Agenda
P&T Task Force Meeting
9/14/23

Discussion Topic:

Discussion at the chair retreat on the same day was reviewed. Chairs had the opportunity to look at a list of faculty competencies and consider the needs of faculty in their departments. Needs for mentoring and learning to mentor was a key point. The chairs also reviewed the scholarship definition and were very supportive. There were no additional items added to the scholarship examples list. Discussed the need for chairs to understand the value of the extramural letters. Chairs were asked to send any additional ideas to Dr. Botash.

Framework questions:

- Do the three pathways make sense?
  - Are they representative of all career pathways of our faculty? Does everyone fit? What are the areas that our faculty work in?
    - University of Massachusetts pathways were reviewed and ideas to expand our pathways.
    - We discussed having a fourth pathway for public health and bioethics – but the departments have a small # of faculty, criteria won't be the same for bioethics and humanities and some faculty not in the public health (or bioethics) department could also fit a "public health" pathway and it might be clearer if it is within the current pathways. Discussion resulted in consensus that we should have an eye to the work of all faculty and make sure our criteria are inclusive of public health, preventive medicine, bioethics and humanities work. Currently, there is a waiver to allow bioethics promotion in research without a need for current federal funding – could we make this clearer?
    - We discussed splitting out "service" so that we would have 4 pathways:
      - Clinical (or health care delivery, as is used by Univ of Mass, which seemed to be favored by the group). It was noted that the subheading of administration and leadership makes more sense under a heading of Health Care Delivery (vs Clinical).
      - Education
      - Research (investigative) or scholarship (title needs further discussion)
      - Service –pros and cons –should it be separated or become a subheading for each pathway? Brief note that service and leadership are not interchangeable and leadership may also need to a subheading.
        - For becoming a separate pathway:
          - It is part of our mission (all four); would identify those faculty who do service to the university as a

separate pathway (could highlight this work), see below;
- Would enable community service as a special pathway;
- Advocacy work for special areas, such as DEI, disabilities, could be highlighted separately.
- Service can "undermine excellence in a selected field" by consuming so much time to do admin work. Certain areas may not fit into classic pathways (UUP work, University admin work such as admissions committee, others).
- Clinical is the most common "service" and should be evident separately. (Note: still could do this by putting service as subheadings under each pathway).

- Against a separate pathway:
  - Service in each pathway can currently be used to support each pathway (or can undermine if not recognized as supporting promotion). For example, a clerkship director has a leadership/admin role in education and this is one of the five domains for education so it could be considered as supportive of the education pathway.
  - Leadership and service could be subheadings under each area on the AAE, instead of a separate area (as it is currently).
  - Currently, it is confusing to know where to put service on an AAE (separate, or under education or research or clinical).
  - How do we create criteria for service as a distinct pathway, when so few people would use it and each would be unique? Most are tied to another mission area (but not UUP as noted above)

- Discussion about DEI—How are DEI and service interconnected? Would a separate DEI pathway be too specific for promotion? For example, a separate service DEI pathway might not be needed in years to come. However, DEI using Boyer criteria can have an impact role as integration (as research). Can we create an integrative pathway to incorporate DEI (as mentioned by Dr. Garden re: Indiana University). Note that the Indiana U medical school still lists three areas of distinction, with service as the third (and clinical embedded into it). Links embedded (underlined words) for websites. This proposed pathway was under development by IUPU (which is now no longer one University, see below note).*

- Terminal degree does not identify a pathway, but the work that is done represents the pathway –examples include PhD's in clinical departments and elsewhere who may be following admin, clinical or research pathways. Applications of known research could be "investigative" but not be funded by an R01.
- What is meant by service? Not all service is equal –some are fulltime jobs, some are linked to areas of excellence, some (only a few) are not. Current admin pathway has failed for the few times we tried to use it.
- Should we rename it as clinical and move the other service areas to within other pathways. –See above. Idea: create an ability to "integrate" and create unique pathways. For example, a person who does service across the three other mission areas and meets scholarship goals.
- How do we incorporate DEI work? – Consider that it may fit across pathways as a service category within each mission.

Possible areas to consider as a new pathway (or needing a clear pathway)—This was discussed above with regard to framework for 3 vs 4 pathways.
- Quantitative health sciences (public health);
- Humanities and bioethics
- Radiation physics—work benefits patients –so is it clinical?

Summary:

A straw vote indicated that we have not yet reached consensus regarding 3 vs 4 pathways. Plan to identify additional example promotion criteria and draft a system using 3 pathways with service integrated. Consider a 4th "integrated" pathway, or a service (DEI or other) "thread" that could support any of the other pathways.

*Note: IUPUI is officially separating, and it is not clear whether all of this work will have a home--- https://academicaffairs.iupui.edu/AAContent/Html/Media/AAContent/02-PromotionTenure/PromotionAndTenure/ptguidelines-current-year-final.pdf