendations**

### **Background**

The University of Colorado School of Medicine (SOM) is dedicated to acknowledging and rewarding excellence in its faculty through academic promotion and tenure. This process aims to recognize the valuable contributions of individual faculty members to the school's academic mission. The SOM promotion process has evolved over time, incorporating feedback from multiple iterations of the bylaws. It encompasses three series for full-time faculty with a workload of at least >50% FTE: Regular Faculty Series, Research Professor Series, and the Clinical Practice Series.

Eligible faculty members seeking promotion and tenure are required to compile a comprehensive dossier. This dossier includes a CV, CV abstract, clinical portfolio with narrative, teaching portfolio with narrative, scholar's portfolio with narrative, promotion matrix tables, letters of reference, and teaching evaluations. While the promotion and tenure (P&T) committee review processes vary across departments, the SOM review is conducted annually. Like several other academic institutions, there is a defined promotion clock between the Assistant Professor and Associate Professor ranks, set at 7 years unless an extension is approved.

### **SOM Promotion Task Force**

It is increasingly evident that the existing promotion process is cumbersome, onerous for faculty candidates and for those who are charged with reviewing the promotion dossiers for determination of an individual faculty member's suitability for promotion, and variable across departments in the SOM. Key issues identified in the existing process include: 1) redundancy of information requested throughout the dossier leading to some dossiers spanning hundreds of pages, 2) inefficiencies in the review process particularly for new faculty hires who are coming into the institution at the same rank as they were at their previous institution, and 3) additional stressors created by the existing promotion clock.

The SOM Promotion Task Force was initiated to comprehensively review the current SOM promotion process. Its aim is to provide formal recommendations to the SOM, with the goal of enhancing transparency and efficiency in the promotion process for faculty across the SOM. Representation was solicited from each of the Departments in the SOM and is representative of the diverse faculty that exist in the school (roster of task force members provided in **Appendix A**).

### **Charge and Scope of the SOM Promotion Task Force from Dr. Lotte Dyrbye (Senior Associate Dean for Faculty)**

The overarching goal of this committee was to review the existing promotions process, identify areas that can be simplified, reduce redundancy in the dossier and promotion processes, review promotions tracks and nomenclature (including the need to change/provide additional tracks

and/or series), discuss the visiting appointment designation and timeline for promotion, address concerns related to the promotion clock, and consider the timing and process for P & T committee review (including individual department review vs cross-departmental review; and the structure/timing of reviews, i.e. once year vs rolling application process). All recommendations within this scope will undergo thorough review and consideration for implementation by the SOM.

**Items/Procedures Considered Out of Scope of the Task Force:**

The task force will neither address the criteria for appointment to Instructor, Senior Instructor, or Assistant Professor, nor the criteria for promotion to the Associate Professor or Professor ranks. Discussion of the tenure process and the promotion process for volunteer faculty are also beyond the scope of this task force.

**Data Collection and Data Availability Consensus Task Force Recommendation:**

Although data collection regarding the P&T process is currently ongoing in the SOM, accessibility of this data for review is limited. Considering potential changes in the P&T processes that are outlined in this document, the committee believes that it is essential for robust data to be collected and to be made readily accessible to help both Departmental leadership and the SOM understand the impact of these proposed changes.

Thus, the SOM Promotion Task Force recommends that the SOM collect and make available to departmental leadership data which aids in understanding the impact of the P&T procedures and processes on faculty wellness, retention and productivity. This may involve surveys of the faculty, information gathered from exit interviews/surveys, and other relevant areas. This data should be easily accessed and readily available for Departmental review empowering individual Departments to streamline processes for their faculty members more effectively.

**Task Force Report on Process for Visiting Appointment and Promotions and Summary Recommendations:**

There is consensus amongst the task force that the current “visiting” to “non-visiting” processes for appointment and promotion are cumbersome for all faculty and impose an unnecessary burden on our Department and School promotion committees. More importantly, the current procedures may interfere with the success of our ongoing recruitment efforts, particularly for new colleagues entering at the same rank as they were at their previous institutions, and for those who are being recruited in as full professors and/or Department Chairs. The need to prepare a dossier immediately upon relocation is perceived as time-intensive and potentially disrespectful.

**Consensus recommendations for changes to the current process include:**

**For lateral moves** (Faculty entering at the Associate or Full Professor level, having already had that rank at another academic institution or previously held this rank at our institution):

**Lateral Move Departmental Review:** The CU Department that is bringing in the new faculty hire is responsible for the review of the faculty member’s CV and any other materials that are

needed to ensure that the new faculty member meets the SOM criteria for their current rank in one of our promotion tracks.

Each Department Chair can determine the review process for their own Department, if it is timely enough to ensure that the new faculty member can have their confirmed rank and promotion series included in the candidate's letter of offer. Guidance on this Departmental Review can be established by the SOM.

The Chair can review the faculty appointment, and/or their Vice Chair for Faculty Affairs, and/or the departmental P&T Committee. After the department has made its decision, the Chair or Chair's designee will send an appointment letter to the Dean or the appropriate Dean's office representative. The Chair's/Chair's Designee letter will outline the candidate's qualifications to remain at the same rank and specifies which promotion series they will be on once they become faculty at our institution.

The Dean and/or the Dean's Office designee can ask for additional information or supporting documentation if deemed necessary.

- a. This approved appointment and title can go into the candidate's letter of offer and avoid the need for the title "visiting."
- b. If the faculty member is coming in as a new Department Chair, their letter will come from the SOM Dean with reliance on the SOM P&T Committee for that initial review.

**For non-lateral moves from an academic institution that is higher in national rankings:** (someone being hired at a higher rank than their current rank from an institution of higher national rank based on US News and World Report or other SOM-designated ranking system): Same process as lateral transfers as described above will be utilized.

**For non-lateral moves** (someone being hired at a higher rank than their current rank, or someone coming in as Associate or Full Professor from a non-academic or non-equivalent institution (e.g., not from NIH intramural, or other research institutions):

No changes are recommended to the current policy. The faculty member will enter as "visiting" appointment at their new academic rank. They will complete the regular promotion process within their first year.

**The tenure procedure for lateral and non-lateral moves** is referred to the SOM Tenure Committee and/or the Regents for consideration as it was out of the scope of this task force.

#### Pros Identified with the New Recommendations:

1. Easier for already overloaded P&T committees.
2. Makes recruitment easier, particularly for high-level and leadership hires.
3. Reduces the burden on new faculty hires.
4. Will align us with other SOMs across the country.

#### Cons Identified with the New Recommendations:

1. Standardization of the lateral move process across Departments will be needed.
2. Perhaps current faculty who were recruited prior to implementation of the new recommendations will feel that it is unfair that they had to put in their entire dossier, but this should not hinder this change.

### **Assistant to Associate Promotion Clock Task Force Report and Recommendations:**

#### **Summary:**

Concerns have been raised about Assistant Professors leaving our medical school, in part, because of pressures of the promotion clock (i.e., not feeling achievable after midcourse review) and concerns about faculty retention have been present long term. Moreover, the COVID-19 disruption created an uncontrollable circumstance that resulted in substantial disruptions to academic progress resulting in the need to address the promotion clock. Although the existing data available to address this issue is nearly two decades old, it will be reviewed briefly.

The 2001 faculty survey found that 40% of SOM faculty did not feel their careers were progressing satisfactorily, with 42% “seriously considering leaving academic medicine in the next five years” (Lowenstein et al., 2007). A 2010 survey of SOM faculty hired between 2005-06 found that 34% of faculty had already resigned (87% of those who had left were junior faculty), and 48% were considering resigning within the next 5 years (Bucklin et al., 2014). Stress around promotion timelines were exacerbated during the COVID-19 pandemic. Department of Medicine Focus Groups formed during the pandemic suggested that flexible promotion timelines might mitigate such stress (Gottenborg et al., 2021).

While broader literature on this issue is limited, a brief review of other medical schools’ available online documents suggests that many retain the promotion clock, though there are examples of schools that do not employ a clock for promotion to Associate Professor (e.g., Medical University of South Carolina). In their review of 120 medical school promotion and tenure documents, Hoffman et al., (2020) found the model required period for promotion from assistant to associate professor was 6 years. Studies examining the effects of differential policies that exist between schools is not available. One prior survey of 23 medical schools reported that, “Many faculty found promotion expectations unclear and unreasonable” and those perceptions differed by degree and gender (basic vs. clinical faculty and male vs. female faculty were more likely to find the promotion expectations clear and reasonable; Bunton et al., 2011).

**What is the purpose of the clock? :** At CU Boulder, there are generally a limited number of tenure track positions and the Tenure Clock forces faculty to meet milestones to gain promotion

and tenure. In addition, CU Boulder faculty are typically guaranteed a 9-month salary. Unlike other University of Colorado Schools, the SOM does not tie tenure to promotion to Associate Professor, and there is not a tenure clock at CUSOM. In addition, faculty generally fund their own salaries, to varying extents, through clinical and research efforts. Further, there are not strict limits to the number of faculty in tenure eligible positions. However, the award of tenure is infrequent in clinical departments. The different pressures on faculty at academic medical centers vs. those at university campuses have prompted some to consider removal of the tenure track at medical schools (Mullangi et al., 2020).

**What are the potential downsides of the promotion clock?** As stated by Bunton et al (2011), “Faculty satisfaction is important to medical schools for myriad reasons, including the empirical links between job satisfaction and increased organizational performance, faculty retention, productivity, and patient care.” Pressures related to the promotion clock may add stress, impact faculty well-being, increase faculty turnover, result in inequities related to promotion, or prompt some faculty to remain at the Instructor level. Unfortunately, from the available data at our institution it is difficult to quantify the number of faculty leaving as Assistant Professors at least in part because of the promotion clock. Past studies suggest a high turnover of Assistant Professors (e.g., Bucklin et al., 2014). Certainly, academic positions may not be a good fit for all individuals and progress on the promotion track does require building an academic career (such pursuits are often unfunded). However, data from our SOM on the demographic characteristics of Assistant Professors who leave the SOM (Lufler et al., 2022) and the reasons for leaving are limited.

**What are the potential downsides of removing/extending the promotion clock?** Removing the clock may lead some faculty to remain as Assistant Professors throughout their careers and not engage in strong academic pursuits towards excellence and consideration of future promotion. Given that AAMC salary bands reflect academic rank and are used for salary setting, those who remain Assistant Professors will generally receive lower salaries. Will some groups be more likely to not get promoted and could this lead to inequities? Thus, it is possible that extension or removal of the clock may lead to “languishing” and inequities.

**What are other options?** The CUSOM will provide 3-year extensions to the clock (see **Appendix B** on the number of recent promotion extension requests). One prior study examining changes at a single institution suggested that provisions to “stop the promotion clock” may reduce some gender inequities (e.g., D'Armiento et al., 2019), while others have proposed that extensions for promotion review afforded during the COVID-19 pandemic will only exacerbate such inequities (Woitowich et al., 2021). Some fear that requests for promotion clock extensions will impact future job promotion and might trigger institutional retribution (Lufler et al., 2022). Data support the view that those using stop-the-clock incur a salary penalty but are not at a disadvantage for achieving promotion (Manchester et al., 2013). In part because of faculty worries about the implications of stopping the clock, flexible policies may require careful messaging and dissemination to enhance uptake (Villablanca et al., 2013) and thoughtful consideration of the differential effects of opt-in vs opt-out stop the clock policies (Manchester et al., 2013). Finally, some have proposed individualized promotion “timelines developed in mutual conversation and reflecting the particular demands of a faculty member’s research, its relationship to the institution’s mission, and jointly agreed-upon outcomes” (Butler, 2021).

Other options considered by the committee are reviewed in Appendix B. It is possible that a “recommended 7-year promotion clock” with feedback by departments might provide a “best of both worlds” approach. Such an approach might shift responsibility and stress to departmental level leadership around mentorship and program development to advance faculty on time but reduce direct consequences on individual faculty.

### **Consensus recommendations from the Task Force:**

**1.Data Collection and Distribution:** The School of Medicine should collect and make available to departmental leadership data which aids in understanding the impact of the promotion clock on faculty wellness, retention and productivity. This may include surveys of faculty and information from exit interviews/surveys.

**2.Data Driven Approach:** If changes are made to the SOM promotion clock, the school should have a clear *a priori* data-driven approach to understand the impact (both positive and negative) of those changes on faculty wellness, time to promotion, and potential salary inequities.

**3. Recommended Time to Promotion (7 years, without consequences):** To reduce faculty stress, the school should consider a change to a “recommended” time to promotion (7 years, without consequences), while considering a plan to provide departmental monitoring and feedback. The task force recommends retention of the 3-year midpoint review, and an elective referral process to develop an action plan for ongoing career development with departmental leadership (e.g., Vice Chair for Faculty Affairs) for interested faculty who have not promoted to Associate Professor within 7 years. A formalized process to ensure accountability for both the Department and the Faculty member will be necessary including an annual report of progress beyond 7 years.

### **Comprehensive Dossier Contents Task Force Report and Recommendations:**

#### **Background:**

Eligible faculty members seeking promotion and tenure at the SOM are required to prepare a comprehensive dossier. This dossier traditionally includes a CV, CV abstract, clinical portfolio with narrative, teaching portfolio with narrative, scholar’s portfolio with narrative, promotion matrix tables, letters of reference, and teaching evaluations. However, dossier requirements differ for each of the promotion series. Further, these requirements differ from those set by the CU System, which mandates a current CV, an organized teacher's portfolio, a research portfolio, and documentation of service/leadership activities (APS 1022).

Since existing data to help to identify redundancies and inefficiencies in the existing promotion dossier was not readily available, a subcommittee of the task force undertook a survey of P&T committee members from diverse Departments across the SOM. The survey, detailed in **Appendix C**, gathered insights on the documents considered most valuable for assessing readiness for promotion. There were a total of 81 respondents of this survey with diverse representation from clinical, procedural, and foundational science departments including: Biomedical Informatics, Emergency Medicine, Family Medicine, Medicine, Obstetrics and Gynecology, Pediatrics, Physiology and Biophysics, Psychiatry, and Surgery. Critical issues

identified by the survey regarding the current requirements of the promotion dossier include: 1) the cumbersome nature of dossier preparation, 2) redundancy in the requested information, 3) excessive dossier length (can be 150-600 pages), 4) CV format misalignment with the promotion guidelines, and 5) concerns about the effectiveness of existing narratives particularly in areas where excellence is not emphasized.

### **Consensus Recommendations from the Task Force:**

1. **CV Format Modification:** Change the CV format to capture the metrics required for promotion.
2. **Integration of CV and CV Abstract:** Integrate the contents of the existing CV abstract into the actual CV, eliminating the need for a supplemental CV abstract. Examples are provided in **Appendix D**.
3. **Cover Letter:** Replace the narratives (clinical, teacher/education, and investigator/research) with a single cover letter to address the area/areas of excellence, highlight items that may not have been notable in the CV, describe unusual circumstances or non-traditional paths, and highlight key areas of growth since their last promotion.
4. **Cover Letter Content:** Use the cover letter to highlight areas of expertise, documentation of national/international reputation, and documentation of both growth since last promotion/longitudinal growth. Recommended format and contents can be provided by the SOM.
5. **Cover Letter Length:** page limit to be considered by SOM.
6. **Revision of Matrices:** Simplify promotion matrices and consider only requiring for areas deemed excellent. Areas defined as meritorious should be easily captured in the new CV format.
7. **Page Limit Consideration:** SOM should consider a page limit on the overall dossier size with a pre-specified page limit.
8. **Supplemental Material Consolidation:** Consider limiting supplemental materials to areas of excellence only as this too will limit dossier size.
9. **Integrated processes:** The SOM should consider a digital way to capture and catalog work for promotion including integration of the Interfolio and PRISM programs. Further, CV generating software, like programs used at numerous external academic institutions, should be considered once the new CV format is developed and approved by SOM.

### **Promotion Track Nomenclature Task Force Report and Recommendations:**

There are three existing series for full time faculty (>50% FTE) in the SOM: the Regular Faculty Series, Research Professor Series, and Clinical Practice Series. The regular faculty series encompasses faculty with a traditional balance of activities and includes basic scientists, clinician-scientists, and clinician-educators. The Research Professor Series is for grant-funded scientists with limited teaching and service activities. The Clinical Practice Series captures the career development of faculty members whose principal focus is on direct patient care. The committee acknowledged broad faculty concerns regarding the nomenclature of the existing promotion series discussing that the regular faculty series title used to represent the tenure-eligible promotion pathway, suggests that by default the other series are not equivalent or deemed “irregular” in nature. Additionally, the committee discussed that individuals with non-

traditional paths (i.e. medical and science educators who do not do clinical or research activities) are not always provided opportunities for advancement in our existing available promotion series. Several additional concerns were raised including the lack of clarity around the clinical practice series, the stigma associated with the clinical practice series over the regular faculty series, and concerns around the confusing nomenclature for the volunteer faculty. The committee conducted an extensive review of promotion series and tracks available at comparable external academic institutions (**Appendix E**). The committee sought to identify promotion series, appropriate series names/nomenclature, and ranks that encompass all current faculty careers.

**Although the committee did not achieve consensus on recommendations, the committee developed considerations for further discussion and development by the SOM.**

### **Consideration 1:**

**1. Two Promotion Series:** Establish two promotion series for full-time faculty (>50% FTE): Research Series and Clinical Health Sciences Series.

**2. Tracks within the Clinical and Health Sciences Series:** 1) Clinical Track, 2) Educator Track, and 3) Scholarship Track

**3. Potential Ranks:** Practitioner (those who are clinicians without teaching responsibilities), Instructor, Senior Instructor, Assistant Professor, Associate Professor, and Professor

**4. Promotion Criteria:** define appropriate promotion criteria for each new track using SOM guidelines and rules.

### **Consideration 2:**

**1. Four Promotion Series:** Establish four promotion series for full-time faculty (>50% FTE): Professor series (clinical, research, and education requirements), Clinical Professor Series (clinical faculty), Research Professor Series (research faculty), and Education Professor series (education faculty).

**2. Potential ranks:** Instructor, Assistant Professor, Associate Professor, and Professor

**3. Promotion Criteria:** define appropriate promotion criteria for each new track using SOM guidelines and rules.

### **Consideration 3:**

**1. One Promotion Series with Designated Areas of Excellence:** Full Time Faculty (>50% FTE) will be promoted along a singular series.

**2. Designated Area of Excellence:** Each faculty member defines an area of excellence: Teaching and Educational leadership, Clinical excellence and clinical leadership, and Investigation and Scholarship.



**3.Potential Ranks:** ranks of Instructor, Assistant Professor, Associate Professor, and Professor of their Department.

**4. Promotion Criteria:** Appropriate promotion criteria for each of the new series will need to be established by the SOM based on its existing guidelines and rules.

These recommendations aim to address concerns about equity, clarity, and inclusivity in the promotion tracks within the SOM. Further discussions and refinements are needed to finalize the proposed changes and ensure alignment with the goals of the institution.

#### **Volunteer Faculty Nomenclature Recommendations:**

**Development of Distinct Nomenclature for Volunteer Faculty:** The committee recommends a change in the name of volunteer faculty (<50% FTE) to demonstrate a true distinction. Possibilities for this change in nomenclature could include the use of title Adjunct/Adjoint, consideration of Clinical Educator or Senior Clinical Educator, or consideration of the use of Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor.

#### **Process of Departmental and SOM Promotion Committee Review Task Force Report and Recommendations:**

The P&T review process varies across Departments in the SOM. According to the Office of Faculty Affairs, greater than 97% of individuals who are approved for promotion by the Departmental review committee are also approved for promotion by the SOM committee. Thus, with this degree of high concordance between the two reviews, the existing process unnecessarily duplicates efforts.

**Identified Issues and Lack of Consensus:** The committee identified faculty perceptions that the promotion process takes too long, impacting career development, especially for early-career faculty. Despite these concerns, the committee did not reach a consensus on specific recommendations for changes to the process.

#### **Considerations for Further Review:**

**1. Rolling Promotion Process:** The committee acknowledges that implementing a rolling promotion would likely increase the administrative workload, necessitating additional support at both Departmental and SOM levels.

**2. Frequency of Review:** If additional administrative resources were available, committee review could be offered 2 to 3 times per year. This would provide a “rolling-like” process for promotion.

**3.Opt-Out for Departments:** Departments could opt-out of this process if it was too burdensome from an administrative perspective.

**4. Potential for Merging Departmental and SOM Review:** To reduce redundancy in the review process, merging of the Departmental and SOM review committee processes could be considered. This would reduce the duplicative nature of the work required for review. One consideration included grouping like departments together for the “department review process” and to have individuals outside each department review the dossiers at the same time. The individuals who review the dossiers that are external to the Department are considered the SOM review. This could provide both a Departmental and SOM review in the same meeting process.

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<https://www.colorado.edu/facultyaffairs/faculty-career-milestones/reappointment-promotion-and-tenure/campus-policies-faculty-affairs/tenure>

## Appendix A. Roster of SOM Promotion Task Force Participants

<b>Clinical Departments</b>	<b>Faculty Member</b>	<b>Email</b>
<b>Anesthesiology</b>	Richard Ing	<a href="mailto:richard.ing@childrenscolorado.org">richard.ing@childrenscolorado.org</a>
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**Appendix B: Requests made for data from SOM OFA and data available in the short turnaround timeline.**

How many SOM faculty at the rank of Assistant Professor in the last 5 years departed as a result of nonrenewal or being at year 7 or after? **We don't have information about whether non-renewals were as a result of timeclock expiring; however, OFA was able to pull the information below.**

In last 5 years, number Assistant Professors who left University	293
Of these faculty, number who were in 5 <sup>th</sup> , 6 <sup>th</sup> or 7 <sup>th</sup> year or later of Assistant Professor appointment.	67
Of these faculty, number that requested promotion extensions.	1

(1) Does the SOM have data on the characteristics of the faculty 293 faculty who left (and 67 who left in years 5-7) the university? Such as gender, race/ethnicity and degree?

(2) Does SOM also have information on the total number of assistant professors during this time period? For example, it is helpful to know 293 assistant professors left in the last 5 years but we'd like the denominator - 293 out of how many Assistant professors?

(3) Additionally, for the whole group of assistant professors in this cohort do you have distributions by gender, race/ethnicity and degree?

How many people per year are asking for extensions (and what is the distribution by gender, race/ethnicity, department and degree)? **Data provided for the last 5 years, keeping in mind that 2020-2023 are much lower than normal due to all Assistant Professors receiving COVID extensions x 2.**

<i>Promotion Extensions Requested 2018-2023</i>	<i>Total #</i>	<i>Degree</i>				<i>Gender</i>		<i>Race/Ethnicity</i>								
		<i>MD</i>	<i>PhD</i>	<i>MD/PhD</i>	<i>DPT</i>	<i>Male</i>	<i>Female</i>	<i>Caucasian</i>	<i>Hispanic</i>	<i>Asian or Pacific Islander</i>	<i>Other</i>	<i>Unknown</i>				
Anesthesiology	1	[REDACTED]				█		█								
Emergency Medicine	2															
Family Medicine	1															
Medicine	21															
Neurology	1															
Ob/Gyn	1															
Orthopedics	2															
Otolaryngology	1															
PMR	1															
Surgery	2															
Total Extensions Requested	33															

Examining current Assistant Professors what is the mean/median/range time people stayed at Instructor/Senior Instructor (all together and broken out by training pathway -- e.g., APPs may all be at Instructor in some departments)? **This data cannot be easily pulled for Assistant Professors that had started as Instructors, and then include their time as Instructors/Sr. Instructors; however, below is mean, median, and range of current Instructors and Sr. Instructors that are MD/DO and separately APPs.**

Current MD/DO Instructors/Sr. Instructors and time in rank (N=357)	
Average:	4.78
Median:	2.9
Min:	0.0
Max:	37.0
Current APP Instructors/Sr. Instructors and time in rank (N=942)	
Average:	4.61
Median:	3.5
Min:	0.0
Max:	27.5

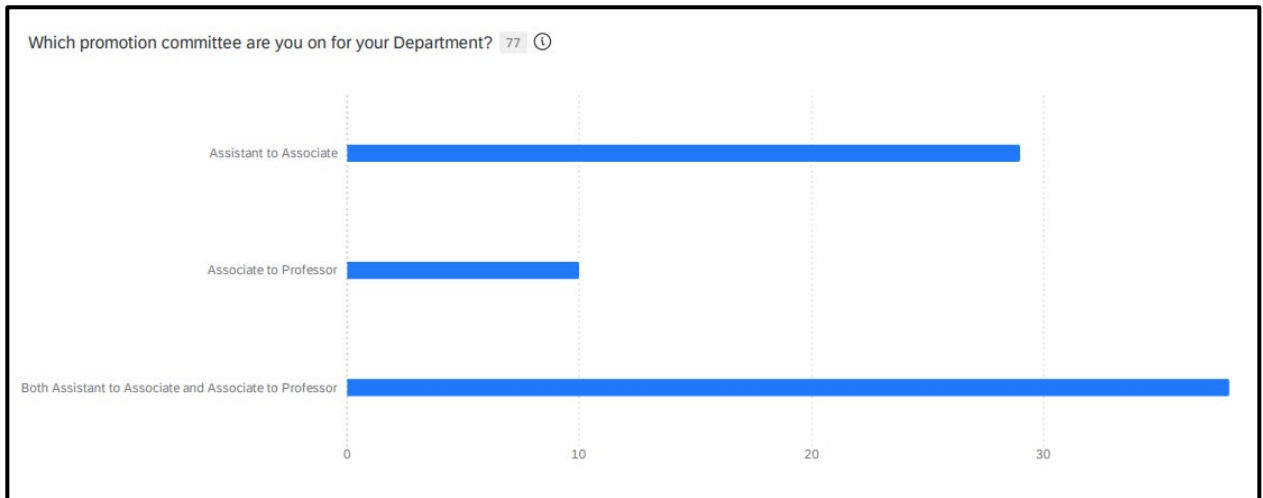
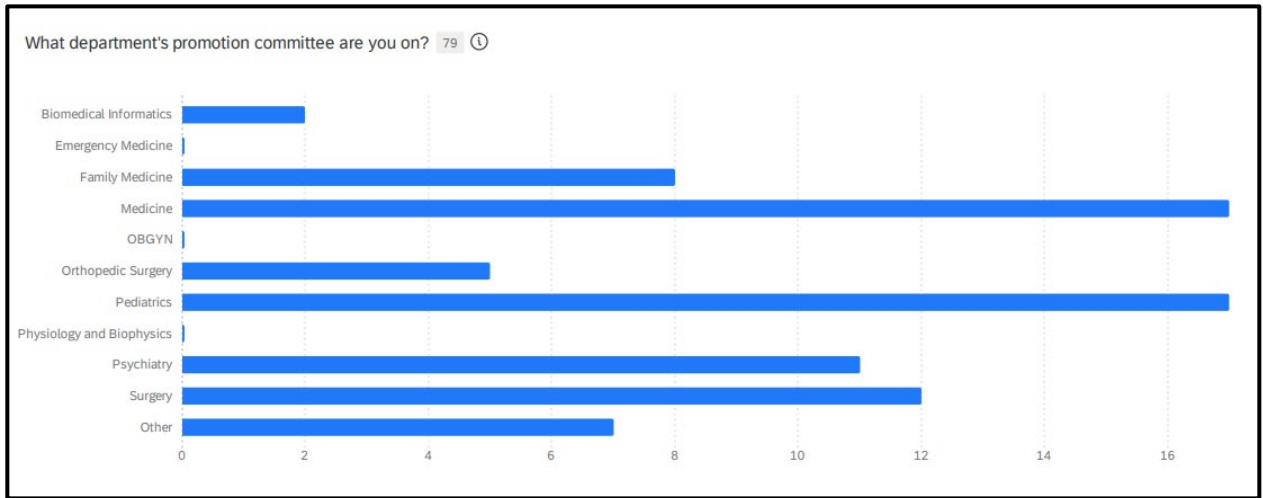
**Appendix B Continued:**

**Options for the clock considered by the committee:**

Table of Options, Anticipated Downstream Effects, Possible Mitigators		
Proposed Changes to the Clock	Proposed Changes to the Consequences	Possible downstream Effects
No changes to the clock	No changes to the consequences	Perhaps faculty stay Instructor longer, some Assistant Professors leave.
Keep the clock at 7 years	Change the consequences: a) Move to Senior Instructor (this already happens) b) Shift to a different “pathway” or track	Will move to Instructor lead to feelings of failure – still lead to leaving academics? Need information on other possible pathways from other subcommittee to know...
Make the 7 year clock a “recommendation”	SOM monitors faculty data and returns data to departments (among Assistant Professors, how many are over the 7 year recommendation? Do those over the 7 year recommendation differ from those progressing “on time”? Are there signs of inequity? Are there signs of languishing? If so, changes and consequences occur at the departmental level...	Departments can create an environment that fosters academic pursuits – but some faculty may still languish, may foster inequities (but would be monitored). May lead to differential salaries.
No clock	No consequences	Languishing, effects on salary, inequities, removal of an external motivator for faculty to continue academic pursuits in the midst of busy clinical schedules. Will there still be a midcourse?



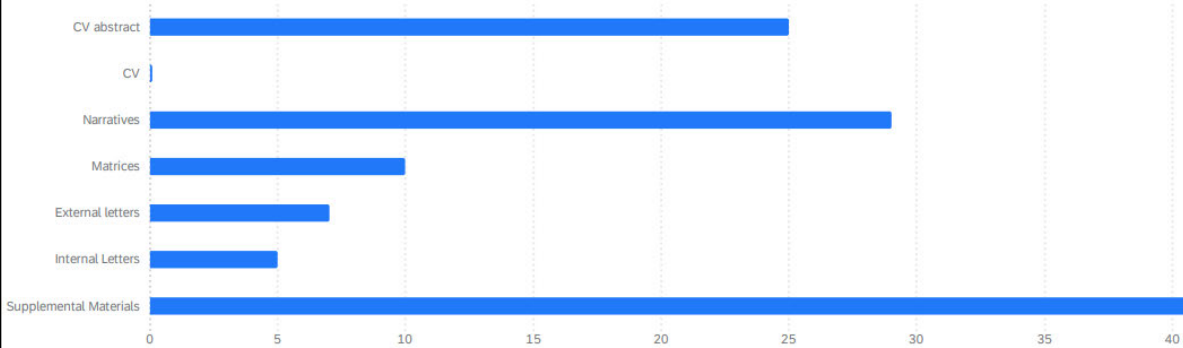
## Appendix C: Survey Data from Departmental P&T Committee Members



When reviewing dossiers, which part of the dossier do you find most helpful? 52 ⓘ

When reviewing dossiers, which part of the dossier do you find most helpful...	1	2	3	4	5	6	7	8	9
CV abstract	21	9	1	4	2	5	2	4	2
CV in its current format	21	11	5	3	3	3	1	3	0
Narratives in the area/areas of defined excellence	0	1	5	11	12	8	9	3	1
Narratives for the area/areas defined as meritorious	1	0	1	4	8	11	11	11	3
Matrices for the area/areas of defined excellence	6	16	11	3	4	6	2	2	0
Matrices for the area/areas defined as meritorious	0	3	13	6	6	7	5	7	3
External letters of reference	1	6	5	10	5	4	14	3	2
Internal letters of reference	0	4	8	8	7	4	2	15	2
Supporting documentation	0	0	1	1	3	2	4	2	37

Which of the dossier could be excluded without changing your ability to review an individual faculty member's readiness for promotion? Please check all that apply 72 ⓘ



**Appendix D: Potential Changes to CV to incorporate these aspects of CV abstract when applicable:**

**Appendix D: Add this in for Scholarship:**

Number of original articles in peer-reviewed journals (TOTAL): \_\_\_\_\_

First-author: \_\_\_\_\_ Senior-author: \_\_\_\_\_ Other co-author: \_\_\_\_\_

Number of books: \_\_\_\_\_

Number of other publications (scholarly reviews, symposium papers, editorials & book chapters): \_\_\_\_\_ Number of published or presented scientific abstracts (TOTAL): \_\_\_\_\_

Refereed abstracts: \_\_\_\_\_ Un-refereed abstracts: \_\_\_\_\_

Letters-to-the-editor, other publications: \_\_\_\_\_

Patient education materials, curricula, clinical guidelines, case studies or other scholarly works.  
*List only if completed and available for review in written or electronic format:* \_\_\_\_\_

**Appendix D: Add this section in CV for Research:**

Reporting Since ____ (Year)	As Principal Investigator/Program Director (on primary or sub-award)		As Co-Investigator/Key Personnel (not consultant)	
	Number of grants	Total Direct Costs	Number of grants	Total Direct Costs
Federal (NIH, NSF, VA, etc.)				
Foundation/Professional Assoc. (RWJ, AHA, etc.)				
Industry				
Internal/Other grants				

## Appendix E: Review of Faculty Tracks

<b>Institution</b>	<b>Tracks</b>	<b>Link</b>
<b>Yale University</b>	Clinical, Clinician Educator, Clinician Scientist, Investigator, Traditional, Research Ranks	<a href="https://medicine.yale.edu/oapd/academicaffairs/tracksranks/">https://medicine.yale.edu/oapd/academicaffairs/tracksranks/</a>
<b>Harvard University</b>	Clinical Expertise and Innovation, Investigation, Teaching and Educational Leadership	<a href="https://fa.hms.harvard.edu/promotion-profile-library">https://fa.hms.harvard.edu/promotion-profile-library</a>
<b>University of Pennsylvania</b>	Clinical Track, Academic Clinician, Clinician Educator, Tenure, Research	<a href="https://www.med.upenn.edu/oa/faculty-affairs/faculty-track-table.html">https://www.med.upenn.edu/oa/faculty-affairs/faculty-track-table.html</a>
<b>University of Michigan</b>	Clinical Track, Tenure Track, Research Track	<a href="https://faculty.medicine.umich.edu/office-faculty-affairs">https://faculty.medicine.umich.edu/office-faculty-affairs</a>
<b>University of Iowa</b>	Instructional, Research, Clinical, Tenure	<a href="https://medicine.uiowa.edu/facultyaffairs/faculty/promotion-and-tenure">https://medicine.uiowa.edu/facultyaffairs/faculty/promotion-and-tenure</a>
<b>Stanford</b>	University Tenure Line, University Clinical Line, non-Tenure Line Research, non-Tenure Line Teaching, Clinician Educator	<a href="https://med.stanford.edu/academicaffairs/faculty/facultylines.html">https://med.stanford.edu/academicaffairs/faculty/facultylines.html</a>
<b>UCSF</b>	Tenure, In Residence, Professor of Clinical X (all three in Academic Senate)  Clinical Prof, Adjunct & Professional Research (not in Senate)	<a href="https://senate.ucsf.edu/2008-2009/b-capmr-09-descriptionseries-handbook.pdf">https://senate.ucsf.edu/2008-2009/b-capmr-09-descriptionseries-handbook.pdf</a>
<b>University of Iowa</b>	Tenure Track, Clinical Track, Research Track, Instructional Track, Adjunct	<a href="https://provost.uiowa.edu/human-resources-administration/faculty-hr-administration/faculty-promotion">https://provost.uiowa.edu/human-resources-administration/faculty-hr-administration/faculty-promotion</a>
<b>Duke University</b>	Faculty Career Track  Faculty Tenure Track	<a href="https://medschool.duke.edu/about-us/faculty-resources/faculty-appointments-promotion-tenure/clinical-science-apt/faculty">https://medschool.duke.edu/about-us/faculty-resources/faculty-appointments-promotion-tenure/clinical-science-apt/faculty</a>
<b>University of Miami</b>	Tenure-earning Track: all faculty eligible, Clinical Educator Track, Research Track, Educator Track	