

Stanford Career Tips for Junior Faculty

(A general statement for the Mentoring Program)

Most Stanford faculty are terrific, so most do well and are promoted through the ranks. However, watch out for pitfalls. A faculty job is no longer a sheltered training position, even though faculty will, hopefully, continue to keep learning throughout the career. A faculty position requires deliverables, in terms of clinical service, teaching, publications, grants and service to the school and general community. These vary across types of appointment. Know the needed elements for promotion in your type of appointment. Learn about resources to help achieve your goals, and set a timeline to achieve those goals.

Getting reappointed and promoted

1. Focus: Start to become known for some special clinical or research expertise. Build papers and activities around this focused area.
2. University Tenure Line: If in the UTL, live or die by your peer-reviewed publications, outside letters of evaluations and ability to get grants. You should be an excellent clinician, but clinical service is not a key feature of promotion.
3. Medical Center Line (MCL): If in MCL, you need to achieve a balance of clinical recognition (do your letters say doctors refer to you for your expertise and quality care?), scholarship and teaching. You can be promoted by being excellent in 2 of the 3, but you have to be competent in all.
4. Clinician-Educator (CE) Track: If in the CE track, excellent clinical service and teaching are key to reappointment. Publishing papers is encouraged, but publications are not required in this track. Recent changes in rules have allowed being PI on many different types of grants.
5. Other Lines: Stanford has other faculty lines, including a Research Line suitable to specific programmatic needs, and an Education line, which is about doing research and writing in the field of Medical Education. Adjunct faculty have courtesy appointments, and should dedicate at least 100 hours per year to Stanford activities.
6. Switching Lines (Tracks): The Dean's Office discourages switching from UTL to MCL to CE or vice-versa, especially if promotion seems likely to fail in the current line. The Medical School considers all lines equally important, none a "consolation prize," and each line appropriate to a particular mix of activities. However, if a faculty member truly is in the wrong line for the balance of their work and interests, then a switch may be possible.

7. Teaching: Teaching requirements can be satisfied by strong evaluations from students, residents and fellows who work with you in the clinical programs or didactic lectures in courses.
8. Formal Teaching in Courses: Organizing and teaching a medical school course is strong evidence of teaching, but it can actually hurt you if evaluations are unfavorable, or if it interferes with publishing in UTL or MCL. Be an excellent teacher; don't let it crowd out your other responsibilities. If you are teaching in a formal course, talk with your mentor about how to have the department reimbursed for your time. A single lecture or two does not bring income, but more effort than that should generate income according to a Med School formula.
9. Tenure: Tenure is an archaic practice that derives from guarantees that medieval European professors could speak freely. Tenure does not really guarantee your job: you will still need to be productive and reasonably well-behaved, but it is much harder to fire you if you have tenure. In the UTL, tenure optionally can be conferred at the Associate Professor level. In the MCL, tenure equivalent ("Continuing Appointment") usually happens at time of promotion to full Professor. For outside people hired as Professors, continuing appointment usually is delayed for 5 years, to give time to get to know them at Stanford. The CE line does not confer tenure, but has recurring reappointments at times specified in a contract.
10. Time-Line for Promotion:
This applies to UTL and MCL. It does NOT apply to CE line – they get renewable contracts, usually for 5 years at a time.
 - a. Instructor: This is an optional career station, usually for one or a few years. It can provide time to build the CV without the tenure clock ticking.
 - b. Assistant Professor: The traditional path is appointment for 3 years, reappointment (or not) for 3 years, then promotion to Associate Professor at 10 years. An older practice involved a 7-year path to Associate Professor which is also an option. You will have to choose a 7 or 10-year path in advance. If promotion from Assistant to Associate does not occur by the end of the chosen time-line, then the faculty must leave Stanford – so called "up or out."
 - c. Associate Professor: There is no maximal time limit for Associate Professor, but after 5-10 years, many ask their Chair to propose them for Promotion to full Professor.

11. Promotion Process:

- a. The process starts with a discussion with advisors, mentors and the Division Chief about whether the faculty is promotable now or whether the long-form would be critically improved by additional activities (e.g., more publications or stronger letters or teaching evaluations). Division Chief will advise the Department Chair at the appropriate time.
- b. Informal discussions may take place with the Dean's Office (i.e., Vice Dean of the Medical School), about when to apply for promotion. For junior faculty, discussions may take place with the chair of the Junior Faculty Promotion Committee. The goal is to avoid submitting and being turned down.
- c. For CE faculty, the Division Chief will coordinate with the CE Appointments and Promotions Committee on a schedule when the next faculty action is due.
- d. If the Chair approves submitting for promotion, then a long-form is constructed, with a CV, summary of clinical and teaching activities, description of the 3 most important publications, gathered student, resident, nurse and sometimes patient evaluations of the faculty (a so-called 360 degree evaluation), solicited letters from prior trainees, colleagues and peers at other institutions. Candidates do not get to choose who writes letters for the packet, nor read them or even know who wrote letters (except as part of rare adversarial legal actions).
- e. The long-form goes to the Committee on Appointments & Promotions. This committee has primary and secondary presenters (chosen to have no conflict-of-interest with the candidate) of each proposed promotion, followed by a vote about whether to recommend approval of the promotion. The Vice Dean and staff sit as *ex officio*, non-voting members on the committee.
- f. Recommendation from the Committee goes to the Dean.
- g. If the vote is not unanimous or the best course of action is not clear, then discussion of the candidate takes place at the Executive Committee of Medical School Department Chairs.
- h. The Dean passes a recommendation for promotion to the Office of the Provost. The Provost meets with an Advisory Board ("Ad-Board") and decides whether to approve or reject the promotion. The Ad Board has medical school representation, but is mostly made up of general University Professors, who cannot independently evaluate the clinical or medical research contributions.
- i. If an appointment is rejected, there is a formal appeals process. Using it is rare.

- j. Reappointments at the same academic level are almost as effortful as are promotions, in that they require a long-form. However, the bar is lower for reappointment than for promotion.
12. How many papers are needed? The Appointments & Promotions committee prides itself on not having a formula. Professors have been appointed with less than 10 peer-reviewed publications, with marked strength in other areas, but this is exceptional. Scholarship standards are higher for UTL than for MCL. Clinical evaluations are more important for CE and MCL than for UTL. Teaching evaluations are important for all tracks. Peer-reviewed publications in high impact journals count the most. First author position is best for junior faculty. Last author position is expected for senior faculty. Numbers of total, first and last-author publications each will be counted and reported in the committee presentation. Your citation index or h-factor may be discussed. (An h-factor of 10 means that you have 10 papers cited at least 10 times). Books, book chapters, abstracts and other non-peer-reviewed publications count some, but are clearly secondary. Avoid an unfavorable ratio of abstracts to full publications - it makes you look like you don't finish your lines of investigation.
13. Grants: NIH grants are best because they demonstrate a high level of peer respect. Foundation grants are important, multi-center clinical trials less so. An exception is a multicenter trial for which you are the overall leader. Pilot clinical trials breaking new ground also are valued in the promotion committees. Grant dollar figures usually are removed from promotion documents, and are not factors in promotions.
14. Other factors in promotion: Good teaching evaluations are critical, but spending a majority of time teaching is not that helpful for MCL and UTL appointments, if it limits other activities. Being a busy and well-respected clinician is important in the MCL and CE lines. Administrative activities are helpful for promotion to the extent to which they can be shown to build new programs for the Medical Center or serve required major roles, for example, Director of Admissions. Ordinary administrative service is expected, but not especially rewarded in the promotion process. Factors such as being a needed work-horse for the Department or having an attractive outside offer are not supposed to influence decisions on promotions, but the voters are human and mostly reasonable, so these extraneous factors sometimes do influence decisions.
15. Suggestions:
- a. Document the time, place and title of all your educational talks on your CV in a section on "Presentations." Bold the major ones.
 - b. Save any feedback (especially positive feedback) in an electronic file or in an email to yourself. Supply it for your long-form. Specific positive data is very helpful.

- c. Recognize that negative evaluations from students or trainees about you go in your promotion file and have to be explained at times of re-appointments. Deleterious impact can be significant. Make efforts to be helpful to everyone, and deliver criticisms in a constructive way.
- d. Don't go for promotion until you have a near-lock on getting it, unless you are forced to by being up against the tenure clock deadline.
- e. Avoid the "tomorrow trap." Consider scholarly work to be important, even when clinical pressures seem more urgent. Recall the lesson of Steven Covey's "7 Habits of Successful People," that the most successful people are those who steadily accomplish important, but not necessarily urgent, tasks.
- f. If your career path is rocky, talk with your mentor(s). That is why the program was established.