



STANFORD
M E D I C I N E

Up or Out: Issues in Negative Promotion Decisions MCL

Linda M. Boxer, Vice Dean

Cheryl Gore-Felton, OAA Associate Dean

Jim Brooks, OAA Associate Dean

Outline of Topics

- MCL Examples for Consideration for Promotion to Associate Professor
 - #1 Low scholarly productivity
 - #2 Issues with clinical care and professionalism

(Note that these are fictional examples)

Overall Mix Criteria

- Excellence in the overall mix is required
- Performance that falls below this standard of excellence in either the primary area or in clinical care, or that falls below the standard of acceptable performance in a secondary (non-clinical care) area will normally result in a negative decision



MCL Promotion Criteria-Overall Mix

- Promotion to the rank of Associate Professor in the MCL will be considered for those who have demonstrated excellence in the overall mix of clinical care, teaching, scholarly activity that advances clinical medicine
- Written scholarship that advances the field will nearly always be required

MCL Promotion Criteria

- Factors considered in assessing scholarship may include (but are not limited to) the following: scholarly activity and productivity; impact, innovation and creativity; recognition in the field; ability to work effectively as part of a research team; effective communication; professionalism; institutional compliance and ethics



MCL Promotion Criteria cont'd

- Scholarship conducted by MCL faculty may result in achievement in a more narrowly defined field than in the UTL
- There should be evidence that the candidate has attained regional recognition for excellence in the overall mix of contributions

MCL Promotion Criteria cont'd

- Evidence accumulated during the review process should provide information regarding the nature of the faculty member's substantive contribution to multi-author works, as well as the impact that the publications have had in advancing medicine



MCL Example #1 p1

- K23 in first year as assistant professor so had 75% time for scholarship for 5 years. After 5 years and the end of the K23, had 40% protected time for scholarship (clinical 50% and teaching 10%)



MCL Example #1 p2

- At reappointment (initiation 1 year in advance of appointment end date), one middle author publication with previous mentor
- Clinical evaluations fine
- MedHub evaluations mostly ok with some comments on the need for better availability and more teaching



MCL Example #1 p3

- What are the options at the time of reappointment consideration?
- Reappointment is usually for a 6-year term—when is a shorter appointment term appropriate?
- How should this faculty member be counseled?



MCL Example #1 p4

- Counseling memo should clearly state that scholarly productivity is low, and trajectory toward promotion is not good
- Plan for quarterly meeting with chair/chief and mentor to discuss plans to improve scholarship
- Encourage and promote involvement with regional and national professional societies
- Continue with clinical excellence and find more opportunities to teach trainees



MCL Example #1 p5

- Annual counseling memos continued to document the need for more scholarly productivity, regional activities, and enhancing teaching opportunities
- During the seventh year in rank, there is a mandatory written counseling memo requirement to evaluate and document the performance in light of the criteria for promotion



MCL Example #1 p6

- In the seventh year in rank, the division chief met with the faculty member and evaluated the performance and trajectory toward promotion, and a written counseling memo was prepared
- It was documented that scholarly productivity needed to increase for successful promotion, and evidence of a regional reputation was lacking



MCL Example #1 p7

- End of the 9th year (time to launch review):
 - 7 publications, one as first author with mentor, others as middle author; 2/7 are case reports
 - Publications are on a range of topics, difficult to see what research focus is
 - Cannot clearly document candidate's substantive contributions to the multi-author works



MCL Example #1 p8

- No peer-reviewed funding, but this is not a requirement
- Invited talks are all local
- No involvement in regional or national professional societies
- Are there options at this point?



MCL Example #1 p9

- Letters from referees:
 - Brief letters, referees do not know the candidate and recite the CV in the referee letter
 - Three did not write stating that they did not know the candidate
 - Several comment on likely difficulty with promotion at their institutions



MCL Example #1 p10

- Trainee letters and MedHub evaluations are fine
- Clinical excellence surveys are average but no issues identified

MCL Example #1 p11

- What is the likelihood of successful promotion to Associate Professor?

MCL Example #1: Discussion of Issues

- Written scholarship is required, and there are very few publications
- Of more importance than the number of publications is the **impact** on the field
- In this case, there are publications in multiple fields (with little impact)



MCL Example #1:

Discussion of Issues cont'd

- There is no clear substantive contribution of the candidate to the multi-author publications
- Regional reputation is required and is not present in this case; involvement in professional societies would have helped
- Recognition in the field is lacking



MCL Example #1: Discussion of Issues- Clinical and Teaching

- Teaching evaluations (MedHub) are positive, and trainee letters are also positive
- CES show average scores with positive comments
- Internal referee letters value the candidate's clinical contributions



MCL Example #1

- What was the outcome of the promotion review?
- What are the options for this candidate?



MCL Example #1 Outcome

- Highest proportion of time in clinical care, and excellence was obtained
- Is this sufficient for promotion with the rather weak scholarship? (40% protected time is more than minimum required so anticipation is that output is higher)
- Regional reputation is required and is lacking in this case; could chair/mentor have helped with this by membership in committees of professional societies and/or invited talks?



MCL Example #1 Questions

Questions or discussion?



STANFORD
M E D I C I N E

MCL Example #2-p1

- At reappointment, 2 senior author publications in excellent subspecialty journals and several collaborative publications
- A few invited talks beyond local area
- Has career development award



MCL Example #2-p2

- MedHub evaluations show low scores and negative comments about lack of teaching, availability, belittling trainees, occasional angry outbursts
- No improvement seen over years 1 through 3 in evaluations



MCL Example #2-p3

- CES show many scores of 2 (below expected level at Stanford) and several scores of 1 (significant concerns)
- Comments on CES reflect concerns over clinical knowledge, poor communication skills, and issues with professionalism



MCL Example #2-p4

- External referee letters very positive
- Some internal referees describe difficult interactions
- Half of trainees declined to write or discuss candidate; the others described lack of teaching, the need to seek clinical advice on patients from other physicians, lack of respect for others on the healthcare team



MCL Example #2-p5

- Annual counseling memos in years 2 and 3 described the need to increase clinical knowledge and to act in a professional manner; informal reviews of clinical cases did not reveal negative outcomes
- The division chief instituted quarterly meetings in year 3 to review MedHub evaluations and feedback from faculty



MCL Example #2-p6

- What are the options at the time of reappointment consideration?
- How should the faculty member be counseled?



MCL Example #2-p7

- Decision was made to reappoint for 3 years instead of 6 years to allow monitoring of issues
- Counseling memo outlined the reasons for the shorter appointment term with a plan for coaching, continuation of quarterly meetings with chief, regular review of MedHub evaluations, and another CES in one year



MCL Example #2-p8

- Annual counseling emphasized the need for continued scholarship and regional recognition, professionalism with trainees, open and positive mentoring style, increased clinical knowledge and proficiency

MCL Example #2-p9

- MedHub evaluations did not improve, trainees requested to not have to work with candidate
- CES in year 5 continued to show low scores
- The candidate declined to continue working with the coach after 3 meetings stating that there was no value in it
- Career development award ended, and scholarship time decreased to 40%



MCL Example #2-p10

- End of the 6th year (time to launch review)
 - 5 additional senior author publications in excellent journals; several collaborative publications
 - Has a multi-PI R01
 - Multiple invited regional and national talks

MCL Example #2-p11

- External referee letters are very positive; discuss scholarly contributions
- Internal referees brief and many have negative comments about difficult interactions



MCL Example #2-p12

- Trainees:
 - Former trainees described lack of respect, low clinical proficiency
 - Half of current trainees declined to participate
 - The others requested confidential conversations citing concerns about possible retaliation



MCL Example #2-p13

- Themes from confidential conversations:
 - Treated with a lack of respect, outbursts of anger, belittling, difficult to contact
 - Poor interactions with patients and members of the healthcare
- MedHub scores low with comments reflecting these issues



MCL Example #2-p14

- CES scores low in communication and professionalism; low to average in clinical proficiency but some improvement from earlier CES

MCL Example #2-p15

- What is the likelihood of successful reappointment or promotion?

Standards of Excellence, Acceptable or Unacceptable Performance

- Excellence: consistent with the high standards of Stanford University
- Acceptable: Less than excellence but exceeds the basic professional competence standards
- Unacceptable: Below the standard for acceptable performance expected of a Stanford faculty member



Criteria—Clinical Care

- Excellence in clinical care is a requirement
- Includes: general clinical proficiency
 - Effective communication
 - Professionalism
 - Systems based practice with coordination of care and consideration of cost of care



Criteria—Teaching

- Excellence (if highest proportion of time), otherwise acceptable performance is required
 - Knowledge of material
 - Positive style of interaction with trainees
 - Availability; professionalism
 - Effective communication skills
 - Helpfulness in learning



Respectful Workplace

- Provide a work environment that is conducive to teaching and learning and research
- Respect each person's worth and dignity
- Faculty members, in particular, are expected to treat all members of the Stanford Community with civility, respect and courtesy, and with an awareness of the potential impact of their behavior on staff, students, and other faculty members



MCL Example #2: Discussion of Issues- Clinical Care

- Clinical care:
 - Likely not excellence in clinical performance
 - Questions on clinical proficiency
 - Lack of effective communication
 - Lack of professionalism



MCL Example #2: Discussion of Issues- Teaching

- Teaching (excellence or acceptable required):
 - Issues with style of interaction with trainees
 - Lack of availability
 - Lack of helpfulness in learning and ability to stimulate further learning
 - Difficulty with communication
 - Lack of professionalism
 - Does not treat trainees or other members of the health care team with civility, respect and courtesy



MCL Example #2

- What was the outcome of the review?
- What are the options?

MCL Example #2 Outcome

- Highest proportion of time in clinical care; reviewers decided it did not meet the criteria of excellence even though some improvement was seen over time
- Teaching: below acceptable performance
- Professionalism and respectful workplace: issues in these categories



MCL Example #2 Questions

- Questions or discussion?

Other Issues for MCL

- No first or last author publications
- Negative trainee evaluations
- All or most of publications are with former mentor
- Cannot establish regional (or national) reputation



Best Advice for Successful Promotion

- At least annually: full counseling and assessment of performance in all missions
- Honest feedback for need to improve with plan to assist with improvement
- If you're not sure if there is an issue or what to advise, please talk to us at OAA

