Academic Careers in Pediatric Pharmacy: Part 2— Academic Advancement

Allison B. Blackmer, PharmD; Anita Siu, PharmD; Angela Thornton, PharmD; Peter N. Johnson, PharmD;
Kristen R. Nichols, PharmD; and Tracy M. Hagemann, PharmD

An increasing number of pediatric clinical pharmacists are pursuing careers in academia. Once in an academic position, questions, challenges and benefits related to the processes of academic evaluation and advancement unique to pediatric academia often arise. This is the second article in a 2-part series that attempts to demystify pediatric faculty positions and address gaps in the literature regarding careers in pediatric-focused academic positions. The purpose of this article is to review key aspects pertaining to academic evaluation and the preparation for and process of academic advancement/promotion. A question and answer format is used to discuss common questions related to these processes and tips for success are provided. This article is primarily intended to be used as a helpful guide for junior faculty members as well as mid-level individuals seeking advancement; however, it will also benefit students, trainees, and practicing pharmacists seeking increased knowledge of pediatric academic career paths.

ABBREVIATIONS AACP, American Association of Colleges of Pharmacy; APPE, advanced pharmacy practice experience; BOD, Board of Directors; e-dossier, electronic dossier; IPPE, introductory pharmacy practice experience; P&T, Promotion and Tenure; PGY1, postgraduate year 1; PGY2, postgraduate year 2

KEYWORDS academic advancement; clinical track pharmacy faculty; dossier; evaluation; pediatric pharmacy; promotion; tenure

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Introduction

In a previous publication titled “Academic Careers in Pediatric Pharmacy: An Overview and Guide for Preparation,” a comprehensive review of academic careers within the pediatric pharmacy specialty, with a focus on defining academic roles, responsibilities, and advice related to the preparation and transition into academia, was provided.¹ The central facets of faculty focus (i.e., teaching, research and scholarly activities, clinical practice, and service) were explained and considerations specific to pediatric faculty members were reviewed. Advice was provided for successfully transitioning from pediatric training or practice into an academic career. Once an academic position has been obtained and this transition has occurred, additional questions, challenges, and benefits related to the process of academic advancement as a pediatric faculty member may arise owing to the different perspectives of the pediatric practitioner. Given that only 8% of the current pharmacy practice faculty nationwide consist of pediatric practitioners, the unique aspects related to being a pediatric-focused faculty member necessitate review.²

This is the second article of a 2-part series attempting to demystify faculty positions for pediatric pharmacists by addressing a gap in the published literature regarding careers in pediatric-focused academic positions.

Emphasis is on evaluation and academic advancement. Variability exists amongst institutions nationwide; however, several common themes exist regardless of institution. The purpose of this article is to provide a global overview of some of the key aspects pertaining to evaluation and academic advancement/promotion. While much of the promotion process is consistent between specialties, unique features pertaining to pediatrics may be present. Where possible, examples of pediatric-specific aspects and key materials for demonstration of success will be provided.

This review will be most beneficial to junior faculty members as well as mid-level faculty seeking further career advancement, but it is also intended to increase the knowledge of students, pediatric trainees, and practicing pediatric pharmacists regarding the academic career path. For trainees and pediatric pharmacists, this review may also serve to increase understanding of the different day-to-day and long-term priorities for faculty members, which can at times be strikingly different from those of trainees or clinical pharmacists in non-academic positions.

Academic Evaluations

Formal review and evaluation of achievements is an integral component of academia. There are 2 main methods by which faculty members demonstrate suc-

Table 1. Examples of Documentation Typically Included in the Annual “Faculty Activity Report”^{3*}**General**

- Examples of professional development
 - Conferences or workshops attended relating to teaching/faculty duties (e.g., Lilly Conference for Evidence-Based Teaching & Learning; AACP; biostatistics short courses)
 - Significant clinical-based training (new certifications, conferences attended, etc.)
- Progress update for goals from previous year
- Setting goals for the next year

Teaching

- Courses taught, number of enrolled students and credit hours provided
- Syllabi of courses taught for the year
- Experiential rotations provided (IPPE/APPE, pharmacy resident, etc.) and evaluations
- Student evaluations of didactic teaching (scores and comments) and reflection
- Peer evaluations of didactic teaching
- Student research projects mentored (e.g., status, specific teaching provided)

Research and Scholarship

- List of manuscripts accepted for publication
- List of local, national, or international presentations
- Status of research activities
- List of any grants awarded or submitted

Clinical Service

- Summary of clinical services provided (general patient population, responsibilities, average number of patients)
- List of membership in health care organization committees
- Development of new pathways or improvement efforts

Academic and Professional Service

- List of College and/or University committees (membership, chairmanship)
- List of student organizations advised
- List of professional organization involvement including committee work or leadership roles
- Description of participation in peer review process (e.g., manuscripts, abstracts, grants, promotion/tenure dossiers)

AACP, American Association of Colleges of Pharmacy; APPE, advanced pharmacy practice experience; IPPE, introductory pharmacy practice experience

* These are general examples; each institution's policies should be followed for provision of the specific documentation required.

cess in the academic quadripartite responsibilities (i.e., teaching, research/scholarship, clinical practice/service, and service): 1) annual evaluation, where each year's contributions are documented and reflected upon, and 2) academic advancement, or “Promotion & Tenure (P&T).” In the P&T process, a faculty member submits a dossier (e.g., professional portfolio) for formal evaluation by peers and academic administration for the purpose of rising through the academic ranks, and, if applicable, a formal evaluation for the awarding of tenure. Both of these methods of review and evaluation are time-consuming and require thorough self-reflection, but ultimately serve different purposes and are separate processes. Policies and procedures for annual evaluation and academic advancement may vary significantly between institutions. The aim of this section is to describe the general process and purposes therein, and to provide select examples to serve as guides for the pediatric pharmacist academician.

Annual Evaluation. The annual evaluation process is common for faculty across all disciplines.³ This often takes the form of a yearly self-reported “Faculty Activity

Report,” a summary of efforts over the past year. This report serves as the basis for a formal annual evaluation provided by the department chair on the faculty member's professional productivity, growth, and academic progress. Annual evaluations may also be used to determine departmental and college productivity at large, as well as merit-based salary increases.

The “Faculty Activity Report” requires the faculty member to document evidence of quality contributions in teaching, research and scholarly activity, clinical practice, and service from the previous year. Table 1 includes select examples of the type of documentation required for these reports. Although most pieces of evidence are standard regardless of specialty area, there are a few unique aspects to the pediatric faculty member compared to other pharmacy practice faculty. For example, pediatric-focused faculty members may be required to teach a variety of pediatric topics throughout the curriculum rather than concentrated teaching in just 1 course. Some institutions may only require students to fill out formalized evaluations on faculty who teach a minimum number of hours in the same

course; therefore, for some pediatric faculty, formal student evaluations may be limited at institutions with this practice. Therefore, it may be necessary for these faculty to find alternative methods for formative feedback (e.g., minute evaluations, short questionnaires). At institutions where pediatrics topics are incorporated throughout the curriculum versus in focused pediatric lectures (e.g., pediatric pneumonia is incorporated into a larger lecture on community-acquired pneumonia), pediatric faculty may act as content advisors to other faculty members. In these instances, it can be a challenge to document effort as well as evaluation of the pediatric content.

Another potential challenge for pediatric-focused faculty members is the type of documentation that may be included for clinical practice activities. Given that pediatric practice differs from adult practice, clinical metrics may be variable and the “typical” activities commonly reported may not be applicable to the pediatric faculty member. For example, clinical outcome measures standard to the adult population may not translate to pediatric practice. Pediatric practice differs in many ways including, but not limited to, patient and family education efforts; pediatric dosage forms and devices; intravenous medication and enteral feeding tube compatibility consultations; fluid, electrolyte, and parenteral nutrition consults; the necessity to individualize doses (e.g., weight based); common off-label use of medications; lack of robust data informing prescribing practices; and complex age-specific pharmacokinetic and pharmacodynamic differences. The faculty member, therefore, may need to develop reporting mechanisms to ensure that clinical efforts are recognized accordingly. Some faculty may also receive an annual evaluation from the hospital management, department of pharmacy management, or the medical staff at the practice site itself. In these cases, this feedback is useful to include in the yearly faculty report.

In addition to the annual evaluation, some schools require the department chair to conduct an annual tenure-eligibility appraisal of each tenure-track faculty member to clearly assess the progress toward P&T. The results of this yearly appraisal are not binding for the university, but rather assist faculty members and supervisors in identifying opportunities to improve performance and enhance the chances of earning tenure when the time comes.

Academic Advancement/Promotion. Academic advancement, also known as promotion, is separate from the annual evaluation process. Promotion involves advancement through the academic ranks from the assistant to the associate professor level and then to full professorship. A faculty member is typically eligible after 5 to 7 years at the rank of assistant professor to be considered for promotion to the associate level. Some universities may allow early promotion, but permission needs to be granted and is only considered if the faculty

member clearly exceeds the minimum requirements (e.g., has large number of grants and publications). Unlike promotion from the assistant to associate rank, promotion to the highest rank of full professor is not associated with a rigid timeline and is based on continued demonstration of excellence in all facets of academia.

The timeline to reach this potential could vary between 5 and 10 years or more after promotion to the associate rank, though there is typically a minimum required time frame. Promotion is required at some institutions (e.g., “up or out” philosophy), while optional at others. For tenure-track/-eligible faculty, evaluation for tenure may occur simultaneously or distinctly from promotion.

Questions Commonly Asked Related to Promotion

In an attempt to clarify academic promotion, the remainder of this article will focus on the promotion processes. The authors have developed a list of commonly asked questions pertaining to promotion and provided collective responses. Of continued importance to note, institutional differences exist nationwide. The authors have provided the most general or typical explanations, where possible, and intend that this be used only as basic guidance. For the best chance of success, it is critical that the pediatric faculty member, early in their career, understands their institution’s specific P&T policies and procedures, promotion guidelines, and advancement criteria.

Q1: What Are the Requirements for Promotion Through the Academic Ranks? The precise processes, procedures, and requirements related to promotion between academic ranks are variable between institutions. The P&T process necessitates an organized review of the body of work of a faculty member while at a specific academic rank in order to determine if the next academic rank is achievable.⁴ The roles and responsibilities at the assistant professor rank were previously described¹; considerations for successful promotion to the associate and full professor ranks are detailed below.

Associate Professor. To be successfully promoted to the associate professor rank, the faculty member must demonstrate success at the assistant professor level and meet preset criteria for promotion. The promotion criteria (Table 2) vary between institutions; however, evidence of achievement must be demonstrated in the areas of teaching, including training of students, residents, and fellows; original research and scholarship; clinical practice/patient care–related duties; and service to the institution and profession. To be recognized with the associate professor title most institutions require excellence to be demonstrated in at least 1 of these areas, with meritorious performance in the others. The precise definitions of “excellent” and “meritorious” performance are not well described, but

Table 2. Examples of Criteria for Promotion Across Faculty Ranks

Criteria	Associate Professor	Professor
Teaching	<ul style="list-style-type: none"> Contributions to teaching in professional and postgraduate programs (if applicable) Contributions in other health care programs (e.g., medicine, nursing, dentistry, allied health) Demonstration of positive teaching evaluations 	<ul style="list-style-type: none"> Sustained teaching contributions in professional and postgraduate programs (if applicable) Support/mentorship of junior faculty in teaching activities Sustained teaching contributions in other health care programs (e.g., medicine, nursing, dentistry, allied health) Sustained positive teaching evaluations Receipt of teaching and precepting awards Recognition of mentorship activities (e.g., AACP Walmart Scholars program)
Research and scholarship	<ul style="list-style-type: none"> Engagement in original research activities Documentation of peer-reviewed scholarship and/or research manuscripts Documentation of poster and/or platform presentations of original research activities Acquisition of extramural research funding (if applicable) 	<ul style="list-style-type: none"> Sustained engagement in independently driven original research activities Sustained documentation of peer-reviewed scholarship and/or research manuscripts Involvement of students and postgraduate trainees in research and/or scholarship activities Documentation of primary focus of research and/or scholarship activities Receipt of research awards (e.g., faculty member and mentored trainee awards) Sustained acquisition of extramural research funding (if applicable)
Clinical service	<ul style="list-style-type: none"> Establishment of clinical service Documentation of outcomes of clinical service (e.g., peer evaluation, comments from providers, clinical interventions, patient outcomes, cost avoidance) Involvement in practice site committees 	<ul style="list-style-type: none"> Sustained contributions to clinical service Sustained documentation of outcomes of clinical service (e.g., peer evaluation, comments from providers, clinical interventions, patient outcomes, cost avoidance) Sustained involvement in practice site committees
Academic and professional service	<ul style="list-style-type: none"> Contribution to academic service in the college of pharmacy and/or university (e.g., committee member, leadership activities) Contribution to professional service to local/region organization (e.g., committee member, leadership activities) Documentation of community service (e.g., health fairs, medical missions) 	<ul style="list-style-type: none"> Leadership activities in the college of pharmacy and/or university (e.g., committee chair, faculty senator) Leadership activities in local/regional and national organizations (e.g., national organization committee member, committee chair, local/regional and/or national officer) Receipt of professional service awards (e.g., fellow status, service award, pharmacist of year award) Documentation of community service (e.g., health fairs, medical missions)

AACP, American Association of Colleges of Pharmacy

rather are based on select criteria and extensive review from faculty members (i.e., internal and external) at the rank the candidate is seeking or higher. Additionally, at many institutions the faculty member must demonstrate advanced maturity in the academic environment at the local and state level with progression towards a national presence within the profession and specialty practice.

Full Professor. Although variations between institutions exist, typically to be considered for successful promotion to the full professor rank, the faculty member

is required to meet all requirements of the associate professor rank and to demonstrate excellence in at least 2 areas (Table 2). Further, the faculty member must demonstrate advanced maturity in the academic environment through both collaborative and independent research and scholarship, recognition at the national and/or international level, teaching service, and innovation in clinical practice.

Q2: Do Expectations Differ in the P&T Process for Tenure-Track Faculty Members? A tenured position

is indefinite and can only be terminated by voluntary resignation, retirement, or for just cause that generally involves extraordinary circumstances.⁵ To be considered for and awarded tenure, the faculty member must be in a designated tenure-track position prior to submission of the dossier. Tenure-track faculty are generally hired into this position and are required to obtain tenure within 4 to 7 years of hiring. If requirements for tenure are not met, the faculty member's contract is not renewed, and the individual must seek other employment. At some institutions, promotion to the rank of associate professor occurs at the awarding of tenure, and at others, faculty must apply for each consideration separately in different years. Differences in expectations between tenure-track/tenured faculty and non-tenure appointments are common, but inconsistent across institutions, and published evaluations of these differences are limited. A study performed by Glover and Deziel-Evans⁶ found that tenured and non-tenure-track positions differed significantly with service, research, and scholarship responsibilities. In another study by Draugalis et al,⁷ tenure-track appointments primarily involved teaching, research/scholarship, and service, whereas non-tenure-track positions were more heavily weighted towards teaching, clinical practice, and service. Most institutions that offer non-tenure-track faculty appointments require the faculty member to be more actively involved at a clinical practice site as well as to precept more clinical clerkship students than tenured faculty. Tenure-track faculty have been shown to teach more didactic hours than non-tenured faculty (36 vs 29 hours), and the expectations for publication in peer-reviewed journals may be greater.⁶ Specifically, tenured faculty were expected to publish more peer-reviewed articles per year than non-tenured faculty (1.5 vs 0.6). In contrast, self-report indicated that non-tenured-track faculty spent more time precepting students than tenure-track faculty (33.4 vs 27.6 weeks per year).

Committee work can also vary between the 2 tracks. It is important for the faculty member to identify any difference in expectations early in an academic career in order to prioritize time and effort. In addition to role and responsibility differences, there may be other differences in the academic benefits between tracks. At some institutions, tenured faculty have more privileges than non-tenured faculty such as eligibility for start-up packages, protection of job after acquiring tenure, voting privileges, eligibility for leadership positions such as department chair, ability to take sabbatical, and eligibility for awards or grants on campus.⁸

Q3: What Is a Dossier? The promotion process requires the faculty member to compile a portfolio called a *dossier*. According to Webster's dictionary, a dossier is a file containing detailed records on a particular person or subject.⁵ In the academic world, it refers to the application materials used when applying for aca-

demie promotion. Each school has a different level of guidance related to the preparation of a dossier and what is specifically required.

Generally speaking, however, a dossier is a portfolio that provides a detailed summary of work, efforts, and accolades achieved during the faculty member's career at the current academic rank. The dossier showcases efforts across all academic facets including teaching, research/scholarship, clinical practice, and service to the profession. Table 3 contains examples of materials that may be required to be included in the dossier. Although similar to what is compiled during the annual evaluation process, the promotion dossier is much more expansive and detailed. Many examples from each category of evaluation (teaching, clinical practice, scholarship, and service) are included. Additional supplemental materials may be considered for the promotion process, including but not limited to honors, awards, or special recognitions at the practice site, school of pharmacy, or regional/national recognition. In addition to this evidence of excellence, the faculty member must include reflective narratives for each academic facet; these narratives weave the story of success within the current academic rank. Faculty often also choose to include letters of support from colleagues (e.g., supervisors, health care professionals) and students that can comment positively on demonstrated excellence in each academic area and dedication to the profession.

In years past, the dossier was a compilation of printed materials secured in 3-ring binders; however, most institutions are now moving to electronic or online formats (e-dossier).⁹ Electronic submissions are becoming more common in order to facilitate an easier and smoother process. Regardless of whether a paper or electronic format is used, both processes require immense time and effort. Therefore, it is imperative that the faculty member start compiling the dossier early in the promotion process. Time management and a strong organizational system are key to success.

Q4: What Is the Promotion Review Process? There is a paucity of data describing the peer-review process of P&T dossiers in the pharmacy literature. As a result, there remains a certain degree of uncertainty about the process, especially for new and/or junior faculty members (i.e., at the assistant rank). The initial P&T process typically begins with a discussion with the department chair, or dean in some cases, who provides an overview of the process and timeline. The Figure illustrates an example promotion timeline.

After submission, the complete dossier or specific dossier components undergo numerous levels of evaluation and peer review, both internally and externally to the institution. The reviewers provide recommendations regarding the candidate's suitability for promotion and/or tenure, based on college guidelines. Although they may be submitted as part of 1 application, P&T are usually voted on separately. Within the institution, the

Table 3. Material to Be Included in the Promotion Dossier

Criteria	Activities	Examples/Descriptions
General	Cover letter	<ul style="list-style-type: none"> Provide introduction of faculty member to reviewers
	Curriculum vitae	<ul style="list-style-type: none"> Include most up to date curriculum vitae
	Distribution of effort	<ul style="list-style-type: none"> Summarize distribution of teaching, research/scholarship, clinical practice, academic/professional service
	Letters of support/reference	<ul style="list-style-type: none"> Include letters of support, both inside and outside the institution, from other faculty, collaborators, students, etc., to highlight accomplishments of faculty member and provide additional information and support
Research and scholarship	Research projects	<ul style="list-style-type: none"> Provide list of projects and separate into categories (i.e., clinical research versus scholarship of teaching and learning) and by ongoing versus completed status Describe outcome of each project and specific role and contributions (e.g., poster presentations, published abstracts, publications)
	Grants	<ul style="list-style-type: none"> Identify all grants (i.e., submitted, funded, completed) Provide complete details of grant: organization, investigator team, percent effort, and amount requested
	Peer-reviewed publications	<ul style="list-style-type: none"> Separate peer-reviewed publications by status (i.e., in press, published, submitted, in progress) (Note: some institutions do not “count” any publications other those that have been published)
	Other publications	<ul style="list-style-type: none"> Describe any publications other than those in peer-reviewed section including, but not limited to, book chapters, monographs and protocols developed, newsletters, etc.
	Awards	<ul style="list-style-type: none"> Provide list and description of research awards including awards for trainees
	Abstracts	<ul style="list-style-type: none"> Include abstracts/posters, divided into published versus non-published abstracts presented
	Presentations	<ul style="list-style-type: none"> Delineate presentations by local, regional, national, and international presentations
Teaching	Teaching philosophy	<ul style="list-style-type: none"> Describe overall teaching philosophy Incorporate personal stories and demonstrated growth Provide references from scholarship of teaching literature to support philosophy
	Didactic teaching summary	<ul style="list-style-type: none"> Describe teaching innovations (e.g., development of new courses, course coordinator activities, new active learning activities) Provide summary of teaching activities (i.e., topics taught in specific courses, number of teaching hours per academic year, types of teaching activities [e.g., lecture, facilitator, lab instruction, active learning]) Provide examples of lecture handouts, course syllabi, etc., and explain significant improvements Provide summative and narrative evaluations Provide peer-review evaluations of teaching
	Experiential teaching summary	<ul style="list-style-type: none"> Describe teaching innovations (e.g., development of new rotations, incorporation of active learning/simulation activities during rotations) Provide number of IPPE and APPE students per academic year Provide examples of rotation handouts, rotation syllabi, etc. Provide summative and narrative evaluations

APPE, advanced pharmacy practice experience; IPPE, introductory pharmacy practice experience; PGY1, postgraduate year 1; PGY2, postgraduate year 2

* These are general examples; each institution's policies should be followed for provision of the specific documentation required.

Table 3. Material to Be Included in the Promotion Dossier (*cont.*)

Criteria	Activities	Examples/Descriptions
Teaching	Postgraduate training summary	<ul style="list-style-type: none"> Describe teaching innovations (e.g., development of resident rotations, incorporation of active learning/simulation activities during rotations) Provide number of PGY1 and PGY2 residents, clinical fellows, and/or graduate students per academic year Provide examples of learning descriptions, rotation requirements, etc. Provide summative and narrative evaluations Provide summary of residency/fellowship program director and coordinator activities (if applicable)
	External teaching activities	<ul style="list-style-type: none"> Identify teaching activities within department of pediatrics with medical students, residents, and fellows Identify teaching activities within health-system setting to other health care professionals (e.g., nursing, allied professionals, respiratory therapy)
	Teaching awards and honors	<ul style="list-style-type: none"> Provide list of awards including preceptor and teaching awards
	Continuing education activities	<ul style="list-style-type: none"> Identify list of continuing education presentations at local, regional, and national meetings Provide summative and narrative feedback
Academic and professional service	Academic service	<ul style="list-style-type: none"> Identify list of college of pharmacy and/or university committees Describe role on committees including leadership activities (if applicable) including impact on the outcomes of committee
	Professional service	<ul style="list-style-type: none"> Identify list of professional organization committee and leadership activities Describe role on committees including leadership activities (if applicable) including impact on the outcomes of committee List reviewer activities for publications and editorial board membership activities
Clinical practice	Clinical activities	<ul style="list-style-type: none"> Provide narrative description of clinical service Include description of funding generated through contracts supporting clinical services Identify clinical interventions, revenue generated, cost avoidance through clinical interventions, and time on clinical service per academic year Provide description of performance measures (e.g., hemoglobin A1C [glycated hemoglobin] reduction for children with diabetes, medication error and adverse event reduction for in-patient setting) List medication use policies or guidelines created (e.g., antimicrobial recommendations) Provide summary of peer evaluations and/or patient outcomes
	Committee activities	<ul style="list-style-type: none"> Identify list of practice site committees (e.g., pediatric pharmacy and therapeutics committee) Describe role on committees including leadership activities (if applicable) including impact on the outcomes of committee List participation at community outreach programs (e.g., poison prevention)

APPE, advanced pharmacy practice experience; IPPE, introductory pharmacy practice experience; PGY1, postgraduate year 1; PGY2, postgraduate year 2

* These are general examples; each institution's policies should be followed for provision of the specific documentation required.

promotion candidate's dossier is reviewed by an internal P&T Committee, which typically consists of faculty peers at the associate or full professor level with and

without tenure. If a formal committee does not exist, a group of selected peers may review the dossier. At most universities, the voting committee faculty member

Figure. Example timeline for P&T review.

BOD, Board of Directors; P&T, Promotion and Tenure

must also hold the rank equal to or above that of the candidate; similarly, only tenured faculty can vote on tenure decisions. Depending on the institution, the internal peer reviewers may consist of other faculty within the school/college of pharmacy, faculty members from the clinical practice site, or faculty of other health care programs within the university.

Simultaneously, the candidate's dossier is distributed to several external reviewers at other peer institutions. At some institutions, the faculty member being reviewed for promotion may be asked to develop a list of potential external reviewers, including information about the reviewer and disclosure of any relationship with the candidate. Many institutions specify criteria for reviewer selection and stipulate that the reviewer must not have an established relationship with the candidate. A survey of 44 department chairs of pharmacy practice departments was conducted to determine requirements and expectations of the external review process.¹⁰ Eighty-two percent of respondents mentioned a required external review process, with most requiring at least 3 reviewers at the associate/professor rank with a similar clinical specialty and/or research/scholarship focus as the faculty member being reviewed. Half of department chairs completing the survey noted a requirement for the reviewers to be from specific geographic regions or type of institution (e.g., considered to be a peer institution) in order to give a fair assessment for benchmarking. It can be a challenge to identify a list of external reviewers that have not been professional collaborators, given the small number of pediatric faculty members nationwide and even smaller pool of pediatric faculty members at the associate or full professor ranks. In addition to the list provided by the promotion candidate, the department

chair or promotion committee may invite additional external reviewers for a well-rounded review and/or as a safeguard in case some decline the opportunity to review. In many cases, the final list of external reviewers is not disclosed to the faculty member.¹⁰

Reviewers are provided specific instructions on how to evaluate the faculty member. When the institution has specific promotion guidelines, these are often passed on to the reviewers. Generally, reviewers complete a checklist or required evaluation form in addition to a letter of support summarizing the candidate's qualifications for promotion and any identified weakness. In the letter or evaluation form, the reviewers are asked to specifically comment on the various roles of the faculty member. The final evaluation/letter should contain a summative recommendation regarding excellence or meritorious performance in each area and then an overall recommendation for promotion and/or tenure. External reviewers are commonly (~40% of the time) asked to comment on whether the faculty member would be promoted and/or receive tenure at the peer institution, based on the peer's guidelines and requirements for promotion.¹⁰ Typically, reviewers are given 6 to 12 weeks to complete reviews.

The steps after the internal and external peer review process are variable across institutions but generally include review by the department chair, a departmental, college/school, and/or university committee, and dean, and then final review and approval by the university provost, chancellor, and/or president. As a formality, the institution's guidelines may require that the faculty member's promotion process be officially approved by the institution's board of trustees or directors or regents of the university. The order of these reviews varies by the structure of the institution's P&T policies/

procedures. When tenure is considered, there may be additional levels of review, including a separate committee composed of other tenured faculty from each health-professions school within the university. Given the many layers of review, the promotion review process from start to finish could be expected to take 28 to 56 weeks following the initial preparation of the faculty member's dossier.

Although most common for tenured faculty members, some institutions require postpromotion or posttenure reviews every 5 to 7 years. These reviews may not be as extensive as the processes described above. For example, an abbreviated review process that occurs at 2 levels (e.g., the department and committee levels) may exist rather than the extensive peer review process described above. The American Association of University Professors defines the posttenure review as "a system of periodic evaluation that goes beyond the many traditional forms of continuous evaluation used in most colleges and universities."⁵ This process should not be punitive; rather, it should serve as an evaluation for self-improvement, promotion, and salary raises.

Q5: What Are The Reasons to Seek Promotion? Faculty members seek promotion through the academic ranks for personal as well as professional reasons. On a personal level, faculty members are typically high achieving and internally driven for success. Seeking promotion is one means of motivation as well as acknowledgment of the academic work and effort put in at each academic rank. It provides a clear goal to work towards, tangible signification of career stage, and recognition from peers and the university of an individual's achievements. In addition, advancement through the academic ranks opens up opportunities for personal and professional growth. There is often financial motivation to seek promotion as well.

Professionally, for many, promotion is an institutional requirement (e.g., "up or out" philosophy) and must be achieved in order to maintain the faculty position. It also may allow the faculty member to pursue leadership positions within the institution such as chairing a standing committee (e.g., Assessment, Admissions, or Curriculum Committee) and mentoring less experienced faculty members. Alternatively, it may also allow progress towards an administrative leadership position such as a department chair, program director, assistant/associate dean, or dean position.

Q6: What Are Some Tips to Increase the Likelihood of Success? **Tip 1: Review Institutional Policies and Procedures.** The faculty member should review the institutional promotion review policy before accepting a faculty position and then annually to ensure continued understanding of what is required and expected for P&T. This acts as a marker for the faculty member to benchmark the steps needed to take each year leading up to promotion. Discussion with the department chair or immediate supervisor during the annual evaluation

in order to determine the faculty member's progress toward promotion is advised.

Tip 2: Start Early and Be Prepared for the Promotion Process. The faculty member should be well informed about key dates related to the promotion timeline and should keep a journal/calendar that clearly delineates dates, including hire date and annual contract where years toward promotion and/or tenure are defined. To help with the preparation process, some institutions may require faculty to submit a dossier to their chair and/or designee around the mid-promotion cycle. This mid-cycle review may not be required but is a formative internal (and potentially external) peer review that can assist the faculty member in strengthening the dossier prior to submission for promotion/tenure. The mid-point review is also helpful for general feedback regarding the structure of the promotion dossier.

From the first day of hire, the faculty member should develop a system for maintaining an updated curriculum vitae as well as a repository for storing and documenting key components that will be necessary for dossier preparation. This includes saving documents and other supporting materials in an organized fashion for easy retrieval (Table 3). If an e-dossier system is available at the institution, this should be used to assist in keeping information organized. If there is no e-dossier, faculty members can choose to keep all the information in separate folders such as teaching, research/scholarship, clinical practice, and service. Attending dossier preparation workshops and professional development workshops on campus can be helpful to assist in the success of the faculty member.

Tip 3: Seek Mentorship. The faculty member should find good mentors both on and off campus. Faculty members may have more than 1 mentor. As one example, faculty may find 1 mentor for teaching and a different mentor for research/scholarship. Mentoring is a 2-way street and requires both parties to learn and challenge one another while also developing and improving self-reflection and self-improvement skills. The mentor and mentee should meet regularly to develop rapport. Reviewing the institutional promotion policy with the internal mentor should be a priority so the mentor knows and understands where he or she can assist in the process and in keeping the faculty member on track. The mentor can assist junior faculty members in the areas of scholarly productivity, didactic classroom management, assessment of teaching effectiveness, examination question development and other student assessment strategies, creation and maintenance of clinical practice site, institution/regional/national service involvement, promotion development, and balancing obligations.^{11,12} In the dossier preparation and review process, mentors can review and provide feedback and suggestions, resulting in a stronger promotion dossier. Once the faculty member is promoted, the expectation is to pay it forward by providing mentorship to junior

faculty members.

Tip 4: Collaborate and Network. Especially important for the pediatric faculty member, collaborating and building scholarly activities with others is key to success. Collaborating and networking within the faculty member's institution, locally as well as nationally level are important aspects to ensure success in academia and for career advancement. Being a good citizen at the school of pharmacy and within the profession can go a long way, particularly in a small specialty like pediatrics. Over time, the advantages of networking will pay off and faculty members will recognize colleagues who are likely to assist through mentorship and feedback, opportunities for research and scholarly endeavors, and nominations for leadership positions or awards. A healthy network is also beneficial when seeking peer reviewers for promotion. There is always something to be learned from others' experiences, and successful faculty members realize this and capitalize on those chances to learn and grow. Similarly, junior faculty members should get involved with college and university colleagues in different practice areas or colleges. These relationships can spark creativity and unexpected collaboration, provide alternate and diverse perspectives on teaching and learning, and may result in a better understanding of the institution at large. For example, teaching advice may be sought from esteemed peers in a college of education, business acumen from business faculty may assist in developing and evaluating practice site initiatives, or liberal arts colleagues may provide guidance on moderating discussion on health care–related social justice topics.

Tip 5: Advocate for Pediatric Pharmacy Through Reflection. As mentioned above, the dossier must include reflections related to each facet of academia; these narratives should highlight how the faculty member has grown and excelled at the current rank. For the pediatric faculty member, it is especially important to use these opportunities to provide explanations for any included information where the significance may not be clear. While many of the clinical responsibilities of adult specialists, and the required time and efforts to complete those responsibilities, may be well known to internal, non-pediatric dossier reviewers, pediatric clinical activities may be unfamiliar. The significance and impact, for example, of the pharmacist's role in providing medications without ideal dosage forms or participating in a ketogenic diet clinic may be lost on a reviewer who does not specialize in pediatric clinical pharmacy. It may be helpful to provide context for pediatric-specific professional organizations, such as a link to The Pediatric Pharmacy Association's "About us" Web page or a description of the unique contributions of a pharmacist to the Pediatric Infectious Diseases Society. In addition, the nature of pediatric research in relation to the size of patient population limits research

in a vulnerable population; and, assent and consent may limit research productivity, particularly for new, junior faculty. Creating a comprehensive picture of expertise and activities for the reviewer, including clear documentations of the connections and links when not obvious, is to the faculty member's advantage.

Conclusion

Advancement through the academic ranks is a daunting yet rewarding endeavor. It can provide personal satisfaction as well as professional recognition of the body of work and efforts over the course of an academic career. For all faculty members, understanding the evaluation and advancement processes is critical to success. The 6 authors of this article have worked to answer key questions pertaining to the promotion processes, providing tips for success in order to help shed light on the process and to help pediatric faculty members achieve career advancement. Perhaps through answering these questions, pediatric practice faculty will have been assisted to move confidently through the academic ranks and achieve desired success.

ARTICLE INFORMATION

Affiliations University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences (ABB), Aurora, CO; Ernest Mario School of Pharmacy at Rutgers University (AS), Piscataway, NJ; Florida Agricultural and Mechanical University College of Pharmacy and Pharmaceutical Sciences (AT), Tallahassee, FL; University of Oklahoma College of Pharmacy (PNJ), Oklahoma City, OK; Butler University College of Pharmacy and Health Sciences (KRN), Indianapolis, IN; Department of Clinical Pharmacy and Translational Science (TMH), College of Pharmacy, The University of Tennessee Health Science Center, Nashville, TN

Correspondence Allison B. Blackmer;
allison.blackmer@ucdenver.edu

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