Dr. Nadia Bennet opened the meeting and introduced Dr. Lisa Bellini to present on the Academic Clinician (AC) track updates.

The AC Track is now our largest track. About two years ago, I convened a committee of senior Academic Clinicians to review how we assess the criteria for promotion.

The major criteria for appointment, reappointment and promotion are:
- excellence in clinical care
- excellence in teaching
- excellence in the candidates selected area of concentration
- Areas of concentration can be clinical or nonclinical such as education, quality and safety, community service, etc.

**Assistant Professor:**
For appointment at this rank, the department will assess the potential for a faculty candidate to achieve excellence as a teacher and clinician.

Reappointment at this rank will involve demonstration of ongoing teaching and clinical excellence and a sustained record of professionalism.

**Associate Professor:**
Faculty are eligible for promotion after 2 reappointments....so earliest is year 8.

Requires declaration of an “area of concentration”.

There must be evidence that the candidate has attained recognition within their primary practice location.

(HUP, PPMC, PH, CHOP, VA etc.) as a:
- superior clinician and
- superior teacher and
- made contributions to their area of concentration and
- exhibited sustained professionalism.

**Professor:**
For promotion at this rank, there must be evidence that the candidate has attained recognition outside their primary practice site as a:

- superior clinician and
- superior teacher and
- made contributions to their area of concentration and
- exhibited sustained professionalism
Major criteria - Recognition of Clinical Excellence
How are we thinking about clinical excellence?
At all ranks there must be ongoing board certification or equivalent, if applicable
Generally, a minimum of 20% clinical effort
Minimal founded peer, patient and staff concerns and the absence of active remediation plan for clinical skills.

A committee member asked Dr. Bellini if the school is looking at Academic Clinicians differently now, referring to the 20% minimum clinical effort?
No, generally speaking, ACs are well over 50% clinical but there are outliers of senior faculty members who have leadership roles such as ICU directors.

Major criteria - Evaluating Teaching Excellence:
All Ranks:
No evaluated domain (Lectures/Facilitated Learning Activities, Clinical teaching) with mean ratings of 0 or 1 and
Meets the minimum 100 credits of teaching/year as defined by PSOM and
50% of the teaching occurs within the Penn Medicine Community

Associate Rank:
High quality engagement in primary teaching domain (Lectures/Facilitated Learning Activities, Clinical teaching, Supervised Scholarship, Longitudinal Mentorship, Educational Service and Leadership)

Professor Rank:
High quality engagement and demonstrated excellence* in primary teaching domain
*examples include exceeding expectations in centrally collected data, robust and sustained list of mentees and/or scholarship, and/or longstanding commitment to education and leadership.

Major criteria - Area of Concentration:
All Ranks:
Invitations to share expertise through invited talks, book chapters, clinical reviews
Leadership roles
Service on committees that develop guidelines or evaluate programs
Awards for teaching or mentoring
Engagement in clinical trials.

Professor Rank:
Development of innovative approaches to AOC including the application of technologies and/or models of delivery that influence that area beyond ones primary practice site
Awards for contributions and/or innovation.
Contributions to scholarly products recognized as authoritative.
Contributions to clinical research efforts or clinical trials.
Leads faculty development in AOC.
Major criteria – Sustained Professionalism:

The expectation is explicit that we expect sustained professionalism. Department attestation of sustained professionalism including:
- Lack of state board sanctions
- Minimal founded patient or staff complaints
- Minimal concerns regarding professionalism that might be captured in learner evaluations, Penn Safety Net, etc.
- Absence of active remediation plan for professionalism

Departments can add other items as long as they are clearly presented.

Required documents:
1. Chairs recommendation must include a statement attesting:
   - Clinical excellence
   - Professionalism with provider satisfaction tool results, if available

2. PSOM Clinical Performance Evaluations
   - List of evaluators may be generated through the EPIC Clinical Care Network Analysis or identify peers independently
   - The EPIC CCNA will generate a list of 50 names with whom the candidate has interacted most often.
     - The candidate can delete up to 5 names leaving 45 on the list.
     - The candidate can select up to 3 additional names if they feel the list is not representative.
     - The FA Coordinator will select 15 from the list to receive an evaluation form.

3. Peer references using standardized electronic PSOM tool
   - 7 total letters from faculty at higher rank than candidate’s current rank that are able to comment specifically on teaching, area of concentration and overall reputation.
     - Up to 2 letters may be submitted from distinguished non-faculty.
     - Up to 2 may overlap with Clinical Evaluations.
     - For promotion to Professor, at least 3 must come from faculty outside the candidates primary practice site.
   - References from outside primary practice site encouraged.
   - May be selected by faculty member.

The Teaching Definition was updated for July 1, 2017 and the goal was to make the definition much broader to encompass new novel teaching and basic science teaching which was not captured before. We implemented in July 2017 and there was one year where we accepted comments and suggestions. This summer, the committee revised and posted a new definition as of September 1, 2018.

The definition now includes faculty who teach peers on behalf of PSOM Advance Faculty development programs.

Credit for new, revised, old FLAs/ Lectures now 4 credits/hour

Clinical teaching was expanded to explicitly include mental health conferences

Additional credit for masters course requiring individual meetings was eliminated
Supervised scholarship was revised to:
- Accepted abstracts, posters, oral presentations (internal or external): 5 credits each/year
- First submission of a manuscript: 10 credits.
- Trainee must be an author.

Education service
- Certain educational committees are eligible for 5 credits per activity per year:
  
  Education Leadership activities
  - Year-long courses/programs (program/clerkship director, BGS director, grad grp chair)
  - Non yearlong courses (ex-course in module 1, 2, elective directors (when trainees have been enrolled in the elective during the AY), master’s directors, T32 program directors)

A committee member asked Dr. Bellini to comment on TED.

We are collecting more and more data in TED, it is graphically more pleasing. It is being collected in a discrete way and we can manipulate it in ways that we were never able to in HAMSTER. All in all, it will be much easier to link to evaluation systems etc. The major priority is to develop a centralized Penn evaluation app which would allow you to use a barcode and learners can complete evaluation on their phone or computer.
You would be able to drill down to the course level and see comments by course.

David Margolis began his presentation on Impact and Alternative Media from COAP’s perspective.

A sub group of COAP met recently to discuss impact. People tend to want COAP to use H-Index but COAP does not really use it. We do not use it because different sites and sources have different H-index numbers. Also, different specialties have different H-index numbers. For example, if your field is small, the H-index will be much different from a larger field.

The Top 5 Journals per Web of Science:
The problem is that some journals are high impact but are not very prestigious. The top 5% of journals includes 614 journals. COAP chooses to focus on the impact of the journal and paper in the individual’s field. We talk about reputation and not impact in COAP.

At the end of this past summer, COAP updated what it means to determine if a faculty member’s scholarly achievement is impactful.

IMPACT:
We rely on the totality of the promotion dossier
We rely on the extramural assessments
We rely on the chair’s letter
We rely on the personal statement

A committee member asked Dr. Margolis if there are any guidelines for Departmental COAPs to help with the personal statement?
Not really, we make suggestions but there are no forced guidelines. We stress that the personal statement provides the faculty member his/her only opportunity to comment on what has been accomplished and plans for the future.

In COAP, members are assigned a case and they describe the promotion dossier to the group and whether or not they feel if the individual achieved the expectations set forth in the COAP guidelines. At the end, there is a vote and if it is a no, a letter is written to the Chair with an explanation. If yes, the dossier goes to the Dean. The Dean must accept COAP’s determination. He presents approved cases to the Provost’s Staff Conference, a group of deans of the schools of the University who serve in an advisory capacity to the Provost only. They do not vote. The decision is the Provost’s. Candidates who are approved by PSOM COAP have a high likelihood of approval for promotion by the Provost.

A committee member suggested that COAP and/or FAPD provides an update to the faculty member once the dossier has gone through COAP because this time period is very stressful to the faculty member. There is often no communication for 18th months. Can the Medical Faculty Senate make a request to make that process a little bit more two way or provide communication?

We really cannot. What takes a lot of time is the solicitation of extramural letters. We even hesitate to reach out to the faculty member to gather more names. There is nothing else that takes the time unless the department is slow to submit the dossier. The department can tell the faculty member that their dossier has been submitted. A signal that the dossier is moving forward to COAP is when FAPD contacts the candidate’s department to get an updated CV. COAP meets every two weeks 11 months of the year. As soon as the COAP votes favorably, the final dossier is prepared for the Dean’s review and his letter. The dossier is then submitted to the Provost to be included on an upcoming agenda.

A committee member suggested that there can be a range of time frames posted on the website that outlines how long each piece takes.

The best source of information is the faculty coordinator.

A committee member asked Dr. Margolis to speak on going up for Promotion early? The previous Provost preferred to uphold the standard probationary periods in order to provide a sufficient amount of data on which to make a determination and to provide a level playing field. The current Provost feels like departments and schools should make decisions. He is keeping the previous policies. I suggest that individuals are very careful with choosing to go up early because if the Provost turns down a case of promotion to associate professor, the individual is out.

A committee member asked Dr. Margolis to speak on track changes? There is a pretty clear process but it must be done before the end of the faculty member’s year before the end of the second reappointment for tenure and CE. In the research track where the request is typically to basic science tenure track, the change must be accomplished by the end of the first appointment.

Alternative Media:
Two years ago, COAP looked at the explanation of the biography section.
We changed the Reports, Editorials, Chapters and other scholarly output to include white papers, etc.
At the same time, we realize that alternative media is important. If you are on the Tenure and Research tracks, it may not really count for anything. You can describe the importance in your personal statement. You can stress why and how it is impactful. There is a notion about weighing alternative media so at some point, COAP needs to meet again to refine the definition.