GUIDELINES

• Among the **leading** figures in a **significant** field  
• **Ongoing** (or accelerating) accumulation of **accomplishment**  
• If there is a principal goal or project, having **achieved** it  
• Continuation of **excellent/significant** educational contribution

JUDGMENTS

[Section] -> Department -> COAP -> Dean -> Provost|President

WHAT CAN I DO?

• Continue to accumulate academic accomplishment
• Accumulate invited speaking, service, and writing that verifies you are among the leading figures
• Cultivate prospective assessors
• Network
• Ask for help from promotion deciders

SOM Track: https://bsdacademicaffairs.uchicago.edu/page/associate-professor-som-track-promotion-help

BSD Track: https://bsdacademicaffairs.uchicago.edu/page/associate-professor-bsd-track-promotion-help

Guidelines/Forms: https://bsdacademicaffairs.uchicago.edu/page/materials-appointment-and-promotion-faculty

Academic Affairs: https://bsdacademicaffairs.uchicago.edu

Faculty Affairs: https://bsdfacultyaffairs.uchicago.edu
### Departmental processes to determine readiness for promotion

Also at: [https://bsdacademicaffairs.uchicago.edu/page/departmental-processes-assess-readiness-promotion-associate-professor-full-professor](https://bsdacademicaffairs.uchicago.edu/page/departmental-processes-assess-readiness-promotion-associate-professor-full-professor)

[“I”/“we” refers to department chair and/or vice chair]

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<tr>
<th>Department</th>
<th>Process Description</th>
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<tr>
<td>Anesthesia and Critical Care</td>
<td>We “cater” this issue to the needs of each individual faculty member. We do a “deep dive” at least once a year at the time of the annual review. We look at progress over the prior year(s), the timeline to possible promotion and their individual achievements as well as goals for the coming year. As necessary, we adjust the timeline based on personal or professional circumstances. For those who are “getting close”, we typically meet an additional 2-4 times in the final year to identify and hopefully resolve any pending issues prior to presentation to the departmental committee.</td>
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<td>Ben May</td>
<td>I keep track of potentially eligible faculty, via annual reviews, at budget time or when approached by said faculty member. I ask if he/she is interested. If yes, I convene a senior faculty meeting to discuss.</td>
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<td>Biochemistry and Molecular Biology</td>
<td>It is done at multiple times: 1. I discuss it yearly (or more often) with key senior faculty 2. Think about it again at annual review time. 3. Re-evaluate if an associate professor asks about it, and then look at the CV.</td>
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<tr>
<td>Ecology and Evolution</td>
<td>When we do the budget, I look at the CV of each Associate Professor. If someone is getting close, I ask again for their CV in the late summer.</td>
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<td>Family Medicine</td>
<td>I personally discuss promotion to full professor with eligible faculty on an annual basis</td>
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<td>Human Genetics</td>
<td>I convene a committee within 5 years of promotion to Assoc Prof (sometimes twice if we decide to postpone) to discuss whether we think the faculty is ready for promotion or when we think s/he will be. Once the committee feels the faculty is ready it is brought to the full department faculty for a vote to move forward. It’s not uncommon for this process to begin ~3yrs after promotion. Our department is small enough that it’s easy for the Chair to keep track of who to keep an eye on with respect to promotion timing, and the chair discusses with Assoc Profs at their annual meeting.</td>
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<td>Medicine</td>
<td>All faculty participate in an annual review with their section chiefs. Trajectory towards promotion is always a topic with assistant and associate professors. This often prompts a suggestion that an individual meet with the Vice Chair for Appointments and Promotions to put together a statement and updated CV, although this can occur at other times as well.</td>
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<td>Microbiology</td>
<td>It is a discussion among senior faculty with the chair whether the candidate has accomplished enough to meet the rigorous requirements of the University</td>
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<td>Molecular Genetics and Cell Biology</td>
<td>The promotions committee meets at least annually to discuss the status of all faculty below the rank of full professor. In about half of the cases the faculty member themselves have raised the question with me when they thought they were getting close.</td>
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<td>Neurobiology</td>
<td>The full professors convene once a year to discuss</td>
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<td>Neurology</td>
<td>We have a dept’l committee (NCAP) that evaluates all candidates for promotion to Associate Prof or Prof. The Chair’s input is sought annually.</td>
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<td>Obstetrics and Gynecology</td>
<td>We convene on a regular base (q 2 months) and discuss promotion of associate professors that have been in that role for longer than 4 years, we ask outside experts, we discuss it with the candidate. Once a year their CV is formally reviewed. A note is made of that discussion in the annual review document.</td>
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<td>Ophthalmology and Visual Science</td>
<td>Every faculty member will have an annual review in May, where the past year’s accomplishments are reviewed, and goals are set for the upcoming year. Readiness for promotion will be discussed at this meeting.</td>
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<td>Organismal Biology and Anatomy</td>
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<td>Orthopaedic Surgery</td>
<td>A plethora of ways folks get ‘tabbed’ for promotion, with no one way being predominant.</td>
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| and Rehabilitation Medicine | The methods include:  
- An associate professor inquires about promotion and is then evaluated by the full professors and it is determined they should go up for promotion  
- At our annual review, I discuss with faculty career trajectory and suitability for promotion  
- I review all faculty CV annually, as they must submit one as we assemble our annual report  
- Full professors (or the OAA) may reach out to me that they feel an associate professor should be considered |
| Pathology | Typically, the first discussion occurs at the time of promotion to Associate Professor. I describe the criteria for promotion to Professor and we discuss a tentative time line (typically 5 years). Then during annual review, we discuss the matter again and go over accomplishments and time line. At some point either the candidate or I propose promotion (typically in the annual meeting). Once the initial decision is made to promote, the CV etc go to the department committee of 7 elders (all Professors on different tracks). Once the committee endorses going forwards, we begin the process of getting the package together starts. |
| Pediatrics | A faculty member or Section Chief can request review for promotion at any time. The Section Chief will present the candidate (CV and discussion of promotion rationale) as a "preview" meeting to PCAP. If supported by committee, formal process (including referee letter solicitation) is initiated.  
To assure that no one is overlooked: At the time of reappointment (end of a term), all Associate Professors are considered for potential promotion by a committee of senior faculty.  
In addition, I meet yearly at the time of budget prep and go through each faculty member’s progress, asking the promotion and re-appointment question specifically. |
| Psychiatry and Behavioral Neuroscience | Discuss during each assoc prof annual review, and also seek advice of full profs in same field in the department |
| Public Health Sciences | |
| Radiation and Cellular Oncology | |
| Radiology | We have instituted a mentoring process for all Assistant and Associate Professors, with annual goal discussion and review of progress. At the time of the annual review, or sooner if there is a faculty inquiry, each CV is reviewed for academic, educational and clinical achievements, as well as the time frame from appointment as an Associate Professor. Section Chief’s input and recommendation for promotion is part of the “due diligence” process. We have an advisory group of Professors, with prior COAP experience, to assist with the evaluation process as well as provide ongoing mentoring. |
| Surgery | We (meaning Dr. Matthews, Adrienne Mitchell and myself) have an operational map of all faculty in the department, their ranks, time at a given rank, reappointment, and trajectory toward promotion. Both Dr. Matthews and I are in continuous communication with section chiefs about faculty during the year, and in particular after their yearly review. In addition, I examine the operational map with Adrienne twice a month and discuss any issues that have come up. |
Departments proposing promotion based on outstanding contribution to the clinical mission must present evidence so that a reasonable person outside the department could review the evidence and reach the same conclusion. Such evidence often includes (among others):

(a) Quantitative and qualitative metrics of clinical acumen, performance, quality, productivity, and stature
(b) Objective written testimony from physicians with the stature, standing, and expertise to assess the candidate’s clinical acumen.

Where outstanding contribution to the clinical mission cannot be established to the satisfaction of a reasonable person outside the department, the department should simply state such and not advance outstanding contribution to the clinical mission as a primary basis for promotion. This should not prejudice other aspects of a case.

For example:

**Possible qualitative/reputation metrics (among others):**
- Institutional/regional/national ‘go-to person’ (vs. others) for referral of especially complex or challenging patients for specific disease states or therapeutic interventions
- Peers have delegated challenging or difficult clinical work to the candidate.
- The opportunity to practice with the candidate has recruited/retained excellent clinicians (trainees/faculty).
- Exceptional facilitator of interaction among colleagues and services
- Perceived as an exceptional care provider or innovator
- Valued critical evaluator of the current literature and practice in a specialty
- "Master clinician" (see final section)

**Possible quantitative metrics (among others):**
- Geographic referral base
- Change in clinical scope and/or volume after arrival of the candidate
- Numbers of referrals and consults (vs. those of colleagues of comparable subspecialty and seniority)
- Productivity in excess of benchmarks, sustainable for the foreseeable future
- Quality and outcome of care if quantifiable

**Possible program/service-line metrics (among others):**
- Development or substantial improvement of an identifiable clinical program of distinction
- Clinical advances or advances in clinical/operational efficiency; e.g. more efficient clinics, improved the EMR (electronic medical record), streamlined a clinical process, built standard operating procedure for a disease

**Special considerations for promotion to Professor:**
Those promoted primarily because of clinical acumen should unambiguously be ‘Master Clinicians’. Supporting documentation could include (among others):

- Objective assessments by faculty from the candidate’s own department.
- Objective assessments by faculty and staff from other departments who have observed the candidate’s practice.
- Objective comparative assessments by former Chicago Medicine faculty who can compare the candidate to colleagues at peer institutions.
- Evaluations from alumni of the training program (residents, fellows) who now have the experience and stature to judge the candidate’s mastery authoritatively. Potential questions for alumni trainees:
  - Was the candidate a master clinician while you were a trainee?
  - Is the candidate among the best practitioners with whom you have worked?
  - Do you still regard the candidate as a role-model practitioner?
  - Can you provide any additional assessment that will assist the University of Chicago in its deliberations?

[Testimonials from grateful patients and families should ordinarily not be included.]

To maintain objectivity, COAP recommends:
- When developing the case, the department share with COAP a comprehensive list of all who might provide authoritative objective assessments. COAP will choose from this list, minimizing departmental bias in the selection of assessors.
- Assessments should be sought when possible from senior faculty who are themselves master clinicians. When not possible, departments should explain why the consultant was selected.
Are the nature, TOTAL amount, and quality of SCHOLARLY ACTIVITY consistent with the 'academic time' or time protected for scholarship?

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<th>Research studies that result in peer-reviewed publications in high-quality specialty journals and/or with peer-reviewed funding. A range of research is appropriate including research that seeks to advance the practice of medicine, outcomes and health services research, community based research, research in education, etc.</th>
<th>Peer-reviewed publications as part of a research team or collaboration; co-I; some % effort on grants</th>
<th>Evidence-based formulation of research, educational, and clinical policy at a local, regional, or national level</th>
<th>Presentations in clinical conferences, grand rounds, etc.</th>
<th>Teaching or training demonstrating incorporation of latest findings into education</th>
<th>Support of 'scholarship infrastructure' (e.g., maintaining rapport with community organizations, which is necessary for community-based scholarship)</th>
<th>Enrolling patients in clinical trials; technical assistance with others' research</th>
<th>Scholarly support of clinical trials</th>
<th>Evidence-based improvements in institutional clinical practices</th>
<th>Other contributions with great value to BSD, UCMC, and/or the University; e.g., building and maintaining relationships with community organizations to facilitate community-engaged scholarship</th>
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<td>Success in obtaining K-level funding</td>
<td>Case studies</td>
<td>Production of scholarly teaching materials (demonstrating incorporation of latest findings into education)</td>
<td>Service on study sections, examining Boards, as scholarly editors, etc. involving the application of current expertise in an area of knowledge</td>
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You can get tenure if **you have made a significant difference in how your peers think or practice in your field.**

**IN “OBVIOUS” CASES (Full):**

- Objective evidence (track record of, for example, invited speaking, invited or elected service, prestigious awards) commensurate with having become a leading figure in one's field
- Goal of principal/major project(s) has been achieved
- Clear advancement beyond the contributions that warranted the associate professorship

- Significant & high quality educational contribution
- Scholarly activity