**Academic Advancement Work Group**

**Meeting Minutes**

**Monday, December 14, 2015 8:00pm – 9:30am**

**Meeting Location: ASC Cube**

**AAWG Chair:** Luanne Thorndyke*

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

**Materials available on the OFA Website:**
http://www.umassmed.edu/ofa/academic/governance-policies/academic-personnel-policy/revision/

<table>
<thead>
<tr>
<th>Item #</th>
<th>Owner</th>
<th>Comments/Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>L. Thorndyke</td>
<td>Dr. Thorndyke asked the AAWG to review the minutes.</td>
</tr>
</tbody>
</table>
| 2.    | L. Thorndyke | **Tool for Evaluation of Candidates**
Dr. Thorndyke reviewed the evaluation tool and the recommended guidelines for its use. Discussion included:
- Add to the instructions/guidelines for use: “should be absent in none”
- Should “absent” even be present as an option? |
| 3.    | L. Thorndyke | **Application of tool/criteria**
Dr. Thorndyke asked each table to review their assigned case acting as a “DPAC”. Using the criteria for promotion in conjunction with the evaluation tool, make a recommendation as to whether the candidate should be promoted to Associate Professor in the Clinical Practice area of distinction. |
| 4.    | AAWG  | **Report Out:** Each table reported out their overall assessment of the assigned case. Discussion included:
- Clinical Activity and Scholarship - if someone starts a new activity and it has an impact on education or service, it needs to be published—not just an abstract—in a peer-reviewed journal. That’s what’s going to make the institution stronger. Should a faculty member be promoted with weak or absent scholarship?
- We may want to set a bar for scholarship, appreciating that many clinical faculty are not allotted time to do scholarship.
- What is “strong” in scholarship? Is it different for the different areas of distinction?
- Need to be consistent and scholarship should be evaluated using the same bar for all areas of distinction
- What does “regional reputation” actually mean? This is not a relevant term in today’s academic world.
- Don’t like the word “weak”. Recommend using “minimal” or another similar word.
- The requirement/expectation for education puts a heavy emphasis on teaching evaluations. Evaluations are not always the most effective way to assess effectiveness of teaching. Better assessments are needed.
- The emphasis in education should be on quality over quantity, and the quality must be at least average.
- Criteria for promotion to Professor should require “strong” scholarship; for promotion to Associate Professor, some scholarship needs to be present; quantity could differ depending on effort assignment.|

**Action/Status:**
- Minutes approved without change.

**Consensus items:**
- Scholarship should be assessed in the context of effort assignment.
- The expectation for scholarship should be “strong” for promotion to Professor.
- The expectation for education should be at least average. Quality is more important than quantity.
- Use the term “minimal” rather than weak.
- Use the term “Clinical Medicine” rather than “Clinical Practice”.
- The evaluation tool is useful for assessing candidates for promotion, as well as for training those who evaluate faculty for promotion (DPAC, PAC, chairs, division chiefs, etc.).
| 5. | L. Thorndyke | **Assessment of Tool:** Is the tool was helpful in evaluating the candidates? Is the exercise/case study approach useful in clarifying issues related to assessment of candidates for promotion? Discussion included:  
- Yes, the tool was very useful and would be useful for DPAC/PAC training during implementation.  
- The criteria for promotion to Professor should reflect higher bar of expectation.  
- Consistency with criteria is desirable; however 'faculty work output’ differs between faculty groups.  
- Scholarship should be consistent with the candidate’s effort assignment.  
- The term ‘weak’ is problematic. Is a rating of ‘weak’ worse than ‘absent’? Do we want to promote someone ‘weak’ in academic reputation?  
- Each category needs a statement regarding ‘quality is more important than quantity’-- such as “publications in the leading journal(s)”  
- Recommend to change the name of the area of distinction from “Clinical Practice” to Clinical Medicine |
| --- | --- | --- |
| 6. | L. Thorndyke | **V. Next Steps: Agenda for Next Meeting**  
- Scenarios for different areas of distinction  
- Entry Level Appointments (Instructor & Assistant Professor)  
- “Adjunct” Appointments (Affiliate, Lecturer, Adjunct)  
- Voluntary Appointments | Next meeting: 1/8/2016  
1:00pm in ASC Cube |
### Parking Lot

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion</th>
</tr>
</thead>
</table>
| 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  
• “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/expectation for participation in educational activities |                                                                                                                                                                                                       |
| Definition of how educational materials are disseminated needs to be further clarified |                                                                                                                                                                                                       |
| “Double dipping”- can one activity be counted towards different criteria? |                                                                                                                                                                                                       |
| Name of “Clinical Practice”- renamed. Clinical Medicine? Clinical Activities? | • Suggest a title that better encompasses these faculty                                                                                                                                               |
| Time in rank needed before advancement in rank? | • Current APP stipulated in general 6 years needed before eligible for advancing in rank.                                                                                                               |

### Consensus Decisions

<table>
<thead>
<tr>
<th>Consensus Items</th>
<th>Date of Consensus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal of modifiers</td>
<td>8/27/15</td>
</tr>
<tr>
<td>Definition of scholarship</td>
<td>10/13/15</td>
</tr>
<tr>
<td>Transparency of the AAWG to faculty through the website</td>
<td>10/13/15</td>
</tr>
<tr>
<td>Single pathway model</td>
<td>10/13/15</td>
</tr>
<tr>
<td>Include a fourth area of academic focus to include activities of population health, policy and community engagement</td>
<td>10/13/15</td>
</tr>
<tr>
<td>Promotion to Professor in all areas of distinction requires national and/or international reputation</td>
<td>11/23/15</td>
</tr>
<tr>
<td>Participation in educational activities is expected of all faculty</td>
<td>11/23/15</td>
</tr>
</tbody>
</table>