
PROFESSIONAL
DEVELOPMENT GUIDE

FOR THE FACULTY OF
THE JOHNS HOPKINS UNIVERSITY
SCHOOL OF MEDICINE

FOURTH EDITION 2011

IT SHOULD BE NOTED THAT NOTHING IN THIS
FACULTY PROFESSIONAL DEVELOPMENT GUIDE CAN BE
USED TO SUPERSEDE THE SCHOOL OF MEDICINE'S
POLICY AND GUIDELINES GOVERNING APPOINTMENTS,
PROMOTIONS AND PROFESSIONAL ACTIVITIES OF
THE FULL TIME FACULTY (THE "GOLD BOOK"), AS IT MAY
BE AMENDED, OR ANY POLICY OF THE BOARD OF TRUSTEES
OF THE JOHNS HOPKINS UNIVERSITY.



This guide (the “Silver Book”) has been extensively revised in conjunction with the revision of the Policies and Guidelines book (the “Gold Book”) for full-time faculty of the Johns Hopkins University School of Medicine, which was completed and distributed in July 2005. The revisions of both the Gold Book and the Silver Book are the work of the Committee on Clinician Educators and the Committee on the Promotion of the Clinical Program Builder and Innovator, convened by Dean Edward Miller in 2004 and 2009, respectively. The final version of the Silver Book took into consideration the review, commentary, and suggestions received from a large sample of faculty and from the Medical School Council, the Associate Professor Promotion Committee, and the Professorial Promotion Committee.

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PREFACE TO THE SILVER BOOK

MISSION OF THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE (GOLD BOOK I.B)

The mission of the Johns Hopkins School of Medicine (JHSOM) is to educate medical students, graduate students, and postdoctoral fellows in accordance with the highest professional standards; to prepare clinicians to practice patient-centered medicine of the highest standard; and to identify and answer fundamental questions in the mechanisms, prevention and treatment of disease, in health care delivery and in the basic sciences. Faculty members are encouraged to assume leadership roles in education, research, clinical practice, and/or administration. The pursuit of these goals reaffirms the historic role of this school.

PURPOSE OF THE SILVER BOOK

The purpose of this document, known as the SILVER BOOK, is to provide guidance to members of the full-time faculty — and their mentors — on professional development and academic advancement. This book is intended to aid the faculty in understanding the strategies and benchmarks that lead to successful faculty development and promotion.

THE SILVER BOOK IS ORGANIZED INTO THE FOLLOWING THREE SECTIONS

Documentation of Achievements that Support Appointment or Promotion at Each Academic Rank

For each faculty rank (Assistant Professor, Associate Professor, Professor) the section is organized as follows:

1. The standard for appointment or promotion to that rank —

Appointment or promotion to Assistant Professor requires a clear scholarly commitment and demonstrated creative scholarly contribution. Associate Professor requires national recognition for scholarship, and Professor requires national leadership and (in most cases) international recognition for important scholarly contributions. JHSOM recognizes scholarship that is achieved as a researcher, educator, clinician, and/or program builder.

2. Descriptions of the level of achievement in each major element of scholarship —

Levels of achievement in research, education, and clinical distinction (for clinicians) that are expected at each rank are briefly described. Program building in each of these domains is emphasized, particularly at higher ranks.

3. Examples of academic accomplishments or contributions that support these levels of achievement —

For each rank, such accomplishments are organized under the following six categories: teaching; publications and presentations; support for research, education, or clinical programs; recognition beyond the JHSOM; citizenship to the University; and clinical service. There is considerable redundancy in the listing of achievements that support advancement to each rank. This allows the reader to find all information relevant to each rank without having to refer to items listed under another rank.

Guidelines for professional development through self-direction, mentoring and annual review.

An Appendix that contains documents pertinent to academic career development and information about committees and processes that govern academic life at the JHSOM.

- Curriculum Vitae Format
- Educator's Portfolio
- Clinician's Innovation and Quality Improvement Portfolio
- Steps in Review for Promotion to Associate or Full Professor
- Promotion Materials Check Lists: Associate and Full Professor
- Outline of Generic Letter of Recommendation for Promotion
- Outline of Letter Sent to Referees by Promotion Committees
- Official Policies of the School of Medicine
- Research Resources
- Resources for Professional and Personal Development
- Information about Johns Hopkins Medicine Governance and Faculty Committees

DOCUMENTATION OF ACHIEVEMENTS THAT SUPPORT APPOINTMENT OR PROMOTION AT EACH ACADEMIC RANK

I. OVERVIEW

All faculty members carry the same title (Professor, Associate Professor, Assistant Professor); i.e. The Johns Hopkins University School of Medicine has a single promotion “track”. The common elements required for faculty advancement are excellence in scholarship and impact upon one’s field. Recognition for scholarship and leadership can be achieved through a variety of career pathways (such as, Researcher/Educator, Clinician/Researcher/Educator, Clinician/Educator, Program Builder/Educator and Program Builder/Innovator, or other combinations). Education is an important component of all career pathways. All faculty members must meet the same fundamental criteria for appointment or promotion at each rank. However, the specific accomplishments for meeting those criteria differ for each academic career. The following pages list, by academic rank, examples of accomplishments that support academic advancement. The suggestions provide guidance for faculty members regarding how to document achievements, rather than requirements for promotion. A faculty member’s entire career is considered in decisions regarding academic promotion. Widely recognized impact on one’s field is considered the ultimate measure of successful academic career.

Scholarship, the primary basis for academic advancement, encompasses the generation of new knowledge and/or the dissemination of knowledge to others, as long as these activities are accessible to critical assessment and accessible for future use by members of the academic community. Reputation beyond the School of Medicine and the following important elements of scholarship are considered in the promotion process:

- **Research:** Generation of new knowledge can take many forms, including basic research, clinical research, translational research, and important clinical observations. Dissemination of such new knowledge, through publication in peer-reviewed journals and books, and through presentations at national and international meetings, is also an essential element of scholarship in research. For this reason, a candidate’s publications, invited presentations of research findings, and support for research are important in assessing scholarly achievements in research.
- **Education:** Excellence in education requires not only an objective, up-to date, accurate, and balanced command of the field being taught, but also effective communication and mentorship skills. Documenting the scholarship of education also requires demonstration of accomplishments that are public, subject to critical review and analysis of outcomes, and useful to others in the community beyond the School of Medicine. This documentation may take the form of an Educator’s Portfolio, as described in a later section of this book. Course or program design and leadership; the judgment of students, trainees, and peers; the success and accomplishments of trainees; and meritorious publications may also be considered when a faculty member’s educational scholarship is assessed.
- **Clinical Distinction:** For faculty members who are clinicians, clinical distinction comprises professional excellence, integrity, and empathy in treating patients. Recognition as one of the leading clinicians in one’s field, or as the leading physician for a particular condition, is an important consideration in assessing scholarly clinical achievements. Other elements of clinical distinction that are considered for a faculty member’s promotion include election to and leadership of distinguished medical societies relevant to one’s field, the application of new knowledge, and meritorious publications.
- **Program Building:** Leadership and scholarship in program building is reflected in development of a clinical, educational, or scientific program that is widely recognized as an outstanding model of its kind and/or that has had a substantial impact on the field.

All faculty members proposed for promotion must have carried out their academic and/or patient care responsibilities with professional competence, intellectual honesty, high ethical standards, and in a manner consistent with the policies and procedures of the University.

II. CRITERIA FOR APPOINTMENT OR PROMOTION

Uniform standards for appointment or promotion at each rank, as stated in the Gold Book, are in italics. These are followed by descriptions of the levels of achievement in research, education, and clinical distinction (for clinicians) expected at each rank. Examples of accomplishments that document these levels of achievement are then provided.

A. ASSISTANT PROFESSOR

Full-time faculty members achieving the rank of Assistant Professor are expected to have demonstrated clear evidence of creative scholarship in the area of their primary expertise.

Levels of academic achievement or contributions that support appointment or promotion to rank are listed below. No full-time faculty member is required to document achievement in every category. All faculty members are required to achieve excellence in education. Additionally, candidates for promotion to Assistant Professor must have published, or otherwise disseminated to the public, at least one peer-reviewed scholarly contribution.

A.1. Research

Creative scholarship in research at the Assistant Professor level includes a focused area of research, peer-reviewed publications, and expected attainment of extramural support for one's research.

A.2. Education

Creative scholarship in education at the Assistant Professor level includes (1) publication of one or more peer-reviewed, first authored review, curriculum, or other educational document or (2) participation in and/or initiation of research that addresses educational issues and that has led to dissemination of findings for scrutiny and use by the greater academic community.

A.3. Clinical Distinction

Creative scholarship in patient care at the Assistant Professor level includes development of a unique clinical program, diagnostic test, or intervention with documented effectiveness or impact formally disseminated through publication or other means.

A.4. Examples of accomplishments or contributions that support the above levels of scholarly achievement:

A.4.a. Teaching

A.4.a.1. Creative scholarship in teaching that documents achievement for promotion or appointment to this rank may include any of the following:

- Development and/or leadership of educational or clinical programs that benefit and that are assessed by learners, colleagues, and others in the academic community at the undergraduate, graduate, and CME level.
- Documentation of the impact of one's teaching on learners and of assessment of the teaching by learners, peers, internal or external evaluators, or oneself. For teaching activities that are repeated, there should be documentation that there has been maintenance of strengths and/or revision of the teaching content and methods in response to critical assessment

A.4.a.2. Excellence in teaching at the predoctoral, doctoral, or CME level may also be documented in positive evaluations of the following:

- Lecturing or research precepting
- Clinical precepting
- Role modeling
- Teaching of procedures, skills or research techniques
- Small group teaching
- Giving and eliciting feedback
- Distance learning

- Mentoring multiple aspects of the learning of a trainee
- Other methods

A.4.b. Publications

A.4.b.1. Creative scholarship in education, clinical service, and/or program building that documents achievement for promotion or appointment to this rank may include any of the following:

First- or last-authored publication or other modes of formal dissemination (e.g. website, CD, Video, etc.) that make one's work available to the academic community. These disseminated types of scholarly achievement may include:

- Descriptions of and evaluation of innovative curricula or teaching methods
- Research that addresses educational topics
- Analytic clinical studies
- Clinical applications of basic science
- Description of and evaluation of innovative clinical or quality improvement programs
- Peer-reviewed reviews in science, healthcare management or clinical journals
- Invited reviews
- Book chapters
- Monographs
- Clinical observations/case reports
- Patient education materials

A.4.b.2. Creative scholarship in research is documented by dissemination of research findings through publication in peer-reviewed journals. Publication is the most important avenue for demonstrating creative scholarship in research and is required for appointment or promotion to Assistant Professor. Candidates for appointment or promotion to this rank must have published one or more first authored, peer-reviewed, scientific papers that document creative scholarship and potential for progress to national recognition as an investigator in their field (required for promotion to the next rank). Such publications include reports of original basic, clinical, or translational research and/or important clinical applications of basic research. First-, or in some cases last[N1]-, authored publications have the greatest impact as they provide evidence of the faculty member's primary role in the research.

A.4.c. Support for research, education, or clinical programs

A.4.c.1 Creative scholarship in education, clinical service, and/or program building can be documented by awards of internal or external grant support for an educational or clinical program.

A.4.c.2. Creative scholarship in research can be documented by funding of investigator-initiated research through grants and contracts, since such funding reflects peer recognition of the quality of the faculty member's (proposed) work. Successful funding generally reflects recognition of the importance or innovation of the primary investigator's research by the peer review system. In addition, when a co-investigator's contribution is critical to the research, as reflected by significant commitment of effort and specific expertise, funding also reflects recognition of that co-investigator's scholarship. Some examples of peer-reviewed awards that support the candidate's creative scholarship include:

- K08, K12, K23 or other mentored research awards from NIH
- Fellowship awards from NIH, NSF, or other government agencies
- Clinician-Scientist Award from the JHSOM
- Training awards or grants from private foundations (e.g., American Heart Association)

A.4.d. Recognition within or beyond the School of Medicine

Candidates for appointment or promotion to the rank of Assistant Professor are generally recognized within, and at times beyond, the JHSOM as excellent clinicians, educators, researchers, or program builders, as documented by any of the following:

- Awards or prizes for clinical, educational, or research contributions or program development
- Invited or peer-selected presentations at Universities or Hospitals
- Presentations at scholarly meetings and conferences
- Membership in scholarly organizations
- Patents that have an impact on the academic field or patient care
- Impact on public policy

A.4.e. Citizenship to the University

A.4.e.1. Excellence in education, clinical service, or program development includes demonstration of commitment to one's clinical and educational responsibilities by effectively carrying out these obligations and completing required documentation (e.g. clinical documents, resident evaluations, effort reports, and required web based courses) on a timely basis. Candidates may also demonstrate potential for leadership roles in the JHSOM, particularly by participating in education-related or clinical care-related committees and initiatives of the JHSOM.

A.4.e.2. Excellence in research includes demonstration of commitment to one's responsibilities as an investigator by effectively carrying out these obligations and completing required documentation (e.g. IRB requirements, effort reports, and required web based courses) on a timely basis. Candidates may also demonstrate potential for leadership roles in the JHSOM by participating in institutional committees and initiatives.

A.4.f. Clinical Service

A.4.f.1. Creative scholarship in clinical program building at this rank includes:

- Formally disseminated documentation of an important role in a clinical program providing a necessary and/or unique service to patients.
- Formally disseminated documentation of the impact or effectiveness of a diagnostic test or clinical intervention

A.4.f.2. Excellence in clinical service may be reflected by referrals from within and outside the department, measures of quality, provision of a unique or essential clinical program, and clinical service awards. Excellence in clinical programs or clinical service may also be reflected by:

- Reputation as a clinician as manifested by referrals and peer review
- Number of clinic sessions and patients served
- Scope and productivity of clinical practice as compared to peers performing similar services to similar patient populations

A.4.f.3. Clinicians must also demonstrate compliance with institutional standards for clinical practice.

B. ASSOCIATE PROFESSOR

Appointment or promotion to the rank of Associate Professor, full-time, requires meritorious publications and substantive contributions to education and/or clinical practice. The scholarly achievement of candidates for promotion to Associate Professor should be indicated by national recognition among their peers. Candidates should document progress toward becoming an outstanding national leader in the field.

Levels of academic achievement or contributions that support appointment or promotion to rank are listed below. National recognition is not required in all areas of scholarship, but in at least one area of scholarship (research, education, clinical distinction, and/or program building in any of these areas). All faculty members are required to achieve excellence in education.

B.1. Research

National recognition for research at the Associate Professor level entails clear evidence of independent research with a focused body of publications, national visibility of the research findings, and evidence of continuing extramural support for the research.

B.2. Education

National recognition for education entails: (1) development, implementation, and evaluation of innovative educational programs with national reputation and impact, (2) peer-reviewed publication of leading textbooks or chapters in leading textbooks; (3) development and dissemination of other educational materials (e.g. websites, course design) that have been identified as important through a national peer-review process; and/or (4) development of or leadership in educational research project(s) that have a national reputation and impact.

B.3. Clinical Distinction

National recognition for patient care at the Associate Professor level includes development and dissemination of a unique clinical program, diagnostic test, or intervention that has had a national impact.

B.4. Examples of accomplishments or contributions that support the above levels of scholarly achievement:

B.4.a. Teaching

B.4.a.1. National recognition for scholarship in teaching at the predoctoral, doctoral, or CME level may be demonstrated by any of the following:

Scholarly teaching as documented by its impact on learners and by assessment of the teaching by learners, peers, internal or external evaluators, and oneself. For teaching activities that are repeated, there should be evidence that there has been either maintenance of strengths or revision in response to critical assessment (see range of teaching methods listed under Assistant Professor).

- Teaching awards from national and/or international organizations
- Direction and evaluation for several years of a course at the undergraduate; graduate, or CME level
- Invitations to teach in other hospitals, other medical schools, programs of professional societies, workshops or continuing medical education courses
- Invited educational consultation or collaboration with other departments at the JHSOM and or beyond the JHSOM
- Organization of regional, national or international CME courses that have substantive educational impact
- Success in recruiting faculty, fellows, and students to one's department from across the nation
- Effective mentorship documented by the academic progress and scholarship of mentees who are at the JHSOM or are mentees in programs beyond the JHSOM
- Mentorship on training grants from national funding agencies
- Teaching as a member of the faculty in a faculty development program that addresses the educational skills of other faculty (teaching skills or curriculum development skills)

B.4.a.2. Appointment or promotion to the rank of Associate Professor requires excellence in teaching (see the types of accomplishments that document excellence in teaching under Assistant Professor). Excellence in teaching at this level can also be documented by any of the items listed above or:

- Excellence in education and/or mentoring of medical students, graduate students, residents, fellows, junior faculty, or CME attendees, as documented by objective measures of outcome or written feedback from learners
- Teaching awards within the JHSOM
- Recruitment and effective mentorship of postdoctoral fellows

B.4.b. Publications

The impact of the publications and role of the faculty member in the publication (e.g., as first or last author versus co-author) are more important than the number of publications. However, usually a substantial number of publications will be necessary to be considered for appointment or promotion to this rank

B.4.b.1. National recognition for scholarship in education, clinical service, and/or program building may be demonstrated through continuing publication of:

- Descriptions of and evaluation of innovative curricula programs, or teaching methods
- Research that addresses educational topics
- Analytic clinical studies
- Clinical applications of basic science
- Invited reviews
- Book chapters
- Monographs
- Clinical observations/case reports
- Patient education materials
- Continuing dissemination of clinical expertise by audio and video learning aids and through computer-based material, and/or evidence of stimulating trainees and colleagues to prepare clinical papers and reviews
- Critical editorship for a journal or a textbook or the development and dissemination of intellectual properties may also be considered

B.4.b.2. National recognition for scholarship in research is primarily judged by impact on the field. Generally, impact is documented by dissemination of one's research through publication in peer-reviewed journals. Publication is the most important avenue for achieving national recognition in one's field. To document national recognition as an outstanding investigator in the faculty member's field, candidates for appointment or promotion to the rank of Associate Professor must have accomplished a body of novel research and published this research in high quality first-authored and/or last-authored, peer-reviewed, scientific papers. Such publications may include reports of original basic, clinical, or translational research and/or important clinical applications of basic science. Case reports and reviews are weighted significantly less than original peer-reviewed publications.

Assessment of how well the publication record demonstrates national recognition in one's field will include consideration of the following factors:

- Quality of the work — Publications should be based on outstanding, original, and innovative research findings and/or important and novel clinical applications of basic research.
- Authorship — Papers on which the faculty member is the first or senior author carry the greatest weight. Co-authored papers may be reflective of national recognition if there is evidence of the individual's pivotal role in the study.
- Quality of the journal — It is essential that publications are in journals of the highest quality and impact in the candidate's area of research. Quality of the journals in which the candidate's research is published reflects peer recognition and importance of the work for the field.
- Citation index — Highly cited original research papers may also demonstrate national recognition in one's field. It is recognized that more recently published articles have lower numbers of citations.

In addition to publications, editorship of a high profile journal or textbook or the development and dissemination of intellectual properties may also be considerations in the promotional process.

B.4.b.3. National recognition for program building may be documented by publications, including:

- Substantive and continuous publication in healthcare management journals
- Clinical or training guidelines
- Descriptions and evaluation of innovative educational, basic science or clinical programs

B.4.c. Support for research, education, or clinical programs

B.4.c.1. National recognition for education may be documented by:

- Obtaining internal or external funding for scholarly educational or clinical initiatives, through grants (NIH or other organizations, JHSOM sources)

- Obtaining funding for and directing a competitively awarded grant for a training program at the undergraduate, graduate or faculty level

B.4.c.2. National recognition for research may be documented by acquiring funding of investigator-initiated research through grants and contracts through peer review by investigators engaged in the same domain of research. Successful funding generally reflects recognition of the importance or innovation of the primary investigator's research. The faculty member's role as Principal Investigator on grants or projects of Program Project Grants is an important consideration in assessing how well the funding demonstrates national recognition of that faculty member. In addition, when a co-investigator's contribution is critical to the research as reflected by significant commitment of effort and specific expertise, funding also reflects recognition of co-investigator's scholarship. Some examples of peer-review awards that support the candidate's creative scholarship include:

- RO1, R21 or PO1 grants from NIH
- Independent investigator awards from NSF
- Training grants that support predoctoral or postdoctoral trainees
- Awards or grants from private foundations (e.g., American Heart Association)

B.4.c.3. National recognition for educational, clinical, or basic science program building initiatives may be documented by obtaining internal or external funding through grants (NIH or other organizations, JHSOM sources) or philanthropy.

B.4.d. Recognition beyond the School of Medicine

All full-time faculty members who are candidates for appointment or promotion to the rank of Associate Professor must have achieved national recognition as documented, for example, by:

- Awards or prizes for research, clinical, or educational contributions or program building from national or international organizations
- Invited lectures at scholarly meetings and conferences nationwide
- Invitation to serve as visiting professor or as speaker for endowed lectureships
- Service on national scientific advisory boards, study sections, and grant review panels
- Elected membership in national scholarly organizations
- Editor or service on editorial board of professional journal
- Organizer, chair or moderator of international, national, or regional clinical, educational, or scientific meetings
- Introduction and evaluation of innovative approaches and/or development of standards for patient care, education, or research
- Outstanding letters of recommendation from leaders in the field across the nation
- Leadership roles in regional or national scholarly organizations
- Patents that have an impact on the academic field or patient care
- Impact on public policy

B.4.e. Citizenship to the University

B.4.e.1. Faculty members who are candidates for appointment or promotion to the rank of Associate Professor typically will have demonstrated commitment and service to the JHSOM, through service on various University, School of Medicine, and Department committees; service as a division, program, or section chief; or service as director, co-director, or administrator of a residency or fellowship program; or service as a course director.

B.4.e.2. Additional achievements that demonstrate outstanding citizenship and recognition for program building often include:

- Development or management of a model program that is integral to the success of one's own department or other departments or programs within Johns Hopkins Medicine

- Development or management of a program that expands the services, productivity, revenue, and reputation of Johns Hopkins Medicine

B.4.f. Clinical Service

B.4.f.1. National recognition for excellence in clinical service or clinical program building may be reflected by:

- Reputation as one of the nation's foremost clinicians in management of a particular disease or condition, as reflected by referrals from across the nation or national peer review
- Leadership positions in professional societies emphasizing excellence in clinical specialties
- Invitations to participate in clinical activities in other medical schools and hospitals
- Service as member of or examiner for specialty board
- Development of national or internationally recognized standards of care
- Development of a unique or essential clinical program with national prominence
- Development, implementation, and evaluation of model clinical programs at the JHSOM
- Development of clinical programs that serve patients across the state or nation, or serve as a model for programs in other states

B.4.f.2. Excellence in clinical service may also be documented by:

- Being identified by peers or trainees as a role model of professionalism in clinical practice
- Patient volumes
- Introduction and evaluation of new, innovative approaches locally
- Referrals from within and beyond the JHSOM
- Subspecialty certification
- Service as examiner for a specialty board

C. PROFESSOR

Candidates for Professor must have outstanding records of scholarly achievement including teaching, must have achieved national leadership, and in most cases, international professional recognition, and must rank among the foremost leaders in their field.

Levels of academic achievement or contributions that support appointment or promotion to rank are listed below. National leadership is not required in all areas of scholarship, but in at least one area of scholarship (research, education, clinical distinction, and/or program building in any of these areas). All faculty members are required to achieve excellence in education.

C.1. Research

National leadership and international recognition for research entails a significant body of work with high impact on the field. Typically, high impact on the field entails publications in high quality journals with high citation rates, service on national study sections, invited reviews in major journals, and invited presentations of the candidate's research findings at national and international conferences.

C.2. Education

National leadership and international recognition in education entails: (1) development, implementation, evaluation, and widespread dissemination of innovative educational programs or educational materials (e.g. websites, curricula) with documented national and international impact and reputation, (2) publication of leading textbooks and chapters in leading textbooks; or (3) development, leadership, and publication of educational research that has a national impact and reputation.

C.3. Clinical Distinction

National leadership and international recognition in patient care at the Professor level includes development and widespread dissemination of a unique clinical program, diagnostic tests, or interventions that have had an international impact, as

documented by invited presentations at national and international conferences, highly cited publications, and national or international awards for clinical distinction.

C.4. Examples of accomplishments or contributions that support the above levels of scholarly achievement:

C.4.a. Teaching

C.4.a.1. National leadership in teaching at the predoctoral, doctoral and CME levels may be demonstrated by the following:

Scholarly teaching as documented by its impact on learners and by assessment of the teaching by learners, peers, internal or external evaluators, and oneself. For teaching activities that are repeated, there should be evidence that there has been either maintenance of strengths or revision in response to critical assessment (see range of teaching methods listed under Assistant Professor).

- Teaching awards from national and/or international organizations
- Invitations to teach in other hospitals, other medical schools, programs of professional societies, workshops or continuing medical education courses
- Presentation of invited lectures or workshops nationally and/or worldwide
- Development of educational programs or teaching materials (textbooks, websites, course materials) that are used nationally and/or worldwide
- Direction and evaluation for several years of a course at the undergraduate; graduate, or CME level
- Invited educational consultation or collaboration with other departments at the JHSOM
- Invited educational consultation across the nation and/or the world
- Organization of national or international CME courses that have a widespread and sustained impact*
- Success in recruiting fellows and students to one's laboratory or clinical fellowship program from across the nation or across the world
- Effective mentorship documented by the academic progress and scholarship of mentees who are at the JHSOM or are mentees in programs beyond the JHSOM
- Mentorship on training grants from national or international funding agencies
- Teaching as a member of the faculty in a faculty development program that addresses the educational skills of other faculty (teaching skills or curriculum development skills)

C.4.a.2. Excellence in teaching is required for appointment or promotion to the rank of Professor. See the types of accomplishments that document excellence in teaching under Assistant Professor. Excellence in education at this level can also be documented by:

- Excellence in education and/or mentoring of medical students, graduate students, residents, fellows, junior faculty, or CME attendees
- Teaching awards within the JHSOM
- Recruitment and effective mentorship of postdoctoral fellows

C.4.b. Publications

A substantial number of peer-reviewed publications will be necessary to be considered for this rank, although the widespread impact of the publications and the faculty member's role in the publication are more important than the number.

C.4.b.1. National leadership or international recognition for scholarship in education, clinical service and/or program building, may be demonstrated through continuing publication of one's innovations in these fields. The types of publication that may be considered are listed above under "Publication" for the rank of Associate Professor (B.4.b.1). As appropriate, the development and dissemination of intellectual properties may also be considered.

C.4.b.2. National leadership and international recognition for research is documented by widespread dissemination of one's research through publication in peer-reviewed journals. For promotion or appointment to the rank of Professor, the publication record must reflect the impact of the research in the candidate's area and that this research has significantly advanced the field. Candidates for appointment or promotion to the rank of Professor must have published a sufficient number of peer-reviewed, scientific papers to document international recognition as an outstanding investigator and national leader in an identified field of interest. Such publications include reports on the faculty member's original basic, clinical or translational research and/or clinical applications of basic science that have made an important impact on the field.

Assessment of how well the publication record demonstrates international recognition and national leadership in one's field will include consideration of the factors listed in the Associate Professor section (B.4.b.2).

As appropriate, primary editorship for a journal or a textbook (especially one with multiple editions that has had a major impact on the field) or the development and dissemination of intellectual properties may also be considered.

C.4.b.3. National leadership and/or international recognition for clinical service may include one or more highly cited articles describing a new disease, important new treatment or diagnostic test for a disease, or other innovative and widely disseminated approach of to clinical care. Evidence of improvement in the quality of patient care or other change in clinical practice can be cited.

C.4.c. Support for research, education, or clinical programs

C.4.c.1. National leadership in research may also be documented by funding for independent research through research grants. Such funding provides one way of documenting national leadership or international recognition of the importance of the candidate's research by peer investigators engaged in the same domain of research. Successful funding generally reflects recognition of the importance or innovation of the primary investigator's research. The faculty member's role as Principal Investigator on the grants is an important consideration in assessing how well the funding demonstrates national leadership of that faculty member. For instance, funding as the Principal Investigator of a multi-center trial reflects both national (and in some cases international) leadership, as well as recognition of the quality of the research by one's peers. In addition, when a co-investigator's contribution is critical to the research as reflected by significant commitment of effort and specific expertise, funding also reflects recognition of the co-investigator's scholarship. Some examples of peer-reviewed awards that support the candidate's creative scholarship include:

- RO1 (particularly if funded for multiple award periods) or PO1 grants from NIH
- Independent investigator awards from NSF
- Training grants for predoctoral and postdoctoral trainees
- Senior investigator awards or major grants from national or international foundations

C.4.c.2. National leadership or international recognition in education or clinical service may be documented by:

- Obtaining internal or external funding for and directing a competitively awarded grant for a training program at the undergraduate or graduate level.
- Obtaining internal or external funding for scholarly or clinical initiatives.

C.4.c.3. National leadership in program building may be documented by obtaining internal or external funding for scholarly educational, clinical or basic science program building initiatives, through grants (NIH or other organizations, JHSOM sources) or philanthropy.

C.4.d. Recognition beyond the School of Medicine

All full-time faculty members who are candidates for appointment or promotion to the rank of Professor must have achieved national leadership, and in most cases international recognition, as documented by several of the following:

- Role of principal investigator on training, educational, or research grants from national funding agencies
- Awards or prizes for educational achievements, clinical contributions or original research from national or international organizations

- Invited lectures at scholarly meetings and conferences both nationally and internationally
- Service on national advisory boards and study sections
- Service as an officer or on the council of national and/or international scholarly organizations
- Consultant to other programs or organizations
- Service as an editor or on editorial boards
- Organization of international or national educational, clinical, or scientific meetings
- Outstanding letters of recommendation from national and/or international leaders in their field documenting the candidate's impact on the field
- Patents of devices or materials that have had an impact on the international scientific or health care community
- Leadership roles in regional or national scholarly organizations
- National or international impact on public policy

C.4.e. Citizenship to the University

Candidates for appointment or promotion to the rank of Professor will have demonstrated commitment and service to the JHSOM, through leadership roles on various University, School of Medicine, and Department committees; leadership as a division, program, section or department chief; or service as residency or fellowship director or co-director; or course director.

C.4.f. Clinical service

C.4.f.1. National leadership or international recognition for clinical service may be documented by:

- Reputation as one of the world's foremost clinicians in management of a particular disease or condition, as reflected by referrals from across the world or international peer review
- Description of a new and important disease, or internationally recognized approach to treatment or diagnosis of a disease

C.4.f.2. National leadership or international recognition in clinical program building may be documented by:

- Development of a unique or essential clinical program with national or international prominence
- Reputation as one of the nation or world's foremost or innovative clinical programs in management of a particular disease or condition, as reflected by referrals from across the nation or peer review
- Leadership position in professional societies emphasizing excellence in clinical specialties
- Invitations to participate in clinical activities in other medical schools and hospitals

C.4.f.3. Excellence in clinical service may also be documented by:

- Being identified by peers or trainees as a role model of professionalism in clinical practice
- Patient volumes
- Introduction and evaluation of new, innovative approaches locally
- Referrals from within and beyond the JHSOM
- Subspecialty certification
- Service as examiner for a specialty board

GUIDELINES FOR PROFESSIONAL DEVELOPMENT THROUGH SELF-DIRECTION, MENTORING, AND ANNUAL REVIEW

For starters, it is recommended that individual faculty go to The Johns Hopkins School of Medicine Faculty Web site at <http://www.hopkinsmedicine.org/som/faculty/index.html>. Here you will find information relating to faculty policies, research, appointments and promotion, faculty organizations, professional development, compliance sites, events, technical resources, life and family. This site, developed by the Vice Dean for Faculty, has links to the Gold Book, the Silver Book and the Blue Book (Part-time Faculty Guidelines). It is quite comprehensive and will be periodically updated.

TAKING STOCK OF YOUR CAREER:

What Are Your Assets?

What Areas Do You Need to Develop?

There are no specific answers to these questions as they vary from individual to individual. The best person to help an individual faculty is a mentor who can put this information into perspective. There are four general references that are helpful:

- Kahn CR. Picking a research problem. The critical decision. *New Engl J Med* 1994;330:1530-1533.
- Kroenke K. Conducting research as a busy clinician-teacher or trainee. Starting blocks, hurdles, and finish lines. *J Gen Intern Med* 1996;11:360-365.
- Hafler JP, Blanco MA, Fincher RE, et al. Chapter 14: Educational Scholarship. In: Fincher RE (ed.) *Guidebook for Clerkship Directors*. 3rd ed. Alliance for Clinical Education; 2005. <http://www.allianceforclinicaleducation.org>
- Berk RA, Berg J, Mortimer R, et al. Measuring the effectiveness of faculty mentoring relationships. *Acad Med* 2005;80:66-71.

These are important questions for each faculty member to review and reflect upon as a way to gauge his/her current understanding and evaluation of his/her career. Questions are included that speak to both the fundamental as well as more conceptual and values-based aspects of the meaning and viability of an academic career.

(Goals, knowledge, skills, supports, and your management of them)

KNOWING YOUR TERRITORY

- What do you know about the organization and the function of the School, the Department and of the Division (if applicable)?
- Do you know who the formal leaders are? Do you know who the informal (those who influence the leaders and the decision-making process) leaders are?
- What are the important Committees and how do they work?
- What are the important Committees for me to be appointed to that will maximize my priorities and benefit to the Institution, Department, Division?
- What is the human environment or group climate in my Division/Department (e.g., spirit of innovation, dedication to work, receptivity to new ideas, frequency of formal and informal interactions, degree of cooperation, turnover, leader-member relationships and discussion of disagreements)?
- In these structures or groups, what are the governance patterns---do leaders select and use the ideas of others, support professional growth, facilitate cooperation, provide high quantity and quality information, share important information and communicate goals and expectations?
- What is the communication like? Is it frequent, substantive and/or social, impromptu and/or formal and does it occur mostly in meetings, conferences, telephone, email, document exchanges or informal discussions?
- What are the formal and informal ways (networking) to be involved that will both help your career as well as your satisfaction with being a member of these formal parts of the institution?

- How can you gauge the relative value of a variety of citizenship duties asked of you (When and how is it okay to say no/not now)?
- How have you/can you learn about the appropriate and accepted ways to raise different kinds of concerns and problems and with whom? Who are the people to trust and to learn from?
- What do you know about your field -- its structure and influential roles and people? How does one get involved and when and in what way?
- What do you know about the School's and the Department's promotion protocol and procedures? What documentation is available about this process/criteria? Who can clarify them?
- Do you understand the trajectories and stages of an academic career and the issues/problems, goals and tasks of each of the stages and in each of the trajectories?
- What do you know about the various kinds of mentoring functions and roles as well as how to find effective mentors and to be an effective mentee?
- What kinds of information regarding funding sources and other material for your career trajectory is available and from whom?
- What are the efficient ways to gain access to common and essential resources that will support your career development goals and necessary skills (e.g., writing, use of the literature and the library and computer access to its holdings)?
- What are both the formal and informal (extrinsic and intrinsic) rewards of an academic career and which are most important to you: salary, benefits, recognition by others, promotion, opportunities for responsibility and leadership, intellectual stimulation, collegiality?

KNOWING AND DEVELOPING YOUR SELF: SELF-HELP

Self-Management (learning to do usually untaught things):

- What are your current and long term goals (both career and personal)?
- What are your greatest strengths and least strengths and how do you make this assessment?
- How do you prepare for your Annual Review meeting with your Division/Department Director?
- What are your work styles, preferences and habits and what feelings and results do you get when you use each of them (assuming you have more than one)?

Task Management (making and/or breaking habits, getting organized and getting things done on time)

- What do you want to accept versus change about your work habits and styles (e.g., “binging” or carrying out vital tasks in large blocks of time; complaining of busyness, over-preparing for teaching, presentations)?
- What skills do you need to learn and/or improve (e.g., goal-setting, writing, negotiation and conflict management, collaboration, presentation)?

Social Management (understanding social networks, putting oneself in the place of another and solving communication problems)

- Are you on track for your own and others' expectations and how do you know it?
- Do you keep regular documentation or ‘catalogues’ of key information needed for your career and your activities?
- What social and professional networks are you exploring? What networks are you part of both within your field, within your Institution?
- How do you manage balance in work/life areas? How do you balance autonomy as well as commitment to others?

Skills in Scholarship

- How good are you at asking important and testable questions? How can you improve?
- Do you practice appropriate and effective methods in the stages of inquiry appropriate to your area?

- Do you practice appropriate and effective methods in designing, implementing, and evaluating educational initiatives?

In-Depth Knowledge of Your Area

- Are you familiar with all major published and otherwise presented works in your area, current major projects being conducted, key people, predominant funding sources?
- Do you have productive local and national peer support for helping you develop your knowledge base?

Much of this material is directly from and/or adapted from *Mentor in a Manual: Climbing the Academic Ladder to Tenure*. A. Clay Schoenfeld and Robert Magnan, Magna Publications, Inc., Madison, WI, 1994

MANAGING YOUR ANNUAL REVIEW

“Every Person Is Their Own Best Mentor/Advocate and Also Every Person is Their Own Primary Mentor”

Leah Dickstein, M.D., Professor and Associate Dean for Faculty Development, University of Kentucky

The annual review is required by the School of Medicine. The individual faculty member should receive an annual review from their Department Director, Division Director or his/her designee. The annual review should include, but not be limited to, the following points:

- Current years at rank
- Current years at Johns Hopkins University School of Medicine
- Clinical responsibilities/hospital responsibilities (if applicable)
- Current research efforts and collaborations
- Current curriculum or program development, evaluation, revision
- Current research support or salary support
- Grants pending or planned (both research and training grants)
- Publications and submitted manuscripts for the last two years
- Documentation /Dissemination of Scholarship
- Education responsibilities
- Administrative responsibilities
- Mentoring responsibilities
- Goals
 - short-term
 - long-term
- Resources/Support
 - Department/Division
- Major concerns

Additionally, an individual should do a self-assessment at each annual review that includes the following career and professional development issues:

1. Career and Professional Milestones (e.g., should include professional societies, awards for national and international recognition).
2. Progress made in the last year toward promotion.
3. Resources in the Department: Chair, Deputies (if applicable), Division Director (if applicable), Colleagues.

ANNUAL REVIEWS OF FACULTY

The ("Gold Book") mandates that faculty should be given "objective evaluation of their ultimate potential for academic advancement within the Institution as early in their careers as feasible... To these ends, all full-time faculty members shall have at least Annual Reviews with their Department Director, or his or her designee, and a written record of review will be sent to the faculty member." This Annual Review should provide the faculty and director (as a minimum) an opportunity to review past accomplishments and goals and set these for the next. A faculty member who does not receive an annual review should bring this matter to the attention of his or her Chair and then to the Vice Dean for Faculty if not resolved.

Due to the different disciplines represented in the School of Medicine, a standardized Annual Review Form is not mandated. Each Department has either their own or, in the case of large Departments, Divisional forms. As a general example, the Faculty Evaluation form developed by the Faculty Compensation Committee is included. This form is meant to provide a template for faculty members to assess the areas that will be evaluated during their annual review.

SUMMARY OF ACADEMIC ACTIVITIES AND GOALS FOR FACULTY EVALUATION

Name _____
(Last) (First) (Middle)

Academic Rank & Years at Rank _____

Department/and Division _____

ACADEMIC ACTIVITIES (Total = 100%, from latest completed effort certification):

_____ % Research _____ % Teaching/Training _____ % Clinical
_____ % Administrative/Other service _____ % Other (specify)

Are there any activities in which you wish to
increased time - _____% (specify) _____
decreased time - _____% (specify) _____

TRAINING AND COMPLIANCE IN:

- The Responsible Conduct of Research
- Human Subjects Research
- Risk Management
- Animal Care and Use
- Use and Handling of Hazardous Materials
- Conflict of Interest
- Effort Certification
- Export Control
- HIPAA
- Provider Billing
- Radiation Safety
- Intellectual Property

EDUCATION: List the courses and other education activities you have been involved in during the previous year.

Course: Number/Title: _____

Time Commitment: _____ Role: _____

Course: Number/Title: _____

Time Commitment: _____ Role: _____

Clinical: Description: _____

Time Commitment: _____

Mentoring: Description _____

Number of students, fellows, faculty _____

Time Commitment: _____

ADMINISTRATION: List Administrative duties you have within the Department/Division and University:

CLINICAL SERVICE: List specific clinical activities with % of time:

PUBLICATIONS: List all manuscripts published, in press or submitted in this academic year:

DOCUMENTATION/DISSEMINATION OF SCHOLARSHIP:

RESEARCH SUPPORT: List all current grant support and indicate your role in project (e.g., P.I., Co-P.I., Collaborator):

<i>Funding Source</i>	<i>Role</i>	<i>Award Period</i>	<i>Annual Direct Cost</i>
-----------------------	-------------	---------------------	---------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all grants submitted and planned.

<i>Funding Source</i>	<i>Role</i>	<i>Award Period</i>	<i>Annual Direct Cost</i>
-----------------------	-------------	---------------------	---------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FACULTY AND DEPARTMENTAL ISSUES: List professional issues important for your academic development (e.g., need for departmental resources, faculty mentoring or other support) and issues that are important for the function of the department/division.

1. _____
2. _____
3. _____

SUMMARY OF EVALUATION MEETING

The following topics are important for career development and should be included in the discussion between faculty and Director and/or Division Chief. Faculty member should complete this section.

	<i>Discussed</i>	
	Yes	No
Departmental Expectations for:		
Education	___	___
Research	___	___
Faculty Collegiality (participation in departmental and other activities and interactions with departmental and other faculty)	___	___
Clinical Activity	___	___
Requirements & Prospects for Promotion	___	___
Publications (Quality and/or Quantity) Citations	___	___
Current & Planned Grant Support	___	___
Grant & Manuscript Writing Skills	___	___
National Reputation	___	___
Access to Mentoring	___	___
Departmental Resources	___	___
Space	___	___
Salary Support	___	___
Other Requirements (specify)	___	___

ACADEMIC GOALS:

List your Goals for the coming year:

1. _____
2. _____
3. _____
4. _____

Other (specify):

1. _____
2. _____
3. _____
4. _____

SUMMARY OF FACULTY EVALUATION

This section should be completed after the meeting by the Director and/or Division Chief:

Name of Faculty: _____

Date of Meeting: _____

	Yes	No
Has the Faculty Member accomplished career goals for the previous year?	___	___
Is the Faculty Member progressing in all aspects of Academic activities?	___	___

If no, provide specific areas in which Faculty Member has failed to achieve goals (Education, Research, Clinical, Administrative).

Describe Academic goals for the coming year established during the meeting.

1. _____
2. _____
3. _____
4. _____

What does the Faculty Member need to do to accomplish these goals?

1. _____
2. _____
3. _____
4. _____

What does the Department/Division need to provide for the Faculty to accomplish these goals?

1. _____
2. _____
3. _____
4. _____

Faculty Comments:

Faculty Member Signature

(Signature does not imply agreement)

Director/Division Chief Signature

APPENDIX

- Curriculum Vitae Format
- Educator's Portfolio
- Clinician's Innovation and Quality Improvement Portfolio
- Steps in Review for Promotion to Associate or Full Professor
- Promotion Materials Check Lists: Associate and Full Professor
- Outline of Generic Letter of Recommendation for Promotion
- Outline of Letter Sent to Referees by Promotion Committees
- Official Policies of the School of Medicine
- Research Resources
- Office of Human Services
- Information about Governance and Faculty Committees, JHSOM
 - Johns Hopkins Medicine
 - Advisory Board of the Medical Faculty (ABMF)
 - Medical School Council (MSC)
 - Clinical Practice Association (CPA)
 - Dean's Guide Post

CURRICULUM VITAE FOR ACADEMIC PROMOTION (revised 12/2010)

The Johns Hopkins University School of Medicine

(Signature) _____ (Date of this version) _____

(Typed Name)

DEMOGRAPHIC AND PERSONAL INFORMATION

Current Appointments

University; Hospital; Other

Personal Data

Business Address, phone, fax, e-mail

Education and Training (in chronological order):

Year	Degree/Certificate	Institution	Discipline
------	--------------------	-------------	------------

- Undergraduate
- Doctoral/graduate
- Postdoctoral (Internship, residency, fellowship, etc.)

Professional Experience (in chronological order, earliest first, including academic appointments)

Dates	Positions	Institutions
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RESEARCH ACTIVITIES

Publications: Peer-reviewed Original Science Research

List only **peer-reviewed original science research** publications (articles and reviews) in this section (include only those published or in press; do not include submitted, in preparation, or planned).

Please show all authors for all articles and chapters.

Please bold or underline your name as an author in each reference

Please list all articles chronologically from earliest to latest.

Please number all articles consecutively under each section.

Please use standard reference citation format: (Author FI, Second author FI, Third author FI, (etc). Title. Journal. Year; Volume (Number): page-page.

Inventions, Patents, Copyrights (pending, awarded)

Date	Title
------	-------

Extramural Funding (current, pending, previous)

For each grant or contract please provide the following information in this format:

Dates, title

Identification number

Sponsor

Total direct cost

Principal Investigator

Your role, your percent effort

Notes

- Grants
- Contracts
- Other

Research Program Building / Leadership

Dates, name of research / basic science program, role

EDUCATIONAL ACTIVITIES

Educational Publications (see notes re: format under Research Publications, above) Peer-reviewed, original, educational publications should be listed first, followed by the remaining categories of publications.

Peer Reviewed Publications (i.e., consensus statements, expert opinions)

Invited Review Articles

Editorials

Case Reports

Letters, correspondence

Book Chapters, Monographs

Books, Textbooks

Other media (films, videos, CD-ROMS, slide sets, etc)

Teaching

Classroom instruction (dates, course title, role, location)

Clinical instruction (dates, course title, role, location)

CME instruction (dates, course title, role, location)

Workshops /seminars (dates, course title, role, location)

Mentoring (pre- and post-doctoral)

- Advisees (provide: dates, name, degree, present position, awards/grants/degrees received under your direction)
- Thesis committees (provide: dates, name, title, your role)
- Training grant participation (provide: dates, program)

Educational Program Building / Leadership

Dates, name of educational program or curriculum, role

Educational Extramural Funding (current, pending, previous)

Grants or contracts obtained to support an educational initiative.

For each grant or contract please provide the following information in this format:

Dates, title

Identification number

Sponsor

Total direct cost

Principal Investigator

Your role, your percent effort

Notes

CLINICAL ACTIVITIES

Certification

- Medical, other state/government licensure (date, identification #)
- Boards, other specialty certification (date, identification #)

Clinical (Service) Responsibilities (dates, specialty, role, time commitment)

Clinical Program Building / Leadership

Dates, name of clinical program, role

Clinical Extramural Funding (current, pending, previous)

Grants or contracts obtained to support a clinical initiative.

For each grant or contract please provide the following information in this format:

Dates, title

Identification number

Sponsor

Total direct cost

Principal Investigator

Your role, your percent effort

Notes

SYSTEM INNOVATION AND QUALITY IMPROVEMENT ACTIVITIES

System Innovation and Quality Improvement Publications (see notes re: format under Research Publications, above)

System Innovation and Quality Improvement efforts within JHM:

Dates, name of site intervention, your role, your percent effort, and results (e.g., clinical outcomes, process measures, financial)

System Innovation and Quality Improvement efforts outside of JHM:

Dates, name of site intervention, your role, your percent effort, location(s) and results (e.g., clinical outcomes, process measures, financial)

Production of guidelines and/or protocols:

Date, name of guideline and/or protocol, your role, your percent effort, location(s) adopted, current status (to demonstrate sustainability)

System Innovation and Quality Improvement Program Building/Leadership:

Dates, name of Innovation and QI program, role

System Innovation and Quality Improvement Extramural Funding (current, pending, previous)

Grants or contracts obtained to support a system innovation or quality improvement initiative

For each grant or contract please provide the following information in this format:

Dates, title

Identification number

Sponsor

Total direct cost

Principal Investigator

Your role, your percent effort

Notes

ORGANIZATIONAL ACTIVITIES

Institutional Administrative Appointments (date, committees)

Editorial Activities (dates, role)

- Editorial Board appointments (dates)
- Journal peer review activities (dates)

Advisory Committees, Review Groups/Study Sections (date, sponsor, role)

Professional Societies (date, membership, committees, role)

Conference Organizer, Session Chair (date, sponsor, role)

Consultantships (date, organization/agency, role)

RECOGNITION

Awards, Honors (date, title, description, sponsor)

Invited Talks, Panels (date, title, venue, sponsor)

OTHER PROFESSIONAL ACCOMPLISHMENTS

Please feel free to contact the Dean's Office at 410-955-3180 or the appropriate Promotions Committee Coordinator with any questions about this required CV format.

Cindy Delinski, APPC (Associate Professors Promotions), cdelins1@jhmi.edu

Karen Parkent, PPC (Professorial Promotions) and all general promotions questions, kparkent@jhmi.edu

THE EDUCATOR'S PORTFOLIO*

Developed by the Silver Book Committee

June 2005

* The authors are indebted to the model of the Educator's Portfolio that we have adapted for this document: Simpson DE, Beecher AC, Lindemann JC, Morzinski JA. The Educator's Portfolio. Medical College of Wisconsin, 1995.

The Educator's Portfolio is a collection of materials that documents the quantity and quality of a faculty member's educational activities. Since a criterion for rank at JHSOM is "evidence of creative scholarship in the area of primary expertise," those faculty who identify education as their primary expertise will use the Educator's Portfolio to convey evidence of creative educational scholarship.

This document is designed to help you begin the process of building your Educator's Portfolio. As you do so, keep in mind the purpose for having a portfolio, which may be different for every faculty member. In the first few years of faculty appointment, the portfolio may be a resource for tracking your teaching activities and recording feedback evaluations you receive for your teaching efforts. (Don't rely on the department or division to save these evaluations!) As you develop more and reflect on these experiences, you may discover a particular interest or "niche" in medical education that you would like to pursue. The portfolio review with a mentor at this point can direct your personal development into those areas needed in preparation for this work. More established faculty will have had opportunities to implement and test innovative instructional designs and curricula, and the portfolio can record these efforts in an appropriate manner.

The sections are meant to guide you in the process of selecting information or "teaching artifacts" for your portfolio. *Not every faculty member will have content relevant to each section*, and having looked at numerous examples of teaching portfolios from various institutions, it is evident that a variety of "formats" exist just in the field of medical education. Since our institution has no formalized structure for an educator's portfolio, there is flexibility in its design. Those content sections with an asterisk are almost universal, however, and should be addressed in a portfolio which is presented for promotion and tenure decisions.

If you intend to use your portfolio as evidence of scholarship, keep in mind those criteria which have been universally used to evaluate scholarship:

- Clear goals and aims
- Adequate preparation
- Appropriate methods
- Significant results
- Effective dissemination
- Reflective critique

A poorly constructed portfolio can take on the appearance of a "scrapbook" with anecdotal material, or a "steamer trunk" with overwhelming minutiae. Ask yourself if each entry fulfills one or more of the standards of scholarship before including it in your portfolio. Remember that readers may not be familiar with your discipline, your professional organizations, or the curriculum in which your activities reside. For that reason, we recommend short narrative descriptors, rather than extensive use of lists, to place the work in its context. (See examples in Sections 2 and 5). Share the document with a colleague or mentor and elicit feedback on the ability to evaluate its contents. Ask yourself if the educator's portfolio accurately reflects the following elements of your teaching:

- 1) *Quantity* of teaching effort
- 2) *Impact* of teaching effort and
- 3) Evidence of *Scholarship*.

Reference

Fincher RE, Simpson DE, Mennin SP, et al. Scholarship in Teaching: An Imperative for the 21st century. Acad. Med. 2000;75:887-894.

EDUCATOR PORTFOLIO CONTENT

1. *Teaching Philosophy Statement
2. Professional Development in Education
3. *Teaching Activity Report
4. *Curriculum Development and Instructional Design; Innovations
5. Educational Administration
6. *Regional and National Scholarship
7. Honors and Awards
8. *Advisees
9. (Self-Assessment and Long-term Goals)

*Sections most commonly included in Educator Portfolios across institutions

SUGGESTED APPROACH

1. Identify a mentor
2. Summarize your teaching responsibilities with the teaching activity report
3. Complete a self-assessment of your teaching skills
4. Compose your teaching philosophy
5. Select items for the portfolio
6. Arrange items in order to make a statement
7. Compile the supporting data
8. Maintain it

SECTION ONE: TEACHING PHILOSOPHY STATEMENT

Criterion of Scholarship Addressed: Clear Goals and Aims

The Teaching Philosophy statement introduces the reader of the Educator's Portfolio to the uniqueness and impact of your teaching career. It should briefly summarize your teaching accomplishments and reflect why being an educator is important to you. It should state explicitly the educational goals of your career. This is your opportunity to explain the context of your scholarly activities.

The philosophy statement is easiest to write after you have completed your teaching activity report. (See Section Two) Spend a few minutes reviewing your teaching activities, and reflect on what you enjoy, when you are most effective, and what that means about your unique contributions as an educator.

This section should be a narrative of approximately 250-500 words. You may want to include some learning theory or innovations in education and how that has been applied in your teaching; some general and medical education references are listed below.

References for the Teaching Philosophy Statement:

Learning theories and domains: <http://tip.psychology.org>

Gagne ED. *The Cognitive Psychology of School Learning*. Boston: Little, Brown, 1985.

Linfors EW, Neelon FA. The case for bedside rounds. *N Engl J Med* 1980;303:1230-33.

Engel GL. The deficiencies of the case presentation as a method of clinical teaching. *N Engl J Med* 1971;284:20-24.

Pauker SG, Kassirer JP. The threshold approach to clinical decision making. *N Engl J Med* 1980;302:1109-17.

Waldrop MM. The necessity of knowledge. *Science* 1984;223:1270-1282.

Ende J. Feedback in clinical medical education. JAMA 1983;250:777-781.
 Miles M. Learning to Work in Groups. New York: Teachers College, 1981.
 Knowles M. *Self-Directed Learning: A Guide for Learners and Teachers*. Chicago: Follett Publishing Co., 1975.
 Whitman NA, Schwenk TL. *A Handbook for Group Discussion Leaders: Alternatives to Lecturing Medical Students to Death*. Salt Lake City: University of Utah, 1983.
 Wright SM, Kern DE, Kolodner K, Howard DM, Brancati FL. Attributes of excellent attending physician role models. N Engl J Med 1998;339:1986-93.

SECTION TWO: PROFESSIONAL DEVELOPMENT IN EDUCATION

Criteria Of Scholarship Addressed: Adequate Preparation
 Appropriate Methods

Adequate preparation is one of the six criteria used to assess scholarship in the Glassick model. Scholars usually open their CVs with a listing of their educational preparation. Use this section of the portfolio to list those faculty development activities that support your educator role. You might want to say a sentence or two how a particular activity has been used in subsequent teaching.

Examples:

Evaluation of Student Learning. Webcast Faculty Development series presented by IAMSE (International Association of Medical Science Educators), completed in fall of 2005. Have used concepts of errors in performance ratings to re-evaluate the evaluation systems in preclinical course.

Johns Hopkins Faculty Development Program in Teaching Skills. Completed in 2002. This is a 48-hour course over 16 weeks that includes adult learning concepts, providing feedback, small group facilitation, and training in cross-cultural competence.

AAMC Medical Education Research Certificate Program. Six workshops attended in 2005-06, designed to provide a basic foundation in educational research methodology. I am currently involved in Level 2, an individually-mentored educational research project.

American Surgical Education Research Fellowship. Completed in Johns Hopkins Department of Surgery in academic year 2005-06. Projects included a study of the impact of work-hour limits on student education, and the development of a program graduate survey.

SECTION THREE: TEACHING ACTIVITY

Criteria of Scholarship Addressed: Appropriate Methods
 Significant Results
 Reflective Critique

In this section, you will want to provide the reader with a succinct overview of the breadth and impact of your teaching.

Two types of documentation are usually included in this section:

1. Activity Report: This is a summary record of the diversity of audiences you teach and the array of teaching methods which you utilize.

Provide a detailed listing of the teaching activities categorized by type of teaching (bedside, bench, lecture, small group, refer to Silver Book for full listing of types of teaching) and type of learner: medical student, resident, graduate student, faculty, community. Estimate the hours of contact teaching per year in each activity. Include evaluation data.

For clinical teaching, it may be impossible to separate pure teaching from pure clinical practice in some settings. We recommend that you provide a brief narrative description of the teaching activity, and include some quantitation of the effort involved. (See examples below).

2. Evidence for teaching effectiveness:

It is **extremely** important to include wherever possible, evaluations of your teaching. This may include:

- Learner evaluations (evaluations of lectures on Blackboard(r), or clinical teaching on E-value(r)). **Teaching ratings should be presented with course means.**
- Graduate reviews (may be collected by course, school or programs)
- Ratings of instruction collected by courses
- Performance of learners on standardized tests (e.g. USMLE Step1)
- Educational consultant reports
- Videotapes of exemplar teaching with self-analysis of teaching

To incorporate the reflective component of scholarly teaching, there should be documentation of maintenance or revision of the activity (for example, lectures, precepting, small group teaching) in response to learner, peer or even self-assessment.

Examples

Lecture:

- Four lectures in the Clinical Epidemiology course, provided to all Year I Medical Students each December. Summary learner evaluations for these lectures range 4.2-4.4 for past 3 years (attached). JHSOM students perform 2 S.D. above the mean for Epidemiology content on USMLE Step I for the past 2 years. As a result of student feedback, journal articles chosen for small group discussion have been updated, and reflective of current controversies in medicine.

Clinical Teaching:

- Attend on the JHH Labor and Delivery Service 10 weeks per year; average 60 hours per week over six days. Supervise 4 medical students, 6 residents and 1 fellow in each rotation. Evaluations of clinical teaching during this rotation from E-Value reports attached.
- Attending on the Medicine Ward Service 4 weeks a year, as a dedicated Student Attending. Having noticed that students sometimes fail to bring new cases for attending rounds, I have developed a series of problem-based cases to incorporate into teaching rounds, that have been enthusiastically received by students. This has also allowed discussions of broader clinical topics than are sometimes available on the general medical wards.

SECTION FOUR: CURRICULUM DEVELOPMENT AND INSTRUCTIONAL DESIGN

Criteria of scholarship addressed: All

Curriculum development and implementation, when done in a systematic way, fulfills all of the criteria of scholarship. This section should include curriculum projects, including courses, seminars, experiential learning, for which you have had primary responsibility.

Each curriculum module/program submitted for review in the portfolio must include the following instructional design elements:

1. Background or needs assessment for the curriculum.
2. Definition of learning objectives in measurable terms. (Who will do how much of what by when?)
3. Description of educational strategies: lectures, small groups, PBL, clinical rounds, consistent with objectives. This is often an opportunity to highlight educational innovation, such as novel teaching or evaluation techniques, use of educational technology, etc.
4. Preparation of instructional materials, handouts, and supplemental resources
5. Documentation of learner outcomes. Evaluation of program/curriculum by learners, instructors or others.

To fulfill the standards of educational scholarship, the curriculum must have been presented in the public domain, undergone review and be accessible to others for adaptation.

Enduring materials that have been produced as a result of curriculum development may be included or referenced as part of the portfolio documentation. Ideally such materials will have undergone external review, either by submitting for publication (journals or AAMC MedEd Portal (www.aamc.org/mededportal)). You could also solicit external review by a colleague at another institution.

Reference

Kern DE, Thomas PA, Howard DM, Bass EB. *Curriculum Development in Medical Education: A Six-Step Approach*. Baltimore, Johns Hopkins University Press, 1998.

SECTION FIVE: EDUCATIONAL ADMINISTRATION AND LEADERSHIP

Criteria of scholarship addressed: Appropriate methods
 Significant Results
 Effective dissemination
 Reflective critique

The educational missions of the institution and of the disciplines related to medicine are dependent on effective administration of programs and curricula. Contributions in this area impact the institution in meaningful ways. This section should document educational leadership roles, such as course, section, or clerkship directors, program directors, associate program directors, as well as service on educational committees that provide infrastructure for the educational mission. For a reader unfamiliar with your discipline, you may want to explain the purpose of the committee and your role in it. For administrative roles, document the number of learners completing the course/program.

Other documentation of impact that you may want to include in this section:

- Appointment to committees
- Preparation of written committee reports submitted to minutes.
- Reports from an accreditation or RRC review
- Program evaluations: Collated summaries from learners, faculty, outcomes evaluations

Examples

Member and co-Chair, JHSOM Committee on M.A. and Ph.D. Programs. This committee has oversight for all graduate student programs and meets monthly to provide periodic review, administratively review all M.A./M.S./Ph.D theses, and address issues and policies related to graduate students.

Fellowship Training Program Director, 2000-present. This role requires 25% effort. The competitive training program admits five fellows per year, and currently has 15 trainees. 100% of trainees have placed in academic positions since completion of the fellowship. Reports from most recent ACGME and GMCE internal reviews are attached.

Member, Association of Professors of Gynecology and Obstetrics (APGO) Undergraduate Medical Education Committee. Authors Medical Student Educational Objectives, and conducts annual faculty development workshops at national meeting.

SECTION SIX: REGIONAL AND NATIONAL SCHOLARSHIP

Criteria of Scholarship Addressed: All

The activities documented in this section should advance knowledge in medical education. Much of this content may be included in your C.V., but is also included here to make a statement about the dissemination of your educational activities. If you have developed a curriculum in section 4, it would be important to show that you have continued to develop a reputation as an expert in that area with examples of workshops, invited presentations, etc.

Examples of documentation in this section:

- Publications & presentations related to medical education

- Peer reviewer for medical education
- Reviewer for education-related conferences
- Annotated bibliographies
- Invited lectures
- Visiting professorships

Educational Research

- Grants or Contracts for Education-related research
- PI on training grants, faculty development grants

Educational materials that have been disseminated beyond the institution:

- Syllabi
- Textbooks
- Videotapes
- Computer-assisted instructional materials, multimedia materials
- Web-based activities, e.g. professional “chat rooms”
- Patient education materials adopted by major national constituencies
- Workshops, discussion groups, interest groups presented at regional or national professional meetings demonstrating clinical or educational interventions.

SECTION SEVEN: HONORS AND AWARDS

Criteria of scholarship addressed: Significant Results
 Effective Dissemination

This section could include recognition both as an “educator “ and as a “clinician” or “scientist”. If you suspect a teaching award would not be easily recognized, include a brief description of the criteria used to select awardees.

Documentation:

- Awards: Regional or national educator awards
- Local teaching awards
- Certificates
- Honors: Election into honorary societies, etc.

SECTION EIGHT: ADVISER AND MENTOR

Criteria of scholarship addressed: All

Documentation:

- List formal advisees and current status.
- List of students who request candidate as an adviser.
- List of informal advisees. Consider asking advisees to write a 1-2 page summary of how they have been “changed” as a result of your interactions
- Examples of advisee work while under your guidance.
- Location of former advisees (placement in certain disciplines, academic appointments, activities related to working with you, etc.)

SECTION NINE: SELF-ASSESSMENT AND LONG-TERM GOALS

Criteria of scholarship addressed: Clear Goals and Aims
Adequate preparation
Reflective critique

Many teachers insert a reflective critique of their own teaching portfolio at this point. It may highlight those accomplishments and lead into long term goals as an educator such as:

- Faculty promotion
- Future projects: curriculum development, scholarship, grants/contracts
- Teaching skills to be added to your repertoire
- Continuing education
- Assessment of student performance
- Educational administration
- Professional Organizations

If the portfolio is being used for promotion purposes, this section can be deleted. It is helpful in meeting with mentors or in preparation for annual performance reviews, to clarify what is needed to advance one's career as an educator.

References

- Arana GW, McCurdy L. Realigning the Values of Academic Health Centers: The Role of Innovative Faculty Management. *Acad Med* 1995; 70:1073-1078.
- Bader SA. Recognition of Computer-based Materials in the Promotion Guidelines of U.S. Medical Schools. *Acad Med* 1993;10 (suppl):S16-S18.
- Bickel J. The Changing Faces of Promotion and Tenure at U.S. Medical Schools. *Acad Med* 1991;66:249-256.
- Boyer, EL. *Scholarship Reconsidered: Priorities for the Professorate*. The Carnegie Foundation for the Advancement of Teaching. Princeton, NJ: Princeton University Press, 1990.
- Carey RM, Wheby MS, Reynolds RE. Evaluating Faculty Clinical Excellence in the Academic Health Sciences Center. *Acad Med* 1993;68:813-817.
- Glassick CE, Huber MT, Maeroff GI. *Scholarship Assessed: Evaluation of the Professoriate*. San Francisco: Jossey-Bass Publishers, 1996.
- Jacobs MB: Faculty Status for Clinician-Educators: Guidelines for Evaluation and Promotion. *Acad Med* 1993;68; 126-128.
- Jones RF, Froom JD. Faculty and Administration Views of Problems in Faculty Evaluation. *Acad Med* 1994; 69:476-483.
- Lubitz RM. Guidelines for Promotion of Clinician-Educators. *J Gen Int Med* 1997; 12 (suppl) S71-S77.
- McHugh P. A "Letter of Experience" about Faculty Promotion in Medical Schools. *Acad Med* 1994;69;877-881.
- Rothman AI, Poldre P, Cohen R. Evaluating Clinical Teachers for Promotion. *Acad Med* 1989;64:774-775.
- Seldin P. *The Teaching Portfolio: A Practical Guide to Improved Performance and Promotion/Tenure Decisions*. Boston MA: Anker Publishing Co., 1997.

CLINICIAN'S INNOVATION AND QUALITY IMPROVEMENT PORTFOLIO

Publication in peer review journals remains the primary measure of scholarly activity. It is highly recommended that faculty publish quality improvement efforts.

A. Executive Summary

B. Improvement Projects

Project 1 (brief description of problem, goal, methods):

Role (chair, project lead, member)

Internal Scope (# units/clinics/departments/functional units involved in activity)

External Spread (# of external organizations/states/countries adopt practice/initiative/methodology)

Sustainability (To what extent was improvement built into daily operations? How long has it been sustained?)

Time/Effort (% time or length of time I devoted to effort; include project initiation and completion dates)

Feedback (Feedback from others on the project, leadership that championed initiative (e.g., departmental chair, QI team leader), frontline clinicians and patients affected by change)

Magnitude of Impact (Does the project address a local, hospital-level, or national priority? What is the magnitude of the improvement for patient care or outcomes?)

Results (Process or outcome measures, as applicable to initiative (e.g., reduction in complications, adverse events, medication errors, improved compliance to guidelines, improved throughput, reduced LOS))

Project 2 (brief description of problem, goal, methods):

Role (chair, project lead, member)

Internal Scope (# units/clinics/departments/functional units involved in activity)

External Spread (# of external organizations/states/countries adopt practice/initiative/methodology)

Sustainability (Was activity sustained over 1 year, over 5 years, in perpetuity?)

Value (Was I provided dedicated time to complete?)

Time/Effort (% time or length of time I devoted to effort; include project initiation and completion dates)

360 Review (Feedback from others on the project, leadership that championed initiative (e.g., departmental chair, QI team leader), frontline clinicians and patients affected by change)

Magnitude of Impact (Does the project address a local, hospital-level, or national priority? What is the magnitude of the improvement for patient care or outcomes?)

Results (Process or outcome measures, as applicable to initiative (e.g., reduction in complications, adverse events, medication errors, improved compliance to guidelines, improved throughput, reduced LOS))

C. Program and Infrastructure Development (initiatives that built capacity or developed a lasting infrastructure to improve quality; may have results that are difficult to quantify)

Initiative 1: _____

Rationale/Problem

Role (chair, project lead, member)

Actions Undertaken/Completed

Time/Effort (% time or length of time person devoted to effort; include project initiation and completion dates)

People/Areas Impacted

Result of Initiative

STEPS IN PROCESS FOR PROMOTION TO ASSOCIATE OR FULL PROFESSOR

- Decision made at Divisional level regarding promotion (applies to Large Clinical Departments with Divisions)
Time Span: 1-18 mos.
↓
- Division Chief makes formal recommendation for promotion
Time Span: 1-5 weeks
↓
- Promotion request reviewed by Departmental Appointments and Promotions Committee (if available)
Time Span: 1 week-12 months, depending on need for revision and additional documentation
↓
- Department Director sends formal promotion request to the Dean
Time Span: 1-3 weeks
↓
- Promotion request is assigned to School of Medicine Promotions Committee which reviews nomination and recommends or does not recommend promotion.
Time Span: 6-12 months
↓
- If promotion is recommended, then the promotion is passed to the Advisory Board of the Medical Faculty (ABMF) for presentation and vote.

Associate Professor Promotions: Up or down vote at next meeting of ABMF.

Professorial Promotions: “lie on the table” for 1-3 months after first presentation for a month prior to the official vote (or for three months if the promotion is reported out in June). After approval by the ABMF, professorial promotions must then be approved by the University Board of Trustees.

Time Span: 1-3 months

Notes:

- 1) Promotion to Professor is effective the first of the month following approval by the ABMF, subject to approval by the Board of Trustees. Promotion to other ranks is effective the first of the month following the ABMF vote.
- 2) If Associate Profession promotion is turned down, there is no minimum interval before a new promotion letter may be sent to the APPC.
- 3) If a Professorial appointment is turned down, two years must elapse before a new promotion letter may be sent to the PPC.

**PROMOTIONS MATERIALS CHECKLIST FOR PROMOTION OR NEW APPOINTMENT TO
ASSOCIATE PROFESSOR*:**

(candidate)

Credentialing Officer _____ Tel _____ Fax _____

Please complete the appropriate section and send this sheet with all materials.

Incomplete packets will not be accepted.

The following materials are required for

***PROMOTION or NEW APPOINTMENT to ASSOCIATE PROFESSOR:**

- _____ 1. Original Transmittal Sheet, available on the internet at <http://www.hopkinsmedicine.org/som/roforms/faculty>
- _____ 2. Original Letter of Recommendation from Department Director
- _____ 3. Original CV/Bibliography (one-sided version); in required CV format (see pages 23-26)
- _____ 4. One copy — List of Referees [12-15 referees; include several Hopkins faculty if appropriate; please include full name, title, current institution, full mailing address including building and room numbers, phone and fax numbers, (and email if available)]
- _____ 5. 15 sets stapled, Letter of Recommendation and CV/Bibliography, (Provide 2-sided copies. NO paper clips, please. Do NOT include the transmittal sheet in these copies)
- _____ 6. Email CV, letter of recommendation and list of referees
- _____ 7. One Affirmative Action Report for new appointments; not applicable for promotions
- _____ 8. Copy of the PDF of the Nomination Manager signed by department director and nominee. (When the promotion process commences, the department director authorizes the nominee to access Nomination Manager.)

*APPC Coordinator, Cindy Delinski, Office of the Dean/CEO, SOM 100, tel 410-955-3180

Updated 7/11

PROMOTIONS MATERIALS CHECKLIST FOR PROMOTION OR NEW APPOINTMENT TO PROFESSOR*:

(candidate)

Credentialing Officer _____ Tel _____ Fax _____

Please complete the appropriate section and send this sheet with all materials.

Incomplete packets will not be accepted.

The following materials are required for

***PROMOTION or NEW APPOINTMENT to PROFESSOR:**

- _____ 1. Original Transmittal Sheet, available on the internet at <http://www.hopkinsmedicine.org/som/roforms/faculty>
- _____ 2. Original Letter of Recommendation from Department Director
- _____ 3. Original CV/Bibliography (one-sided version); in required CV format (see pages 23-26)
- _____ 4. Four copies — List of Referees [maximum 10 referees of which no more than 3 should be Hopkins faculty; please include full name, title, current institution, full mailing address including building and room numbers, office telephone and fax numbers, (and email if available)]
- _____ 5. Email Letter of Recommendation, CV, and List of Referees (please give referee information in simple list format; do not use special formatting or spacing or put information into charts)
- _____ 6. 20 sets stapled, Letter of Recommendation and CV/Bibliography, (Provide 2-sided copies. NO paper clips, please.)
- _____ 7. One citation report
- _____ 8. 4 sets of 2 to 4 recent reprints, clipped in sets
- _____ 9. 1 Affirmative Action Report for new appointments; not applicable for promotions

*PPC Coordinator, Karen L. Parkent, Office of the Dean/CEO, SOM 100, tel 410-955-3180 Updated 7/11

OUTLINE OF GENERIC LETTER OF RECOMMENDATION FOR PROMOTION

I. Introductory Paragraph

Start with name, appointment or promotion, and time in rank. Then give a sentence regarding the major reason(s) for promotion, e.g., research, clinical work, teaching and/or institutional activities and describe what the person is best known for at Hopkins, nationally and internationally. There is no need to review the details of training and experience that appear in the CV. There should be an explanatory comment only if there is a gap in the information provided in the CV.

II. Discussion of Scholarship

As described in the Gold Book, scholarship, the primary basis for academic advancement, encompasses the generation of new knowledge and / or the dissemination of knowledge to others, as long as these activities are accessible to critical assessment and accessible for future use by members of the academic community. This section should be used to highlight and promote the scholarly achievement of the faculty member. It is important to emphasize the faculty member's chosen pathway or combination of pathways (Clinician/Educator, Clinician/Researcher/Educator, Researcher/Educator, Program Builder/Educator and Program Builder/Innovator) in this section as Promotion Committees will give variable weights to accomplishments and achievements based on this information. Circumstances surrounding a gap or un-sustained level of scholarship should also be discussed here.

III-VII should be in sequence most appropriate for candidate's accomplishments.

III. Discussion of Research Accomplishments (where applicable)

This should not be a repeat of what is in the CV, but rather an interpretation of the significance of the research. There should be a comment regarding the level of independence of the candidate. Here also should be a comment on the level and continuity of grant support, where that is applicable.

IV. Discussion of the Accomplishments in Education

Education is an important component of all career pathways. Documentation of significant accomplishments in teaching should include the preparation and discussion of an educator portfolio. There should be a factual statement regarding teaching evaluations wherever possible. The specific record of mentoring and eventual placement of trainees should be documented by candidates in all categories. Include a statement regarding the number of teaching sessions with some quantification of the required commitment to accomplish the teaching.

V. Discussion of Clinical Care Accomplishments (where applicable)

Include an estimate of the time commitment to clinical work, the volume of clinical work and a brief explanation of the character of that work. If there is an unusual patient population (e.g., a nationally or internationally referred population) that is served, that population should be described and enumerated. Any available information regarding the individual's effectiveness as a clinician should be provided.

VI. Discussion of Accomplishments in Program Building

Program building may be institutional or beyond Johns Hopkins. Innovative program building may be in the areas of education, clinical services, administration, or research. Innovation, impact, and potential for further growth or new initiatives should be described.

VII. Discussion of the Evidence for a National and, (when applicable) International Reputation

Candidates for Associate Professor should be able to document a national recognition in their field. Candidates for Professor should document national leadership and /or international recognition. Insight should be provided as to the evidence for this recognition. Involvement in study sections of national organizations, organizing symposia, invitations to international conferences and the like are examples that might be delineated. Specific comments as to demonstration of national and international leadership should be included. Comment on the significance of awards if not obvious. This is especially important if not obviously apparent in the CV.

VIII. A final paragraph should be provided that discusses any pertinent issues not reviewed elsewhere in the letter. This is especially important if the CV does not contain all aspects of an individual's professional activities and accomplishments. Finally, the letter should cover the appropriate areas of information listed above. It should never be a repetition of the CV, and it should not contain unsubstantiated declarations of accomplishment or praise.

OUTLINE OF LETTER SENT TO REFEREES BY ASSOCIATE PROFESSOR PROMOTION COMMITTEE

Date _____

Dear _____

_____ is being considered for promotion to the rank of Associate Professor in the Department of _____, Johns Hopkins University School of Medicine. At Johns Hopkins this appointment does not include tenure. It has been suggested that your views concerning _____ (his/her) _____ qualifications be solicited as part of the evaluation to be made by the Associate Professor Promotion Committee of the School of Medicine. Enclosed is a copy of the candidate's curriculum vitae.

The criteria for appointment and promotion are derived from the Institution's primary aim, which is to be a national and international leader in medicine, science, and education. This aim can be achieved only if the School's faculty are outstanding leaders in their respective fields. Professional recognition as a leader or emerging leader in one's field is the fundamental criterion for promotion. Another factor to be considered is whether or not the faculty member's professional career is developing in a manner that promises to make him or her eligible for promotion to the next level.

Standards for promotion to the rank of Associate Professor include a record of achievement in creative scholarship and excellence in teaching. The scholarly achievement of a candidate for promotion to Associate Professor should be indicated by national recognition by peers. Creative scholarship can include work in the laboratory or in the clinical environment. Quality of teaching is also an important consideration. Another criterion is excellence in discharge of clinical obligations, for those members of the faculty having such responsibilities.

Scholarship, the primary basis for academic advancement, encompasses the generation of new knowledge and/or the dissemination of knowledge to others, as long as these activities are accessible to critical assessment and accessible for future use by members of the academic community. Reputation beyond the School of Medicine and the following important elements of scholarship are considered in the promotion process:

- **Research:** New knowledge can take many forms, including important clinical observations, clinical research findings, laboratory research, and integrative research. Customarily, such new knowledge is disseminated through publication in peer-reviewed journals and books. For this reason, a candidate's publications form an important basis for assessing scholarly productivity in research.
- **Education:** Excellence in education requires not only an objective, up-to-date, accurate, and balanced command of the field being taught but also effective communication skills. Documenting the scholarship of education also requires demonstration of accomplishments that are public, subject to critical review and analysis of outcomes, and useful to others in the community beyond the School of Medicine. This documentation may take the form of an Educator's Portfolio, as described in the Silver Book. Course leadership and design, the judgment of students, trainees, and peers, and meritorious publications may also be considered when a faculty member's teaching is assessed.
- **Clinical Distinction:** For faculty members who are clinicians, clinical distinction comprises professional excellence, integrity, and empathy in treating patients. Other elements of clinical distinction that are considered for a faculty member's promotion include election to distinguished medical societies relevant to achievement in his or her field, the application of new knowledge, and meritorious publications.
- **Program Building:** A leader in program building is someone who has developed a clinical, educational, or scientific program that is widely recognized as an outstanding model of its kind and/or that has had a substantial impact on the field.

We would appreciate receiving your candid opinion about _____. Your response will, of course, be held in confidence and shown only to the Associate Professor Promotion Committee and in unusual circumstances to the Advisory Board of the Medical Faculty, which includes Department Chairpersons, the President of the University and the Dean of the School of Medicine.

We realize the considerable time and effort inevitably involved in providing such opinions and want to thank you in advance for aiding us in this important matter. It would be especially helpful to us if you could suggest the names of other potential referees whom we should contact.

Sincerely yours,
Current Chairman
Associate Professor Promotion Committee

Enclosure: Curriculum vitae

OUTLINE OF LETTER SENT TO REFEREES BY PROFESSORIAL PROMOTION COMMITTEE

Appendix 1: Referee Solicitation Letter (Full-Time)

Johns Hopkins Medicine
Office of the Dean/CEO
720 Rutland Avenue, Suite 100
Baltimore, MD 21204-2196

CONFIDENTIAL

ref name address

Dear Dr.:

The Johns Hopkins University School of Medicine is presently 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, Johns 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 Johns Hopkins must have an outstanding record of scholarly achievement with broad recognition as a leader in his/her field. We recognize that there are different pathways toward becoming an outstanding leader in one's field and that education is an important component of all faculty careers. Candidates may demonstrate excellence in scholarship within a career that includes one or more of the following areas: education, research, clinical care and program development. Please see the attached section from Policies and Guidelines Governing Appointments, Promotions, and Professional; Activities of the Full-Time Faculty ("Gold Book") for further clarification.

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] will be greatly appreciated. We request 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 the Committee at the address below, and thank you for your help.

Professorial Promotions Committee
c/o PPC Coordinator Johns Hopkins University School of Medicine
Office of the Dean/CEO
733 N. Broadway, SOM 100
Baltimore, MD 21205-2196

Our secure fax line is 410-955-0889, if you prefer to fax your response.

If you have any questions, please contact us at 410-955-3180.

Sincerely,

Current PPC Chair

Excerpt from the Johns Hopkins “Gold Book”

Scholarship, the primary basis for academic advancement, encompasses the generation of new knowledge and/or the dissemination of knowledge to others, as long as these activities are accessible to critical assessment and accessible for future use by members of the academic community. Reputation beyond the School of Medicine and the following important elements of scholarship are considered in the promotion process:

- *Research:* New knowledge can take many forms, including important clinical observations, clinical research findings, laboratory research, and integrative research. Customarily, such new knowledge is disseminated through publication in peer-reviewed journals and books. For this reason, a candidate’s publications form an important basis for assessing scholarly productivity in research.
- *Education:* Excellence in education requires not only an objective, up-to date, accurate, and balanced command of the field being taught but also effective communication skills. Documenting the scholarship of education also requires demonstration of accomplishments that are public, subject to critical review and analysis of outcomes, and useful to others in the community beyond the School of Medicine. This documentation may take the form of an Educator’s Portfolio, as described in the Silver Book. Course leadership and design, the judgment of students, trainees, and peers, and meritorious publications may also be considered when a faculty member’s teaching is assessed.
- *Clinical Distinction:* For faculty members who are clinicians, clinical distinction comprises professional excellence, integrity, and empathy in treating patients. Other elements of clinical distinction that are considered for a faculty member’s promotion include election to distinguished medical societies relevant to achievement in his or her field, the application of new knowledge, and meritorious publications.
- *Program Building:* A leader in program building is someone who has developed a clinical, educational, or scientific program that is widely recognized as an outstanding model of its kind and/or that has had a substantial impact on the field.

OFFICIAL POLICIES OF THE SCHOOL OF MEDICINE

The most current Johns Hopkins University School of Medicine policies may be found on the Johns Hopkins Medicine Intranet, <http://www.hopkinsmedicine.org/som/faculty/index.html>.

Under the Policies section, faculty can find:

- Full-Time Faculty Policies — The “Gold Book” which describes the policies and guidelines governing appointments, promotions and professional activities of the Full Time Faculty of the Johns Hopkins University School of Medicine
- Policy on Conflict of Commitment and Conflict of Interest
- Code of Professional Conduct for Faculty
- Interaction with Industry
- Rules and Guidelines for Responsible Conduct of Research
- Procedures for dealing with Research Misconduct and Professional Misconduct
- Grievance procedure for faculty, fellows and the student body
- Teacher - Learner Relationships

RESEARCH RESOURCES

The principal Web site for all research related policies and resources is:

- <http://www.hopkinsmedicine.org/Research/index.html>

The site provides information on the following resources for researchers:

- News and Publications
- Research Compliance Policies/Training
- SOM Research Resources/Departments/Centers
- Research Information and Directories
- Sponsored Funding
- Inventions/Licensing & Business Development

The Web site provides all of the information needed to guide you in working with:

- The Office of Research Administration to locate funding opportunities, submit grant and contract proposals, negotiate funding agreements and communicate with sponsors during awards and close out
- The Institutional Review Boards for review of the use of human subjects
- The Animal Care and Use Committee
- The Office of Policy Coordination for review and management of financial research conflicts (e.g., consulting, equity, royalty)
- The Research Compliance Training Programs
- The Office of Technology Transfer to report inventions, approve non-disclosure agreements for your research information, negotiate material transfer and license agreements and file patent applications
- The core research resources of the School of Medicine

Of particular importance to faculty professional development are the internal funding available for:

- Pilot Projects (Institutional Research Grant Projects Committee)
- Clinician Scientist Program
- Career development resources at the linked NIH Extramural Research Page

PROFESSIONAL AND PERSONAL DEVELOPMENT

The School of Medicine and the university provide a wide range of professional and personal development programs and services to meet the variety of ongoing development needs of the School of Medicine faculty. Brief descriptions, links to websites, and contact information for these programs are provided below.

OFFICE OF THE VICE DEAN FOR FACULTY

The Office of the Vice Dean for Faculty oversees all issues and policies that concern faculty including faculty appointments, promotions, reappointments, and reviews. The office also provides oversight on faculty development activities, equity issues, and grievance and misconduct concerns. The office works to ensure that the School of Medicine recruits and retains a diverse group of faculty and monitors the workplace in support of a respectful and inclusive environment for all faculty members. The office provides the New Faculty Orientation program for all incoming faculty members and oversees the Office of Faculty Development. For further information, contact Janice Clements, Ph.D., Mary Wallace Stanton Professor of Faculty Affairs and Vice Dean for Faculty, Broadway Research Building, Suite 115, Phone: 410-955-8401, Fax: 410-955- 2522, jclement@jhmi.edu.

Website: <http://www.hopkinsmedicine.org/som/faculty/index.html>

NEW FACULTY ORIENTATION

The annual New Faculty Orientation provides a roadmap for faculty to the institution, its policies, opportunities, and leadership. Topics that are typically covered include career development and the promotion process; faculty policies including conflicts of interest, responsible conduct of research, and occupational health and safety requirements; educational roles of faculty; research administration including human subjects and animal research; clinical practice management; and other special topics including technology transfer and services to support faculty in developing grant writing, scientific writing, and presentation skills. New faculty within the first year of hire and department directors are invited and encouraged to attend. The program is also open to all faculty.

Website: <http://www.hopkinsmedicine.org/som/faculty/index.html>

Contact information:

Janice Clements, Ph.D., Vice Dean for Faculty, Broadway Research Building, Suite 115, Phone: 410-955-8401, Fax: 410-955-2522, jclement@jhmi.edu.

OFFICE OF FACULTY DEVELOPMENT

The Office of Faculty Development was created to support the professional development needs of the junior, mid-career, and senior faculty in the JHU School of Medicine. The office provides a faculty development curriculum and web-based resources for development. The office also supports department directors in providing departmental mentoring, leadership development, and succession planning programs. Exit Interviews and surveys are conducted to determine the factors that cause faculty to leave the School of Medicine, and the office recommends and implements strategies to improve the recruitment, orientation, development, and retention of all faculty. The office also oversees sexual harassment and hostile work environment awareness-building and training programs, and will work with departments to achieve faculty salary equity by promoting adherence to equity guidelines.

Website: http://www.hopkinsmedicine.org/fac_development/

Contact information:

Office of Faculty Development and Equity, 2024 E. Monument, Suite 1200, Phone: 410-502-5631 Fax: 443-287-5628

OFFICE OF WOMEN IN SCIENCE AND MEDICINE

The Office of Women in Science and Medicine (OWISM) was created in 2008 to increase representation of women in leadership roles, and to advance their careers. The office provides mentoring, education, and networking opportunities for women faculty in the School of Medicine (SOM).

The OWISM provides small group Information and Conversation sessions for junior women faculty four times yearly. These sessions are devoted to a specific topic related to career development and are facilitated by senior women faculty at the SOM. Additionally, a new Leadership Program for Women Faculty was initiated in 2009, to provide female faculty with skills to become successful leaders. The program consists of 9 one-half day sessions taught by content experts in the areas of: influencing for impact, crucial conversations, negotiation skills, speak like a pro, working together, and leadership challenges.

Special scientific lectures are given annually to promote women's careers and additionally several large events will be held to provide networking opportunities for all female faculty. A CV review program has been initiated to provide critical feedback to senior women Associate Professors who anticipate promotion to Full Professor at the SOM. Additionally in collaboration with the Office of Faculty Development, there are CV workshops, which are open to all faculty at the SOM, and which provide great insight into CV organization and management.

The OWISM has just initiated a program to help network newly promoted female Associate Professors and educate them about staying on track as they continue to advance at the SOM. The OWISM will continue to work closely with the Office of Faculty Development and the Professional Development Office on projects felt to be beneficial to the female faculty.

Website: http://www.hopkinsmedicine.org/education/women_science_medicine

Contact information:

Barbara Fivush, MD, Associate Dean, Office of Women in Science and Medicine, OWISM@JHMI.edu.

OFFICE OF THE VICE DEAN FOR EDUCATION

The Office of the Vice Dean for Education oversees all educational activities and curriculum development for all medical school students, graduate students, trainees and fellows. In addition, the office provides oversight to the Professional Development Office which offers a number of courses on biomedical communications for junior faculty. For further information, contact David Nichols, M.D., Mary Wallace Stanton Professor of Education and Vice Dean for Education, Johns Hopkins University, School of Medicine, Broadway Research Building, Suite 115, Phone: 410-955-8401, Fax: 410-955-2522, dnichols@jhmi.edu.

OFFICE OF DIVERSITY AND CULTURAL COMPETENCE

The office of Diversity and Cultural Competence was established in 2009 to accomplish three important goals to increase diversity and inclusion at Johns Hopkins Medicine:

- To advance recruitment and retention of new faculty and staff members from underrepresented minority groups
- To understand the causes of health care inequities and to develop remedies for those inequalities
- To deliver health services to disadvantaged populations

Website: http://www.hopkinsmedicine.org/diversity_cultural_competence/index

Contact information:

Brian Gibbs, Ph.D., Associate Dean for Diversity and Cultural Competence, 1620 McElderry Street, Reed Hall, Suite 420, Phone: 443-287-5569, Fax: 410-614-3730, bgibbs5@jhmi.edu.

PROFESSIONAL DEVELOPMENT OFFICE

The Professional Development Office of the Johns Hopkins Medical Institutions works to provide students, fellows and faculty with professional skills and knowledge to succeed in an independent scientific career. Current course offerings for faculty, clinical fellows and senior postdocs include advanced workshops on Grantcraft, Writing for Publication, and Scientific Presentations.

Professional and graduate students and fellows may attend free intercession courses introducing these topics in January and July.

Website: <http://www.jhu.edu/~pdo/>

Contact information:

Donna L. Vogel, M.D., Ph.D., PDO Director, 1830 E. Monument, Suite 2-107, Phone: 410-502-2804, Fax: 410-614-3386, vogel@jhmi.edu.

FACULTY DEVELOPMENT PROGRAM FOR CLINICIAN EDUCATORS

The JHU School of Medicine and Johns Hopkins Bayview Medical Center jointly offer longitudinal programs in teaching skills and curriculum development to all faculty who wish to improve their skills as educators.

TEACHING SKILLS PROGRAM

The Teaching Skills program meets weekly for half-days each fall (September - December). Course topics include adult learning concepts, critical reflection and skills of dialogue, relationship-centered communication with patients and learners, influencing learners, providing and eliciting effective feedback, small-group leadership, one-on-one precepting, presentations, and educational portfolios. Participants who wish to deepen their knowledge meet bi-weekly in the spring (January - May), with learning focused on cultural competence, conflict management, leadership, brainstorming and the use of audio- and video-tape review. <http://www.hopkinsbayview.org/fdp>

Contact information:

Karan Cole, Sc.D., Co-Director, Teaching Skills Program, B2N-235, Bayview Medical Center, Phone: 410-550-0524, Fax: 410-550-3403, kcole@jhmi.edu.

Randol Barker, M.D., Co-Director, Teaching Skills Program, B2N-235, Bayview Medical Center, Phone: 410-550-1785, Fax: 410-550-3403, rbarker@jhmi.edu.

CURRICULUM DEVELOPMENT PROGRAM

The Curriculum Development program is held on a weekly basis for half-days, September-June. Participants work on a curricular project that is both important and possible to implement in their clinical or academic setting. Participants work in groups of 2-5 to develop curricula according to a six-step process of curriculum development: problem identification and general needs assessment, needs assessment of targeted learners, goals and objectives, educational strategies, curriculum implementation, and evaluation and feedback. Large-group didactic and experiential learning is complemented by work in progress sessions wherein each group presents their work and receives feedback from other groups, and by regular small group meetings with a highly-trained faculty facilitator who offers guidance, support, and written feedback at each step of the process. The program culminates in a final paper and a presentation before an invited audience. Curricula are usually piloted during the program and fully implemented in the following year. Program faculty are also available to consult and develop special programs to meet the needs of individual departments. <http://www.hopkinsbayview.org/fdp>

Contact information:

David Kern, M.D., M.P.H., Director, Division of General Internal Medicine, Director, Curriculum Development Program, B2N-235, Bayview Medical Center, PHONE: 410-550-0509, FAX: 410-550-3403, dkern@jhmi.edu.

THE SCIENCE OF CLINICAL INVESTIGATION PROGRAM

The Science of Clinical Investigation Program (SOCI) has been created to support clinical scientists in gaining additional theoretical and practical skills in the design, implementation, analysis, and interpretation of data from clinical investigations. Five courses are offered in evening formats and include Database Design and Implementation in Clinical Research, Design of Clinical Studies, Quantitative Analysis of Clinical Data, Outcomes and Effectiveness Research, and Ethical and Regulatory Issues in Clinical Research. The courses are offered sequentially and predominantly run for three hours, one evening per week, for 7-9 weeks, July through May. For faculty who are interested in completing a more in-depth program in Clinical Investigation, the Graduate Training Program in Clinical Investigation (GTPCI) offers a Master's degree in Clinical Investigation on a full time or part-time basis over not more than two years. Website: <http://www.jhsph.edu/gtpci/>

Contact information:

N. Franklin Adkinson, Jr., M.D., Director, Graduate Training Program in Clinical Investigation, Email: FAdkinso@jhmi.edu. Phone: 410-550-2051, Fax 410-550-2055.

JOHNS HOPKINS MEDICINE LEADERSHIP DEVELOPMENT PROGRAM

The goal of the Johns Hopkins Medicine Leadership Development Program is to prepare the future leadership of

JHMedicine. This yearlong program is designed to foster effectiveness in the organizational culture, strengthen bonds and communication among and between faculty and administrators, and advance leaders in the organization. The program improves the operating environment by building trusting relationships that break down barriers, facilitate communication, and foster the practice of better medicine and better business. The program includes three and one-half days of off-site retreat activity focused on topics such as perspectives on leadership, structure and governance, financial issues, leadership models, team management, and managing conflict and individual differences. Follow-up programs provide 360-degree feedback on leadership skills, and presentations and dialogue on influence and negotiation skills, executive leadership, and strategic planning. Didactic and experiential learning activities are further complemented by shadowing opportunities, advising forums, and round table discussions. The program is open to approximately 20 faculty and 10 administrative leaders annually who are nominated by Department Directors, Vice Presidents and Vice Deans in JHMedicine. The selection process is based on the application and goals of the nominees.

Contact information:

Steven Thompson, Senior Vice President, Johns Hopkins Medicine, 733 N. Broadway, Suite 100, Phone: 410-614-6486, Fax: 410-955-0889, sthompso@jhmi.edu or ldp@jhmi.edu.

Janice Clements, Ph.D., Vice Dean for Faculty, Broadway Research Building, Suite 115, Phone: 410-955-8401, Fax: 410-955-2522, jclement@jhmi.edu.

SCHOOL OF MEDICINE HUMAN RESOURCES

The School of Medicine divisional Human Resources office provides numerous programs and services that support JHSOM faculty members as they hire, develop, and evaluate staff (not students, house staff, postdoctoral fellows, or faculty). Support is provided in compensation including expertise in the 'requisitioning' process and appropriate classification and salary range determinations; employment including advertisement advice and placement, screening and referral of applicants, assistance in legal and efficient interviewing and selection processes, reference checking, criminal background checks, salary decisions, and extension of formal job offers; employee and labor relations including appropriate interventions and/or disciplinary actions for staff employees who may lack required skills or have other personnel-related issues (nb: it is imperative that you work closely with specialists as soon as possible as there are prescribed, progressive steps that need to be taken to protect you from grievances and allegations of discrimination and to protect the legal standing of the institution); payroll/records including maintenance of personnel and payroll records, employment verifications, paycheck distribution and monitoring and processing of faculty and staff payroll forms, both paper and electronic. Website: <http://hrnt.jhu.edu/divisions/som/>

Contact information:

Gloria Bryan, Sr. Director, School of Medicine Divisional Human Resources, Church Home Professional Office building, 3rd Floor, Phone: 410-955-2586, Fax: 410-624-0650, gbryan@jhmi.edu

OFFICE OF INSTITUTIONAL EQUITY

The Office of Institutional Equity (OIE), formerly referred to as the Office of Equal Opportunity and Affirmative Action Programs, was established to provide leadership for university efforts to promote institutional equity and a diverse university community. The Office assures that the University's programs and procedures comply with federal, state and local laws and regulations as related to affirmative action and equal opportunity with special attention to disability issues. The Office develops and coordinates the implementation of the University's Institutional Equity Programs and procedures. In addition, the office provides training efforts related to disability issues and sexual and other forms of harassment.

Website: <http://web.jhu.edu/administration/jhuoie>

Contact information:

Caroline Laguerre-Brown, J.D., Vice Provost for Institutional Equity, Garland Hall, Suite 130, Phone: 410-516-8075, Fax: 410-516-5300, cbrow121@jhu.edu

Allison Boyle, J.D., M.P.H., Director, Equity Compliance and Education, Garland Hall, Suite 130, Phone: 410-516-8075, Fax: 410-516-5300, aboyle7@jhu.edu

DISABILITY ISSUES

In keeping with the intent of the 1990 Americans with Disabilities Act, a faculty member may disclose a medical, psychological or physical condition to the university and may ask for a reasonable and appropriate accommodation for the workplace. For those who have never been evaluated for a disability or who are not sure if they have a disability, the Director is available for consultation. The office also provides guidance in the process of disclosure and works with appropriate offices to determine the nature of and timeliness of the accommodation. The Director of ADA Compliance Disability Services is available for training and consultation in areas such as the definition of disability, workplace accommodations, and discrimination concerns. The Director for ADA Compliance Disability Services also consults with department chairs, division chiefs, and other faculty leaders regarding workplace and academic accommodations that may be needed for faculty, staff, and students.

Contact information:

Peggy Hayeslip, MS, Director, ADA Compliance and Disability Services, Garland Hall, Suite 130, Phone: 410-516-8949, Fax, 410-516-5300, phayeslip@jhu.edu.

PROFESSIONAL ASSISTANCE COMMITTEE

The Medical Board of The Johns Hopkins Hospital established the Professional Assistance Committee (PAC) in 1989 to assist physicians with behavior and emotional difficulties, alcohol or drug problems or physical disabilities that may affect skill and judgment. The PAC works to facilitate the well-being and rehabilitation of distressed or impaired physicians as an alternative to discipline or dismissal. The committee encourages self-referrals from the Johns Hopkins physician community, and acts as an advocate for physicians who follow its policies and recommendations. The PAC is prepared to address a number of problems physicians experience including relationship difficulties, the death of loved ones, concerns about drugs or alcohol, legal or financial issues, and professional uncertainty in our competitive academic environment. All full- and part-time physicians affiliated with The Johns Hopkins Hospital are eligible to use the committee's services. The PAC treats each case with the utmost confidentiality.

Contact Information:

The PAC can be reached by calling 410-955-9222. Inquiries or reports will be referred to a member of the committee for action. Reports of physicians with potential problems will be pursued with the greatest concern for all parties involved, including the individual, family members, colleagues, and patients.

TALENT MANAGEMENT AND ORGANIZATIONAL DEVELOPMENT

The TMOD team facilitates an integrated approach to managing and developing Johns Hopkins' most important asset: its employees. Talent Management and Organization Development is a strategic partner in creating an organizational culture where Johns Hopkins University is recognized as the employer of choice, and where faculty and staff realize their full potential.

Talent Management and Organization Development collaborates across Johns Hopkins University to provide a deliberate and integrated approach to attract, recruit, and retain faculty and staff with the knowledge, skills, and abilities to meet strategic organizational needs.

Website: <http://hrnt.jhu.edu/tmod/index.cfm>

Contact information:

Debbie Sampson, Senior Director, 1101 East 33rd Street, Suite C120, Phone: 443-997-4769

CAREER MANAGEMENT/TALENT MANAGEMENT

These services assist staff during the ongoing process of assessing and understanding their interests, skills, personality, and values as they relate to career choice and progression throughout the career life cycle.

The Talent Management office offers several tools to help you better manage your career including a Career Management Model, Career Development Courses and Individual Career Counseling.

Contact information:

Jean Washington, Administrative Coordinator, 443-997-4992, jwashington@jhu.edu

PROFESSIONAL DEVELOPMENT COURSES

The university provides professional development courses to improve core competencies, enhance job performance, and encourage personal growth for faculty and staff. You may browse the available course offerings and register for courses at the MyLearning website.

Many of the courses are offered as a benefit to employees of the university. This means that full- or part-time employees of the university may attend these courses at no charge.

Information: http://hrnt.jhu.edu/tmod/prof_dev/prof_dev.cfm

ORGANIZATION DEVELOPMENT SERVICES

Our Organization Development team works with leaders to develop multiple mechanisms for changing behavior and improving organizational effectiveness.

Services include:

- Strategic planning and goal setting
- Retreat design and facilitation
- Organization assessment and redesign
- Group conflict management and team building
- Role definition and negotiation
- Diversity consultation
- Leadership coaching
- Work climate assessment
- Process analysis and redesign
- Mission and vision development
- Program evaluation and curriculum development

Our clients are the senior leaders and managers of the university, those who design and oversee whole organizational systems. The Organization Development Center of Expertise helps clients implement and manage a wide range of change-related issues effectively and efficiently.

Contact information:

TMOD, 1101 East 33rd Street, Suite C120, Phone: 443-997-8687

OFFICE OF WORK, LIFE AND ENGAGEMENT

Our staff is committed to supporting faculty and staff in the full engagement of their work and life through a variety of programs and services that offer assistance in managing the daily challenges of integrating work, family, and personal life.

Services offered include the Faculty and Staff Assistance Program, LifeSpan Services, Childcare services, Live Near Your Work program, Relocation Assistance and Financial Assistance Programs.

Website: <http://hopkinsworklife.org/>

Contact information:

Michelle Carlstrom, LCSW-C, Senior Director, 1101 East 33rd Street, Suite C-100, Phone: 443-997-7000, Fax: 443-997-6609; worklife@jhu.edu

FACULTY AND STAFF ASSISTANCE PROGRAM (FASAP)

FASAP provides assessment, referral, and short-term intervention services for full and part-time faculty, staff, and their families regarding personal problems such as family and relationship issues, mental health concerns including stress and depression, substance abuse, financial concerns, and work-related problems. The staff is composed of licensed or certified mental health practitioners.

FASAP clinicians also consult with faculty who lead and manage others to help resolve interpersonal conflicts between co-workers and subordinates in the workplace. The office supports faculty in working with employees with performance or interpersonal conduct problems who may be referred to FASAP for counseling and problem-solving support on a mandated Condition of Employment referral. FASAP clinicians, along with other members of the Professional Assistance Committee, support physicians with mental or emotional difficulties, alcohol or drug problems, or physical challenges that may affect their skill and judgment in the extremely demanding work environment of Johns Hopkins Medicine. FASAP clinicians also staff the Risk Assessment Team and offer trainings in assertive communication, conflict resolution, stress management and other topics to reduce the incidence of violence or intimidation in the work environment and to create a safe and healthy workplace. Website: <http://www.FASAP.org>

Website: <http://hopkinsworklife.org/fasap/index.cfm>

JOHNS HOPKINS MEDICINE

A number of years ago, the trustees of The Johns Hopkins University and The Johns Hopkins Health System concluded that total collaboration in governance and management between the School of Medicine and the Health System was necessary to ensure their continued preeminence in education, discovery and patient care.

To give life and force to their conclusion, the trustees of the University and Health System delegated significant powers to a new board representative of each parent organization. They also vested leadership authority in one individual. The resulting “Johns Hopkins Medicine” provides a vehicle for internal operational coordination and a united voice for external initiatives. These distinct yet interdependent corporations are now able to respond in an integrated fashion to opportunities and pressures.

Uniting the faculty physicians and scientists of the School of Medicine with the organizations, health professionals and facilities of the Health System, Johns Hopkins Medicine now is a \$2 billion enterprise with three acute care hospitals -- The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center and Howard County General Hospital -- as well as all other aspects of an integrated health care delivery system: long-term care, home care and outpatient care. The Hopkins brand name in medicine also has opened the door to significant international collaboration.

ADVISORY BOARD OF THE MEDICAL FACULTY

1. The Advisory Board of the Medical Faculty (ABMF) advises the Dean on matters relating to the operation of the School of Medicine with authority to approve appointments, promotion, and termination of faculty and policies and procedures relating to the educational programs and academic affairs of the School of Medicine.
2. *Composition.* The voting membership of ABMF comprises the Department Directors, one additional senior faculty member from each of the Departments of Medicine, Surgery and Pediatrics nominated by their respective Department Directors, the Dean of the School of Medicine, the Dean of the Bloomberg School of Public Health, the Dean of the Johns Hopkins University School of Nursing, the Chair and Vice Chair of the Medical School Council, the Director of the Kennedy-Krieger Institute, the President of The Johns Hopkins Hospital, and the President of the Medical Board of the Johns Hopkins Bayview Medical Center. The ABMF is chaired by the President of the University, or in the absence of the President, by the Provost of the University. The Assistant Dean for Medicine serves as the Secretary to ABMF.
3. *Committees.* The ABMF may establish one or more standing or ad hoc committees to advise it on matters properly coming before it, as the membership deems necessary or appropriate from time to time. All standing committees are to report to ABMF as stated in their charge [and no less frequently than annually].
4. *Meetings.* The ABMF meets monthly from September through June in each academic year. Members present at any meeting of ABMF shall constitute a quorum. Members may not be represented by substitutes at any meeting of ABMF. Actions shall be decided by a majority of voting members at which a quorum is present. The President, or Provost in the President's absence, shall vote only to break a tie.

AGENDA COMMITTEE OF THE ADVISORY BOARD OF THE MEDICAL FACULTY

The Agenda Committee of the ABMF meets monthly to identify and select issues for further discussion by 1) an ad hoc committee to be appointed by the Dean, 2) a Committee of the Whole or 3) the Advisory board of the Medical Faculty. These discussions would be substantive issues such as governance, practice plan, curriculum, scientific misconduct, etc. The Agenda Committee might identify and define issues in preliminary form for discussion at a Committee of the Whole or the ABMF. The Agenda Committee conducts selected pieces of routine business on behalf of the Advisory Board, including approval of appointments to the ranks of Assistant Professor and Adjunct faculty, prior to approval by the ABMF. The Agenda Committee does not preempt the full discussion by or decisions of the ABMF in policy matters. Membership on the Agenda Committee consists of the Provost as Chair; the Dean of the Medical Faculty; 2 members elected by/ from the Basic Science Department Directors; three members elected by/from the Clinical Directors; one Basic Science Director appointed by the Dean and one clinical Director appointed by the Dean. Agenda Committee members that are appointed by the Dean serve a two year appointment and the members that are elected by their peers serve a three year appointment. Once the term of office has expired, the members are eligible for reelection and/or reappointment. Also, the Chairperson of the Medical School Council serves on the

Agenda Committee. The Vice Deans for Clinical Affairs; Clinical Investigations; Education; Faculty and Research are invited to attend the meetings. The Assistant Dean for Medicine serves as the Secretary to the Agenda Committee.

COMMITTEE OF THE WHOLE

The Committee of the Whole meets when requested by the Dean of the Medical Faculty. These discussions would be issues deemed to be of importance and in a format where input and advice is solicited by the membership of the COW and others invited to attend the meeting. The membership of the COW is the same as the membership of the Advisory Board of the Medical Faculty with the exception of the President and/or Provost of the University. This Committee is chaired by the Dean of the Medical Faculty. The Assistant Dean for Medicine serves as the Secretary to the Committee of the Whole.

MEDICAL SCHOOL COUNCIL

1. The Medical School Council (MSC) is a representative organization consisting of members of the full-time faculty, the part-time faculty, medical students and postdoctoral fellows, elected in accordance with the Council's charter as amended from time to time. The Vice Dean for Faculty is the Dean's representative on the Medical School Council. The Associate Dean/Registrar serves as staff to the Medical School Council.
2. The Chair and Vice Chair of the Medical School Council are voting members, ex officio, of ABMF. The Chair is also a voting member of the Agenda Committee.
3. The Medical School Council also advises on and makes recommendations for changes to or the adoption of and approves new policies for the School of Medicine.
4. The Medical School Council advises on and make recommendations for changes to and approves changes to the Policies and Guidelines Governing Appointments, Promotions, and Professional Activities of the Full-Time Faculty of the Johns Hopkins University School of Medicine (the "Gold Book").

CLINICAL PRACTICE ASSOCIATION (CPA)

The CPA is the physician group practice that represents all the clinical departments and the full-time faculty physicians at the School of Medicine with regard to their clinical activities. The CPA is an administrative organization that is developing and implementing infrastructure to support the practice of medicine, e.g., billing, clinical practice standards, and integrated patient access to physicians at the JHSOM. The CPA is governed by the Dean and the Board of Governors that includes department directors, faculty and the Vice Dean for Clinical Affairs.

SCHOOL OF MEDICINE
DEAN'S GUIDEPOST

(www.hopkinsmedicine.org/som/index.html)

Edward D. Miller, M.D., Dean of the Medical Faculty

Office of Vice Dean for Bayview Medical Center
Office for Vice Dean for Clinical Investigation
Office of Vice Dean for Clinical Affairs
Office of Vice Dean for Education
Office of Vice Dean for Faculty
Office of Vice Dean for Research
Office of Senior Associate Dean for Finance & Admin.
Advisory Board of the Medical Faculty
Agenda Committee of the ABMF
Board of Visitors

David B. Hellmann, M.D.
Daniel E. Ford, M.D., M.P.H.
William A. Baumgartner, M.D.
David G. Nichols, M.D.
Janice E. Clements, Ph.D.
Chi V. Dang, M.D., Ph.D.
Richard A. Grossi, M.B.A.
Christine H. White, Assistant Dean
Christine H. White, Assistant Dean
Christine H. White, Assistant Dean

Richard A. Grossi, M.B.A., Vice President and Chief Financial Officer, JH Medicine

Senior Associate Dean for Finance & Administration

Financial Affairs
Human Resources
Facilities Management

James R. Erickson, M.B.A., Executive Director
Gloria J. Bryan, M.S., Senior Director
John E. Grinnalds, M.S., Senior Director

William A. Baumgartner, M.D., Vice Dean for Clinical Affairs

Clinical Practice Association (CPA)

Kenneth Wilczek, MBA, Assistant Dean and Executive Director

Janice E. Clements, Ph.D., Vice Dean for Faculty

Faculty Promotions & Reappointment Review
Diversity & Cultural Competence
Faculty Development & Equity
Part-Time Faculty
Assistant Professor & Associate Professor
Reappointment(s) & Reviews
Assistant Professor & Associate Professor Promotion(s)
Professorial Promotion Committee
Professional Misconduct - PAC & FASAP
Faculty Grievances
Office for Women in Science and Medicine

Mary E. Foy, B.S., Associate Dean & Registrar
Brian Gibbs, Ph.D., Associate Dean
To be named
Maura McGuire, M.D., Assistant Dean

Chi V. Dang, M.D., Ph.D., Vice Dean for Research

Office of Research Administration
Committee on Conflict of Interest (CCOI)
Office of Technology Transfer
Office of Policy Coordination
Research Misconduct
Institutional Animal Care and Use Committee

Barbara Fivush, M.D. Associate Dean

Michael B. Amey, M.A.S., Associate Dean
Julie Gottlieb, M.A., Associate Dean
Wesley D. Blakeslee, J.D., Executive Director
Julie Gottlieb, M.A., Associate Dean
Julie Gottlieb, M.A., Associate Dean
Nancy A. Ator, Ph.D. - Chair

Institutional Research Funds:

- Fund for Medical Discovery
- Institutional Research Grants
- Clinician Scientist Award
- Research Facilities

Daniel E. Ford, M.D., M.P.H., Vice Dean for Clinical Investigation

Institutional Review Boards

Barbara L. Starklauf, M.A.S., Assistant Dean for Human Subjects
Research Compliance

Judith A. Carrithers, J.D., Director of Operations, Office of
Human Subjects Research

David G. Nichols, M.D., Vice Dean for Education

Colleges Advisory/Clinical Skills

Continuing Medical Education

Financial Aid Office

GME Compliance Officer

Graduate and Medical Education/

Professional Development Office

Graduate Medical Education

Graduate Student Affairs

Medical and Graduate Student Records/Registrar's Office

Medical Educational Services

Medical School Admissions

Medical School Curriculum

Medical Student Affairs

Robert Shochet, M.D., Director

Todd Dorman, M.D., Associate Dean

Terra Jones-Sims, Director

John Rybock, M.D., Assistant Dean

Donna Vogel, M.D., Ph.D., Director

Julia A. McMillan, M.D., Associate Dean

Peter Maloney, Ph.D., Associate Dean

Mary E. Foy, B.S., Associate Dean/Registrar

Jorie Colbert, Ph.D., Director

James L. Weiss, M.D., Associate Dean &

Hermione Hicks, M.P.A., Assistant Dean

Patricia Thomas, M.D., Associate Dean

Thomas Koenig, M.D., Associate Dean;

Michael Barone, M.D., Assistant Dean;

Sarah Clever, M.D., Assistant Dean

Daniel Teraguchi, Ed.D., Assistant Dean

Harry Goldberg, Ph.D., Assistant Dean/Director

Levi Watkins, Jr., M.D., Associate Dean

Elizabeth Hunt, M.D., Director

Nancy K. Roderer, M.L.S., Director

Medical Student Affairs/Office of Diversity

Office of Academic Computing

Postdoctoral Programs

Simulation Center

Welch Library

David B. Hellmann, M.D., Vice Dean for Bayview

Administration

Melissa Helicke, M.B.A., Assistant Dean

Steven J. Thompson, MBA, Senior Vice President for Johns Hopkins Medicine

Johns Hopkins International (JHI)

Marketing and Corporate Communications

Ambulatory Services Development

CEO

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GLOSSARY

ABMF	Advisory Board to the Medical Faculty
CME	Continuing Medical Education
COW	Committee of the Whole
CPA	Clinical Practice Association
FASAP	Faculty and Staff Assistance Program
GCRC	General Clinical Research Center
IACUC	Institutional Animal Care and Use Committee
IRB	Institutional Review Board
JCCI	Joint Committee on Clinical Investigation
JHH	Johns Hopkins Hospital
JHHS	Johns Hopkins Health System
JHI	Johns Hopkins International
JHM	Johns Hopkins Medicine
JHU	Johns Hopkins University
JHSOM	Johns Hopkins School of Medicine
MSC	Medical School Council
ORA	Office of Research Administration
PAC	Professional Assistance Committee
PPC	Professorial Promotion Committee
SOM	School of Medicine