The ABCs of APT*

Ann J Brown MD MHS
Vice Dean for Faculty
Duke University School of Medicine
New Faculty Orientation, September 19, 2019

*APT = APPOINTMENT, PROMOTION AND TENURE
Section 1

KNOW YOUR ENVIRONMENT
There are approximately 2500 faculty in the School of Medicine.
Faculty Resources

The School of Medicine consists of more than 2000 academic and clinical faculty in 33 departments, centers and institutes. Their combined efforts make Duke one of the largest biomedical research enterprises in the country, with more than $600 million in sponsored research expenditures annually and more than 9,743 patients on 645 active clinical trials.

The synergy among the School’s physicians, researchers, educators, and staff offers unprecedented opportunities for teamwork among the scientists in our labs and caregivers in our hospitals and clinics.
Faculty Appointments, Promotion, & Tenure

The Faculty APT Office

The Faculty Appointments, Promotion and Tenure Office assists in facilitating best practices in the consideration of faculty appointments, promotions and tenure for the School of Medicine and School of Nursing.

Working closely with department managers and chairs, the office provides guidance, training and resources necessary to recruit and retain exceptional faculty. We support the School of Medicine's and School of Nursing's missions of excellence and innovation in education, patient care and research.

- Basic Science APT
- Clinical Science APT
- The Practice of Medical Education
- Benefits & HR Information
Clinical Science APT

This sections contain documents, forms and information for those seeking promotion and for those who manage the promotion process in clinical science departments.

For Faculty

For Administrators
Clinical Science APT for Faculty

All new faculty members in the Clinical Sciences are initially appointed to either the Academic Clinician (Track 4) or Academic Research (Track 5) non-tenure tracks as agreed upon by the faculty member and the department chair. A change from these tracks to one of the tenure tracks normally occurs at the Associate Professor rank for those who are deemed potentially eligible for tenure. Track assignments may be changed only with the mutual agreement of the faculty member and the departmental chair. The tenure clock begins at the first appointment to any of the five tracks.

The time from the initial appointment in any track until a decision to, or not to, award tenure is ten years (Tenure Clock). In accordance with university bylaws, if the candidate in a tenure track (Tracks 1-3) is not notified of a decision regarding tenure by the end of their tenth year, then tenure is granted by default.

The tenure review process can be initiated by the department chair at any time. Normally the review process to determine the awarding of tenure begins no later than the start of the tenth year. This allows approximately six (6) months for departmental process and another six (6) months for disposition at the Medical Center and university levels. It can be initiated at any time the chair feels is appropriate.

Each clinical department has a limited number of tenured positions for each track. These numbers are established by the chair and administration on the basis of financial and programmatic needs. The number of untenured tenure track positions is significantly greater than the number of tenured positions so that tenure may not be granted to all qualified faculty. Untenured faculty are appointed on a yearly basis with renewal subject to financial and programmatic considerations.

The Associate Professor without tenure rank is a prerequisite to switching to a tenure track. The change in tracks could occur at the time that the Associate Professor without tenure decision is made or later. All Assistant to Associate Professor promotions would be recommended by the department.
# Clinical Science Tracks at Duke

<table>
<thead>
<tr>
<th>Track</th>
<th>Tenure</th>
<th>Example Effort Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Y</td>
<td>75% Clinical, 25% education or administration</td>
</tr>
<tr>
<td>2</td>
<td>Y</td>
<td>50% Clinical Research, 50% Clinical</td>
</tr>
<tr>
<td>3</td>
<td>Y</td>
<td>&gt;75% Research</td>
</tr>
<tr>
<td>4</td>
<td>N*</td>
<td>Varies by individual</td>
</tr>
<tr>
<td>5</td>
<td>N*</td>
<td>&gt;80% Research</td>
</tr>
</tbody>
</table>

*Tenure eligibility requires change to Track 1, 2 or 3. Typically decision to change made at promotion to Assoc Prof*
Additional Track

• Practice of Medical Education
  – Typically for those without a primary appointment in a department.
The Practice of Medical Education

Assistant Professor of the Practice

Associate Professor of the Practice

Professor of the Practice

General Considerations

Appointments under the guidelines for the Practice of Medical Education are normally used for full-time Faculty who are engaged largely in medical education endeavors (usually > 80%) or who have a significant role in development, instruction, or administration of an education program in the School of Medicine and who do not have a primary appointment in another School of Medicine department as well as for those who have a primary appointment in another department but whose medical education effort represents > 50% of their total effort. The primary criterion for appointment and promotion will be excellence in curricular design, evaluation and assessment, faculty development, administration, multiple strategies of instruction, or scholarly activity, including research involving medical education. Additional factors include mentoring, collaboration, longevity of service, creativity, and impact of contributions to the Medical School and other educational programs of Duke Medicine. Recognition of the quality of their work at regional and national levels along with evidence of dissemination of their work products is valued. Medical education faculty appointments are reviewed annually for reappointment, unless a contract for a longer
Initial Appointment

• Typical initial faculty appointment is now to a non-tenure track (Track 4 or 5)
  – Medical Instructor* or Assistant Professor – non-tenure Track

• Review performed at time of Associate Professor promotion (~5 years) will determine decision to stay on non-tenure track or move to tenure track

*Medical Instructor is a regular rank appointment
Time as a Medical Instructor is not counted for tenure
Tenure Eligible Tracks are Tracks I-III.
Criteria for Promotion: Clinical Sciences

• Apply to:
  – MDs
  – PhDs
  – MD/PhDs
  – Other terminal degree holders in the clinical departments

• Specific Criteria Depend on Track
Track 1: Clinician / Administrator / Educator

• Tenure Eligible
• Designed to reward physicians who see patients (typically ≥75%) and do some research, administration, or education
• Primary focus: publications & reputation
  – Referral patterns
  – National committees & professional organizations
  – Review articles, case reports, chapters
Track 1: Clinician / Administrator / Educator

• Also appropriate for faculty who spend the majority of their time on a combination of clinical care, administration, and/or teaching

• Similar to Track 4, but difference is stronger emphasis on scholarly activity in Track 1
Track 1

- Scholarship: participation in clinical research, drug trials, multi-center efforts.
- Clinical volumes
- Teaching or administrative accomplishments
  - Residency, fellowship director
Track 2: Clinician / Researcher

• Tenure Eligible
• Designed to reward physicians who see patients and do ~50% research
• Natural home for Clinical Investigators
• Primary focus: publications & reputation
  – Referral patterns
  – National committees & professional organizations
  – Manuscripts – high level journals
Track 2

- Grants
- Clinical volumes – lower volumes expected than on Track 1
- Teaching or administrative accomplishments count but are secondary to research and clinical care expectations
Track 3: Primary Research

- Tenure Eligible
- Designed for faculty who typically do ≥75% research
- Natural home for Lab-focused MDs and PhDs
- Primary focus: publications & reputation
  - History of funding
  - Publications
  - Nationally significant research
Track 3

- Grants – Peer reviewed (NIH, Selective foundations)
- Publications – expect to be placed in major journals
- Teaching or administrative accomplishments count but are secondary to research objectives
Track 4: Academic Clinician

- Non-Tenure Track
- Entry Track for all clinical faculty, regardless of ultimate career goals
- Ultimate home for clinicians whose academic accomplishments do not warrant tenure.
- Natural home for pure academic clinicians
Track 4

• Primary focus: clinical care and academic contributions
  – Referral patterns
  – Local, regional and national committees & professional organizations – reputation
  – Teaching
  – Clinical trials, reviews, book chapters
Track 4

- No tenure
  - But remember, if you later switch to a tenure-eligible track, your tenure clock started on date of first appointment to Assistant Professor on any track (1-5)

- Transfer to Tracks 1-3 typically occur at the Associate professor or later level
Track 4

- Grants – very secondary
- Publications – much less critical, although they enhance clinical reputation
Track 5: Researcher

• Not Tenure Eligible
• Designed for faculty who typically do ≥80% research
• Natural home for PhDs in clinical departments
• Primary focus: publications & funding
  – Publications – high level journals
  – Consistent funding – annual appointments
Track 5

• Teaching or administrative accomplishments count but are secondary to research objectives
  – Most teaching in the context of the research work
The Practice of Medical Education

• Intended to extend the educational capabilities of the School of Medicine

• For full-time faculty who are engaged largely in medical education endeavors and who do not have a primary appointment in another SoM department

• Also for faculty who have a primary appointment in another department but whose medical education represents >50% of their total effort
The Practice of Medical Education: Criteria for Promotion

• Excellence in curricular design, evaluation and assessment, faculty development, administration, multiple strategies of instruction, or scholarly activity, including research involving medical education.
  – Additional factors include mentoring, collaboration, longevity of service, creativity, and impact of contributions to SoM and Duke Medicine
  – Recognition of the quality of work at regional and national levels along with evidence of dissemination of their work products is valued.

• Appointments reviewed annually, unless a contract for a longer period has been executed.
  – Additional details on APT website under clinical sciences APT for faculty
Why have Tracks?

• To explicitly reward the variety of career pathways that are valued and needed at this institution.
Changing to Tenure Track

• Move to tenure track will typically occur at time of promotion to Associate Professor.
  – Must be approved by the department APT committee and Chair
  – Promotion typically considered after 4-5 years on faculty
• An Associate Professor on Track 4 or 5 can still change to tenure track at next promotion.

Important notes about timing:
• Must submit tenure materials by beginning of 10th year
• Tenure decision must be made by end of 10th year
What are the criteria?

- **Focus**
  - Build a thread of continuity throughout your work
  - The theme should be apparent to reviewers
  - Develop in several categories
    - Scholarship, reputation, leadership, funding, service, mentoring, collaboration

- **Periodically assess**
  - whether you are diffusing your efforts too much
Boyer’s Expanded Concept of Scholarship

Discovery
  – Research

Integration
  – Interpreting use of new knowledge across disciplines

Application
  – Aid society and professions in addressing problems

Teaching
  – Studying the process of education

Boyer’s Model of Scholarship, Marta Nibert
Examples of Scholarship

• Integration:
  – translating research discoveries e.g. through review articles, explaining what this means for the field, addressing the implications

• Application:
  – service, engagement with the world- identifying and calling attention to problems early

• Teaching:
  – creating a new curriculum, and evaluating its effectiveness.
Proposed Revisions to the Promotion and Tenure Guidelines

- Goal: simplify the track system and develop inclusive criteria that reflect modern faculty work
- Major change: create a single tenure track (replacing Tracks, 1, 2 and 3) and clarification of pathways for advancement on the non-tenure tracks

<table>
<thead>
<tr>
<th>Present Tracks</th>
<th>Proposed Tracks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2 &amp; 3</td>
<td>Academic Faculty (tenure)</td>
</tr>
<tr>
<td>Track 4</td>
<td>Clinical Scholars (non-tenure)</td>
</tr>
<tr>
<td>Track 5</td>
<td>Research Scholars (non-tenure)</td>
</tr>
</tbody>
</table>
What are the ranks at Duke?

**Clinical**
- Medical Instructor
  - (incubator status, tenure clock not active)
- Assistant Professor
- Associate Professor
  - without tenure
- Associate Professor
  - with tenure
- Professor with Tenure
- Professor (without tenure)
  - Tracks 4&5 only

**Basic**
- Assistant Professor
- Associate Professor with tenure
- Professor
- And others tailored to individual circumstances, not linked to tenure track
  - E.g. Research Assistant Professor.
To Med Instructor, Assistant Professor (without tenure)

Chair notifies faculty member of DAPT recommendation

A= Approval
I= Information only
DAPT=Departmental APT
BoT=Board of Trustees
CS-APT=Clinical Sciences APT

Approx 12 months
To Associate and Full Professor (without tenure)

Faculty member & Chair
Agree to submit dossier
Faculty member submits dossier to DAPT Committee
DAPT Committee forwards recommendation to Chair
Chair forwards to Dean and SoM APT office
MCEC, Chancellor
Provost and BoT

A                  I      I

Approx 12 months

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MCEC= Med Ctr Exec Committee

Chair notifies faculty member of DAPT recommendation
To Associate Professor and Full Professor (with tenure)

Chair notifies faculty member of DAPT recommendation

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Dossier for promotion with tenure MUST be submitted by beginning of 10th year

End of yr 9 at latest

About 12 months

Chair notifies faculty member of DAPT recommendation
Clinical Sciences APT Process

- Clinical Sciences APT committee only reviews tenure decisions and promotions to full professor on Tracks 1-3
Tenure Clock

• Tenure clock starts with first appointment at Assistant Professor rank regardless of track

• Tenure clock extensions
  – Link to application in faculty handbook
  – Maximum extension for all reasons 3 yrs
    • EXCEPT: no limit for childbearing
## Tenure Clock Extensions

<table>
<thead>
<tr>
<th>Event</th>
<th>Duration</th>
<th>Max # extensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Leave</td>
<td>Automatic 1 yr</td>
<td>No limit</td>
</tr>
<tr>
<td>Primary caregiver for parent, child, spouse or domestic partner for serious health conditions</td>
<td>1 semester per event</td>
<td>2</td>
</tr>
<tr>
<td>Serious health condition of faculty member</td>
<td>Max 2 semesters per event</td>
<td>2</td>
</tr>
<tr>
<td>Death of parent, child, spouse or domestic partner</td>
<td>1 semester per event</td>
<td>2</td>
</tr>
<tr>
<td>Catastrophic residential property loss</td>
<td>1 semester per event</td>
<td>2</td>
</tr>
<tr>
<td>Other personal or family priority approved via Flexible Work Arrangements (FWA) policy</td>
<td>3 mo/yr FWA</td>
<td>2</td>
</tr>
<tr>
<td>Specialized experience or training, or significantly increased admin duties</td>
<td></td>
<td>No limit, but subject to overall 3 y limit on extensions</td>
</tr>
<tr>
<td>Flexible Work Arrangements (FWA)</td>
<td>3 mo/yr of FWA</td>
<td>3 yr limit on relief</td>
</tr>
</tbody>
</table>

See Duke Faculty Handbook for further explanation
What is tenure?

• Mark of accomplishment
• Currency in the academic community
• Promise of continued employment, absent malfeasance
• A specific salary is not promised
• Expectation of ongoing contribution, productivity, and professionalism
Section 2

COMMUNICATE
Shape your “public” profile

- Send good news upward
- Ask for a CV review
- Check your listing in the faculty database, Scholars@Duke, physician referral directory
- Hone your “elevator pitch”
Shape your “public” profile

• Consult a librarian
  – Impact factor
  – H-index
  – Times cited

medical-librarian@duke.edu or 660-1100
Develop a Reputation

• “National and international reputation”
  – Presentations
  – Service on Society committees
  – Participation in writing clinical guidelines
  – Service on editorial boards
Save evidence of your work

- Teaching evaluations
- Invitations to serve on committees
- Unsolicited letters from patients
- Notices of awards
- (see registration desk for an example of how to organize paper files)
Communicate

• Identify the person responsible for moving your promotion forward
  —Division Chief, Section Head...

• Communicate with them about your career development and goals
Ask for an annual review

• See templates on facdev.medschool.duke.edu

• Prepare for the review by
  – Writing down all activities
  – Stating goals (1 yr and longer term)
  – Listing accomplishments
  – Planning questions
Annual Review

• Discuss how your work addresses promotion criteria

• Ask questions
  – “What areas do I need to develop further in the next year?”
  – “Are there specific actions I can take to strengthen my portfolio?”
  – “What accomplishment(s) would make it possible for you to fully support my promotion?”
Plan your dossier

• Formatted CV
• Intellectual statement
• Relevant portfolio
  – Teaching
  – Administrative
  – Clinical
• External evaluation
Plan your dossier

- Formatted CV
- Intellectual statement
- Relevant portfolio
  - Teaching
  - Administrative
  - Clinical
- External evaluation
Duke Formatted CV

- See Duke Clinical Sciences website
  - https://medschool.duke.edu/about-us/faculty-resources/faculty-appointments-promotion-tenure/clinical-science-apt/faculty
Intellectual Statement

Addresses “critical areas of experience, contribution and accomplishment”

From Med School APT Website:
Intellectual Statement

• Educational Background & Training
• Activities
• Teaching Contributions
• Academic Achievements and Scholarship
• Grant Support
• Leadership (local, national, international)
• Community engagement
• Plans for continued development
Intellectual Statement

This statement should also include the candidate’s vision and goals for continuing professional development within the academic environment.
Explicitly connect your accomplishments to written promotion criteria

“Through my work in X I have had the opportunity to work on national guidelines/present at an international meeting for Y, addressing the promotion criterion for “national reputation””
Education Portfolio

• Personal Goals/Values
  – Educational Philosophy and Impact of Educational Work

• Teaching and Supporting Learners
  – Direct Teaching
  – Education Awards and Special Recognition
  – Mentoring
  – Curriculum/Assessment development
Education Portfolio

• Educational Research and Evidence Based Practice
  – Education Publications
  – Editorship/review of health professions education journals
  – Health professionals education research support
Education Portfolio

• Educational Management/Leadership
  – Education degrees earned
  – Education courses attended
  – Education committees
  – Education professional memberships and associations
External Evaluation

• APT committee sends requests for external evaluation

• Evaluators are individuals who are in your field, but who reap no secondary gain by your advancement
  – No colleagues, collaborators, mentors
External Evaluation

- Evaluators base their review on the materials in your dossier
  - CV
  - Intellectual Statement
  - Copies of scholarly work
External Evaluation

• Assesses
  – Quality
  – Significance
  – Impact
  – How you rank relative to others
  – Likelihood of achieving similar rank at another leading institution
Resources

– Department
  • Administrative Liaison
  • Faculty Liaison

– Faculty APT Guidelines
  • https://medschool.duke.edu/about-us/faculty-resources/faculty-appointments-promotion-tenure

– Faculty Handbook
  • https://provost.duke.edu/faculty-resources/faculty-handbook/

– Office for Faculty Development
  • https://medschool.duke.edu/about-us/faculty-resources/faculty-development
Clinical Science APT Panel

**Coleen Cunningham, MD**  
Vice Chair of Pediatric Research  
Chief, Pediatric Global Health  
Chair, Pediatric Appointment Promotions and Tenure Committee

**David S. Pisetsky, MD, PhD**  
Professor of Medicine and Immunology  
Associate Vice Chair for Academic Affairs, Department of Medicine

**Mitchell T. Heflin, MD, MHS**  
Professor of Medicine in the Division of Geriatrics  
Associate Dean and Director of the Duke Health Center for Interprofessional Education and Care

**Herman Staats, PhD**  
Professor and Vice Chair of Research, Department of Pathology  
Member of the Pathology APT Committee