DEPARTMENT OF RADIOLOGY

Getting Promoted From Assistant to Associate Professor on the Tenure Track

Departmental Tenure Guidelines

The following is a suggested timeline from the Department of Radiology, to aid in the process of promotion in the Tenure Track of the SMPH. This does not replace the SMPH guidelines that should be followed. The Tenure track is emphasized by a scholarly approach to clinical activity, teaching, leadership and/or research.

These guidelines should be presented to junior faculty at the time of their appointment and orientation to the Department of Radiology. It is recommended that these guidelines are shared with potential faculty candidates at the time of their interview and recruitment to join the Department.

As described in the Standards and Criteria of the Executive Committee of the Biological Sciences Division, to achieve tenure, a candidate must demonstrate an ability to: (1) generate new knowledge or develop new approaches to problem solving and/or teaching that indicates creativity and has substantial impact on the intended audience; (2) effectively communicate scholarly information orally and in written form to students, colleagues and the public; and (3) enhance the scholarly environment of the University community.

Faculty members who reside in academic radiology departments in the US play a key role in the development of new imaging techniques and image-guided procedures, and translating them into clinical practice through education of other health care professionals and clinical service to patients. Therefore our research, teaching, and service opportunities extend from the basic science of developing new imaging equipment and techniques to the application of these new methods in patients and dissemination to other health care professionals. The translation of this research to clinical medicine may span from single center studies demonstrating the feasibility of novel imaging techniques, to health services research aimed at understanding the role of imaging in population health. Faculty members are expected to educate medical students, residents, practicing physicians, and graduate students through didactic lectures and hands-on supervision and mentorship.

Generation of new knowledge through research

There are at least two scenarios for faculty in the Department of Radiology to achieve tenure due to the unique nature of our role in translational and interdisciplinary research. In the first scenario, the candidate is expected to develop an independent research program, with evidence for peer-reviewed extramural support, including funding from the NIH or similar national funding agencies. A track record of expanding research funding from career development and foundation awards during the probationary period is expected. A second scenario involves “interdisciplinary team research,” where multiple investigators are involved in a project and defining an individual’s contribution is often less clear but nonetheless essential to high quality investigations. Therefore, in scenario 2, the faculty member demonstrates unique and independent contributions to an interdisciplinary team of researchers. In this case, the faculty member may serve as a co-investigator on an interdisciplinary research grant, or PI on a sub-
grant in a program project grant, or a multicenter research program, as long as the individual’s creativity and unique contributions can be documented. In the case of excellence in teaching, it is expected that the candidate also demonstrates a sustainable program and a scholarly approach to education, with extramural funding for the program from a major foundation or national society in Medicine. National Leadership could also be demonstrated through lead authorship in an important textbook and synthesis of scholarship in their field.

**Communication of scholarly activity**

The faculty member is expected to have multiple publications during the probationary period, with evidence for increasing productivity and impact of the publications during the probationary period. The publications should be in high impact journals such as Radiology, AJR, or the leading subspecialty journals in the candidate’s field and should generally be focused on the candidate’s research topic. Effective oral communication includes presentation of peer-reviewed scientific abstracts at scientific conferences (e.g. RSNA, SNM, ISMRM, SGR, ASNR, SSR, ARRS), and invited lectures at scientific meetings and other venues for communication of scholarly activities (visiting professorships at other Universities, CME lectures, etc.). In addition, effective teaching is documented through course evaluations and quantitative documentation of a faculty member’s evaluations by his/her trainees, including medical and graduate students, residents, fellows, and continuing medical education students.

**Demonstration of the enhancement of scholarly activity at the University**

This is documented by the internal and external letters of evaluation, which should clearly demonstrate a candidate’s national reputation for advancing knowledge in his/her field.

**Demonstrating Excellence and Significant Accomplishment**

**Research:** Excellence and significant accomplishment in research refers to the generation of knowledge and its communication to the scientific community. The candidate must develop an original research program of high quality which makes a continuing and substantial contribution to science. The development of one or more, independent, coherent, and significant lines of research is essential.

**Scenario 1 Investigator initiated research**

Principal Investigator on NIH R01 (or equivalent)
15 publications during the probationary period while at UW (at least 10 as corresponding author – first or last author). The publications should be in high impact journals and at least 5 should be focused on the candidate’s research topic. Publications prior to joining the faculty at UW are discounted.

Excellence in research can be found in many forms including traditional investigator initiated and directed research. Research, however, also includes “team research” where multiple investigators are involved in a project and defining an individual’s contribution is often less clear but nonetheless essential to high quality investigations.

**Scenario 2 Team Research**

Co-Principal Investigator on NCI Program Grant (or equivalent)
15 publications during the probationary period while at UW (at least 10 as corresponding author – first or last author). The publications should be in high impact journals and at least 5 should be focused on the candidate’s research topic. Publications prior to joining the faculty at UW are discounted.

Care is needed in describing and recognizing the candidate’s involvement in such research activity. In addition, clinical research, or translational research, has become particularly appropriate and important for faculty in Schools of Medicine and Public Health. Clinical research programs must demonstrate the generation of new knowledge and a record of sustained activity.

Scenario 3 Clinical research funded through foundations (Howard Hughes Foundation etc.)

Principal Investigator for multiple clinical research projects supported by extramural sources.

15 publications during the probationary period while at UW (at least 10 as corresponding author – first or last author). The publications typically in clinical journals and at least 5 should be focused on the candidate’s research topic. Publications prior to joining the faculty at UW are discounted.

Teaching: Excellence and significant accomplishment in teaching refers to the quality of the candidate's classroom (e.g. medical student) and clinical teaching. Mentor teaching may strengthen a case but cannot ordinarily serve as the primary basis for accomplishment in teaching. Excellence in teaching requires a national or international reputation as demonstrated by scholarly work.

When a case for either significant accomplishment or excellence in teaching is to be made, the department is required to provide evaluation based on peer review of the candidate's teaching activities covering the probationary period. The peer review should be continuing, beginning in the second year. There should be substantial observation of the candidate. The role of a teacher is to participate in the teaching of medical students and residents, be recognized as an excellent teacher, serve as a trainee mentor, and provide minimal service on national and departmental or institutional education committees. Accomplishments in teaching must be documented. Evaluations by students and residents are essential.

When a tenure case is to be based on teaching as the primary area of excellence, the department, in addition to the ongoing departmental peer review, must provide additional credible evidence for excellence in teaching. It is recommended that an ad hoc peer-review committee composed of two or more members from outside the department be appointed by the departmental executive committee.

The criteria for promotion based on excellence in teaching may include the following: (1) be a recognized national leader in education; (2) demonstrate achievement in leadership positions in national organizations whose primary focus is education; (3) attain a leadership position in education at a medical school, such as vice dean or assistant or associate dean for medical education; (4) serve as a visiting professor in education at other medical schools and universities; (5) document landmark contributions to education research and development; (6) achieve a sustained record of significant scholarly activity in education; (7) develop and implement highly innovative curriculum models or teaching programs that have received widespread national
and/or international acclaim; (8) assume significant administrative responsibility in education administration at the departmental and/or medical school level; (9) serve as a peer reviewer of educational articles for journals and/or serve on the editorial board of education journals; (10) be recognized by a national society for major accomplishment in education; (11) pursue further training in education through courses, workshops, faculty development programs, or participation in an educational fellowship program; (12) mentor other faculty members locally and nationally; and (13) be considered an education resource locally and nationally

Examples of educational scholarship in Radiology related to teaching:

**Recognized national leader**
- AUR Joseph E. and Nancy O. Whitley Award
- APDR Achievement Award
- RSNA Outstanding Educator Award
- Faculty Leader of RSNA Faculty Development Course
- Participant on national educational planning committees and task forces

**Leadership positions in education in national organizations**
- Chair of Education Committees (AUR, AMSER, STR, APDR, ARRS, etc.)
- Member of radiology RRC

**Leadership position in education at medical school**
- Assistant Dean of GME
- Chair of UW GME Committee
- Radiology Residency Program Director
- Department Vice Chair of Research

**Visiting Professor**
- Description of named professorships and those VP invitations based on educational scholarship and requests to speak on educational topics

**Landmark contributions to education**
- Publication of major textbook (audience, published reviews)
- Publication of Manual for Radiology Program Directors (published in peer-reviewed journal, Academic Radiology)
- Development of radiology educational research grants program, sponsored by RSNA, APDR AUR and SCARD (description of grants program and role in development)

**Sustained record of scholarly activity in education**
- Number of peer-reviewed publications related to medical education
- Number of local, regional and national presentations on medical education
- Description of intramural and national medical education research grants received

**Innovative curriculum models with national acclaim**
- Cardiopulmonary curriculum for radiology residents (adopted by APDR and STR and published on both websites and in Academic Radiology)
- Cardiothoracic curriculum for medical students (adopted by STR and AMSER and published on both websites and in Academic Radiology)

**Educational Editorial service**
- Review manuscripts related to medical education (number of journals and manuscripts reviewed per year)
- Deputy Editor for Education for Academic Radiology
- Associate Editor of Education for Journal of the American College of Radiology

**Pursued further training in education**
• AAMC Fellowship in Medical Education Research (description of fellowship)
• AJR Figley Fellowship in radiology journalism (description of fellowship)
• Master’s degree in Education

Mentor other faculty members locally and nationally
• Number of residents mentored as program director (describe resident academic achievements)
• Number of medical students mentored as Sponsor of Medical Student Radiology Interest Group (describe student achievements during mentorship)
• Names of junior faculty and fellows mentored and description of their academic achievements

Education resource
• Development of Radiology Educator’s Portfolio (description of template portfolio for promotion)
• Development of comprehensive evaluation instrument for assessing national CME courses (adopted by STR and published)
• Key participant in STR’s successful pursuit for accreditation by the ACCME (describe role)
• Description of educational materials developed (videotapes, CDs, syllabi, manuals, curricula, etc.)

Service: Service cannot function as the primary area (i.e., as the area for demonstration of excellence) for the granting of tenure, but it may serve as an area of significant accomplishment. This does not include clinical service. Service in this context refers to the candidate’s participation in scholarly activities such as reviewing manuscripts for journals, participation in regional and national scientific committees, NIH study sections etc.

Extension and Outreach: Evidence of excellence and significant accomplishment must be provided by recognized outreach/extension specialists in the candidate's field outside UW–Madison. The candidate must demonstrate that (1) designed and implemented programs are innovative and of high quality, (2) a favorable impact has resulted from these programs, and (3) successful outreach/extension research results have been published in an effective manner.

Timeline for promotion

Proposals for promotion should be submitted when the departmental executive committee and Chair consider that the candidate's contributions justify such action. **Consideration for promotion to tenure before the sixth year is strongly discouraged.** A decision on tenure must be made before the end of the sixth year. A recommendation for promotion to tenure in the terminal year of the probationary period must be submitted to the Executive Committee at least three months before the end of the probationary period.

Chronology of Internal Review during Probationary Period

**YEAR 1** An internal review committee (mentor committee) will be created for you, read guidelines and start documentation. Planning for Promotion is never too early! Know your timeline (clock). -
  o Before completion of 6th year is “early”
  o Typical = 7th year
  o Promotion must begin no later than beginning of 7th year
No timeline requirement for advancement to Professor

1. **Internal Review Committee/Mentor Committee** (*See Faculty Mentoring Plan*) – A Mentor Committee will be set up to guide the candidate through the promotion process and meet annually. Mentor Committee is/will
   - Appointed by the Chair of the Department
   - Meet yearly at a minimum
   - Be proactive

2. **Guidelines and checklist** - Read the guidelines thoroughly. You should have received a copy of the guidelines when your mentor committee was set up. If you did not receive a copy, it is located on the web at:


3. **Documentation** is very important. You should be documenting all conferences, lectures, seminars, presentations, and committees from the beginning of your appointment. Creating a State/Regional/National/International reputation is important.
   - Keep Everything
   - Hand out your own evaluations if they are not provided
   - Tabulate evaluations in a summary (esp. if teaching is area of excellence)
   - Update CV regularly (every 6 mo)

4. **Curriculum Vitae** - May want to format according to the promotion guidelines. The promotion CV will have all documentation needed to set up the dossier. Keep updated at all times.

   **YEAR 2-5**  Meet with your mentor committee at least yearly. Direct scholarly activities towards two areas of performance. Excellence in one area and Significant Accomplishment in another - Identify your area of excellence and accomplishment.

   Examples:
   - Research – “generation of knowledge and its communication to the scientific community”
   - Teaching - “requires a national or international reputation as demonstrated by scholarly work”
   - Outreach – “dissemination of information derived from scholarly inquiry for the benefit of society”
   - Service – cannot be your area of excellence
   - Integrated – “faculty activities in teaching, research and outreach are integrated such that their impact upon the field of study, when viewed as a whole, is demonstrably enhanced through the synergies created among the areas of activity (i.e., have a multiplier effect)”

1. **What is Excellence?**
   - Demonstrate a national/international reputation within the chosen area of excellence.
Providing excellent patient care and teaching to medical students and residents within the context of patient care is expected. It’s not enough to be a good doctor within the UW community.

2. **Take a “Scholarly Approach”**
   - Not just peer-reviewed journals!
   - Abstracts
   - Oral or poster presentations at meetings
   - Organizing or delivering workshops at meetings
   - Novel educational products like web-based technology
   - Professional leadership in state/regional societies
   - **MAKE THINGS COUNT TWICE!!**

3. **Establishing a Regional Reputation**
   - Go to meetings- network, network, network!
   - Consider state/regional meetings
   - CME
   - Volunteer
   - Professional society committees
   - Organizational committees for meetings
   - Reviewer
   - **MAKE THINGS COUNT TWICE!!**

4. **Research Issues**
   - Find collaborators
   - Find research mentors
   - Be pragmatic and flexible with research goals
   - Take advantage of your clinical work - make it count twice too!
   - Grant funding

5. **Teaching Opportunities**
   - Seek them out!
   - 3rd year IM Clerkship Mentors
   - PDS small group leaders
   - Pathophys small group leaders/lecturers
   - 4th year Therapeutics course lecturer
   - IM resident curriculum
   - Discussant for Tissue Conference

**YEAR 6-8** If promotion is decided, start a list of outside evaluators and write personal statements.

1. **Letters of Evaluation** – At least six letters of evaluation are required with at least five “arm’s length” letters. In the area of teaching, in addition to the “arm’s length” letters, letters from peers at UW-Madison are requested and desirable.
   - **Arm’s-length** experts in the field. “Should not have worked together at the same institution or been in student/mentor relationship”.
   - A brief statement on each describing the qualifications of each expert and the professional relationship between the candidate and the expert is needed.
2. **Personal Statements** – A statement on each area (Excellence and Significant Accomplishment) needs to be written. Statements should not be more than 2 pages in length and need to be reviewed by the candidate’s mentor committee and/or Section Head.

3. **Publications** – The list of publications need to include the candidates’ contribution to each publication. (except abstracts)

   Example: Co-author, Candidate, Co-author. Title of publication. *Journal Name*. Year; volume(issue): page-page. (a) 70%, (b) 90%, (c) 80%, (d) 90%. I served as primary author and originator of the technique. (or, I was senior author and mentor to the first author.)

   Key:  
   (a) = concept development and design  
   (b) = data acquisition  
   (c) = analysis  
   (d) = writing

You will be working with your section administrator and Education Coordinator, as you prepare your promotion package.

**Preparation for Promotion Review**

**Timeline for Promotion Packet**

- Spring before packet submitted
  - Meet with Mentor Committee
    - Submit a draft of your personal statements
    - Update CV
    - Identify letters of reference (with mentor committee) to submit to Chair
    - Mentor Committee Chair will write a letter to be included in dossier

- Summer of packet submission
  - Letters sent from Chair to references
  - Completion of packet
  - Packet due to medical school in December

At your annual meeting you will discuss with your mentor committee the appropriate time to go up for promotion. The mentor committee will decide when to approve you to go up for promotion. After the meeting, the mentor committee sends its recommendation to the section head, who approves it and then submits it to the Chair of the Radiology who approves it.

Updated CV and personal statements are submitted to the Department of Radiology Executive Committee for their approval.

Immediately after your meeting with the mentor committee, start working on your package. Priority = personal statements; list of referees; up-to-date CV formatted to guidelines. Begin annotating your annotated list of publications. Meet with your mentor committee as needed (review statements). Gather all teaching evaluations.
Once statements and referee list are completed, give to Education Coordinator. S/he will give them to Department Chair to approve. Once they are approved, s/he will then mail out the letters to outside referees will include the statements and CV. Referees are given about 6 weeks to get their letters back. They are given follow-up reminders.

Meet with section administrators and/or Education Coordinator as needed. Continue to work on package preparation for all areas of package, following the Tenure checklist. Keep adding and revising package as new items become available. Meet with mentor committee as needed to review package.

**Faculty Mentoring Plan and Internal Annual Review**

**Internal Review Committee/Mentor Committee** – Although the term “mentor” can have both psychosocial and instrumental aspects, the Department of Radiology Mentor Committees are charged primarily with the instrumental aspects of advising you on how best to achieve promotion within the guidelines established by the University of Wisconsin-Madison. The committee can also advocate for you in its annual recommendations and serve as an advisory group to assist you in prioritizing the activities in which you agree to participate. At the first meeting, it is important to clarify that you and the members of your committee have the same expectations of your relationship.

**Membership:** The committee should have 2-4 members and include members with expertise in areas that will assist you in your career advancement. For example, you might include faculty members with expertise in a research area related to your work or someone who has experience with mentoring other junior faculty in similar situations toward successful promotion (e.g. PhD in a clinical department, area of excellence in teaching, or clarifying independence in an interdisciplinary research program).

The individual to whom you have a direct reporting relationship who controls your salary, research space, access to resources, or makes clinical assignments should not be a member of your Mentor Committee because of the potential conflict of interest. In most cases, this will be your division/section chief but in some cases may be a center director. However, you should meet at least annually with your division/section chief or others to whom you are a direct report to review the assessments and recommendations from your Mentor Committee.

Additional members may be added and members may also be removed (e.g. if a faculty member in your division/section becomes your division/section head) at your request. Requests should be made in writing to the Education Coordinator.

**Frequency of meetings:** At least annually (feel free to contact individual members of your committee in between formal meetings for advice or assistance with problem-solving).

**Process for Creating a Mentor Committee:**

1. The Department Chair appoints mentors to your mentor committee by the end of your first 6 months of your appointment.

2. You may provide a short list of people you would like to have as additional members of your committee.
It is acceptable to have faculty members from outside the department as committee members, but not as the chair of the Mentor Committee.

4. The Education Coordinator, on behalf of the Department Chair, will send letters inviting the proposed members to serve.

5. When all the candidates have agreed to serve on the committee, you will be notified. The Education Coordinator will begin coordinating the first mentor committee meeting, typically by the end of your first year as faculty.

The Annual Mentor Committee Meeting and Internal Review:

1. The chair of the committee receives a reminder from the Education Coordinator alerting them that your annual meeting is due.

2. The chair of the committee’s assistant is responsible for setting up a time for you to meet with all members of the committee who can attend. We encourage you to set up individual meetings with any members who cannot attend.

3. Prepare the following documents to be sent to the mentor committee members prior to the meeting:
   • An updated CV
   • A summary of clinical/teaching/service duties over the past year
   • A summary of progress toward promotion in the areas outlined in the letter of offer (e.g. research, teaching, clinical work, administration)
   • Short term goals for the upcoming year
   • Longer term goals
   • Evolving statement of your teaching philosophy
   • Review of your teaching evaluations (if applicable)

4. Come prepared to walk the committee through these materials (and review before each meeting the tenure criteria).

5. Highlight what is working and what is not working well.

6. Bring up any issues that might be impeding your progress and solicit advice from the committee members.

7. The Mentor Committee chair will submit a summary letter to the Department Chair, Division/Section Leader and faculty member outlining your progress, and any areas of recommendation. If you are not meeting the promotion criteria, the summary should include a plan addressing how the issue(s) will be resolved before the next review.

Mentoring Responsibilities of the Division/Section Chief:

1. Although not usually a member of the formal Mentor Committee, one of the most important roles of the Division/Section Chief is to mentor all faculty members in his/her section. The Division/Section Chief has responsibility, in many cases, for clinical and teaching assignments, protecting research time, and assigning administrative duties. These should
align with the letter of offer.

2. The Division/Section Chiefs should have a face-to-face meeting with the junior faculty member following receipt of the annual summary letter from the Mentor Committee.

**Promotions Committee:**

1. In most cases, the Mentor Committee will serve as the Promotions Committee, reviewing with the candidate names of letter-writers (e.g. for tenure, at least 5 letters must be from people who can comment knowledgeably on the applicant and have no current or past affiliation with him or her).

2. In other cases an Ad Hoc Committee will be formed consisting of a member of the candidate’s Mentor Committee, the candidate's Division/Section Chief, and the Education Coordinator.

**Responsibilities of the Department of Radiology Chair:**

1. The Chair invites and approves Mentor Committee membership and reviews annual Mentor Committee summary letters.

2. The Chair meets with Division/Section Chiefs to discuss at-risk faculty members and mediates disputes between the Division/Section Chief and faculty member.

3. The Chair also adjudicates differences between the Mentor Committee and Section/Division Head so as not to put the junior faculty member between these two entities.

**Responsibilities of the Junior Faculty Member:**

1. Assure that Mentor Committee is established within the first 12 months of appointment

2. Distribute materials as above to Mentor Committee members in advance of annual meeting

3. Assure that efforts align with those in appointment letter

4. Follow advice of Mentor Committee

**Additional Information**

Track Transfer from Tenure to Clinical Teacher Track

- Only if “clear evidence of a change in the individual’s duties, activities, or career goals and expectations from those specified in the original appointment”
- OR “must be clear evidence of the inappropriateness of the track choice for the initial appointment.”
- No later than during the 3rd year of clock.
Clock Extensions

- Extensions may be granted for:
  - Childbirth, adoption
  - Elder or dependent care obligations
  - Disability or chronic illness
  - Circumstances beyond control of faculty member
  - Generally must be made before the beginning of the 8th year

Part time timeline:

- Part-time clocks are as follows:
  - 50-75% = half-time clock (max tenure track is 12 years and max CHS track is 16 years)
  - 76-100% = full time and all above guidance applies