Departmental COAP Chairs and Education Officers

David J. Margolis, M.D., Ph.D., Professor of Dermatology and Epidemiology, Chair, PSOM COAP

Lisa Bellini, M.D., Professor of Medicine, Vice-Dean, Academic Affairs

Victoria Mulhern, Executive Director, Faculty Affairs and Professional Development

November, 2016
Topics for Review and Discussion

- COAP Update
- Policy Updates
- Teaching Information
- Academic Clinician Update
- Dossier and Process Updates
- Important Dates
<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Julie Blendy, Ph.D.</td>
<td>Systems Pharmacology and Translational Therapeutics</td>
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<tr>
<td>Christos Coutifaris, M.D., Ph.D.</td>
<td>Obstetrics and Gynecology</td>
</tr>
<tr>
<td>Beverly L. Davidson, Ph.D.</td>
<td>Pathology and Laboratory Medicine</td>
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<tr>
<td>David F. Dinges, Ph.D., Senior Vice-Chair</td>
<td>Psychiatry</td>
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<td>Roderic G. Eckenhoff, M.D., Vice-Chair</td>
<td>Anesthesiology and Critical Care</td>
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<td>Chris Feudtner, M.D., Ph.D., M.P.H.</td>
<td>Pediatrics</td>
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<tr>
<td>Arupa Ganguly, Ph.D.</td>
<td>Genetics</td>
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<tr>
<td>Robert C. Gorman, M.D.</td>
<td>Surgery</td>
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<tr>
<td>Sean Hennessy, Pharm.D., Ph.D.</td>
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<td>Jason Karlawish, M.D.</td>
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<td>David A. Mankoff, M.D., Ph.D.</td>
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## PSOM COAP Members 2016 - 2017

<table>
<thead>
<tr>
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<tr>
<td>David J. Margolis, M.D., Ph.D., Chair</td>
<td>Dermatology and Biostatistics and Epidemiology</td>
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<td>Warren S. Pear, M.D., Ph.D.</td>
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<td>Erle S. Robertson, Ph.D.</td>
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<td>Judy A. Shea, Ph.D., Vice-Chair</td>
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<td>Gail B. Slap, M.D.</td>
<td>Pediatrics</td>
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<td>Erica R. Thaler, M.D.</td>
<td>Otorhinolaryngology: Head and Neck Surgery</td>
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<td>Sigrid Veasey, M.D.</td>
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<td>Kristy L. Weber, M.D.</td>
<td>Orthopaedic Surgery</td>
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<td>Robert B. Wilson, M.D., Ph.D.</td>
<td>Pathology and Laboratory Medicine</td>
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<tr>
<td>Xiaolu Yang, Ph.D.</td>
<td>Cancer Biology</td>
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<tr>
<td>James M. Callahan, M.D., Chair, AC Advisory Committee</td>
<td>Pediatrics</td>
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Report of COAP Activities

Based on PSC/PSCS meetings – 7/1/15 through 7/31/16:

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<th>Full – Time Tracks</th>
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<td>Number of Approved Appointments</td>
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<td>Number of Approved Promotions</td>
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Report of COAP Activities, continued

Appointments and promotions at senior rank not approved by COAP 9

Appointments and promotions at senior rank not approved by PSC 0

Number of Advisory Letters 18

Reasons for Advisory Letters:
- Lack of publications
- Lack of invited lectures
- Lack of funding
- Lack of independence
- Quality of teaching
- Research focus unclear
COAP Guidelines
Updated March, 2016

• Associate Professor – Tenure Track
• Updated to reflect team science
  – “As an aspect of a faculty candidate’s promotion, junior faculty members are encouraged to establish productive collaborations with other members of the PSOM faculty and even more broadly with other UPENN faculty or faculty at academic institutions in the US or internationally. Collaborative and large “team science” publications that include the name of more senior faculty or scientists provide evidence of independence if the faculty candidate for promotion is recognized by the comments of extramural reviewers, by comments solicited from leading members of the collaborative team, or by comments from Penn faculty members that corroborate the candidate’s intellectual leadership/value as being an important, critical, and identifiable aspect of the overall research effort. Furthermore, when appropriate, the faculty candidate should describe the value of their role in the collaborative and/or “team science” publications in their personal statement and by annotating appropriate references in the peer reviewed publication section of their cv.”
Extramural Consultants

• Guidelines from Provost’s Office
• Purpose of using Extramural Consultants
  – to obtain an unbiased and impartial assessment of candidate’s scholarship, reputation and standing in the specific field
  – to obtain a professional assessment, not a personal reference
• Experts or specialists in candidate’s field: 3 selected by candidate; 11 selected by department with no input from the faculty candidate
• From peer institutions and/or institutions known for work in the specific field
• List of consultants is reviewed and approved by the PSOM COAP Chair, the Dean and the Vice Provost
• Confidential process
Extramural Consultants Guidelines
Updated September, 2016

• Clarifies some professional relationships
• The following professional relationships, with sufficient explanation and disclosure, may be permissible:
  – May have served on committees together
  – May be Co-editors or have editor/chapter contributor relationship of textbook or textbook chapter(s)
  – Co-authors on multi-authored consensus and research publications. An explanation for the reason why the co-authorship does not represent direct collaboration must be clear.
  – For example:
    • Candidate and consultant contributed independently to study
      – Local PIs with no direct interaction
      – Contribution of study subjects to a study with no direct contact between the candidate and the extramural consultant
Extramural Consultants, continued

Be strategic in selecting wisely:

• NIH Investigators
• Collaborator vs. participant in multi-site studies and large research projects
• One collaborator allowed in each section (department and candidate)
• Consultants revealing information that question if the assessment is unbiased and impartial
• Increasing instances of consultants questioning why he/she was selected; consultants working in very different disciplines from candidate
• Increasing use of the same consultant for numerous candidates and consultant chooses not to participate
• Emeritus who may no longer be active and/or current in the field
Extramural Consultants

Will receive:

• CV in John Doe format

• Personal Statement

• Selected reprints (3-4 max)
Personal Statement

Work with the faculty to ensure that the statement is 1 – 2 pages and includes:

- Top 3 – 5 publications since previous appointment or promotion, role in each of the publications and impact on the field
- Contributions and achievements in research, teaching, clinical activities, service and administration, as appropriate
- Projects in progress
- Overall goals
- Plans to remedy any shortfalls or problem areas
Chair’s Recommendation Letter

• Critical document
• You may want to consider having the Chair’s Recommendation Letter for review at the departmental COAP

How you can assist:
• Reiterate the importance of clarity and thoroughness
• Ensure that any deficiencies, areas of concern or anything out of the ordinary are addressed
• Review for accuracy
Frequently Asked Questions

• Is h index considered by COAP?

• Which journals does COAP consider high impact?

• How does COAP review grant funding for the different tracks?
Additional Information and Considerations

• Ensure that the track aligns with the faculty member’s activities
• Access HAMSTER information and current Academic Plan at the time of review
• The Education Officer should attend departmental COAP meetings
• Recommend mentoring and or professional development opportunities
• Would your faculty and/or departmental COAP benefit from a presentation?
Faculty Affairs Update for Education Officers and Department COAP Chairs

Lisa Bellini, MD
Vice Dean for Faculty Affairs
Agenda

- Teaching initiatives
- Evaluation of teaching
  - Evaluated activities
  - Tracking teaching activities
  - HAMSTER standard revision
  - Introduction of peer evaluations
- Revision of research definition in AC track
- New academic plan format for AC
- Upcoming review of promotion criteria for AC
Teaching Initiatives

- PSOM Committees on Teaching
  - Part 1: Definition of Teaching Activities
  - Part 2: Quantifying Teaching Effort
  - Part 3: Evaluating Teaching
Part 1: Definition of Teaching Activities

- Kent Bream, Family Medicine
- James Callahan, Peds
- Anna Delaney, APO
- Donna George, Genetics
- Joshua Gold, Neuroscience
- Rachel Kelz, Surgery
- Michael Levine, Peds
- Victoria Mulhern, FAPD
- Iris Reyes, Emergency Medicine
- Judy Shea, Assoc Dean
- Frank Silvestry, Medicine
- Gail Slap, Peds
- Elisa Spiewak, FAPD
- Anne Reilly, Peds
Definition of Teaching Activities

- The broad Penn community includes teaching provided to any group affiliated with the University of Pennsylvania and any educational programs or activities sponsored by Penn including:
  - Undergraduate, professional and post-baccalaureate students
  - Medical students
  - Residents and fellows
  - Post-doctoral fellows (or trainees)
  - Graduate students
  - Preprofessional students (NP’s, PA’s, Pharmacists etc)
  - Peers (ex: faculty development programs, internal lectures etc)
  - Attendees at CME programs sponsored by Penn or CHOP
  - Students at secondary schools, local/regional community and 4-year colleges and universities when teaching occurs on behalf of Penn
Definition of Teaching Activities

- Annual Teaching expectations
  - Tenure/CE/AC - minimum of 100 credits per year
  - Clinical faculty - minimum of 50 credits per year
  - PSOM faculty are expected to devote at least 50% of their minimum requirement to the broad Penn community.
  - Department chairs will have discretion to modify teaching assignments for individual faculty for compelling reasons.
  - As is current practice, faculty will be responsible for tracking and reporting their teaching activities using a PSOM or CHOP-provided standard template.
Part 2: Quantifying Teaching Effort

- Charles Branas
- Jim Callahan, Peds
- Carolyn Cambor, PLM
- Anna Delaney, APO
- Dennis Dlugos, Peds
- Donna George
- Rachel Kelz, Surgery
- Dan Kessler

- Jen Kogan, Medicine
- Judy Jackson
- Steve Joffe, Ethics
- Vicki Mulhern, FAPD
- Michael Nusbaum
- Judy Shea, Assoc Dean
- Gail Slap, Peds
Quantifying Teaching Effort

Teaching value

• The value, or relative worth, of teaching activities will be expressed as whole-number credits.
• Evaluation data must be available to receive credit for teaching outside of Penn.
• The numbers of credits assigned to specific teaching activities are defined by PSOM rather than by individual teachers, course directors, or departments.
• Credit will also reflect the time spent in preparation, exam grading/feedback, and evaluation of teaching activities. It will not reflect the number of students reached by teaching activities.
Quantifying Teaching Effort

Categories of Teaching Activities:

- Lecture
- Facilitated learning activities
- Clinical teaching
- Supervised scholarship
- Longitudinal mentorship
- Lab rotations/Pre-thesis research, and Short-term research-related teaching
- Masters programs
- Assessment activities
- Educational leadership
Lecture/Facilitated Learning Activities

- **Lecture**: Presentation given in-person or electronically (e.g., online class, podcast, webinar) that is intended to teach and is delivered to an audience of any size.

- **Facilitated Learning Activity (FLA)**: Individual or group activity conducted in-person, electronically or through simulation in which the teacher engages the student(s) through discussion, cases, questions, etc. to enhance learning (e.g. small groups, faculty precepted case conferences (e.g., pathology case conferences, radiology case conferences), directed journal clubs, scholarly pursuit, etc).
Lecture/Facilitated Learning Activities

- Teaching credits for direct teaching activity (incorporates prep time):
  - 6 credits per lecture/FLA hour:
    - New lecture/FLA
    - Old lecture/FLA with >50% content revised to reflect change in practice or knowledge in a field or delivery to a new level of learner.
    - Can be prorated if more or less than 1 hour
  - 2 credits per lecture/FLA hour:
    - Old lecture/FLA with <50% content revised
    - Teaching someone else’s material for the first or subsequent time
    - Can be prorated if more or less than 1 hour
Clinical Teaching

- Supervision and teaching of one or more trainees in clinical settings including outpatient practices, inpatient services, procedure units, diagnostic sessions such as sign out, operating rooms, etc.
- There will be no difference in credit for number or level of trainees present.
Clinical Teaching

Credit will be given based on total number of sessions in the ambulatory, diagnostic and procedural areas or total days for OR and inpatient service time as follows:

- 1 credit for a half-day clinic, procedure or diagnostic session, or weekend inpatient service day spent with trainees.
  - Ex: 40 credits for 40 weeks of a weekly clinic/diagnostic session.
- 2 credits for an inpatient service weekday or 8-12 hour ER shift.
  - Ex: 144 credits for a faculty on inpatient service 12 weeks/year with various trainees will receive 2 credits per weekday of service time and 1 credit per day for weekend/holiday service time.
  - Ex: 80 credits for 40 weeks of a weekly full day in the operating room or procedure suite
  - Ex: 60 credits for 30, 8-12 hour ER shifts in a year.
- 4 credits for a 24-hour period in-house on clinical service with trainees.
  - Ex: 40 credits for 10, 24-hour days in an ICU or L&D.
Supervised Scholarship

Faculty who work directly with trainees and participate heavily in the design, conduct, analysis and drafting of the scholarly products of trainees are eligible for credit as follows:

- Accepted abstracts, posters, oral presentations (internal or external): 5 credits.
- Submitted/Accepted manuscripts: 10 credits.
- Thesis/Postdoc advisors: 50 credits annually
- Grant proposal to an external funding agency: 10 credits

Each type of product can only be claimed once, for the year when it is published.

Trainee must be first or second author.
Mentoring is broadly defined and includes that related to career development, capstone projects, thesis committee chairs, qualifying exam membership, etc. The following types of mentoring is excluded:

- informal mentoring is considered an expectation of an academic appointment.
- mentoring performed in the context of a supported role in medical education (i.e. course director, program director, etc) is assumed to be part of the responsibilities of such a role.

Credit for longitudinal mentoring and scholarship cannot be claimed in the same year.

Each longitudinal mentoring relationship of >8 hours per year will be worth 5 credits.
Applies to the direct supervision of trainees in the following setting:

- graduate students on lab rotations: 25 credits per student
- undergraduates and high school students performing research projects: 25 credits
- post-bac students for 1 year: 50 credits
- RCR training > 4 hours: 4 credits.
Masters Programs

- This applies to instructors in Master’s programs who are not receiving additional compensation for serving as a course instructor and are required to hold weekly one on one meetings with students.
  - 25 credits for courses with enrollment less than 30 students
  - 35 credits for courses with enrollment greater than or equal to 30 students
Assessment Activities

❖ Applies to classes in which learning is evaluated by exams involving problem-solving (i.e. not multiple choice), or research proposals, and where grading is performed by the lecturer.

❖ Applies to situations where faculty members are serving as direct observers such as occurs during remediation or coaching of a trainee, and peer observation of teaching with documented evaluations.

❖ 2 credits/assessment hour.
Education Service and Leadership

- Recognizes contributions of course/program directors above and beyond their course/program administrative responsibilities.

- BGS administration:
  - BGS Director, Graduate Group Chairs, Graduate Group Program Chairs, Graduate Group in Epidemiology & Biostatistics [GGEB]), Training Grant (NIH-T32) PI's, MD/PhD Program Director, Director of Masters Programs: 63 credits/yr

- UME/BGS/Masters Course Directors/Co-Directors:
  - The course must have enrolled trainees to qualify for credit.
  - Course credit is assigned as follows:
    - 2 credits/week for a maximum of 15 weeks.
    - Courses longer than 15 weeks will can receive 1 credit per week thereafter.

- GME Administration:
  - Program Directors: 63 credits/year for ACGME accredited programs
  - Associate Program Directors: 30 credits/year
Agenda

- Teaching initiatives
- Evaluation of teaching
  - Evaluated activities
  - Tracking teaching activities
  - HAMSTER standard revision
  - Introduction of peer evaluations
- Revision of research definition in AC track
- New academic plan format for AC
- Upcoming review of promotion criteria for AC
Evaluating Teaching

Committee members:

- Dorene Balmer-Pediatrics
- Jessica Dine- Medicine
- Benoit Dube-Psychiatry
- David Manning-Pharmacology
- Mary Putt-Epidemiology and Biostatistics
- Brian Salzburg-Neuroscience
- Judy Shea (chair)-Academic Programs

Charge:

- identify categories of teaching to be evaluated and tools to do so.
Evaluating Teaching

- Teaching activities to be evaluated:
  - Lectures
  - Facilitated Learning Activities
  - Clinical teaching
  - Lab rotations

- Who will evaluate teaching:
  - Penn learners (students, BGS, UME, GME)
  - Peers through new Work Place Assessment initiative

- Presentation of data will include:
  - Re-organization of data to match new framework
  - Histograms to better represent distribution of data
  - Conversion to University 0-4 scale
Evaluating Teaching: Tracking

- Will remain self report for now.
- Updated HAMSTER being developed
- Faculty Teaching Portfolio (FTP) and Faculty Teaching Portfolio Data Warehouse (FTPDW)
- The FTP will be used for reappointment, promotion, awards and will likely have a role in teaching effort allocation.
  - The FTP is the teaching data repository for individual faculty and will consist of data collected from sources including a workbook for self report; HAMSTER, which is currently receiving data from OASIS, UPenn and Medhub and mobile platforms to be developed.
- Until FTPDW is built, faculty will use excel workbook to track their teaching.
Evaluating Teaching

- Absolute standards for teaching were implemented in 2009 using a rigorous standard setting exercise run by the Associate Dean for Evaluation and Assessment.
- A review of the standards in the fall of 2015 revealed that mean scores for faculty increased substantially.
### Absolute Standards and Potential Impact

<table>
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<th>Clarity Type</th>
<th>AC Lectures</th>
<th>AC Labs</th>
<th>CE Lectures</th>
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<td>50.3%</td>
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*Note: = 2007-2010 HAMSTER DATA  = 2012-2015 HAMSTER DATA*
Evaluating Teaching

- Standards were reset using the original process with 10 Education Officers and other education dossier experts in winter 2016.
  - 22 clinical/21 nonclinical blinded dossiers were prepared, representing the distribution of observed scores across all faculty tracks and ranks.
  - Experts individually placed each dossier for clinical and nonclinical teaching into 3 groups: does not meet, meets, exceeds expectations.
  - The mean/median of the observed scores was computed for dossiers in each groups and aggregated over 10 experts.
  - The cutpoint for ‘does not meet expectations’ is the median of the medians across experts of the dossiers assigned to the middle group and for ‘exceeds expectations’ is the median of the medians across experts of the dossiers assigned to the upper group.
<table>
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<th>Clinical</th>
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<td>43.4%</td>
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<td>38.7%</td>
<td>51.2%</td>
<td>43.3%</td>
<td>68.2%</td>
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</tbody>
</table>
Evaluating Teaching

Work Place Assessment = Peer Evaluation

Goal: develop PE tool and process for:

• Those being considered for promotion to full professor AC.
• An option for faculty with teaching that falls below expectations to help guide faculty development.
• Course directors to use for feedback of individual lecturers.
Agenda

- Teaching initiatives
- Evaluation of teaching
  - Evaluated activities
  - Tracking teaching activities
  - HAMSTER standard revision
  - Introduction of peer evaluations
- Revision of research definition in AC track
- New academic plan format for AC
- Upcoming review of promotion criteria for AC
Revision of Research Definition for AC

- AC’s have historically been limited to 10% effort for research and not permitted to serve in a PI role. While there remains a need to retain a distinction between the academic activities of AC and CE faculty, clarification of the AC role with respect to research is necessary as Penn Medicine continues to build its reputation in academic medicine.

- Effective 9/1/16, the definition for research in the Academic Clinician track will be revised as follows:
  - AC Faculty may serve as PI/co-PI/sub-investigator and accept role specific support for non-federally sponsored clinical research and cooperative group trials.
  - Generally, may not be PI or have a leadership role on federally sponsored research.
  - Total research activity on NIH awards or equivalent is limited to 10%.
  - Referring patients for enrollment in clinical trials can be counted towards “other activities”.
Agenda

- Teaching initiatives
- Evaluation of teaching
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  - Introduction of peer evaluations
- Revision of research definition in AC track
- New academic plan format for AC
- Upcoming review of promotion criteria for AC
Breakdown of duties:

___ % Clinical Service
___ % Teaching/ Other Activities (not to exceed a total of 10% combined effort unless
funding is available for specific roles and responsibilities)
    ____% Teaching (minimum 5%)
    ____% Other (may include referring patients for clinical trials, committee work, assigned duties)
___ % Administrative Role(s) (exclude education related roles)
___ % Research (must satisfy the following conditions):
    - May serve as PI/co-PI/sub-investigator and accept role specific support for non-federally sponsored clinical
      research and cooperative group trials.
    - Generally, may not be PI or have a leadership role on federally sponsored research.
    - Total activity on NIH awards or their equivalent is limited to 10%.

Brief description of duties:

Clinical Service:

Teaching and other Activities: (describe specific teaching activities in the categories below)
    Undergraduate Medical Education:

Graduate Medical Education:

Administrative roles in education:

Other teaching:

Other activities:

Administrative Role: (Include the title of the administrative/leadership position. Exclude education)
Agenda

- Teaching initiatives
- Evaluation of teaching
  - Evaluated activities
  - Tracking teaching activities
  - HAMSTER standard revision
  - Introduction of peer evaluations
- Revision of research definition in AC track
- New academic plan format for AC
- Upcoming review of promotion criteria for AC
Review of Promotion Criteria for AC

- Current criteria:
  - Associate level:
    - 6 completed academic years in track.
    - Mean CPE score greater than 72.
    - Teaching must exceed expectations in at least one domain and not fall below expectations in any domain.
  - Professor level:
    - 5 years at the Associate level or equivalent.
    - Mean CPE score greater than 82.
    - Teaching that exceeds expectations in 50% or more domains.
    - Distinguishing contributions.
Review of Promotion Criteria for AC

- Committee being assembled to review criteria for promotion given several issues:
  - lack of discrimination in CPE scores.
  - candidates on the cusp may be very impactful but not make teaching score threshold.

- Need to incorporate:
  - peer evaluations for teaching
  - external reputation
Update: Perelman School of Medicine Committee on Appointments and Promotions

Victoria Mulhern, Executive Director, Faculty Affairs and Professional Development
Procedures and Schedules

• Recruitments/Appointments
  – *Perelman School of Medicine Plan for Diversity and Inclusion: commitment to diverse faculty*

• Searches
  – national for tenure, CE, research; limited for AC
  – goal: generate the broadest and strongest candidate pool and assure every qualified candidate is given equal effort and consideration
    • diverse search committee
    • departmental Diversity Search Advisor

• Compliance with AA/EEO processes required for approval of candidate for appointment

• Provost’s Faculty Opportunity Fund
Procedures and Schedules

• CV must be in FEDS

• Recommendations for reappointments effective 7/1/17
  – Completed by departmental COAP by 12/31/16; submitted to FAPD in January, 2017

• Track changes
  – Review the status of all assistant professors in second 3-year appointment (except Research Track)
  – Research Track changes must be completed by end of year 3.
Track Changes, continued

- Must be completed by the year prior to the second reappointment.
- Must be documentation of a departmental COAP vote by June 30th of the year before the final year of second 3-year appointment.
- A national search is required for a track switch to Tenure or CE.
- A change from the research track to the tenure track results in a shorter probationary period.
Procedures and Schedules

• Promotions effective **7/1/17**
  – Should be in process
  – Provost deadlines for review for Tenure, Clinician-Educator, Research:
    • promotions to professor—2/17/17
    • promotions to associate professor—4/14/17
  – Promotions in AC track submitted when approved by PSOM COAP

• There is only **one** review for promotion to Associate Professor by the Provost.

• The Provost will not review a promotion in the terminal year.
Procedures and Schedules

• Promotions effective 7/1/18
  – Reviewed by departmental COAP by 1/9/17; candidates and FAPD notified by 2/1/17

• Written notification of denial of promotion to associate professor is 5/31 of the mandatory review year
  – Always discuss with FAPD in advance of notification
Extension of Probationary Period

- **Eligibility:** Tenure, Clinician Educator, Research

- **Events**
  - Birth and adoption of a child
  - Serious medical condition of faculty member or family member/domestic partner
  - Catastrophic event
  - One year at a time, maximum 3 years

- **Requires** *timely* written notification to Chair, Dean, Provost

- **For PSOM COAP:**
  - always encouraged
  - no effect on evaluation
  - candidate who requests an extension but does not use it will not be considered “early” promotion