Faculty Development in the DOM
Benjamin T. Suratt, MD
Professor of Medicine
Overview

1. Promotion and Tenure
   – Process, time line, supports, and CV

2. Annual Review
   – How and when to prepare; DOM “Metrics”

3. Mentoring in the DOM
   – DOM Mentoring Plan

4. Et cetera...
   – CME funds, questions?
Reappointment & Promotion
UVM College of Medicine Promotions Pathways:

**Tenure Pathway:** Appropriate doctoral degree with an independent research program. Makes significant contributions to the teaching and administrative missions of the COM. Significant independent achievements in research, service and teaching form the major basis for appointment and promotion.

**Clinical Scholar Pathway:** Appropriate doctoral degree with primary efforts in clinical medicine. These faculty make significant contributions to teaching and scholarship, publications, funding and outstanding clinical service.

**Research Scholar Pathway:** Appropriate doctoral degree with research contributions of such quality that contribute to the COM academic mission. Primary effort is in the research setting. Capable of independently conducting research projects, as evidenced by publications and funding.

**Education Scholar Pathway:** Appropriate doctoral degree with primary efforts in teaching of learners in a classroom, seminar, lecture, tutorial, laboratory or clinical setting and serve as course director as well as taking a scholarly approach to teaching activities.

**Volunteer Pathway:** Appropriate doctoral degree, non-salaried faculty in the community or at affiliate sites whose primary activity for the COM is teaching medical students.
Terms of Appointment:
(years between reappointments/promotion)

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<tr>
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<th>Clinical Scholar</th>
<th>Research Scholar</th>
<th>Education Scholar</th>
<th>Tenure</th>
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<tbody>
<tr>
<td>Professor</td>
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<td>6</td>
<td>NA</td>
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<tr>
<td>Associate</td>
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<td>Assistant</td>
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Remember that dossiers for each appointment/promotion must be submitted to the DOM 6 to 9 months prior to planned appointment.
Understanding (and anticipating) the Promotion Cycle

- **Assistant Professor**
  - Year 1: Reappointment Submission #1
  - Year 2: Reappointment Submission #2
- **Associate Professor**
  - Year n: Promotion Submission
  - Year n+1: Reappointment Submission #2

(July 1)
** TIMELINE OF REAPPOINTMENT: A FACULTY MEMBER’S PERSPECTIVE **

** Fall:**
Annual Review with Division Chief

** Early December:**
Department of Medicine sends faculty member request to prepare Green Sheets/Promotion Dossier for Reappointment

** Early January:**
Reappointment materials due to the Department of Medicine**

** Mid-February:**
Faculty vote on reappointments

** Early March:**
Promotion dossier passed to College of Medicine for Review by Faculty Standards Committee

** Mid/Late June:**
Notified of reappointment decision

** Early December:**
Dossier reviewed by Department of Medicine Reappointment Committees

** Early/Mid-February:**
Sign dossier containing Department of Medicine Promotions Committee Evaluation and Chair’s Letter

** Late February:**
Dean reviews dossier and evaluations

** May:**
Completed Green Sheets, CV, teaching evaluations since last reappointment.
TIMELINE OF PROMOTION: A FACULTY MEMBER’S PERSPECTIVE

May-June:
- Discuss promotion with Division Chief
- Consider names for letters of reference

Late August:
- Promotion materials due to the Department of Medicine**

Early October:
- Faculty vote on promotions

Early November:
- Promotion dossier passed to College of Medicine for Review by Faculty Standards Committee

Late January:
- Dean’s composite review available to faculty member to approve
- Promotion dossier is then passed to the University of Vermont Professional Standards Committee and then on to the Provost (February – May)

Late June:
- Notified of promotion decision

** Completed Green Sheets, updated CV, contact information for letters of reference, teaching evaluations since last reappointment

Early-Mid July:
- Department of Medicine sends faculty member request to prepare Green Sheets/Promotion Dossier

Late September/Early October:
- Dossier reviewed by Department of Medicine Promotions Committee

Late October:
- Sign dossier containing Department of Medicine Promotions Committee Evaluation and Chair’s Letter

Letters of reference requested on your behalf
The “Arm’s Length” Letter

• Acknowledged scholars and practitioners in the discipline of the candidate at other institutions, nationally or internationally.

• Of academic rank equal to or above the rank of the promotion sought.

• Not compromised in his or her ability to provide an objective evaluation of the professional performance and reputation of the individual being evaluated. E.g. no one who has/is:
  – Acted as the thesis or dissertation advisor for the candidate
  – Been a faculty or student colleague at a previous institution
  – Been a co-investigator on grants, a co-author on publications or a co-inventor of intellectual property
  – Related to the candidate by birth or marriage
  – A financial partnership or consulting arrangement with the candidate
“I chewed the left one out of a trap. This one was pure nervous energy”
Curriculum Vitae
Candidate’s Summary of Accomplishments:

I am board certified in critical care, internal medicine, pulmonology, neurology, and obstetrics. When I perform chest compressions the cardiac output is 5 liters/min and no ribs are hurt. In my spare time I built a simulation laboratory used to train cardiologists from Harvard in ECMO-assisted PCI. Anesthesia pages me for help with difficult airways. I can perform 24 hours of critical care time in a 12-hour shift. I can go weeks without sleep, and when I do it is purely stage-4 sleep. SICU nurses love me. I was awarded a R01 grant to cure pulmonary hypertension, ran under budget, and donated the extra money to establish a palliative care program at Star Farm. I once bronched a patient with BAC and removed every cancer cell. I teach several award-winning courses in the medical school and college including fine art, interpretive dance, and Chinese. I cardiovert, I ultrasound, I publish, and my patient encounters are always complete. I direct ICUs throughout the New England region and once transferred an OSA patient without insurance from UVMMC to Dartmouth for a CABG. I cured every patient transferred to the ICU, extubated them, and trained them win the Burlington marathon.
TEACHING

FORMAL SCHEDULED CLASSES
POSTGRADUATE AND OTHER COURSES
PREDOCTORAL STUDENTS SUPERVISED OR MENTORED
DISSERTATION/THESIS COMMITTEE MEMBERSHIP
POSTDOCTORAL FELLOWS AND RESIDENTS DIRECTLY SUPERVISED OR MENTORED
INFORMAL TEACHING
FACULTY MENTORED
OTHER VISITING FACULTY SUPERVISED
TEACHING AIDS
TEACHING AWARDS AND NOMINATIONS

SUMMARY OF TEACHING ACTIVITIES

RESEARCH AND SCHOLARLY ACTIVITIES

RESEARCH AWARDS AND GRANTS
Ongoing Research Support
Completed Research Support
Pending
Selected Unfunded Grant Submissions

SCHOLARSHIP
Peer Reviewed Publications
  Original Research
  In Review
  In Preparation
Non-Peer Reviewed Publications and Other Creative Activities
  Review Articles
  Books and Chapters
  Other Scholarly Publications
Abstracts
Patents Issues for Pending
Other Creative Activities
Quality Improvement and Patient Safety Activities

SUMMARY OF SCHOLARLY ACTIVITIES

INVITED PRESENTATIONS
Regional
National
International
Annual Review
DOM Annual Review

UVM COLLEGE OF MEDICINE

ANNUAL FACULTY REVIEW

I. General Information and Expectations: To be completed by Department Chair or designee

<table>
<thead>
<tr>
<th>Date of Evaluation:</th>
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<tbody>
<tr>
<td>Faculty Name:</td>
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<tr>
<td>Department/Division:</td>
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<tr>
<td>Faculty Rank and Pathway:</td>
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<tr>
<td>Date of next UVM Reappointment/Consideration for Promotion:</td>
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Effort Distribution

Current year: 2014-15

<table>
<thead>
<tr>
<th>Research</th>
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<tbody>
<tr>
<td>Teaching</td>
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<tr>
<td>Clinical activity</td>
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<td>Service</td>
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<tr>
<td>Administrative</td>
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<td>Total (should be 100%)</td>
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## Percentages

For next year: 2015-16

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<table>
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<tbody>
<tr>
<td>Research</td>
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<tr>
<td>Teaching</td>
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<tr>
<td>Clinical activity</td>
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<td>Service</td>
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<tr>
<td>Administrative</td>
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<tr>
<td>Total (should be 100%)</td>
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</tbody>
</table>
A. Teaching:
   A. List teaching and development of courses for *undergraduates, medical students and graduate students* including individual or group supervision.

   B. List teaching activities (include information on time spent) related to residents and fellows in individual or group supervision, including clinical preceptorship.

   C. List any other teaching activities during the last year, including CME, or other presentations; outreach or community education, honors/awards.

   D. Current mentoring or advising activities, including student (undergraduate, medical school, graduate) advising, students, residents or fellows who conducted research under your direction, postdoctoral fellows, staff and faculty.

   E. Attach all available evaluations of your educational activities or other evidence of your teaching effectiveness.
B. Scholarship:

A. Published articles, books, monographs, editorials and reviews (include exact reference with full title, publisher, dates and inclusive pagination).

B. Works submitted for publication (indicate status: under revision, accepted).

C. Active (during reporting period) grants, contracts and clinical trials (identify: agency, title, entire project dates, salary percentage, amount funded, and position on project).

D. Pending grants, contracts and clinical trials (identify: agency, title, entire project dates, salary percentage, amount funded and position on project).

E. Invited presentations, presentations at professional meetings (include date and institution or place and name of meeting and abstract reference if appropriate), visiting professorships

F. Other research and scholarly activities (e.g. patents, peer review of articles, editorial boards and editorships, honors/awards)
Faculty’s Summary of Accomplishments

C. Service: Include assignment, dates, specific roles/responsibilities in each category

A. Describe leadership/administrative roles.

B. Describe clinical practice and specialized clinical skills, including patient population/location.

C. Service activities for the department and division (e.g. committees, quality initiatives, resident/fellowship applicant interviews, etc.)

D. Service activities for UVM, the College of Medicine, UVMMG, FAHC (e.g. governing and standing committees (e.g. Admissions, Faculty Senate, FAHC Quality Committee)

E. External service activities for regional, national and international committees and professional organizations (including NIH, FDA, NSF, specialty professional societies) and honors/awards for service
Faculty’s Summary of Accomplishments

D. **Professional Development:** Note: Professional development includes, but is not limited to, activities that enhance/improve skills in clinical practice, teaching, leadership, research, and personal development (e.g. professionalism)

List any professional development activities in which you participated (including courses locally, regionally or nationally, lectures, faculty meetings, professional society meetings/sessions related to faculty development)

Who is your current faculty mentor at UVM COM?

Please list any faculty mentors you have outside of UVM COM
Faculty’s Summary of Accomplishments

E. Goals and Self-Assessment

A. List your goals and objectives for this year:

B. Provide a brief self-assessment narrative summarizing performance during this year: highlight what you consider your most significant accomplishments and indicate areas where you were not able to reach your goals.

C. Goals for next year- Include in this section your plans for faculty development, and, where applicable, for reappointment/promotion. Identify the resources needed to achieve your goals including mentorship.
DOM Academic Metrics

• Publications (final publication during academic year (July 1-June 30))
  - Research Abstract/Presentation at a regional or national meeting (1)
  - Chapters, invited reviews, peer reviewed publications (Impact factor <5) (2)
  - Peer Reviewed publications (Impact Factor 5-10), Associate Editor of book (3)
  - Peer Reviewed publications (Impact Factor >10), Editor of book (4)

• Clinical Trials (multi-center)
  - Investigator with active enrollment (1)
  - Member of Organizing Committee (steering, executive, DSMB) (2)
  - National Leadership (e.g. national PI) (3)

• Investigator Initiated Research
  - Co-investigator on active study (1)
  - Principal Investigator on active study (2)

• Investigator Initiated Grant Preparation
  - Local grant submission (PI) (1)
  - National Grant submission (co-I) (1)
  - National Grant Submission (PI) (2)
  - PI on Awarded National Grant (year awarded) (3)
  - PI on Multi-year National Grant (R01, PPG or equivalent, year awarded) (4)

• Research Recognition
  - Manuscript peer reviewed during year (1)
  - Journal editorial board (2)
  - Associate Editor of Journal (3)
  - Editor of a Journal (4)
  - Ad hoc grant review (1)

• Education Recognition
  - Award for teaching in division or department (1)
  - Committee Membership teaching national organization (1)
  - Award for teaching by College/University (2)
  - Leadership position national organization (3)

• Invited Lectures
  - Local academic based talks (such as grand rounds) (1)
  - Regional society meetings or other academic institution (2)
  - National or international society based meetings (3)

The average academic productivity of each FTE in a division should be ≥ 3. Maximum contribution by single FTE is 6. Division metric is defined by multiplying faculty FTE by 3. Variable will be distributed as a percentage of metric achieved.
Should I do this?

1. Is this something I find interesting, exciting?
2. Does this advance my career?
3. Is this service to my Division, Department, Institution, Field or Discipline?

- If #1 = ‘no’, do you have time?
- If 1 & 2 = ‘no’, are you the only one who can?
- If ‘no’ x 3, don’t do it.

What happens if 1 is often ‘yes’?
Remember your percentages...

For year: 2017-18

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Research</td>
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</tr>
<tr>
<td>Teaching</td>
<td>20</td>
</tr>
<tr>
<td>Clinical activity</td>
<td>70</td>
</tr>
<tr>
<td>Service</td>
<td>10</td>
</tr>
<tr>
<td>Administrative</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125!</strong></td>
</tr>
</tbody>
</table>

*Note: The total percentage should be 100%*
DOM Mentoring Program
Identified Mentors: Social Domain vs. Career Development

Likert scale: 1 (strongly disagree) to 7 (strongly agree)
Junior Faculty Mentoring: Priorities

- All junior faculty in the DOM should have at least one identified mentor:
  - ‘Primary Mentor’ - overarching objective of facilitating mentee academic promotion and successful career development
  - ‘Competency Mentors’

- Primary Mentors should meet at least twice with mentee prior to Annual Review to discuss:
  - Short-term and long-term goals and strategies to achieve them
  - CV review
  - Promotion timeline and positioning
  - Annual Review Form

- Mentee should prepare for mentor meetings

- DOM Mentoring Plan Worksheet
Who do you want to be when you grow up?

**KNOW YOURSELF**
Spend some time understanding your own internally defined “true north.” For instance, you might work on answering these questions:

What activities give you energy?
*example:* I love teaching medical/graduate students in small group settings.
I love talking to colleagues about new research questions.

What activities take energy away from you and leave you feeling sapped?
*example:* Public speaking wipes me out.
Starting the grant writing process leaves me cold.

**GET YOUR STORY STRAIGHT**
Imagine that you just stepped onto the elevator with your dean. She turns to you and says, “tell me what you do at UVM.” What is your 2-3 line answer?
**Know your “Percentages”**

What you do will naturally follow what you are paid to do. Although this is self-evident, many faculty do not know or understand how their effort is supposed to be distributed. This can lead to confusion and discontent. If you don’t know these, find them and enter them below (your division chief should have access to these). Knowing these percentages gives you a good idea what the expectations are from your division and department. For more about “Percentages,” what they mean, and how to make them work, click [here](#).

<table>
<thead>
<tr>
<th>Research</th>
<th>%</th>
<th>$</th>
<th>amount salary externally funded</th>
<th>% effort externally funded</th>
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<tbody>
<tr>
<td>Teaching</td>
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<tr>
<td>Clinical activity</td>
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<td>RVUs if available</td>
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<td>Service</td>
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<td>Administrative</td>
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<tr>
<td>Total (100%)</td>
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</table>
**How do you get where you want to go?**

**ARTICULATE GOALS**
Prior to meeting with your mentor, take some time to think about and write down your [professional goals](#). You may want to articulate one-year goals and five-year goals. For example, a short-term goal might be “to give lectures in the medical school curriculum” and a long-term goal might be “to develop a teaching portfolio that will support election to the Teaching Academy and promotion to Associate Professor.” For a more detailed Goals Sheet click here.

<table>
<thead>
<tr>
<th>Short-term Goals (next year)</th>
<th>Long-term Goals (next 3-5 years)</th>
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<tbody>
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<td>1.</td>
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</table>
What additional skills do you need?

IDENTIFY MENTORSHIP NEEDS
Identify competencies that you will need to gain expertise in. A competency grid is included on the last page to help you organize your thoughts. Put your initial thoughts down on paper and then discuss it with your mentor. Revise the grid as the mentoring relationship changes.

- Navigating institution
- Finding resources
- Speaking before groups
- Leading teams
- Designing research
- Managing data
- Writing grants
- Finding funding
- Hiring personnel
- Evaluating literature
- Writing manuscripts
- Teaching effectively
- Developing curricula
- Assessing students
- Giving feedback
- Mentoring others
- Cultural competence
- Managing time
- Managing budgets
- Managing staff
- Managing care
- Managing conflict
- Collaborating effectively
- Networking
- Medical Informatics
- Organizational dynamics
- Managing your career
- Establishing goals
- Knowing career paths
- Preparing for promotion
The “Bad Mentor”
DOM Mentoring Plan: Timeline

Mentor Assignment Complete

Mentor/Mentee Meeting #1

Mentor/Mentee Meeting #2

Mentor Participates in Annual Review

Annual Reviews
Support tools for mentees/mentors:

• Pre-review checklist to flesh out goals, plans, and promotion timeline/assessment

• CV template; Green Sheet ‘cheat-sheets’

• Teaching, Service, and Scholarship opportunities

• Upcoming RPT and career development meeting/events

• Resources available at: DOM Academic Affairs Website

http://www.med.uvm.edu/medicine/subspecialty/Academic-Affairs/academicaffairs
“You’re lucky. I’m turning into my mother.”
CME Expenses

$8,000/FY (Oct 1 – Sept 30). The full time allocation will be prorated for part time physicians with a floor of $3,000 annually for any physician with a minimum of 20% or more total effort

- Intended to cover all professional expenses including travel, dues, licenses, cell phones, computers, and any professional related expense that meets the current accounts payable guidelines. (except VMS & out of state – covered otherwise)

CME funds can be used for the following types of expenses:

- Medical education – including travel, meals, lodging, registration & course materials
- Professional development - including travel, meals, lodging, registration & associated materials
- Professional journal subscriptions & books
- Professional dues
- Professional re-certification and/or licensing
- Software purchases related to educational needs

CME funds cannot be used for the following types of expenses:

- Gifts to department staff (including flowers)
- Incidental items such as movie rentals, health club charges, golf or tennis fees, beauty or barber shop costs, or other incidentals of a personal nature incurred while traveling
- Bonuses to department staff
- Charitable contributions/donations
- Internet access for computers located outside of FAHC facilities
- Travel/meal expenses for a spouse accompanying a physician on a business trip
- Reimbursement for UVM Parking fees
- Reimbursement for fines or penalties related to failure to attend Medical Staff events

All computers, cell phones, and PDAs must be purchased through the FAHC Information Services Department regardless of the source of funds. Individuals will not be reimbursed for purchases they make outside of the FAHC IS process
Questions?