Academic Appointment and the Process of Promotion and Tenure

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ABSTRACT

A critical component of a successful academic career is the understanding of institutional criteria and guidelines for academic appointment, promotion, and tenure. It is important to point out that these criteria and guidelines may vary from institution to institution; however, they are uniform for all clinical faculty within a single institution and do not differ from department to department. The purpose of this article is to provide the aspiring academic colon and rectal surgeon with a basic understanding of academic faculty appointments, promotion, and tenure.

KEYWORDS: Academic surgery, colon and rectal surgery, academic career tracks, promotion, tenure

Objectives: Upon completion of this article, the reader should possess a fundamental knowledge of specific academic career tracks, the criteria and steps required for promotion, how to achieve tenure, and what tenure truly means.

One of the most important tasks of an academic department of surgery is the appointment and development of its faculty. The development of successful young academic surgeons and their promotion into leadership positions within the department and institution create a positive academic environment and strong departmental image. For the faculty member, it is important to recognize that the backbone of the academic reward system is promotion and tenure. Individuals who have chosen a career in academic colon and rectal surgery should be well familiarized with the sequence of promotion up the academic ladder from assistant professor to associate professor and then full professor. However, for individuals applying for an entry-level position in an academic institution, it is important to have a fundamental knowledge of specific academic career tracks, the criteria and steps required for promotion, and what tenure provides and truly means. This article introduces

the entry-level assistant professor to specific academic career tracks and defines the process of promotion and tenure as a guideline to those who choose an academic career in colon and rectal surgery. Familiarity with these issues will help aspiring academic surgeons to choose an appropriate faculty position that meets their academic, clinical, and personal goals.

ACADEMIC CAREER TRACKS

The academic mission of every department of surgery has three main goals that involve excellence in patient care, research, and education. However, the financial environment associated with today's health care market, increased competition for research grant support, and greater accountability for educational guidelines and standards have expanded the complexity of an individual achieving excellence within each mission goal. It has

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been suggested that divisions within each surgery department develop active programs in each of the three core missions by selecting key faculty members who individually excel in either patient care, research, or education.¹ As a "team," these key faculty members fulfill the departmental mission goals. By allowing faculty to concentrate on their individual career interests and strengths, the division, department, and institution create an environment for success. The majority of medical schools are adapting to this model by restructuring faculty responsibility to specific career tracks that have distinct criteria for promotion.² Currently, most surgery departments have separate and distinct faculty career tracks for clinicians, researchers, and educators.

During the interview process and prior to faculty appointment and commitment, the young recruit should have an understanding of the departmental and university criteria for advancement on the chosen academic track. The new faculty member must be thoroughly acquainted with expected benchmark goals for success within the academic track. Performance expectations should be clearly understood. The four major tracks for academic surgery are clinical surgeon, clinical scholar, surgical educator, and surgical scientist. Each of these tracks has differences in career goals, time allocated to nonclinical effort, and focus of nonclinical activities. Basic descriptions of individual tracks, responsibilities, and benchmarks for success and promotion have recently been reviewed and are included in the following discussion.¹

Clinical Surgeon

The immediate goals of the clinical surgeon track are to establish a busy clinical practice. Faculty members on this track are expected to devote 80 to 90% of their time focused on clinical activities. It is the responsibility of the division chief and chair of the department to provide the resources and support needed to build this individual's practice. Introductions to colleagues from other departments and the encouragement of referrals to the new recruit can build mutually beneficial relationships and shorten the ramp-up time usually seen in a new practice. Negotiations prior to employment should include adequate clinical time and space, dedicated operating room block time, a physician extender, and administrative support. Anything that will make the faculty recruit more efficient in delivery of care to patients is worthy of discussion and negotiation during the recruitment process.

In addition to being the revenue-generating workhorse of the department, this track provides extensive clinical exposure to the residents and medical students, resulting in a significant hands-on clinical teaching component. Teaching is primarily focused on operative skills and patient management, and this re-

quires the faculty to stay up to date on state-of-the-art clinical practice within their specialty. Membership in national societies and attendance at meetings of societies such as the American Society of Colon and Rectal Surgeons (www.fascrs.org) and the American College of Surgeons (www.facs.org) allow the clinical faculty member to stay current with techniques and evidence-based medicine for patient care and resident education.

Other academic pursuits should be focused on specific areas of clinical interest and special technical skills of the faculty member. Written case reports, book chapters, review articles, and clinical presentations are all means of increasing exposure of the faculty member to the medical community and establishing his or her expertise and recognition in the field. In addition, the clinical surgeon has the capacity to gather large amounts of human tissue, which is an important resource for future clinically relevant studies. This also provides an avenue for the clinical surgeon to become involved in research programs within the department of surgery and the institution. Collaborative efforts between clinicians and research scientists can be mutually beneficial and promote the success of two faculty members with different career goals and paths.

Clinical Scholar

Faculty interested in performing clinically based research should consider pursuing the clinical scholars track. A successful clinical practice is required to create a strong foundation for clinically based research activities. Time devoted to clinical activities should range from 60 to 80%, allowing substantial time to develop and perform clinical trials and other research projects.

During negotiations for a faculty position, the candidate interested in the clinical scholars track should request support for the resources needed to develop a successful program. These include a research assistant or nurse, computers for data entry and database management, clinic space for patient care and support staff, and further training in clinically based research. Young faculty on this track should be encouraged to take the Clinical Trials Methods Course organized by the American College of Surgeons. This course provides a comprehensive series of lectures on clinical trials research. Other course topics of critical importance to young investigators on the clinical scholars track are outcomes-based research, statistical analysis, and epidemiology. Many of these courses are offered at various surgical society career development courses and, in many cases, locally at the medical school or institution. Acquisition of these tools will facilitate optimal design of clinical studies, appropriate data analysis, and successful completion of research projects. Publication of research in reputable medical journals is a must for any successful academic surgeon on this track.

Long-term success as a clinical scholar, in most cases, requires both intramural and extramural funding for research programs. The candidates should be aware that in today's highly competitive funding environment, achieving extramural funding is a major challenge. This challenge can be met by accumulation of preliminary data using intramural funding programs provided by many academic institutions. Depending on the specific area of clinical interest in colon and rectal surgery, the faculty member should pursue grant funding from national professional societies (e.g., American Society of Colon and Rectal Surgery), nonprofit societies (e.g., American Cancer Society and Crohn's and Colitis Foundation of America), and the National Institutes of Health. Establishing long-term extramural funding for research projects is a benchmark for success and promotion and tenure in this career track.

Surgical Educator

Surgical education is an established and rapidly evolving field. The primary goal of faculty on the surgical educator track is the development of excellence in clinical teaching and the advancement of the field of surgical education through research. In this track, about 50 to 75% of time is allocated to clinical activities to develop a solid clinical practice and promote and maintain a positive relationship with residents and medical students. Time allocated to nonclinical activities is focused on participating in formal education programs within the department and institution and establishing an area of research interest in surgical education. Early exposure to the administrative component of surgical education will help develop leadership skills and promote integration of new educational programs for residents and students.

Candidate faculty members interested in pursuing a surgical educator track should request an interview with other faculty members who are actively involved in student and resident education. A review of the educational aspects of a program before starting employment will help the applicant identify specific areas of strengths and weaknesses. This information will provide the basis for negotiations for specific educational tools and resources (i.e., computers, computer-based curriculum, simulators, support staff, and creating a database) to optimize the environment for success.

Within the first year of employment, faculty on the surgical educators track should attend the Surgeons as Educators workshop offered through the American College of Surgeons. This provides comprehensive formal knowledge concerning all aspects of medical education. Specific topics include teaching skills, curriculum development, educational administration and leadership, and performance and program evaluation. This course is designed to provide the participant with the tools to succeed in the area of surgical education.

Long-term efforts should be aimed at achieving extramural funding for surgical education research programs. Some recent successful examples are the establishment of surgical simulators for technical training and novel approaches for surgical resident training in the era of the 80-hour work week. Many national societies such as the Association for Surgical Education (www.surgicaleducation.com) and Association for Academic Surgery (www.aasurg.org) provide means for obtaining extramural funding as well as a forum for presenting education-based research.

Surgical Scientist

Faculty candidates interested in the surgical scientist track have usually completed 2 to 3 years of investigative laboratory training during their residency. During surgical residency, aspiring investigators should strive to achieve a few specific goals during their dedicated laboratory training. These include a demonstration of familiarity with the scientific method and the process of conducting basic research as well as successful publication of a critical nidus of publications. Adequate mentoring from an accomplished senior scientist is paramount to achieving these basic goals and provides the background for success in the surgical scientist track.

The main goal for faculty members on the surgical scientist track is to develop a specific area of scientific investigation that will result in an independent research program supported by extramural funding. During this developmental period, it is imperative that the young surgical scientist learn the basics of the scientific method, understand the mechanics of formulating a hypothesis-based question for investigative research, and apply appropriate methods to achieve the goal. A well-constructed research design should be modeled to propose a feasible study that would be expected to result in an answer to a question of scientific or clinical merit, or both. Specific education in statistical methods and powering is valuable as a dedicated part of this background experience. This process takes time, and because the primary focus of the surgical scientist is research, time allocation of at least 60% for research purposes is critical. This requires the support from fellow faculty members to promote a small but active clinical practice to maintain operative and clinical skills and gain familiarity with residents and staff without onerous patient care tasks demanding unscheduled removal of the faculty member from investigative laboratory efforts. It is imperative that other faculty members understand the importance of protecting the young surgical scientist's research time by providing support and patient care on dedicated research days. The reward to all involved is the development of a successful investigative research program that will bring recognition to the institution, department, and faculty members within the division.

Success in the surgical scientist track as a junior faculty member requires specific resources. These resources include laboratory space and appropriate equipment, start-up money, protected research time, and mentoring. Departmental and institutional commitment to an academic goal is a critical factor in the success of this candidate's research program. In many cases, the candidate's research program will require expensive equipment and protocols. In most institutions, laboratory space is limited. Placement of a young surgical scientist into an already established and successful laboratory is beneficial. The research focuses of the senior investigator and the young surgical scientist should be complementary. Early knowledge of resource requirements is essential for negotiation, and many institutions have ongoing core facilities that provide these resources. The candidate must explore resources and mentoring availability early in the recruitment process to ensure that the right tools and environment exist to promote success.

The critical benchmark for success in the surgical scientist track is obtaining independent extramural funding. This cannot be achieved without knowledge and skill in grantsmanship. The Young Investigators Course is an excellent resource for this critical component of research training. Promotion and achievement of tenure within this track require successful acquisition of intramural and extramural peer-reviewed grants. Specific granting agencies and programs are described in detail in the research in academic colon and rectal surgery article in this issue.

PROMOTION AND TENURE PROCESS

The process of promotion and tenure is unique to each institution. Promotion indicates success and accomplishment within a specific academic track. Early indication of success, weakness, and areas of improvement should be reviewed during faculty evaluations. Faculty members should expect to be evaluated on a formal basis every 6 to 12 months. These evaluations rate the individual's performance in specific areas such as patient care, resident and student education, research progress and productivity, citizenship within the institution, and advancing the goals and mission of the department and institution. There are two key questions that should be addressed in each evaluation: (1) Is the faculty member making appropriate progress toward promotion? (2) Is the faculty member's assigned academic track the appropriate one? This feedback gives the faculty member the opportunity to improve in areas of weakness and gives acknowledgment in areas of strength. Furthermore, it facilitates the identification of obstacles that are limiting the success of the faculty member. If the appointed academic track is not the correct choice for the specific faculty member, frequent evaluations allow identification and reassignment to a more appropriate track that complements the

individual's strengths and goals. The continual process of faculty evaluation keeps the division chief and chair up to date on faculty achievements and helps identify individuals who are candidates for academic promotion.

Promotion is the reward system of academic medicine. A recent article on mentoring surgeons in academic practice outlines specific guidelines for measuring success as an assistant professor, associate professor, and full professor.³ Successful promotion requires that the candidate exhibit excellence and significant accomplishment in key performance areas including patient care, education, academic research and productivity, citizenship, and advancing the mission of the division, department, and institution. Specific requirements are dependent on the academic track assigned to the faculty member. The timeline of promotion from assistant to associate professor is between 5 and 7 years. Promotion to full professor usually occurs 5 to 7 years after promotion to associate professor and is based on the candidate's demonstration of continued contributions in the areas outlined previously. Promotion to full professor is acknowledgment by peers that the faculty member has obtained recognition of his or her academic achievements and expertise in a chosen area and academic track.

Specific details regarding the criteria for and process of promotion vary from institution to institution. Guidelines and instructions for promotion and tenure should be readily available to all faculty and can usually be obtained from the division chief, department chair, or dean of the medical school. A brief generic summary of this process is presented. Each year, the dean of the medical school requests nominations of faculty members whose accomplishments warrant consideration for promotion or tenure. Nominations are made by the departmental chair and are prepared in conjunction with the faculty member. Core components of the supporting material that are provided in the application include:

1. Signed letter of recommendation by the departmental chair
2. Curriculum vitae and full bibliography
3. Teaching portfolio
4. Clinical service responsibilities
5. Grant support
6. Copies of peer-review publications with separate description including impact and relevance to a specific field
7. Professional references and letters of recommendation (from within the institution and outside the institution)

Therefore, it is important to maintain well-organized and complete records of all your accomplishments as a faculty member. Recent reports have identified educational portfolios as a means of documenting productivity and success in surgical education.^{4,5} We have adopted a

similar system with modifications, essentially creating an academic portfolio that contains all supporting documents. An academic portfolio will facilitate the application process for promotion in the future.

Once completed, the nomination packet is forwarded to the promotion and tenure committee for review. This committee is usually composed of both physicians and basic scientists who have achieved tenure and full professor status. It is this governing body that determines the faculty member's successful promotion or achievement of tenure.

TENURE

Although we all are familiar with the term tenure as it applies to faculty, do you really understand what it means and, more important, what it provides? Tenure *does not* exist as a certificate of achievement on your office wall, it is not legal tender, it is not a salary guarantee, and it is not an absolute protection from losing your job or academic rank. Nevertheless, anyone in academics understands the importance of tenure. Young faculty members hope they can obtain it, professors are glad they have it, but most faculty members do not really understand it. Tenure *is* a level of academic achievement that highlights your past and ongoing contributions and is a formal recognition of your value to the missions of the division, department, and institution.

Tenure was first developed in the Middle Ages as a way to maintain academic freedom by protecting scholars from religious fanaticism.⁶ This system has been adopted in medical schools today, and tenure is provided to maintain academics free of external pressure and coercion. It provides the freedom to challenge openly existing dogma and the opportunity to explore new and unpopular ideas (i.e., primary treatment of squamous cell cancer of the anus with radiation and chemotherapy). It creates an environment of highly critical, highly selective, and highly competitive individuals who test the boundaries of knowledge and, because of the security provided by tenure, ultimately contributes to medical progress.⁷ In essence, tenure is the guarantor of academic freedom, it ensures academic excellence, and it is essential to faculty development. However, it is important to understand that tenure today does not defend lack of productivity or failure to maintain academic responsibilities and citizenship. Achievement of tenure should not result in the "academic sloth." Furthermore, tenure does not guarantee or protect the full salary of medical school faculty. At most institutions, tenure includes some kind of financial guarantee that is limited to the "base" or university component of salary.⁸ A significant proportion of income is based on clinical practice revenue and outside research funding. Therefore, loss of productivity in research or clinical practice, or both, after achieving

tenure may justify a reduction in salary. Institutional guarantees provided by tenure vary from institution to institution, and anyone on the tenure track or anticipating achieving tenure status should review the rules and regulations for the institution.

CONCLUSION

The development of successful young academic surgeons starts with academic appointment. A clear understanding of specific academic tracks offered by individual institutions helps identify faculty positions that meet academic, clinical, and personal goals of the candidate faculty member. Identifying the right job for you is the first step to academic success. For the faculty member, it is important to recognize that the backbone of the academic reward system is promotion and tenure. Acceptance of any academic position should not occur until you are familiar with and understand the specific institution's requirements and processes for promotion and tenure. A complete understanding of what tenure means and what it provides at an institutional level will help the applicant decide whether a tenure track academic appointment is desired. In most cases, changing tracks and tenure path is permissible but requires detailed understanding of the rules, regulations, and future implications for the individual faculty member. In this article, we have provided the aspiring academic colon and rectal surgeon with the basics on faculty appointment, promotion, and tenure. This provides the applicant with the knowledge to ask educated questions and negotiate for required resources to facilitate choosing the right faculty position and academic track with the best possible opportunity for success.

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