

**CRITERIA AND PROCESS OF
PROFESSORIAL PROMOTION**

of
The Johns Hopkins University
School of Medicine

Report of the Professorial Promotions Committee

January 14, 1998




JOHNS HOPKINS
M E D I C I N E

Edward D. Miller, M.D.
The Frances Watt Baker, M.D. and Lenox D. Baker, Jr., M.D.
Dean of the Medical Faculty
Chief Executive Officer

February 17, 1998

MEMORANDUM

TO: School of Medicine Faculty


FROM: Edward D. Miller, M.D. 
Dean/CEO, Johns Hopkins Medicine

RE: Criteria and Process of Professorial Promotion

In response to recent schoolwide discussions about professorial promotions at Hopkins, the Professorial Promotions Committee (PPC) has prepared the attached document, entitled "Criteria and Process of Professorial Promotion of The Johns Hopkins University School of Medicine: Report of the Professorial Promotions Committee, January 14, 1998."

This report was presented in late January to the Advisory Board of the Medical Faculty which concurred with the PPC recommendation that the document should be disseminated widely throughout the faculty. In addition to this faculty mailing, we are encouraging directors to share it in their departments, and we plan to include it in the near future on the [jhuniverse](http://www.jhuniverse.org) homepage under University Policies at

<http://www.insidehopkinsmedicine.org/professorialpromotions>

I think you will find it interesting and valuable reading. Please address your thoughts and comments to me or directly to the PPC in care of  the current PPC chair.

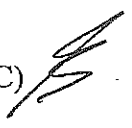
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JOHNS HOPKINS
MEDICAL INSTITUTIONS

Department of Pathology

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Fred Sanfilippo, M.D., Ph.D.
Baxley Professor and Director of Pathology
The Johns Hopkins University School of Medicine
Pathologist-in-Chief
The Johns Hopkins Hospital

TO: Advisory Board of the Medical Faculty
FROM: Fred Sanfilippo, MD, PhD, Chairman, Professorial Promotions Committee (PPC) 
DATE: January 14, 1998
SUBJECT: PPC Report on the Criteria and Process of Professorial Promotions

Two frequently voiced concerns of faculty in the School of Medicine regarding promotions at Hopkins are: 1) uncertainty of the criteria used for promotion, particularly with respect to their breadth and inclusiveness, and 2) uncertainty of the promotions process itself. A committee chaired by Dr. Edward Benz was appointed by the Dean in February 1997 to review several broad issues involving promotions at Johns Hopkins. Draft versions of the Benz Committee report have been circulated for feedback, and have stimulated vigorous discussions of many relevant issues, including the criteria and process of promotion at Hopkins.

These two issues have also been considered at great length and depth by the PPC over the last decade under the previous chairmanships of Drs. Paul McHugh and William Agnew. This primarily has taken the form of ongoing and often lengthy discussions at regular PPC meetings, usually in the context of specific candidates under consideration, and in periodic PPC retreats devoted to specific aspects of these issues. In addition, focused reviews of the criteria and process used for promotion at Hopkins have been addressed by the PPC, most notably in the report by Dr. McHugh distributed to the faculty in 1991.

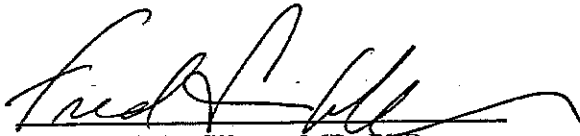
Since last September, the PPC has again focused considerable attention on these issues, as has been reported at each of the ABMF meetings. In October 1997, a retreat was held for current and recent members of the PPC, including previous chairs Drs. McHugh and Agnew, with three major goals. The first was to review the criteria for promotion to ensure that they continued to appropriately reflect Hopkins standards and core values. Second, was to critically review all aspects of the promotions process in order to identify and implement changes that could improve the quality and consistency of information received, as well as speed up the process. The third goal was to develop mechanisms by which the criteria and processes used by the PPC could be better communicated to both the faculty at large and department directors.

The attached report, including its Appendix material, is one of several outcomes from the recent PPC retreat that addresses these goals. The members of the PPC unanimously attest to the accuracy of this report, and hope that its broad distribution to department directors and faculty will help clarify the current criteria and processes used for professorial promotion at Johns Hopkins.

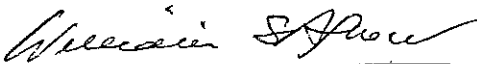


CRITERIA AND PROCESS OF PROFESSORIAL PROMOTION
of
The Johns Hopkins University School of Medicine

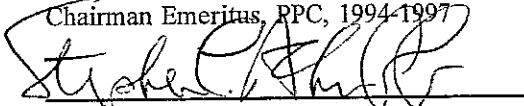
Report of the Professorial Promotions Committee
January 14, 1998



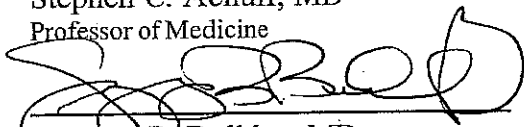
Fred Sanfilippo, MD, PhD
Professor and Director of Pathology
Chairman, Professorial Promotions Committee, 1997-



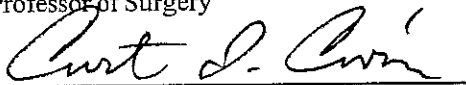
William S. Agnew, PhD
Professor and Director of Physiology
Chairman Emeritus, PPC, 1994-1997



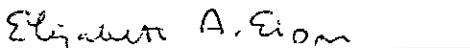
Stephen C. Achuff, MD
Professor of Medicine



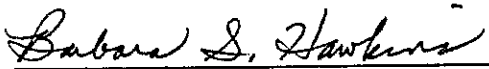
Gregory B. Bulkley, MD
Professor of Surgery



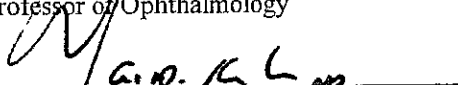
Curt I. Civin, MD
Professor of Oncology



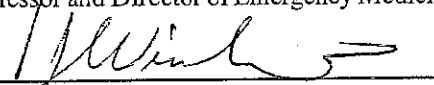
Elizabeth A. Eipper, PhD
Professor of Neuroscience



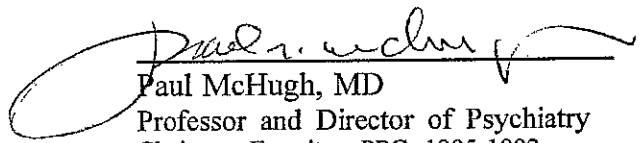
Barbara S. Hawkins, PhD
Professor of Ophthalmology



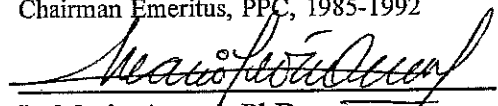
Gabor D. Kelen, MD
Professor and Director of Emergency Medicine



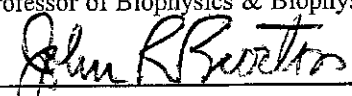
Jerry A. Winkelstein, MD
Professor of Pediatrics



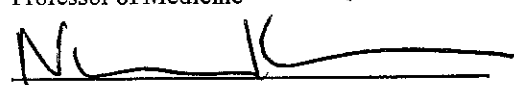
Paul McHugh, MD
Professor and Director of Psychiatry
Chairman Emeritus, PPC, 1985-1992



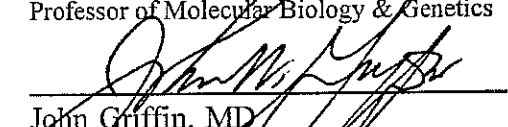
L. Mario Amzel, PhD
Professor of Biophysics & Biophysical Chemistry



John R. Burton, MD
Professor of Medicine



Nancy L. Craig, PhD
Professor of Molecular Biology & Genetics



John Griffin, MD
Professor and Interim Director of Neurology



Bronwyn Jones, FRACP, FRCR
Professor of Radiology



Walter J. Stark, MD
Professor of Ophthalmology

Role of the Professorial Promotions Committee (PPC)

The chair and members of the PPC are appointed by the Dean and serve in an advisory capacity to the Dean and the Advisory Board of the Medical Faculty (ABMF). The PPC is the only committee in the School of Medicine that provides a standing report at each regular meeting of the ABMF. The charge to the PPC is not to set the criteria for promotion, but to interpret those criteria with respect to individual candidates as published within the "Gold Book" (i.e., *Policies and Guidelines Governing Appointments, Promotions and Professional Activities of the Full-Time Faculty of the Johns Hopkins University School of Medicine*) for full-time faculty, and in the "Blue Book" for part-time faculty. In this respect the role of the PPC is analogous to a judicial body, which interprets and applies the law to individual cases, but does not write or amend it. Unlike a court, however, the PPC does not make the final decision regarding an individual's promotion, but serves in an advisory capacity to the Dean and the ABMF for their final decision. Indeed, although uncommon, recommendations by the PPC have been overruled by the ABMF.

Criteria for Promotion

The criteria for promotion to professor at Johns Hopkins are stated explicitly in the Gold Book as follows:

- Outstanding scholarly achievement and teaching
- International, national professional recognition
- Rank among the foremost leaders in their field

Accordingly, the current letter sent by the chair of the PPC to potential referees asks them to evaluate full-time (Appendix I) and part-time (Appendix II) professorial candidates with respect to:

- Impact, innovation and quality of contributions
- Mentorship and excellence in teaching
- Leadership roles and program building
- Recognition of contributions
- Intellectual integrity
- Commitment to Johns Hopkins (part-time candidates only)

These criteria are intentionally succinct and inherently open-ended; that is, they leave considerable room for interpretation by the PPC. This is perhaps where the analogy to a judicial body best applies; the application of these criteria to individual candidates is necessarily an evolutionary process that is remarkably open-minded and broad. An explicit documentation of this process was provided to the Johns Hopkins Medical Faculty in 1991 when Dr. Paul McHugh, chairman of the PPC at that time, circulated a "Letter of Experience about Faculty Promotion in Medical Schools". This document, often referred to as the "McHugh Letter" (Appendix III) was subsequently published (*Academic Medicine* 11:877-881, 1994; Appendix IV).

The McHugh Letter deals directly with the diversity of academic achievement that is valued within the University community. To illustrate the recognition of this diversity, Dr. McHugh

identified several prototypic pathways by which an individual might achieve the scholarly standards of Professor at Johns Hopkins. In summary, these pathways are named for the biomedical-scientist ("the William Welch pathway"), the clinician-scholar ("the William Osler pathway"), and the administrator-program builder ("the Henry Hurd pathway"). Although not designated as a separate pathway, the role of teaching is clearly defined in each of these pathways, and strongly emphasized in the document. It is important to note that while each of these pathways provides a prototype, they are not mutually exclusive; indeed, most candidates demonstrate varying combinations of achievement in each category. Thus, the PPC review of each candidate is a comprehensive process that takes into account the individual faculty member's *total* scholarly achievement, which often is greater than the sum of component parts.

It is suggested that those who remain unclear about the diversity of scholarly achievement that is recognized by the PPC in considering candidates should read the McHugh Letter, which clearly, explicitly, and most eloquently captures the essence of the issue. This document has been an important guide in reflecting the perspective and values of the PPC, as recently confirmed upon its re-review at a PPC retreat held in October 1997 to specifically discuss promotion criteria and processes.

The criteria elucidated within the McHugh Letter are quite consonant with those applied in the promotions process today, in that the PPC continues to consider scholarly achievement in its broadest academic sense. Nevertheless, it is important to emphasize that the high level of scholarly distinction necessary to achieve the rank of professor at Hopkins must be based on some form of objective evidence. A promotion to professor is not recommended by the PPC in gratitude for many years of faithful service or for securing large economic benefits to the University, whether from clinical revenue, contributions obtained, or grants funded. Grants are considered from the point of view that they reflect success in a rigorous, scholarly, peer-review process. Total dollar amounts or number of grants *per se* are as irrelevant to the question of promotion as are the absolute number of publications, book chapters, students taught, patients treated, procedures performed, etc. The PPC values the quality of the candidate's contributions in general, and their scholarly impact in particular, rather than just the quantity of work performed. The PPC tries to evaluate the incremental knowledge imparted by the candidate, whether it applies to teaching, patient care, program building or scientific research. While there are a number of appropriate ways for a university to recognize important, indeed, vital contributions of other than a scholarly nature, the title of professor is, by definition, a recognition of scholarly achievement; to apply it otherwise would be contrary to the most fundamental value of any institution of higher learning, especially Johns Hopkins University: intellectual integrity.

For similar reasons, the PPC explicitly does not consider time at rank as a criterion for or against promotion. The PPC is not biased against candidates who have served a relatively short period of time at lower ranks, and does not recommend promotion merely to reward long service at a lower rank. The fundamental consideration is scholarly achievement rather than the period of time involved. Variation in the length of time needed to achieve the academic standards for professorial promotion at Hopkins is to be expected, considering the wide diversity of faculty interests and activities. The PPC recognizes that faculty with substantial responsibility in providing clinical service and administrative leadership have less time available for scholarly achievement related to these and other activities, which might necessitate a longer period for them to meet the criteria for professor.

Documentation of Scholarly Achievement

Traditional criteria for documenting scholarly achievement emphasize the quality rather than the absolute number of peer-reviewed publications, grants, and awards. These measures are most commonly associated with scientific achievement. As discussed above, the PPC has recognized for many years the remarkably diverse ways by which individual faculty can make scholarly contributions, and the innovative forms that these contributions can take. Correspondingly, the means of documenting these contributions have become increasingly diverse and innovative.

Achievements in teaching and training often are well documented by objective reviews, awards, and invited educational lectures. In addition, items such as audio or video tapes, CD-ROMs, teaching syllabi, slide sets, etc. can provide important information in the evaluation process. The impact of such documents are based primarily on their scholarly content and innovative application, rather than just the format used.

The mentoring activities of candidates also are important in evaluating candidates, particularly in regards to the achievements of their trainees and the candidate's role in the training of these individuals. In many cases trainees recognized for their own achievements are used as referees to document the impact of their mentor. Likewise, clinicians are evaluated for novel contributions to the care and treatment of patients, and for national and international recognition thereof. The above are just a few examples that illustrate an ever broadening array of possibilities by which a candidate's scholarly contributions in education are documented objectively.

One important element in the quality of documentation is whether it has undergone some form of rigorous and objective review. The PPC recognizes that grants, papers, and awards provide excellent evidence of scholarly achievement when they are rigorously peer reviewed. It is clear how candidates emulating the "William Welch pathway" should document their scholarship, and it is relatively easy for the PPC to evaluate the quality of their grants, papers, and awards. In contrast, it is more difficult to document outstanding scholarly achievement in the quality and impact of certain types of activities, for example, one-on-one teaching or one-on-one patient care. The PPC will continue to use every means available to assess and document scholarly achievements, especially for areas not typically associated with external peer-review, principally by evaluating reference letters and the department's nominating letter.

It is important to reiterate that when the scholarly educator communicates his/her teaching excellence or patient care wisdom to a larger audience in some recorded format, the PPC's evaluation of scholarship is made easier and more objective. Peer review of such recorded communication provides even better evidence for the PPC. Correspondingly, letters from outside referees are not just polled as for or against promotion. Letters that provide documentation of the candidate's contributions carry a preponderant weight. Just as it would have little impact for a candidate only to list the number of hours spent in the laboratory, a candidate's mere listing of students taught, lectures given, or patients treated has less impact on the PPC than the objective documentation of substantial impact, innovation and overall accomplishment within these areas. Therefore, while the PPC has always considered any and all material provided to it, accomplishments that can be documented objectively carry more weight. Self-recorded data, such as teaching portfolios, should recognize the importance placed by the PPC on the objective evaluation of the quality of the contributions that are listed by a candidate. A format for the

curriculum vitae submitted in support of a candidate's promotion has been developed by the PPC to help guide this process (Appendix V).

Mechanics of the Promotions Process

Each candidate is referred to the PPC following successful review by the appropriate individual departmental promotions process and submission of a written nomination to the Dean by the department director. The packet submitted for each candidate is distributed to the PPC, and includes the nominating letter from the department director, an updated C.V., copies of appropriate documents (e.g., articles, textbooks, slide sets, videos) reflecting achievements of the candidate, and a list of up to a dozen potential external referees. To help standardize this process and ensure that the PPC receives as much relevant information regarding achievements of the candidate as possible, the PPC has outlined formats for the content of the candidate's C.V. (Appendix V) and the director's nominating letter (Appendix VI). In addition to facilitating the promotions process, it is anticipated that this information will further help clarify the criteria used in evaluating candidates.

The PPC meets twice a month year-round. Upon receipt of the nomination packet, the candidate is assigned at the next PPC meeting to a member of the PPC who volunteers to chair a subcommittee that is charged to initially evaluate the candidate and provide a recommendation to the entire PPC. The subcommittee chair, together with the PPC as a whole, chooses two or more other members of the professorial faculty, who are not on the PPC and who do not have a conflict of interest, to serve on the subcommittee. Subcommittee members are chosen to be familiar with the areas of contribution of the candidate, and particularly to represent the types of contribution (i.e. education, clinical excellence/scholarship, administration-program building, scientific achievement) of the candidate. As soon as the subcommittee members agree to serve, they meet to review the available documents and assemble a list of referees in addition to those referees suggested in the department director's nomination letter. The membership of each subcommittee is kept in the strictest confidence; all correspondence and communication of any sort regarding a specific candidate is made by and through the PPC chairman. Likewise, referees are explicitly asked to maintain strict confidentiality to help ensure objectivity and candor in providing an assessment of the candidate.

Optimally, the entire professorial promotion process takes no more than six months. However, it often takes longer due to a number of factors, only some of which are under the control of the PPC. Unfortunately, referee's letters are often slow to return and frequently additional referees are needed, necessitating one or more additional rounds of reference requests. The major role of the subcommittee is to identify areas of achievement and, in some cases, of concern, and to collect all the data required to render a fair decision. The subcommittee then reports back to the PPC as a whole, where each candidate is thoroughly discussed and voted upon at a minimum of two PPC meetings. In some cases the recommendations of the subcommittee are overruled in a positive or a negative direction. It is not unusual for the PPC to request additional information to clarify issues of concern or controversy. The PPC interprets its mission as to make a thoughtful decision as efficiently as possible, but not to sacrifice precision or fairness to expediency.

Following two votes by the PPC, its recommendation is brought before the ABMF for two readings. The first is a detailed presentation of the candidate and the PPC's recommendation,

which is provided by the PPC chair with comments by the candidate's department director and other members of the ABMF. At the subsequent meeting of the ABMF, a short summary of the candidate's achievements and the PPC recommendation is provided, and the formal vote by the ABMF is then made. Since the ABMF does not usually meet during July and August, this hiatus may prolong the process an additional two months. Following approval by the ABMF, the candidate is brought for confirmation to the next meeting of the University Board of Trustees. While the deliberations of the PPC are necessarily confidential, it is important that candidates realize that delays often do not reflect any difficulty with their promotion, but rather the logistical problem of acquiring the appropriate information.

Perceptions of the Promotions Process

The PPC is aware that the process of promotion, which is necessarily confidential and yet of enormous importance to an individual's career, can be associated with a great deal of anxiety. Candidates should remember that the PPC is a rotating group of their colleagues who have already achieved professorial status, who have been chosen for their objectivity and judgment, and who are widely representative of the academic community. No member of the PPC serves more than two three-year terms, and many additional members of the professorial faculty participate as members of subcommittees. Most faculty members are reassured about the fairness of the process once they have served on a subcommittee, or on the PPC itself. However, one must have achieved the rank of professor before one can serve in such a way, so that this policy does little to alleviate the anxiety of those who aspire to promotion.

Although the PPC does not function formally as a consensus committee, decisions are most often unanimous. When differences of opinion occur, they almost never divide along parochial lines, for example, such that the "clinicians" vote against a "basic scientist" candidate or vice-versa. Moreover, there is no targeted "success rate" of candidates reviewed by the PPC; the success rate largely reflects the judicious choice of candidates who are nominated. Approximately 85% of candidates are currently successful, and that success rate is equivalent for candidates in each of the "pathways" discussed above. An important concern however, is a widespread perception that candidates in a particular pathway, especially a non-scientific pathway, are less successful in obtaining promotion and therefore might be less likely to be nominated by their departmental director. Although the success rate of candidates in each pathway appears equivalent, this does not exclude the possibility of selection bias in the data as a result of a lower nomination rate for candidates in certain pathways. Therefore, it is important that those involved in the candidate review and nomination process at the departmental level, and particularly those who have joined Hopkins more recently, are aware that 1) the PPC reflects the institutional values of scholarly achievement in the clinical, teaching, and program building pathways as much as the scientific one, and that 2) each candidate is viewed in the totality of their unique combination of achievements.

It is hoped that this report, and discussions it may generate, will help to clarify the criteria and process of professorial promotions at Johns Hopkins.

Criteria and Process of Professorial Promotions

Appendix

- I. Referee Solicitation Letter - Full Time
- II. Referee Solicitation Letter - Part Time
- III. McHugh Letter of Experience
- IV. McHugh Article: A "Letter of Experience" about Faculty Promotion in Medical Schools," *Academic Medicine*, 1994:69(11)877-881.
- V. CV format for PPC - ***Please find revised format (12/20/10) in front of packet***
- VI. Guideline for Professorial Nomination Letter by Department Director



Appendix I:
Referee solicitation letter - FULL TIME

JOHNS HOPKINS
M E D I C I N E

Office of the Dean/CEO

Date

CONFIDENTIAL

ref name
address

Dear Dr. :

The Johns Hopkins University School of Medicine is considering the [promotion or new appointment] of [Dr.'s full name] to the rank of Professor of [department, full time, with/without salary]. As you may know, Hopkins has a single "track" for all School of Medicine faculty, and appointment at this rank is usually accompanied by tenure. A successful candidate for Professor at Hopkins must have an outstanding record of scholarly achievement with broad recognition as a leader in his/her field.

To assist in an objective determination of [Dr.'s last name] suitability for [promotion or new appointment], we would appreciate having your candid insights and evaluation. For your information, [Dr.'s] curriculum vitae is enclosed.

There are several specific questions of importance in the review of candidates for the rank of Professor at Johns Hopkins. In particular, the impact, innovation, and quality of the scholarly contributions of this individual to [his/her] field are of greatest interest in this evaluation. Can you describe the unique talents of [Dr.] and the importance of [his/her] achievements?

Mentorship and excellence in education are important elements of academic achievement valued by Johns Hopkins. Have you observed [Dr.] as a teacher, lecturer, or in other training situations? What is your evaluation of [his/her] abilities as an educator, and do you consider [him/her] to be an authoritative expert in the field? What objective evidence is there to support [his/her] contributions in education?

Have you observed [Dr.] provide leadership in national or international professional or academic organizations, programs or studies? What specific contributions has [he/she] made in administrative, program building, and leadership activities? Can you comment on [his/her] intellectual integrity in dealing with professional and academic issues?

Finally, can you identify other individuals who you believe could be compared to [Dr.] in their attributes or achievements, and can you suggest [Dr.'s] standing among this group? Which other leaders in the field would you suggest could provide an objective and accurate evaluation of [Dr.'s] candidacy for the rank of Professor at Johns Hopkins?

I recognize that this request is a significant imposition, but your frank opinion is of particular importance in our evaluation of this candidate. Your assistance and reply by **date one month hence, 200--, or as soon as possible thereafter**, will be greatly appreciated. It is requested that all referees keep their involvement in our faculty review process confidential and, in particular, ask that you not communicate with the candidate, his/her department director, or any other Hopkins faculty member about it. Likewise, you can be assured that your response will be held in the strictest confidence.

Please direct your comments to me at the address below, and thank you for your help.

Chair, Professorial Promotions Committee
Johns Hopkins University School of Medicine
c/o Karen L. Parkent, PPC Coordinator
Office of the Dean/CEO
733 North Broadway, SOM 100
Baltimore, MD 21205

Sincerely,

[Signed]

Chair, Professorial Promotions Committee

Enclosures

*Please feel free to fax or email the response to us
instead of sending a hard copy. Thank you!*



Appendix II:
Referee solicitation letter - PART TIME

JOHNS HOPKINS
M E D I C I N E

Office of the Dean/CEO

Date

CONFIDENTIAL

ref name
address

Dear Dr. :

The Johns Hopkins University School of Medicine is considering the [promotion or new appointment] of [Dr.'s full name] to the rank of Professor of [department, part time, with/without salary]. As you may know, Hopkins has a single "track" for all School of Medicine faculty, and the expected level of achievement is identical for full- and part-time candidates to the rank of Professor. However, in considering part-time faculty appointments, the candidate's commitment to the University and its mission is particularly important. A successful candidate for Professor at Hopkins must have an outstanding record of scholarly achievement with broad recognition as a leader in his/her field.

To assist in an objective determination of [Dr.'s last name] suitability for [promotion or new appointment], we would appreciate having your candid insights and evaluation. For your information, [Dr.'s] curriculum vitae is enclosed.

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Have you observed [Dr.] provide leadership in national or international professional or academic organizations, programs or studies? What specific contributions has [he/she] made in administrative, program building, and leadership activities? Can you comment on [his/her] intellectual integrity in dealing with professional and academic issues? Can you comment on the commitment of the candidate to Johns Hopkins University, and its missions in research, service, and education?

Finally, can you identify other individuals who you believe could be compared to [Dr.] in their attributes or achievements, and can you suggest [Dr.'s] standing among this group? Which other leaders in the field would you suggest could provide an objective and accurate evaluation of [Dr.'s] candidacy for the rank of Professor at Johns Hopkins?

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Chair, Professorial Promotions Committee
Johns Hopkins University School of Medicine
c/o Karen L. Parkent, PPC Coordinator
Office of the Dean/CEO
733 North Broadway, SOM 100
Baltimore, MD 21205

Sincerely,

[Signed]

Chair, Professorial Promotions Committee

Enclosures

*Please feel free to fax or email the response to us
instead of sending a hard copy. Thank you!*

The Johns Hopkins University
School of Medicine

Appendix III



Michael M.E. Johns, M.D.
Dean of the Medical Faculty
Vice President for Medicine

April 15, 1991

MEMORANDUM

TO: School of Medicine Faculty

FROM: Michael E. Johns, M.D. *mej*
Dean of the Medical Faculty

SUBJECT: Dr. McHugh's "Letter of Experience" with the PPC

Based on his twelve years of experience with the Professorial Promotions Committee, Dr. Paul McHugh has prepared the attached "Letter of Experience" explaining his impressions of the process. The work of this committee is of interest and importance to all of our faculty, yet it appears mysterious and unclear to many. The purpose of this document is to demystify the professorial promotion process and to make it more human.

The explanation in the Gold Book of the process for promotion to professor is succinct. Dr. McHugh's summary of his experience does not replace the Gold Book guidelines and is not itself policy, yet it is intended for the education of our faculty regarding the process and as one well informed and experienced faculty member's unofficial expression of what counts for promotion.

I am sure that you will find Dr. McHugh's view of the work of the PPC during his tenure valuable reading.

The Professorial Promotions Committee at The Johns Hopkins School of Medicine

A Letter of Experience

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Introduction

I am so frequently asked about faculty promotion at JHSM, I can believe everyone in Baltimore watches and wonders about these matters. Usually the questions come as concerns -- about the justice and likely effects of particular decisions or about the distressing duration of committee deliberations. Many people simply find the whole process mysterious and its results unpredictable.

Everyone is clear about two things. All understand that promotion is a comparative selection that judges people amongst us who vary remarkably in their enterprises. As well, all know how selection will eventually change this university community by encouraging certain activities more than others. A process of selecting and judging with change as its product surely bears watching. Any mystery in the process should be eliminated.

During the last 12 years, I have been a member of the two faculty Promotions Committees at JHSM. I began as a member of the Associate Professor Committee in 1978, when it was under the direction of Dr. Robert H. Heptinstall. I became Chairman of that Committee in 1980 and held that post until 1985, when I was appointed Chairman of the Professorial Promotions Committee -- a position I have occupied to the present.

As with every member of these committees, I did not seek the experience. Such offices are amongst the more unwelcome duties as they involve comparing and judging colleagues and friends. Like other appointees, I had no qualities that made me an expert in such matters. I did, like all faculty at Hopkins, have a copy of the "Gold Book" that provides general guidelines for promotion, none of which can be considered "operational," and some of which are perhaps a bit lofty in their expectations.

I did feel, however, that I was a member of this Institution, that I had been imbued with its values over the time of my citizenship here (going on 16 years) and that I had come to admire how these values get expressed in such ways as selection and promotion. Finally, I had been asked to tackle this job by the person who was arguably the most effective Dean of the School of Medicine since William Welch, Richard Starr Ross, an individual whose requests I never could refuse.

The experience turned out to be interesting. It drew me into contact with all the Departments of our Institution and with individuals who had its welfare in mind. But even more, it threw me into discussions about the future of Medicine with people of diverse views and background, of great capacity and achievement. They all had strong opinions about promotions!

As I approach the end of my tenure on the Committee (the Dean has changed; no one should carry my office too long) I thought it useful to write my impressions of the extra-departmental procedures of promotion -- both the processes followed and the spirit that animates them. Such a letter of experience to the governing boards and leadership of our Institution might serve a number of functions. It might, of course, provoke emendatory responses and more explicit instructions to the Committee from our leaders. On the other hand, a portrayal of the exercise of these responsibilities might, by illustration, minister to all members of the school -- faculty members seeking promotion, Department Directors advising junior faculty, and administrators wishing to sustain an atmosphere of achievement and high morale -- and anyone else who might watch and wonder.

This, then, is just that -- a letter of experience. Although it may include a few prescriptions and even some personal opinions, these should be seen as inadvertent, perhaps inherent to all efforts describing implementation of directives and policies. I shall concentrate on my Professorial Promotions Committee experience because a professorship is the ultimate goal of faculty membership and the issues at that level tend to be foreshadowed in the deliberations of the Associate Professor Promotions Committee.

Description of Structure and Process

The extra-departmental process of promotion to Professor is launched at Hopkins by a nominating letter from a Department Director to the Dean of the School of Medicine. This letter provides an appraisal of the nominee's career and its influence on his or her discipline. It provides the departmental view of the several ways this individual's contributions can be noted -- in science, teaching, practice, and institutional service -- aiming to document the high distinction and leadership that these contributions reveal. With the letter, a curriculum vitae is included together with several representative publications, a list of individuals who might be consulted both within and without the Institution to corroborate the Director's high opinion of the nominee, and any other information that might enhance the evaluation such as appended "pink sheets" from the nominee's grant reviews. This material is directed from the Dean's Office to the Professorial Promotions Committee (PPC) that I chair.

This Committee is constituted of eleven full Professors chosen by the Dean from all Departments in the Institution to serve three-year terms. The PPC meets twice a month. *[Note: since at least 1992, the number of members and meetings is variable and the terms are now five years long.]* Upon receiving the nominating letter, the Chairman of the PPC identifies one member of the Committee to be leader of a "subcommittee" to evaluate the nominee. Through a discussion, the PPC identifies individuals in cognate disciplines in our University who could provide added expertness to the "subcommittee." The "subcommittee" -- by custom a threesome -- is thus formed from likely experts of professorial rank within the entire University (i.e. School of Arts and Sciences, School of Hygiene and Public Health as well as the School of Medicine) but unaffiliated with the Department of the nominee. A nominee who is an endocrinologist might be assessed by a subcommittee including a biochemist, a cell biologist and an epidemiologist --one of whom, say the cell biologist, is a member of the PPC and the leader of the subcommittee.

The subcommittee begins its deliberations separate from any continuing input from the PPC. The subcommittee members read the nominating letter, the nominee's publications and curriculum vitae, discuss among themselves the aptness of the consultants suggested by the Department Director, and generate from that list and any additional names known to be authorities by members of the subcommittee a set of from 10-20 names of leading international scholars who might be consulted. These scholars receive letters from the subcommittee's leader requesting an opinion about the nominee's reputation and achievements in his or her field. There is then an interlude of varying and sometimes interminable length while consultant letters are awaited and often repeatedly re-requested.

When all responses to these inquiries eventually arrive, the subcommittee reconvenes to consider all the material at hand. On the basis of what the members conceive to be the standards for promotion and of what they construe to be the nominee's career achievements, the subcommittee submits a draft report in support or rejection of the nomination to the Chairman of the PPC.

At the next possible meeting, the PPC, with this report before it, listens to a presentation of the opinion by the subcommittee leader. Discussion ensues and evidence for the subcommittee's decision is scrutinized. The members of the PPC often may ask for more information from the leader than was put forth in the report. They read over the consultants' letters and may send the leader back to the subcommittee with suggestions for other consultants to be called. Ultimately, though, the process leads to a discussion in the PPC which aims to reach a conclusion for acceptance or rejection of the nomination.

It is during this final interactive discussion that the credentials and achievements of the nominee are evaluated in the light of the PPC's conception of the characteristics appropriate for the Professorial rank, with all that means at Hopkins: a tenured position of top honor and acknowledgment as a leading authority in a discipline. It is primarily in this discussion, which can stretch over several meetings and even provoke several reconvenings of the subcommittee for further deliberation, that an opinion is forged relating this nomination to previous nominations that have been supported or rejected by the committee. It is something of the logic of this discussion and the sources of influence upon it I shall attempt to depict.

The Chairman of the PPC seeks unanimity of opinion from the Committee and usually, but not always, senses its emergence as discussion continues. Then by calling for a vote the Chairman notes whether the nomination is supported or rejected by a majority of the PPC.

If the PPC supports the nominee, the Chairman presents this supportive opinion and its justification to the next meeting of the Advisory Board of the Medical Faculty (ABMF) -- a monthly meeting of the Department Directors of the JHSM held under the joint chairmanship of the President of the University and the Dean of the School of Medicine. The nomination then "lies on the table" for one month during which Advisory Board members can inquire from their own sources about the nominee. At the next meeting of the ABMF, the Chairman of the PPC moves the promotion and leads a further discussion of the nominee with the members of the Advisory Board, now absent the Department Director of the nominee. This discussion can be intense, wide-ranging and critical. It may explore details of the PPC's opinion or its approach to this nominee and others like him. When satisfied in its inquiry, the members of the Advisory Board vote to approve or reject the nomination.

If a majority approves, this support for the nominee is sent for confirmation to the Dean of the School of Medicine, the President of the University and ultimately to the Board of Trustees of the University which is the body with the authority to grant promotion. These latter steps are outside the faculty's responsibility, but usually progress uninterrupted after Advisory Board support. If, despite PPC support, the Advisory Board rejects the nominee, the promotional process is terminated, the Department Director is advised by the Dean of the reasons for the decision, and the Chairman of the PPC carries back to the Committee a corrective message to consider in its actions with future nominations.

An alternative path is followed if, by a majority, the PPC rejects the nomination. Then the PPC Chairman writes a report to the Dean of the School of Medicine spelling out the reasons for the rejection and offering, where possible, suggestions for activities of a professional and scholarly nature which would assist the individual to succeed upon renomination which can be made after a two-year interval. This report is shared by the Dean with the Department Director who then must explain matters to the faculty member and begin again to work on career planning with that individual.

There is an appeal path available to the Department Director. If he believes that the PPC is mistaken in rejecting the nominee, he

can appeal directly to the Advisory Board and have that body consider the PPC's action. A majority vote to promote by the Advisory Board again is the crucial step and, if positive, will lead to the nomination going forward to the higher administration and Board of Trustees for approval as before, despite the PPC's opinion.

Thus, the extra-departmental promotional procedures are rigorous but controlled. An attempt is made to draw the most expert individuals within and without the institution into a consideration of a nominee at the start so as to assure that the final decision rests on more than local reputation. There are ways to shape the PPC's behavior if it begins to drift away from institutional intentions. If the PPC becomes too lax or biased in its recommendations, the Advisory Board will reject its approvals. If it becomes too rigid, the Advisory Board will overturn its decisions on appeal. The PPC is thus a Committee of and to the Advisory Board of the Medical Faculty and far from an autonomous body. The Chairman certainly senses this aspect on every occasion he seeks approval of the Committee's actions and when he responds to questions at the Advisory Board meeting!

Thus, although limited in certain ways, the PPC has a broad range of authority and responsibility. It is the major purpose of this letter to describe the attitudes that inform the PPC's actions within its scope. This first section has simply laid out the methods of the PPC's operation; it has not addressed the goals towards which the Committee strives.

The Troublesome Issue of Tracks and Rankings

The major issue of promotion in a medical school in contrast to most other institutions of higher learning is the diversity of talent in the place. Promotion in academic rank is the usual way of recognizing scholarly achievement, yet how can we find standards that will encompass the several different excellences displayed by the biochemist, the GI surgeon, the bedside teacher, the gifted administrator? How can you be fair to all and yet protect the integrity of the promotional process and the professorate? This is the perennial matter of discussion in our Committee.

Anyone who has thought about the fairness issue and wishes to reward the achievement of loyal and able people struggles with aspects of comparability. Fundamentally, this prompts a search for a natural set of "families" of rank, admission to which can be defined clearly and operationally.

The most often proposed method, frequently discussed and its absence regretted at JHSM, is a division of faculty promotion along two or three tracks (academic track, clinical track, tenure track, etc). This has been the method used at Harvard Medical School until recently. It has the advantage of separating basic scientists and research-oriented clinical scholars from the excellent implementers of medical/surgical practice among hospital-sited physicians and administrators. It works to distinguish part-time from full-time faculty as well. These pathway distinctions at first blush seem the best way to move in institutions that have complicated and varied citizenry. What can be easier for identifying comparable groups with different contributions to the Institution and different qualities of excellence than by proposing distinct tracks each with its own requirements for advancement through the ranks?

The only problem is that people come to hate it. If they are placed in the clinical track, they gradually feel that they comprise a second class group, with the valued scholars and academicians in the other group. This is sometimes encouraged by those on the academic track who may suspect that rank in the clinical track is based on fickle, local reputation more than on scholarship and disparage the contributions of these colleagues as in the observation, "He is a clinical professor." It usually turns out that the multi-track system is a temporary solution to the diversity problem, for it eventually produces strong feelings of discrimination and neglect. Harvard abandoned it.

Another alternative is a single track with multiple horizontal rankings -- Instructor, Assistant Professor, Associate Professor, Professor, of course, but then adding several further grades of Professor 1, 2, 3, 4. Sort of like Brigadier General, Major General, Lieutenant General, 5 Star General, etc. This is carried to an extreme in some state universities such as the University of California. Its problem is that it leads to continuing agitation for promotion, a lack of settling the matter and letting the individual get on with life without further preoccupations over title and prestige. At Hopkins there have always been a few natural ways of giving additional honor to the Professorate. These are the entitled chairs, personal professorships and Distinguished or University Professor appellations that come usually to individuals who direct departments and divisions, either when appointed or after a time in the position. These titles represent pleasant honorifics distributed by the Dean rather than steps in a career ladder as in the California system. Basically, however, Hopkins has stuck to a single track and the traditional, unmultiplied horizontal rankings of the faculty that describe both the responsibility and achievement of the faculty, whether full-time or part-time. In addition, Hopkins has the capacity to offer contracts to retirement (i.e., tenure) at ranks other than Professor.

The single-track model emphasizes that the faculty and its promotional committees must employ broad principles in defining the achievements and attributes that advance an individual in our institution. For this purpose, we represent in our decisions faculty achievement in a graded fashion but encompass within each grade a variety of talents and contributions that we entitle scholarship. Discussions over scholarship devolve into three fairly distinct aspects: activities that produce knowledge, activities that promulgate knowledge and activities that apply knowledge. These aspects are best placed in that order. Promotion committees here at Hopkins, I believe, sense this hierarchy and employ it in their deliberations.

Evidence of Achievement

In assessing a nominee for promotion to Professor, the crucial focus is on the individual's ability to produce knowledge and to promulgate it, thereby sustaining an enterprise of progress in thought and action. All appraisals are attempts to apportion an individual's various contributions to this enterprise. The problem for our Committee is how to represent the totality of that individual's contribution through the arrangement of available evidence. I see four aspects of this "data collecting" process.

The first is simply counting the evidence. That is, counting what can be counted. This is the simplest and sometimes wrongly rather despised aspect of the process, but without some clear enumerative products there can be nothing to assess. The counting of publications, patents received, programs (laboratories, clinical divisions or departments, institutes, etc.) launched and sustained, projects completed, grants awarded, students recruited and courses carried provides the most obvious information to the PPC.

The second aspect is weighing the count. Discerning the importance of the contributions as well as their rate of production. Both are useful. The value of a contribution in a published record is assessed by its effect on the field, its citation in other work, the impressions of peers and their sense of its uniqueness. The Department Director's letter must address these matters. It is here that primary authorship in periodical literature, monographs of a personal scholarly enterprise and reviews in distinguished journals outweigh group authorship, edited books and proceedings from conferences (although these are far from negligible). Other evidence of the impact of the published work that adds to its weight includes the translation of books into foreign languages, reprints of articles in other journals, identification as "Citation Classics." The careers of students taught and their subsequent academic success add to the impression of teaching excellence. Some weight is given to the critical and demanding nature of the "peer reviewing" for journals in which the nominee customarily publishes. Finally, time in rank is considered in weighing the count so as to determine productivity as a measure of effort over time.

The third aspect of data collection is direct appraisal from others of the contributions made by the nominee. Two important sources of information here are "pink sheets" from grant applications and the letters sought from consultants in the nominee's field of effort. The judgments from these sources carry considerable influence as they are direct appraisals beyond our institution of the nominee's achievements.

The final aspect of assessment is noting the objective ways in which the nominee's achievements have been acknowledged by others. Here should be considered his or her election to editorships and memberships on editorial boards, appointment to and chairmanships of NIH and other federal and private foundations, committees and councils, election to and leadership of learned societies, honors and prizes (both internal and external) directive positions and roles in national and international meetings and groups where a responsibility for conducting, organizing, and evaluating progress in a field can be discerned, and finally selection for distinguished lectures from both within and without the institution. This means of assessment is useful to ascertain how the individual has actually been valued in his or her own domain, whether that domain be large as in surgery, or small as in the study of the mast cell.

By systematically using these various methods and reviewing the evidence obtained, the PPC can develop a record on which to rest a judgment. We do not have a formula for our decision but these aspects of a career give a broad basis on which to forge conclusions and to make them comparable from individual to individual.

Career Pathways to Promotion

In proposing and acting upon a professorial promotion all participants in the process are influenced by the standards that are spelled out in the "Gold Book." There one finds the general criterion, "A candidate for appointment or promotion to the rank of Professor should rank nationally among the foremost leaders in his field." More specific criteria state --"Candidates for a professorship must have outstanding records of scholarly achievement, must be excellent teachers, must have achieved national recognition, and must have a broad general knowledge of their disciplines and related areas." It is fundamentally the task of the PPC to turn these very demanding, but on their face, quite general standards and criteria into specific means by which to evaluate the various modes of endeavor and career achievements of the diverse individuals nominated for professorial appointment in the contemporary era. The success with which this is accomplished is ultimately determined by Advisory Board consent with these "Gold Book" standards and criteria in mind.

I believe that in identifying successful candidates for promotion to Professor the PPC tends to notice three career paths. Many individuals have been successful on all three of the pathways, but the paths can be distinguished from each other. I have chosen to give names to these "pathways" that relate to historical figures at Hopkins so as to personalize these achievements without calling up names of contemporary subjects of the Committee's action.

The first pathway, the **William Welch pathway**, is the simplest to describe and, as well, its endpoint the simplest to define. An individual who succeeds here to Professor is an individual who has made a significant discovery that affects what we know in the biological sciences and thus alters in a progressive way the very basic foundations on which Medicine is practiced. A significant discovery can be identified in many ways but if, like William Welch, the candidate has a bacillus named after him, the achievement is obvious. The absolute number of authored publications or books is not as salient an issue here as the success tends to be clear from even a few articles because the face of medicine and science related to medicine has been altered by the work.

As a Committee, we usually have little difficulty with this path. The nominee's achievements are described by the Department Director, acknowledged by letters, appointments, and awards from outside, and well recognized by colleagues in our Institution. The major discussion at the PPC relates to the significance of the discovery, the priority of the nominee's efforts, and the evidence that he or she is the leader in the enterprise. The basic science faculty tend to follow this path.

The second pathway, **the William Osler Pathway**, is one charted by a clinician/scholar with an international reputation as an authority on some significant issue in clinical medicine, such as a particular disease or therapy. Although he or she may not have made a fundamental basic science discovery, his or her work has illuminated important aspects of the etiology, mechanism, presentation or treatment of some disorder. He or she may have designed a new surgical procedure that reduces subsequent disabilities or directed the evolution of a medical or surgical management method that enhances diagnostic, therapeutic, or prognostic capacities. Such work may relate a particular disease to other disorders or to emerging basic science knowledge. It may describe new methods of approach to its study, or direct attention to its specific manifestations, associations and the direction or misdirection of current opinions. The evidence of these achievements is found in the periodical literature, in chapters in prominent textbooks, in invitations for keynote addresses and leadership of conferences, and, where appropriate, monographic publications that have become recognized as definitive presentations in the nominee's field of interest. The nominee's grasp of the subject is often found in his ease at communicating its nature to students. Objective evidence of this is found in teaching awards and in the career progress of his or her students.

The pathway is appropriately named because the role of Osler as a clinician, scholar, teacher, and author of the textbook, The Principles and Practice of Medicine, is vivid at Hopkins. Although the nominee need not be, like Osler, an authority on the whole discipline of medicine, he or she must be an acknowledged authority on something. Monographic publications on the subject should be acclaimed as work that defines the contemporary status of knowledge and identifies his or her contribution to it.

The third pathway, **the Henry Hurd pathway**, rests on the demonstration that the individual has initiated or revitalized a major program of our institution such that scholarly activities of many other people spring from his or her direction, choice of priorities, and vision. This pathway acknowledges that both the promotion of knowledge and its promulgation may depend upon facilities such as hospitals, libraries, computer centers, departmental divisions, and thus upon gifted and committed people who develop methods to enhance the powers of others in medicine and research. This pathway to promotion, the most rarely employed and the most difficult to evaluate, demands both the achievement of a successful administrative enterprise and its scholarly documentation.

Henry Hurd, the first Director of The Johns Hopkins Hospital, was just such an individual with just such achievements. A number of other distinguished individuals have been similarly acknowledged with academic promotion here at Hopkins. There are two things that seem to go into this pathway. First is the requirement that the individual be in office a sufficient length of time to establish a national reputation as an innovative administrative leader. As a result, these candidates are usually older than those who reach professorship on the other two pathways. Second, and equally important, is that this administrative enterprise have a public scholarly documentation. Without such documentation the nominee usually will not succeed in promotion. Such writings should set forth thoughtful solutions to contemporary administrative problems that can be employed as models by others. They are required to assure the PPC that the nominee in his or her role of directing and vitalizing a group of scientists, clinicians and scholars is doing so to a method and plan that relates to more than local circumstances.

Teaching

Perhaps the issue most telling of the character of PPC deliberations is the evaluation of teaching in promotion decisions. The support of teaching is a major concern to all on the faculty and even to observers from without. A traditional university responsibility for all faculty, it rests upon communicative and analytic skills that vary widely in any group of faculty. When at its best, it inspires us all. The "Gold Book" describes the task as the integration and dissemination of existing knowledge to direct the practice and progress of a discipline. The PPC seeks to have this description exemplified in promotion.

Teaching excellence has a varying salience in each of the pathways along which faculty can seek promotion. It is usually most prominent in the Osler pathway although the PPC looks for and announces its contribution to academic excellence and leadership in the careers of all nominees.

What constitutes the elements of teaching upon which promotion to Professor should depend, and thus be offered as examples to others, is debated, however. The scrutiny in the PPC becomes most intense when individuals are nominated with their teaching skills announced as a prime characteristic of their role in their Department. The usual information the PPC receives is how an individual teaches -- noting such features as eloquence, organization, liveliness -- generating a sense of good will in students towards such an individual. For promotion to Professor, something more is demanded -- and, it is important to say, has been achieved by several nominees in my tenure.

The PPC looks for teaching that is challenging and progressive. We expect to find it expressed in several distinct forms in and out of the classroom, and so emphasize not so much the how but the what of teaching. The teaching must be an active engagement over time with a broad range of students, promoting their sense of a discipline and contributing depth to their approach to it. For a Professor, there

must be evidence of this engagement beyond the goodwill of lecture auditors. We have at Hopkins some figures who are remembered as profound engagers of students at many levels -- undergraduate, graduate, postdoctoral -- in an advancing, illuminating fashion in the laboratory, at the bedside and clinic, in the classroom. Barry Wood, a former Vice President, Department Director and microbiologist whose career graced all three pathways, was a perfect example of this characteristic in his teaching.

We expect to find several kinds of evidence of teaching excellence in those nominees whose Department Director proposes their promotion to Professor primarily on the basis of their teaching. Scholarly evidence in the form of papers, chapters or books which elucidate a substantial area in contemporary medicine; attracting evidence in the form of recruitment of talented people to specific endeavors and divisions at Johns Hopkins (and their subsequent success); peer evidence expressed in collaborative enterprises over matters of direction and depiction of a discipline in symposia, postgraduate courses and textbooks; awards for teaching from both within and without the Institution. Such evidence of the promulgation of knowledge provides a more compelling argument for a teacher's promotion than a local reputation, or an accumulation of testimonials from students that may take the form of anonymous letters of support.

Reasons for Refusal

Here I shall describe matters that may lead to a rejection in order to give contour to qualities that bring support from the PPC. I should first like to lay to rest a variety of rumors about our actions. First, our Committee is under no obligation to restrict the numbers of tenured Professors at Hopkins. We do consider a departmental complement if such an event as a departure of the Departmental Director has occurred. We may also discuss the nomination of someone uncertainly linked to the Hopkins community (such as an investigator at the NIH who occasionally visits Baltimore). But these are rare circumstances and customarily we consider each individual on the merits. Second, the number of publications has no rigid standard. Nominees have passed with fewer than 20 peer-reviewed periodical publications and others have failed with over 100. Third, success does not demand unanimity in external opinion, making nominees vulnerable to a blackball by letter. Many nominees pass with some dissenting consultant letters. Also, the Committee is alert to aspects of personal animosity, conflict of interest and hypercritical characteristics of some outside referees and quickly discounts them. Finally, it is not true that the subcommittee to the PPC has the prime say on the matter. Nominees have been supported by the subcommittee and have failed in the PPC, and others have been rejected by the subcommittee only to pass the PPC.

The major hindrance to promotion is vagueness about the career achievement of the candidate. Each of the several pathways to promotion has its own particular natural markers of success. These should emerge clearly from the nominee's record and are helpfully emphasized in the Department Director's letter of nomination. Thus, individuals whose achievement is in the realm of basic research and new discovery (Welch path) must satisfy the Committee that they are the prime movers of an important project brought from its start to a logical end. Also, once it is agreed that the work is itself a complete achievement, the Committee seeks assurance that it is not apprentice work, excellent though it might be, derived essentially from the leadership of the mentoring laboratory where the investigator began.

In assessing both the independence and completeness of work there can be some uncertainty. However, the emergence of a person from the dominance of a mentor or from amongst a group of successful and impressive collaborators can usually be identified in the published record and grant support. Independence is often clearly appreciated in the letters from within and without our Institution that testify to the nominee's own achievement and leadership.

The sense of completion is also a judgment. We search the record for some enterprise that the individual has launched on his or her own, even though stimulated by the laboratory of origin or supported within a group, and then note whether this work has produced a finished product. We agree that what seems to us to be a complete performance may later be recognized as subject to modification. However, we expect to find that the work itself, and the views that it has provoked, have been sufficiently developed to be utilized by others and led to further progress in other laboratories. Testimony from external sources in such matters is essential. We gain much of value here if the Department Director is alert to these issues and addresses them in his nomination.

All is dependent upon the idea that the work is significant and important. The distinction between important and trivial research is occasionally a subject of discussion in the Committee. Again, such matters are usually dealt with in the Department Director's nominating letter.

For the clinician-scholar (Osler path), a sense of the person as an influential authority must emerge. We seek evidence that the nominee is an experienced, mature and critical expert in a focused area of clinical study. This area of authority is often a disease but as often is a broad disciplinary area, (i.e. epidemiology, genetics, immunology, transplantation, cardiology) in which this individual's teaching, clinical service and publishing are progressive and have affected the thought and practice of others.

The published record is crucial and without such coherent crystallization of the individual's knowledge and contributions, the Committee will be uncertain of the extent of the scholarship and its influence on others even with local evidence of excellent teaching and clinical work. We turn to testimony from outside Hopkins to seek acknowledgment of the individual in the circle of his or her discipline. The most problematic candidate is one recognized as a fine clinician-teacher locally with a particular focus of expertise, but who has never brought together in published form a body of work that charts the extent of his personal experience and displays its role in shaping the

thought or practice of his domain. Here the testimonial letters often speak of his characteristics as a clinician-teacher, the high regard that others have for him as a physician, but absent from such letters may be any indication of the specific nature and form of his authoritative leadership in contemporary clinical knowledge.

It is from dealing with the Committee over such candidates that I personally have championed the advice to clinician scholars to produce monographic publications. These provide evidence of accrued and authoritative scholarship in an area and aid the Committee and any other readers in seeing how the nominee has defined and contributed to a field, enhancing its practice, clarifying its problems, or giving it a sense of direction. This is the kind of scholarship, critical reasoning and intellectual leadership characteristic of Osler himself, and without such monographic evidence I find that the Committee remains unsure of how the nominee is sustaining the enterprise of progress in practice and thought that is at the heart of this institution. Sadly enough, such uncertainty may even provoke a question as to whether the acknowledged teaching skills are more like indoctrination than illumination.

The administrators-directors (Hurd pathway) are far and away the least common nominees and the most awkward for the PPC. Some members of the PPC even wonder whether it is a legitimate path for academic promotion and are restive when it is suggested. We have, however, promoted several individuals along this path with acclamation by the PPC and Advisory Board, both during my tenure and before. Occasionally when the fundamental question arises, I remind the questioner that managers and even umpires can be elected to the Baseball Hall of Fame.

More seriously and problematically, this is a path followed by a nominee who has been administratively helpful to many members of the Committee. The sense of the politics of the Institution is thus often entangled in our discourse. Aspects of both gratitude and entitlement tend to promote uncomfortable evaluative exchanges among the PPC members.

Without scholarly publications and reports that promulgate the nominee's administrative vision, the proposal will always fail. Occasionally, the nominee is proposed on the basis of achievement in a previous career even though this achievement had not been quite adequate to reach professorial level. It is suggested that it might add to the contemporary administrative success. This argument seldom prevails, as the two careers are hard to tie together with a kind of algebra that will fairly weigh what are disparate elements.

Again, testimony from external observers is crucial, particularly testimony that can give evidence that the vision and directions of a nominee so influential at Hopkins are in fact being successfully employed at other institutions. Thus, to be considered significant, an administrative or organizational enterprise has to influence others in the solution of common problems in contemporary science and medicine. This influence must in part be exerted through published work.

Results

The majority of nominees to the PPC are promoted. Our success rate fluctuates between 80 and 85% per year, varying slightly from year to year. In my tenure as Chairman from September 1985 to June 1990, we promoted a great variety of nominees -- full time and part time faculty, basic scientists, clinicians, administrators, men and women of JHSM. We acted on 118 candidates, positively on 99 and negatively on 19, for an overall pass rate of 84%. No one we proposed was turned down by the Advisory Board, Deans, or President. One rejection was appealed to the Advisory Board by a Department Director but the Committee's recommendation was upheld. The duration of deliberation on the PPC fluctuates around a year. Some nominees take 6-9 months, others 18 months to 2 years. There seems no clear predictor of duration of our deliberations. The major problem is consultant response time.

Final Points

Before concluding, I want to deal with a few other issues that are wrapped in the processes and spirit of the extra-departmental promotion procedures. First, I want to mention the committee method itself. Although, there are criteria employed to identify meritorious individuals, the final decision for promotion rests on a judgment of peers who, in committee, reflect on all aspects of the nominee's career. The issue of judgment has been foreshadowed in much that has come before in this letter, e.g., that there is no one path, that there is no fixed number of publications, that the decision cannot be predicted from letters of recommendation or the subcommittee report. But I want to emphasize that the selection of a Professor is an evaluative opinion that does not emerge from some formula as though it were a matter of what is due, such as advancement in school grades or a rise in rank through attaining a given number of merit badges. This selection rests on a judgment of quality built into such terminology as a leader, an authority, a scholar. Such descriptors are built up from evidence from many sources and not simply extracted like an ingredient for a recipe. It is a committee that makes this judgment.

Anyone with any experience on committees becomes aware of the problems in employing them to make selective judgments. There is the difficulty of sustaining a consistent vision, particularly as membership changes. There is the awkward imbalance within discussion where a strong negative opinion tends to outweigh several positive voices. There is a recurring tendency to simplify the judgment into a set of narrow factional expectations that gets around the diversity of excellence and achievement expressed in the various enterprises of nominees.

These are unavoidable tendencies of the committee method. Many safeguards against them are built into the entire extra-departmental process including the limited tenures of the membership so that views can be expected to change. Assignments to others means that experience with promotion eventually becomes widely shared in the senior faculty. Review of each decision by the Advisory Board and occasional visits from the Dean to recollect a series of actions and encourage certain directions or emphasis within the Committee are more immediate controls on PPC actions. The best safeguard actually is the ongoing discussions in repeated meetings of the Committee. Here several sources of influence on the Committee's decisions become salient.

One source is the institutional memory or repository of tradition that identifies the expressions of excellence that have characterized the selections of the past. Often the attempt to articulate this tradition is presented in terms (such as found in the "Gold Book") that are appropriately general so that the future is not restricted even as the past is not forgotten. In the Committee, these matters emerge in discussion of recent exemplars of careers that resemble the nominees and I hope in this letter by my attempt to identify pathways to promotion with historic exemplars.

A second and more immediate source of influence in promotional selection is the Committee's knowledge and acquaintance with leaders who are seizing the scientific and technical opportunities in Medicine today with vision and energy -- individuals whose generative contributions can be compared to our nominees. It is in this fashion that individual achievement is identified and rewarded and also trivial pursuits are contrasted with innovative and productive careers. These considerations demand a broad comprehension on the Committee of current circumstances favorable to future progress in science and medicine.

There is nothing unique about these two influences. Success in a pencil factory, a restaurant chain, or a sports franchise rests on an appreciation of identical linkages between tradition and the challenges of the present. As in all these enterprises, selection through promotion cannot have a machine-like character, as though material were being processed, because the input characteristics are never the same. Each individual, even in the same discipline, re-expresses in some personal fashion the alms of a given professional life and career. The quality of these re-expressions must be compared against the internal vision of the Institution and against the achievements of others in the world facing similar opportunities in each of the professional disciplines. All of this is understood in the PPC and emerges in its discussions.

However, it remains true that comparison is at the heart of our work and comparison is ever personal and problematic. Let me, therefore, emphasize a further point. The Committee members are on the side of the nominee and his or her Department Director by virtue of our collegial relationships and mutual interdependence with all faculty. We do not see ourselves as barriers to promotion but as interpreters of its aim -- to identify, reward, and so encourage activities and careers that can be emulated by others. We do not like to reject individuals. In fact, it is the effort to find the strongest case for a nominee that slows the process of committee action most significantly.

The Committee does promote the majority of nominees. Those whom they reject, they try to instruct. Those whom they support, they cheer, both within the meetings and afterwards taking much pleasure in celebrating the accomplishments and personal qualities of the new Professor. Certainly as Chairman of the PPC, I have enjoyed describing to the Advisory Board the careers and achievements that emerge from our review and long afterwards have rejoiced in my special, hidden acquaintance with the lives of these fine people.

All of this leads to a conclusion on an even more critical matter of the spirit behind the extra-departmental promotional process. Does it have the quality and simplicity of Darwinian exercises -- letting the fittest emerge from means that do not bear scrutiny while we on this Committee sit back and salute the victors? We do not think so. We see the promotional enterprise in more Jeffersonian terms with an ideal in mind and a continuing effort to articulate this ideal through our selections. We hope to show by our responses to nominees the many and various ways in which this ideal may be manifested. We are seeking to identify and encourage the best people we can find in any endeavor.

Promotion is something desirable on everybody's part. Desirable for the individual, of course, who achieves promotion, but also desirable for the institution, particularly if it can be a means of directing the faculty along lines that are productive and bring success and honor to us all. The members of the PPC wish to be both critical and friendly towards all individuals affected by our actions so as to bring about the sustaining of what was given to us when we arrived, an institution of excellence and collegiality.

But a further discussion of these matters leads quite obviously into the intra-departmental activities that bring forth nominees for promotion. Such a discussion would represent another kind of experience and should await another kind of letter.

**A "LETTER OF EXPERIENCE" ABOUT FACULTY
PROMOTION IN MEDICAL SCHOOLS**

PAUL R. McHUGH, MD

A "Letter of Experience" about Faculty Promotion in Medical Schools

Abstract—The author discusses major issues of faculty promotion in medical schools by describing the decision-making processes of the Professorial Promotion Committee (PPC) at The Johns Hopkins School of Medicine, a committee he chaired for several years. Perhaps the major dilemma of medical school promotion committees is how to define standards that encompass the several different excellences and highly diverse talents of their faculty. This dilemma prompts a search for a natural set of "families" of rank, admission to which can be defined clearly and operationally. The author discusses methods of doing this (via various faculty track systems) and the pros and cons of each; analyzes the processes by which the PPC assesses evidence of nominees' achievements and attributes of scholarship; defines the three major career pathways at his school and explains the criteria used to evaluate nominees in each; out-

lines how the PPC evaluates individuals nominated for their excellence in teaching; and describes characteristics of nominees that may lead to their rejection. He makes clear that the decision-making processes of effective promotion committees are neither simple nor mechanistic and are sometimes difficult and problematic, and stresses the importance (in *any* promotional process, whether the setting be a medical school or a pencil factory) of institutional memory and of the committee's knowledge of leaders elsewhere whose generative contributions can be compared with those of nominees. The author concludes that the promotional process is not a simple "survival of the fittest" exercise but is a struggle to realize and foster an ideal of faculty quality to continue the high level of the institution's excellence and collegiality. *Acad. Med.* 69(1994):877-881.

I have written this essay as a "letter of experience" about major issues of faculty promotion in medical schools. My views on these issues were gained during the 11 years, 1980 to 1991, when I was chairman of the Associate Professor Promotion Committee and then chairman of the Professorial Promotion Committee (PPC) at The Johns Hopkins School of Medicine (JHSM). For the sake of simplicity, I discuss what I have learned from both committees in terms of the latter one only, the PPC. That committee is a crucial step in the promotion process that begins with a department director's sending a nominating letter to the dean, who transmits it to the PPC, which initiates an evaluation of the nominee that if successful will be confirmed by the university's trustees.

I hope the observations below on the thinking and attitudes that inform the deliberations of the PPC in five major

areas will be helpful—if only as resources for discussion—to academic faculties in other schools.

TRACKS AND RANKINGS

This first area is a troublesome one that comprises the issues of tracks and rankings.

Promotion in academic rank is the usual way of recognizing scholarly achievement. But there is a major dilemma that must be struggled with by promotion committees in medical schools (in contrast to those in most other institutions of higher learning): with such a diversity of talents among the faculty, how can standards be defined that will encompass the several different excellences displayed by, for example, the biochemist, the gastrointestinal surgeon, the bedside teacher, and the gifted administrator? This matter has engendered a perennial search for a natural set of "families" of rank, admission to which can be defined clearly and operationally.

The method most often proposed is a division of faculty promotion along two or three tracks (e.g., academic, clinical, and tenure tracks). It has the advantage of separating basic scientists and research-oriented clinicians from the excellent implementors of medical and surgical practice among hospital-based physicians and admin-

istrators. These pathway distinctions at first blush seem the best way to move in institutions that have complicated and varied citizenries. The only problem is that people come to hate it. If they are placed in the clinical track, they often develop the feeling that they are members of a "second-class" group. This is sometimes encouraged by those on the academic track, who may suspect that rank in the clinical track is based on less rigorous standards or on local reputation rather than on scholarship and who disparage the contributions of colleagues in that track by comments such as, "He is a *clinical* professor." The multi-track system is a temporary solution to the diversity problem, but it eventually produces strong feelings of discrimination and neglect.

Another alternative method is a single track with multiple horizontal rankings—instructor, assistant professor, associate professor, professor—but then adding several further grades such as professor 1, 2, 3, 4, similar to the military's rankings, e.g., brigadier general, major general, five-star general, etc. This method leads to continuing agitation for promotion rather than a sense of resolution permitting the individual to get on with life without further preoccupation over title and prestige.

Johns Hopkins has minimized the

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problems described above by adhering to a single-track method of promotion with the traditional, unmultiplied horizontal rankings that describe both the responsibility and the achievement of the faculty, whether full-time or part-time. And there remain a few other natural ways of giving additional honor to a professor. These are the entitled chairs, personal professorships, and "distinguished" or "university professor" appellations that are usually conferred on individuals who direct departments and divisions. These titles represent pleasant honorifics distributed by the dean rather than additional steps in a career ladder.

The single-track model emphasizes the need for broad principles in defining the achievements and attributes of scholarship that advance an individual. Discussions over scholarship devolve into three fairly distinct aspects: activities that produce knowledge, activities that promulgate knowledge, and activities that apply knowledge. Promotion committees at Hopkins sense this hierarchy and employ it in their deliberations.

EVIDENCE OF ACHIEVEMENT

In assessing a nominee for promotion to professor, the crucial focus is on the first two kinds of activities just mentioned: the individual's abilities to produce and to promulgate knowledge. All appraisals are attempts to assess how an individual's various contributions have demonstrated these abilities. The problem for the PPC is how to represent the totality of that individual's contribution through the arrangement of available evidence. There are four aspects to this "data-collecting" process.

The first is simply *counting the evidence*. The counting of publications, patents received, programs (laboratories, clinical divisions or departments, institutes, etc.) launched and sustained, projects completed, grants awarded, students recruited, and courses carried provides the most obvious information to the PPC. This is the simplest and (sometimes wrongly) rather despised aspect of the process, but without some clearly enumerated

products there can be nothing to assess.

The second aspect is *weighing the count*: discerning the importance of the contributions as well as their rate of production. The value of a contribution in a published record is assessed by its effect on the field, its citation in other work, the impressions of peers, and their sense of its uniqueness. Primary authorship in periodical literature, monographs of a scholarly enterprise, and reviews in distinguished journals outweigh group authorship, edited books, and proceedings from conferences (although these endeavors are far from negligible). Other evidence of the impact of the published work that adds to its weight includes the translation of books into foreign languages, reprints of articles published in other journals, and recognition of outstanding papers identified as "citation classics."

The third aspect of data collection is *direct appraisal from others* of the contributions made by the nominee. Two important sources of information are the "pink sheets" from grant applications and the letters sought from consultants in the nominee's field of effort. The judgments from these sources carry considerable influence, as they are direct appraisals of the nominee's achievements by outside experts.

The final aspect of assessment is noting the *objective ways in which the nominee's achievements have been acknowledged by others*. This aspect is useful to ascertain how the individual has been valued in his or her own domain, whether that domain be large, as in surgery, or small, as in the study of the mast cell. Consideration is given to the nominee's election to editorships and memberships on editorial boards, committees, and councils; appointment to and chairmanships of National Institutes of Health study sections; election to and leadership of learned societies; honors and awards received (both internal and external); directive roles in national and international meetings where a responsibility for conducting, organizing, and evaluating progress in a field can be discerned; and finally, selection as a dis-

tinguished lecturer both within and outside the institution.

CAREER PATHWAYS TO PROMOTION

At JHSM the PPC tends to notice three career paths when identifying successful candidates for promotion to professor. Many individuals have been successful on all three of the pathways, but the paths can be distinguished from each other. I have chosen to identify these career pathways with the names of historical figures at Hopkins to personalize these achievements.

The first pathway, the *William Welch pathway*, is the simplest to describe and its endpoint is the simplest to define. An individual who succeeds to professor on this path is an individual who has made a significant discovery in the biological sciences and thus alters the basic foundations on which medicine is practiced. A significant discovery can be identified in many ways but if, like William Welch, the candidate has a bacillus named after him, the achievement is obvious. The absolute number of authored publications or books is not as salient an issue here, as the success tends to be clear from even a few articles because the face of medicine and of science related to medicine has been altered by the work.

The second pathway, the *William Osler pathway*, is one followed by a clinician-scholar who becomes an international authority on some significant issue in clinical medicine, such as a particular disease or therapy. The pathway is appropriately named because the role of Sir William Osler as a clinician, scholar, teacher, and author of the textbook *The Principles and Practice of Medicine* is vivid at Hopkins. Although the nominee need not be, like Osler, an authority on the whole discipline of medicine, he or she must be an acknowledged authority on some aspect of clinical medicine. Monographic publications on the subject should be acclaimed as work that defines the contemporary status of knowledge and identifies his or her contribution to it.

The nominee's work may have illuminated important aspects of the etiology, mechanism, presentation, or treatment of some disorder. For example, he or she may have designed a new surgical procedure that reduces subsequent impairments or have directed the evolution of a medical or surgical management method that enhances diagnostic, therapeutic, or prognostic capacities. Such work may relate a particular disease to other disorders or to emerging basic science knowledge.

The evidence of these achievements is found in the periodical literature, prominent textbooks, keynote addresses and leadership of conferences, and, where appropriate, monographic publications recognized as definitive presentations in the nominee's field of interest. The nominee's grasp of the subject is often found in his or her ease at communicating its nature to students. Objective evidence of this is found in teaching awards and in the career progress of the nominee's students.

The third pathway, the *Henry Hurd pathway*, rests on the demonstration that the individual has initiated or revitalized a major program of the institution such that scholarly activities of many people spring from his or her direction, choice of priorities, and vision. This pathway acknowledges that both the promotion of knowledge and its promulgation may depend upon facilities such as hospitals, libraries, computer centers, departmental divisions, and thus upon gifted and committed people who develop methods to enhance the powers of others in medicine and research. This pathway to promotion—the most rarely employed and the most difficult to evaluate—demands both the achievement of a successful administrative enterprise and its scholarly documentation.

Henry Hurd, the first director of The Johns Hopkins Hospital, was the exemplary individual who embodied such achievements. This pathway is characterized by two essential features. First, the individual must have been in office a sufficient length of time to establish a national reputation as an innovative administrative

leader. As a result, these candidates are usually older than those who reach professorship on the other two pathways. Second, the nominee's administrative enterprise must have a scholarly documentation in published form that sets forth thoughtful solutions to contemporary administrative problems that can be employed as models by others. Such documentation is required to assure the PPC that the nominee in his or her role of directing and vitalizing a group of scientists, clinicians, and scholars is doing so according to a method and plan that relates to more than local circumstances.

TEACHING

Perhaps the issue that is most telling of the character of the PPC's deliberations is the evaluation of teaching in promotion decisions. The support of teaching is a major concern of all faculty since teaching is one of their traditional university responsibilities. Effective teaching depends upon communicative and analytic skills that vary widely in any group of faculty. Those who are skilled teachers are invaluable, since they inspire their students and colleagues.

Teaching excellence has a different salience in each of the pathways along which faculty can seek promotion. It is usually most prominent in the Osler pathway, although the PPC looks for and announces its contribution to academic excellence and leadership in the careers of all nominees.

What constitutes the elements of teaching upon which promotion to professor should depend, and which thus may be offered as examples to others? This question sparks extensive debate. The PPC's scrutiny becomes most intense when a nominee's teaching skills are announced as a prime characteristic of his or her role in the department. The usual information the PPC receives is *how* an individual teaches—noting such features as eloquence, organization, liveliness, and the sense of good will students have toward such an individual. But for promotion to professor, something more is demanded.

The PPC looks for teaching that is

challenging and progressive, expressed not so much in the "how" but in the "what" of teaching. The teacher must foster an active engagement over time with a broad range of students, promoting their sense of a discipline and contributing depth to their approach to it. For a professor, there must be evidence of this engagement beyond the goodwill of lecture auditors. We have at Hopkins some figures who are known as profound engagers of students at many levels—undergraduate, graduate, postdoctoral—in an advancing, illuminating fashion in the laboratory, at the bedside and clinic, and in the classroom.

The PPC expects to find evidence of four aspects of teaching excellence in those nominees whose department directors propose their promotion to professor primarily on the basis of their teaching. *Scholarly* evidence in the form of papers, chapters, or books that elucidate a substantial area in contemporary medicine; *attractive* evidence in the form of recruitment of talented people to specific endeavors and divisions at Johns Hopkins (and their subsequent success); *peer* evidence expressed in collaborative enterprises depicting a discipline in symposia, postgraduate courses, and textbooks; *honorific* evidence as in prizes and awards for teaching from both within and outside the institution. Such evidence provides a more compelling argument for a teacher's promotion than a local reputation or an accumulation of testimonials from students.

REASONS FOR REFUSAL

I now describe characteristics of nominees that may lead to their rejection in order to give contour to qualities that bring support from the PPC. But first one should lay to rest a common set of rumors about promotions. There is no set number of publications that is used as a standard. Some nominees have been promoted with fewer than 20 peer-reviewed periodical publications, and others with over 100 have not been promoted. Success does not demand unanimity in the opinions of outside referees, which would make nominees vulnerable to a "blackball"

by letter. Many nominees pass with some dissenting consultant letters. The PPC is alert to aspects of personal animosity, conflict of interest, and hypercritical characteristics of some outside referees and discounts them.

The major hindrance to promotion is vagueness about the career achievement of the candidate. Each of the several pathways to promotion has its own particular markers of success. These should emerge clearly from the nominee's record and are helpfully emphasized in the department director's letter of nomination. Thus, individuals whose achievements are in the realm of basic research and new discovery (Welch path) should satisfy the PPC that they are the prime movers of important projects brought from their starts to logical ends. Also, once it is agreed that a work is itself a complete achievement, the PPC seeks assurance that it is not apprentice work, excellent though it might be, derived essentially from the leadership of the mentoring laboratory where the investigator began.

In assessing both the independence and the completeness of work there can be some uncertainty. However, the emergence of a person from the dominance of a mentor or from a group of successful and impressive collaborators can usually be identified by reviewing the candidate's record of publications and grant support. Also, independence is often clearly evident in the letters from within and outside JHSM that testify to the nominee's leadership.

For the clinician-scholar (Osler path), a sense of the person as an influential authority must emerge. The PPC seeks evidence that the nominee is an experienced, mature, and critical expert in a focused area of clinical study. This area of authority is often a particular disease but just as often it is a broad disciplinary area (e.g., epidemiology, genetics, immunology, transplantation, cardiology) in which the individual's teaching, clinical service, and publishing are progressive and have affected the thought and practice of others.

The published record is crucial for assessing nominees on this path, and

without such coherent crystallization of the individual's knowledge and contributions, the committee will be uncertain of the extent of the nominee's scholarship and its influence on others even with local evidence of excellent teaching and clinical work. The most problematic nominee is one who is recognized as a fine clinician-teacher locally with a particular focus of expertise, but who has never brought together in published form a body of work that charts the extent of his or her personal experience and displays its role in shaping the thought or practice of the nominee's domain. The PPC turns to testimony from outside Hopkins to seek acknowledgement of the influence of the individual in the circle of scholars in his or her discipline. The testimonial letters often speak of the nominee's characteristics as a clinician-teacher and the high regard that others have for the individual as a physician. But absent from such letters may be any indication of the specific nature and form of the nominee's authoritative leadership in contemporary clinical knowledge.

It is from working with the PPC over such candidates that I have learned to champion the importance of advising clinician-scholars to produce monographic publications. These provide evidence of accrued and authoritative scholarship in an area and aid the committee in seeing how the nominee has defined and contributed to a field, enhancing its practice, clarifying its problems, or giving it a sense of direction. This is the kind of scholarship, critical reasoning, and intellectual leadership characteristic of Osler himself, and without such monographic evidence I found that the PPC remained unsure of how the nominee was sustaining the enterprise of fostering progress in practice and thought that is at the heart of our institution. Such uncertainty may even question whether the acknowledged teaching skills are more like indoctrination than illumination.

The administrators-directors (Hurd pathway) are far and away the least common nominees and the most awkward for the PPC. Some members of the PPC question whether this path-

way is a legitimate one for academic promotion and are restive when it is suggested. When this question arose during my time on the PPC, I reminded the inquisitor that managers and even umpires are elected to the baseball Hall of Fame. The PPC has promoted several individuals along this path with acclamation by the advisory board. Testimony from observers outside our school is crucial, particularly testimony that can give evidence that the vision and directions of a nominee are in fact being successfully employed at other institutions. Thus, to be considered significant, an administrative or organizational enterprise has to influence others in the solution of common problems in contemporary science and medicine. This influence must in part be exerted through published work.

FINAL POINTS

Here I deal with a few other issues that are wrapped in the processes and spirit of our procedures.

The decision for promotion rests on a judgment of peers who, *in committee*, reflect on all aspects of the nominee's career. Thus the promotion of a nominee to professor is an evaluative opinion that does not emerge from some formula as though it were a matter of what is due, such as advancement in school grades or a rise in rank through attaining a given number of merit badges. Instead, this selection rests on a committee's judgment of quality built into such terminology as "a leader," "an authority," and "a scholar." Such descriptors are built up from evidence from many sources and not simply extracted like an ingredient for a recipe.

Anyone with experience on committees becomes aware of the problems in employing them to make selective judgments. There is the difficulty of sustaining a consistent vision, particularly as committee membership changes. There is the awkward imbalance within the committee's discussions, where a strong negative opinion tends to outweigh several positive voices. There is a recurring tendency to simplify the judgment into a set of

narrow factional expectations that dodges consideration of the diversity of excellence and achievement expressed in the various enterprises of nominees.

These are unavoidable tendencies of the committee method. The safeguards against them include the limitation of the tenures of the committee members, which means that experience with the committee eventually becomes widely shared in the senior faculty. Review of each decision by the advisory board and occasional visits from the dean to go over past committee actions and encourage certain directions and emphases are more immediate controls on the committee's judgments. The best safeguard is the ongoing series of discussions in repeated meetings of the committee, where several sources of influence on the committee's decisions become salient.

One source is the institutional memory, or repository of tradition, that identifies the expressions of excellence that have characterized the selections of the past. Often the attempt to articulate this tradition is presented in terms that are appropriately general so that the future is not restricted even as the past is not forgotten. In the committee, these matters emerge in discussion of recent exemplars of careers that resemble the nominee's and in attempts to identify pathways to promotion with historic exemplars.

A second and more immediate source of influence in promotional selection is the committee's knowledge of and acquaintance with leaders elsewhere who are seizing the scientific and technical opportunities in medicine today with vision and energy—individuals whose generative contributions can be compared with those of nominees. It is in this fashion that individual achievement is identified and rewarded and also that trivial pur-

suits are contrasted with innovative and productive careers. These considerations demand a broad comprehension by the committee of current circumstances favorable to future progress in science and medicine.

There is nothing unique to medical schools about these two influences. Success in a pencil factory, a restaurant chain, or a sports franchise rests on an appreciation of identical linkages between tradition and the challenges of the present. As in all these and many other enterprises, selection through promotion cannot have a machinelike character, as though "material" were being "processed," because the input characteristics are never the same. Each individual, even in the same discipline, reexpresses in some unique fashion the aims of a given professional life and career. The quality of these reexpressions must be compared with the internal vision of the institution and the quality of the achievements of others who are facing or have faced similar opportunities in each of the professional disciplines.

However, it remains true that comparison is at the heart of the PPC's work, and comparison is ever personal and problematic. The committee members, however, are "on the side" of the nominee and of his or her department director by virtue of their collegial relationships and mutual interdependence with all faculty. They do not see themselves as barriers to promotion but as interpreters of its aim—to identify, reward, and so encourage activities and careers that can be emulated by others. The PPC does not like to reject individuals. In fact, it is the effort to find the strongest case for a nominee that slows the process of committee action most significantly.

The committee does promote the majority of nominees. Those whom they reject, they try to instruct. Those whom they support, they cheer, both within the meetings and afterwards,

taking much pleasure in celebrating the accomplishments and personal qualities of each new professor. Certainly when I was chairman of the PPC, I enjoyed describing to the advisory board the careers and achievements that emerged from our review and long afterwards have rejoiced in my special, hidden acquaintance with the lives of these fine people that I gained by being a member of the committee.

All of this leads to a conclusion about an even more critical matter of the spirit behind the extradepartmental promotional process. Does it have the quality and simplicity of Darwinian exercises—letting the "fittest" emerge from a process that does not bear scrutiny while we on this committee sit back and salute the victors? Neither I nor the committee's members think so. We see the promotional enterprise in more Jeffersonian terms, with an ideal of quality in mind and a continuing effort to articulate this ideal through the selections. The PPC hopes to show by its responses to nominees the many and various ways in which this ideal may be manifested. For we at Johns Hopkins are seeking to identify and encourage the best people we can find in any endeavor.

Promotion is something desirable on everybody's part. Desirable for the individual who achieves promotion, of course, but also desirable for the institution, particularly if it can be a means of directing the faculty along lines that are productive and bring success to everyone involved. From my experiences with the PPC at Johns Hopkins, I maintain that any effective promotion committee must strive to be both critical and friendly toward all individuals affected by the committee's actions, for this is the best way to make the kinds of decisions that will best sustain the excellence and collegiality of the institution's faculty.