# Academic Advancement Work Group
## Meeting Minutes

**Meeting Location:** AS3-2119 (the Cube)

**Tuesday, October 13, 2015 8:00am – 9:30am**

### Agenda:
1. Review minutes from 9/21
2. APP Revision website
3. Draft Definition of Scholarship
4. Single Pathway Model for Promotion
5. Teaching expectation for all faculty? Promotion?
6. Next Steps

### Materials:
- 9-21-15 Meeting Minutes
- Scholarship Definition
- Single Path Model

### AAWG Chair:
Luanne Thorndyke*

### Members:
- Neil Aronin* Mark Klempner*
- Bob Baldor* Anne Larkin
- Joanna Cain* Pranoti Mandrekar*
- Michael Czech* Robert Milner*
- Roger Davis* Linda Pape
- Robert Finberg David Paydarfar
- Michael Green David Polakoff*
- Bob Jenal* Anthony Rothschild*
- Catarina Kiefe* Mitchell Sokoloff
- Jean King* Jill Zitzewitz*

### Item | Owner | Comments/Minutes | Action/Status |
--- | --- | --- | --- |
1. | L. Thorndyke | Dr. Thorndyke asked the AAWG to review the minutes. | Minutes approved without change. |
2. | L. Thorndyke | Dr. Thorndyke opened the discussion regarding placement of information from the AAWG meetings on the OFA website that would be available for viewing by all faculty (and others, as the site is open for external viewing). Dr. Thorndyke asked the group how much information should be provided on the website. Discussion included that full transparency of AAWG activities/consensus decisions/decisions is advisable. | Decision: once group agrees on/approves content, it will be placed on the OFA Website: [http://www.umassmed.edu/ofa/academic/governance-policies/academic-personnel-policy/revision/](http://www.umassmed.edu/ofa/academic/governance-policies/academic-personnel-policy/revision/) |
3. | L. Thorndyke | Dr. Thorndyke reviewed the revised draft definition of scholarship, revised based on feedback from last meeting. Discussion included:
- Whether “New therapies and technologies” should be included as scholarship. Comments: some form of dissemination is still required. New innovations may have local impact before broader dissemination (publication) is achieved.
- Including ‘new therapies and technologies’ will capture those “emerging innovations” that are not ready for publication, etc. Assessment and impact will still be necessary.
- Some of these innovations will be judged internally before being fully judged externally.
- The new therapies and technologies will need to be put into a form that it can be critically reviewed and disseminated to be considered scholarship. | Consensus decision- include ‘new therapies and technologies’ and leave the rest of the draft definition as proposed. Motion to approve draft definition; approved. |
4. | L. Thorndyke | **Single Pathway Model for Promotion**
Dr. Thorndyke gave an overview of the single pathway model. Group discussion ensued. | |
Discussion of the single pathway model included:
- Based on this model—would clinicians who primarily see patients be promoted?
- Criteria needs to be set to capture those clinicians who are creating new innovations and who are driven to be in an academic environment
- The Clinical Practice focus area provides a pathway for clinicians to see how they can move forward academically and also sets expectations for what needs to be done to move ahead.
- Faculty may want to be evaluated on two areas of focus—what would the benefits be?
- This looks like a lowering of standards. Currently, an unmodified Associate Professor requires "established" level in two areas and the proposed model requires achievement in only one area.
- Specific criteria still need to be established for promotion for each area of academic focus. This will be the agenda for our next meeting.
- Concern regarding the message to faculty of focusing on one area and ignoring the other areas.
- The days of the ‘triple threat’ are gone. In reality, faculty now have to focus on one or maybe two areas.
- We should consider how adding a secondary area of focus would be assessed.

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<thead>
<tr>
<th>5. L. Thorndyke</th>
<th>Teaching as a requirement</th>
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<td>Dr. Thorndyke reviewed the results of a survey of 15 peer institutions and their requirements for teaching:</td>
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<td>- Some require teaching of all faculty (HMS, Cornell, Pitt, SUNY Upstate)</td>
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<td>- Some have teaching as a criteria for tenure track faculty (PSU, UNC, Michigan, Stanford)</td>
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<td>- Some assess teaching only in specific tracks, i.e. educational (JHU) or clinical-educator tracks (Penn, Wake Forest, OSU, Michigan)</td>
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<td>statements from specific policies:</td>
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<td>- HMS and Cornell: “Given the importance of the educational mission of [XX], it is expected that, with rare exception, all faculty will engage in teaching.”</td>
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<td>- Pitt: “It is expected that every member of the faculty will participate in the School of Medicine’s educational mission. Individuals who do not teach may not be promoted.”</td>
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Q: Should teaching be an expectation for all faculty? A requirement for promotion?
A: Yes (majority opinion) – Broad definition of teaching (what counts); all faculty should be expected to mentor.
No (minority) – Teaching should be highly encouraged but not mandatory.

Discussion included:
- People who have a track record of mentoring that are valued members on a training grant and that’s what provides our status as a research intensive institution.
- Mentoring is an important element of being a faculty.
- Teaching educational activities are broadly defined. Any time you’re with somebody and learning occurs and you document that—that’s teaching. [Rebuttal—yes, but we are really talking about teaching students. Working with staff is not in the same category of teaching expected of faculty.]
- There needs to be some form of leadership of educational programs—could be writing curricula and implementing those curricula or new techniques of assessment of individuals.
- Criteria and expectation for some level of teaching could be incorporated into all four areas of academic focus.
- Currently we have a clinical and research pathway but not an educational pathway. We have faculty who are “established” in education but no mechanism for them to get promoted.
- A mandatory requirement for teaching may be too challenging. Creating a way to value educators is necessary, but making teaching a mandatory requirement may make it challenging for others.
- Some faculty find it difficult to teach—either due to limited opportunities or their own social skills.
- If the teaching measurement is set at a minimum level that all faculty can reach, then it’s fine.
- Teaching could be a “bonus” towards reaching criteria for promotion.
- Without mentoring, the lab won’t be very successful. No graduate students will be interested, etc.
- If teaching is not required/expected, it will be too easy for supervisors to instruct their faculty to not teach and just focus on research or clinical productivity.
- Faculty should be hired with the expectation of teaching and service.
- If faculty are not contributing in any way to the development of the next generation, why are they at a medical school?

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<th>6.</th>
<th>L. Thorndyke</th>
<th>V. Next Steps: Agenda for Next Meeting</th>
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<td>- Criteria for promotion to associate professor and full professor in each of the 4 areas of focus</td>
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<td>- AAWG members will be assigned to one area of focus, and 4 tables will be populated.</td>
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<td>- May need to add a couple of new individuals to ensure adequate distribution.</td>
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<td>- OFA team will provide materials (from peer-institution surveillance and UMMS APP) and tools (worksheets/grids) to assist each table in their work.</td>
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Next meeting: 10/28/2015
3:30pm in A53-2119 (the Cube)
### Parking Lot-

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<thead>
<tr>
<th>Item</th>
<th>Discussion</th>
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| Name of fourth area of focus - Population Health, Policy & Community Engagement | • Suggest to simplify the name  
• Since it’s new, wanted to be as descriptive as possible  
• Delete “Population Health” and leave it as Policy & Community Engagement. Population Health can fall into either Investigation or Policy  
• Recommend naming it “Health Policy & Community Engagement”  
• There can be an intersection of Population Health and Policy and Community Engagement. Community Engagement is so vague, but Population Health can be at the community level, at the policy level and the clinical level. Population Health adds more detail.  
• The word that is most vague is “engagement” |

Need to reach a consensus for the requirement for teaching and criteria

### Consensus Reached-

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<tr>
<th>Consensus Items</th>
<th>Date of Consensus</th>
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<tr>
<td>Removal of modifiers</td>
<td>8/27/15</td>
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<td>Definition of scholarship</td>
<td>10/13/15</td>
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<td>Transparency of the AAWG to faculty through the website</td>
<td>10/13/15</td>
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<td>Single pathway model</td>
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<td>Include a fourth area of academic focus to include activities of population health, policy and community engagement</td>
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