

Professorial Promotions Process

website:

<http://www.hopkinsmedicine.org/som/faculty/policies/goldbook/index.html>

Chair:

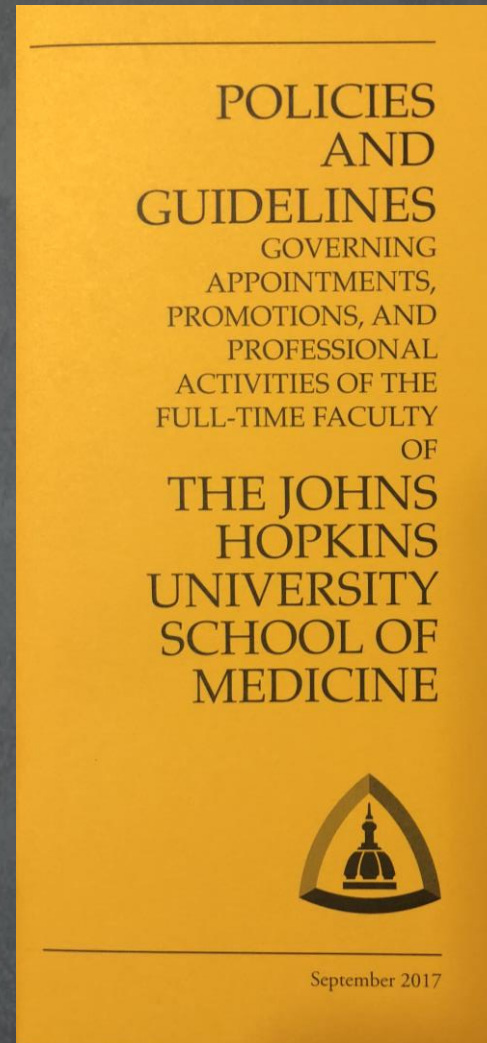
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Vice Chair:

Andy Satin, M.D.

Staff: Karen Parkent



Mission/Vision Statements

- Johns Hopkins Medicine ... fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides medical leadership to the world.

The Process- Scholarship Track

- Department Director sends nomination letter, CV, and suggested list of 10 referees to the Dean.
- Dean reviews material and sends the materials to the Professorial Promotions Committee (PPC) for review and recommendation.
- PPC subcommittee (usually 1 PPC member + 2 experts of professorial rank) assigned to confidentially review the candidate. They typically ask for an additional 10-40 referee letters.
- No black ball (one bad letter doesn't doom a promotion).
- The subcommittee leader presents to the entire PPC. Discussion ensues, evidence is scrutinized, and the PPC sometimes asks for more information (can we see the pink sheets from the grant review?)
- Timeline: 8-25 months (depending on return of letters)

Criteria for Promotion on the Scholarship Track

- “Outstanding records of scholarly achievement including teaching.”
- “National leadership, and in most cases, international professional recognition,” for having impact in a specific field (focus of expertise).
- “Rank among the foremost in the field.”
- Recognition engendered through scholarship:
 - Generation and/or dissemination of knowledge outside of JHU.
 - Activities need to be accessible to critical assessment and future use by academic community.
- Time at rank is not a criterion for or against promotion.

Criteria for Promotion on the Scholarship Track

- Intentionally succinct and open-ended.
- Each candidate is viewed in the totality of their unique combination of achievements. The process considers the faculty member's total scholarly achievement which is often greater than the sum of the parts.
- What is the added knowledge imparted by the candidate, whether it applies to teaching, patient care, program building or scientific research?
- Professor → national/international leader

One Track -> Two



<https://www.niemanlab.org>

Clinical Excellence Track

**Chairs: Meg Chisolm and David Hellmann
(Sharon Solomon on May 1)**

- Requires the candidate to be clinically excellent and nationally recognized.
- Includes engagement in the education and the discovery missions.
- Includes a 360 and outreach to referees. Judged by peers, staff, learners and patients/families (when applicable) to be among the top 10%.
- National recognition/institutional leadership.
- Ideally extensive clinical innovations and improvements.
- National recognition

Clinical Excellence Track

- Recognition of one's clinical excellence as judged by peers, supervisors, patients/families (as applicable), staff, and reviewing committees for appointments and promotions, and professionals outside of the School of Medicine.
- Clinical excellence includes exceptional clinical knowledge and clinical judgement, superb diagnostic acumen and/or procedural skills, a patient-centered approach to care delivery, excellent communication and interpersonal skills, taking a scholarly and evidence-based approach to clinical practice, the highest levels of professionalism and humanism, a commitment to quality, safety, and value in patient care delivery, and having a passion for clinical medicine.
- Requires $\geq 60\%$ clinical effort
- A member of the clinical track promotion committee will present candidates to the PPC.
- Use the title “Professor of Clinical [Department]” on their CV.

The Process

- If PPC recommendation is to promote, candidate is presented at Advisory Board (Department Directors, Dean, President or Provost) and then held over to the next Advisory Board meeting for formal vote by voting members of Advisory Board.
- If the Advisory Board votes to recommend promotion, then the recommendation is sent to Board of Trustees for its vote of final approval.
- Candidates are reviewed by the University's Tenure Advisory Committee before they are approved by President Daniels and the Board of Trustees.
- If either PPC or Advisory Board vote is negative for promotion, candidate must wait at least two years before re-nomination.

This is a Peer-driven Process

- Members of the PPC are chosen for their objectivity of judgement; they are individuals who, over the time of their citizenship, are imbued with the institution's values.
- The composition of the PPC reflects the diversity of the SOM, and the diversity of academic achievement that is valued within the SOM.
- They take their work extremely seriously.

Individual Aspects of a Career

- The PPC has a history of recognizing individual aspects and different phases of the careers of our faculty.
- The PPC views people as a whole.
- In the past this has included consideration of the impact of health and family issues.
- The unique impact that the COVID-19 pandemic has had on you can be included in the Director's letter or directly in the CV.

General strategies to meeting promotional criteria

- **THEME:** Focus early in a given area and develop a body of work to become recognized as an expert.
- **SCHOLARSHIP / RESEARCH:** Take the lead in winning funding, developing and implementing projects / programs, and publishing the results.
- **PUBLISH:** Publication of original data should take priority over dissemination of existing knowledge. The **IMPACT** of the work is much more important than numbers.

General strategies to meeting promotional criteria

- **Clinical:** Develop a unique or essential clinical program that impacts care. Draw patients to the institution, innovate and set standards of care.
- **LEADERSHIP:** Take advantage of scholarly and leadership opportunities at the national / international level.
- **MENTOR:** Consistently involve yourself with the teaching / mentoring of students and **document** both those activities and trainee outcomes.

Different Pathways on the Scholarship Track

Scholarship Track: Clinicial Scholar Pathway

- Reputation as one of the nation's foremost clinicians in the management of a particular condition or disease, as reflected by referrals from across the nation.
- Development of national or internationally recognized standards of care.
- Development of a unique program with national and international prominence; one that serves as a model across the nation.
- Leadership positions in professional societies emphasizing clinical excellence.
- Invitations to participate in clinical activities at other schools and hospitals.
- Member or examiner for a specialty board.

Clinician of Distinction Impact Statement

Converting Descriptive Paragraph to Accomplishment Statements

68. May 28, 2006. Clinical trials from the patient's perspective. Hydrocephalus Association Meeting, Baltimore, MD.
 69. May 28, 2006. How and when to seek second opinions. Hydrocephalus Association Meeting, Baltimore, MD.
 70. May 29, 2006. Rushton CH, Williams MA. Talking about and dealing with death. Hydrocephalus Association Meeting, Baltimore, MD.
 71. June 20, 2006. Conscience and professional duty - considerations for health care professionals: Physician perspective. Presented at "Should Conscience Be Your Guide? Exploring Conscience-based Refusals in Health Care", sponsored by the Maryland Health Care Ethics Committee Network, Baltimore, MD.
 72. September 7, 2006. What's in a name? Rationales and uses of taxonomy in hydrocephalus research and clinical care. International Congress on Hydrocephalus, Göteborg, Sweden.
 73. November 10, 2006 Rigamonti DR, Williams MA. You can observe a lot just by watching. Lessons from a combined Neurosurgery/Neurology clinical care and research program for adult hydrocephalus. Visiting Professors. University of Michigan Department of Neurosurgery Grand Rounds, Ann Arbor, MI.
 74. January 15, 2007. Pushing the boundaries with standardized patients. 7th Annual International Meeting on Medical Simulation, Orlando, FL.
 75. April 17, 2007. Conscience clauses. To be presented at the Med Chi Ethics Forum, Baltimore, MD.
 76. May 18-20, 2007. Priorities for hydrocephalus research: Report from an NIH-sponsored workshop. To be presented at the 4th International Hydrocephalus Workshop, Rhodes, Greece.
- OTHER PROFESSIONAL ACCOMPLISHMENTS**
With Daniele Rigamonti, MD, created the Johns Hopkins Adult Hydrocephalus Program, as a Center of Excellence supported by the Johns Hopkins Hospital. In only three years, the program demonstrated not only increasing outpatient and inpatient volumes, but also generated substantial profits due to auditing and industry support. The program initiated clinical research with industry support.

Johns Hopkins Adult Hydrocephalus Program
Created the Johns Hopkins Adult Hydrocephalus Program as a Center for Excellence supported by the Johns Hopkins Hospital.

- Demonstrated outpatient and inpatient volumes that increased by nearly 200% in three years with patients from outside of Maryland.
- Was selected to be part of the group that revised diagnostic standards and therapeutic guidelines.
- Established cutting-edge clinical research program by initiating new collaborative relationships and cultivating industry support.

Scholarship in Education

- Scholarly teaching as documented by its impact on learners and by assessment of the teaching by learners and peers beyond the walls of Hopkins.
- Teaching awards from national or international organizations.
- Invitations to teach at other hospitals or schools.
- Invited educational consultation or collaboration beyond the SOM.
- Text books (especially those that have excellent reviews/high sales).
- Effective mentorship documented by the academic progress and achievements of mentees.
- Direction and evaluation for several years of a course.
- Training grants (peer review).
- Just as listing the number of hours spent in a research lab would have little impact, so too would a candidate's mere listing of students taught, or lectures given, have less impact on the PPC than the objective documentation of substantial impact and innovation.

Scholarship in Program Building

- Create an innovative program that is a model of its kind. E.g. the Armstrong Institute for Patient Safety.
- Can be clinical, educational or in research.
- Substantive and continuous publication in appropriate (health care management) journals.

Scholarship in Research

- Impact on the field. (NOT number of publications)
- Publication is the most important avenue for achieving national and international recognition.
- Quality of the work- outstanding, original and innovative research findings.
- Authorship- First or senior author carry the greatest weight.
- With the recognition of team science, co-authored papers may be reflective of recognition, but there should be evidence of the individual's pivotal role in the study (annotate the CV!).
- Quality of the journal
- Citation index (no magic number).
- Grants- reflect success in a rigorous, scholarly, peer-review process.

Do I have to have NIH funding ?

- Not necessarily, but most do....
- Peer-reviewed funding is weighted higher than philanthropy.
- More important than where funding comes from is what is the impact of research derived from that funding?

PATENTS:

- These definitely count, so list in CV.
- We also consider external licensing, and subsequent commercial development.



<http://www.fbcommentpictures.com/character/view/big-bag-of-popcorn-teacher-guy>

LESS IS MORE. Ludwig Mies van der Rohe



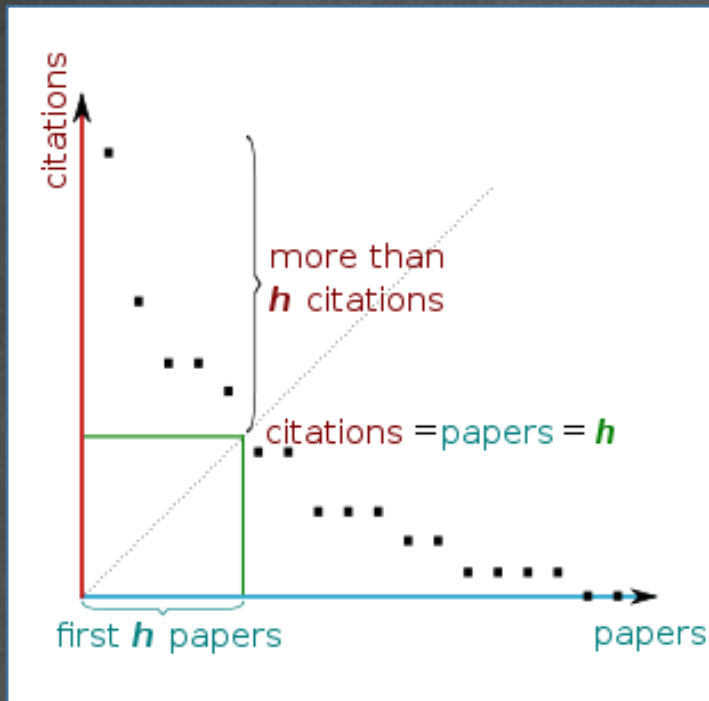
Numbers

Faculty: characteristics of those promoted to professor

(2019 +courtesy of Brooks Jackson)

Characteristic	Mean
Years at rank	7.5
Original research articles	86
First/last author original research articles	33
H index	34.5
Books	1 (range 0-8)
Book chapters/monographs	11 (range 0-53)
Trainees mentored	19 (range 0-96)

H index



A scholar with an index of h has published h papers each of which has been cited in other papers at least h times (Hirsch 2005).

1. Google Scholar
2. Scopus
3. Web of Science

We use Google Scholar as it is the most inclusive (it tends to give the highest H-index of the three tools)

“The best way to judge the quality of someone’s scholarship is to read their papers.” Anne Seymour

Web of Science: <http://welch.jhmi.edu>

<https://academia.stackexchange.com/questions/37021/why-is-it-bad-to-judge-a-paper-by-citation-count>

Common reasons for a negative PPC outcome

- ~85% success rate—15% not promoted.
- Vagueness about the career achievement of the candidate.
- Lack of *demonstrable* impact of scholarship.
- Small number of first/last author publications.
- Inadequate demonstration of independence from former mentor.
- Concern over collegiality or professionalism.
- Inadequate recognition outside of JHU.
- Low number of invited lectures.
- Lack of engagement or leadership in professional societies.

What happens after a negative PPC outcome

- A letter is sent to Department Director.
- PPC Chair is available to meet with nominee.
- Specific elements are suggested that need to be addressed.
- After 2 years the nomination can be resubmitted
- PPC subcommittee will be constituted from 3 PPC members.
- **MANY FACULTY MEMBERS ULTIMATELY GET PROMOTED AFTER A NEGATIVE FIRST OUTCOME**

Summary: Impact the thought and practice of others beyond Hopkins!

- Do work that matters, that is hard, and that you are uniquely able to do.
- Do work that brings you incredible joy.
- Believe in your vision knowing that others may not at first, and...
- Care about craftsmanship.

Questions ?



Johns Hopkins Medical Institutions

A 100' VIEW FROM THE TOP OF THE BORG