

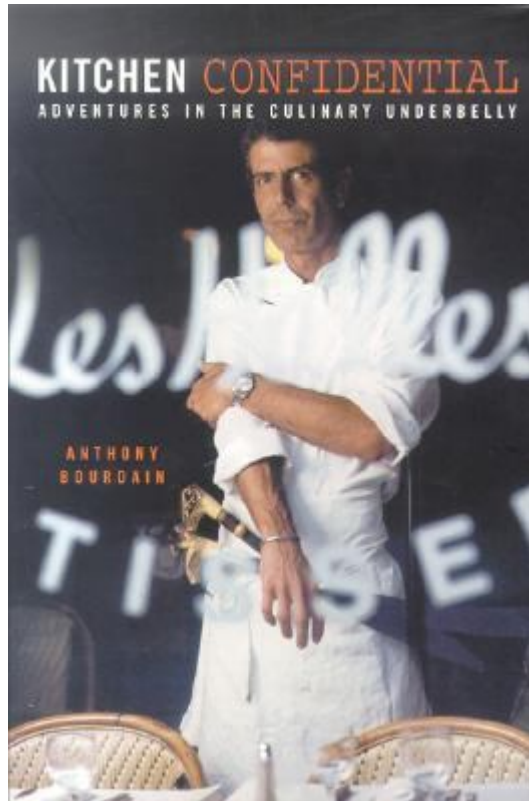
Crafting a CV for Advancement at UCSF

Jeff Critchfield, M.D.

Professor, Department of Medicine

PROMOTION CONFIDENTIAL

Adventures in the Advancement Underbelly



Disclaimer

- These are my opinions and not necessarily the opinions of the university.
- My opinions are drawn from:
 - Personal experience as a faculty member submitting packets. I am now a Professor of Clinical Medicine, Step 2.
 - As Chief of the Division of Hospital Medicine, ZSFG for 8 years
 - Member of the Committee on Academic Personnel (CAP) from 2015-18 during which time CAP reviewed 1400+ CVs.
 - Chair of CAP for academic year 2017-2018.

Plan for Discussion

- Introduction to the topic
- Describe the steps of the promotion department within DOM
- Describe the various tracks for promotion
- Offer suggestions to optimize areas of the CV
- Mention several key evolving areas e.g. Diversity work
- Answer questions

Some reasons to have a promotion process

- To set expectations for our faculty
- To serve as one source of motivation
- To acknowledge our faculty
- To reward faculty for performance relative to others

What contributes to the promotion process raising our pulse rate?

- Uncertainty about the process.
- Raises questions of how I am recognized, valued, celebrated for who I am and what I do in my profession?
- Highlights in one place how I spend my time, what I have created, what I have achieved which reflects one version of my sense of self.

The promotion process as a reflective practice.

- It's an opening for a personal dialogue or one shared with a trusted colleague or mentor:
 - Who have I been? I see here laid out how I have spent my energy.
 - Who am I now? How much of this do I want to continue? Want more of? Want less of?
 - What parts of me do I want to unfold and develop going forward?

How does the promotion
process work?

Assistants and Associates spend two years at each step. Full Professors spend three years at each step, and may remain at Step 5 indefinitely (and not sooner than four years at Step 5)

Assistant				
Step 1				Year 1
merit				Year 2
Step 2				Year 3
merit				Year 4
Step 3				Year 5
merit	or promotion to	Associate		Year 6
Step 4		Step 1		Year 7
merit		merit		Year 8
Step 5	laterally promotes to	Step 2		Year 9
		merit		Year 10
		Step 3		Year 11
		merit		Year 12
		Step 4	or promotion to	Year 13
		merit		Year 14
		Step 5	or promotion to	Year 15
			Step 2	Year 16
				Year 17
				Year 18
			Step 3	Year 19
				Year 20
				Year 21
			Step 4	Year 22
				Year 23
				Year 24
			Step 5	Year 25
			Step 6	Possibly Year 28
			Step 7	Year 31
			Step 8	Year 34

THIS FIGURE IS IN THE UCSF
FACULTY HANDBOOK FOR
SUCCESS

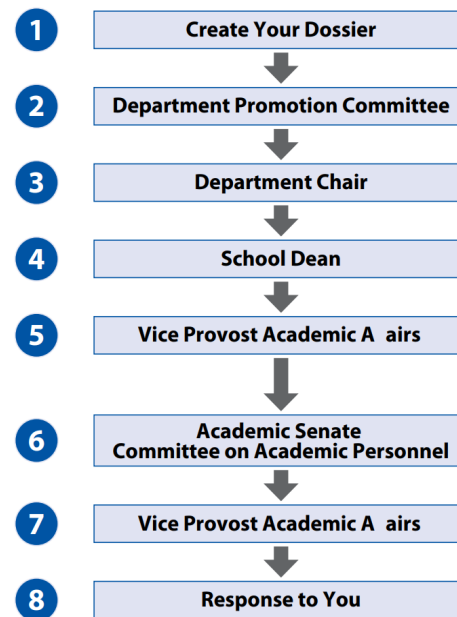
Faculty may remain at Step 5 indefinitely.

Advancement to Step 6 may occur after a minimum of three years at Step 5 and involves a full career review.

Who sees my packet?

The Executive Vice Provost, Academic Affairs transmits the dossier to Academic Senate Office for review and recommendation by the Senate's Committee on Academic Personnel (CAP). Following full review, the Committee on Academic Personnel transmits a letter of recommendation and returns the file to the VPAA for final disposition (action).

FIGURE 3: STEPS IN THE REVIEW PROCESS

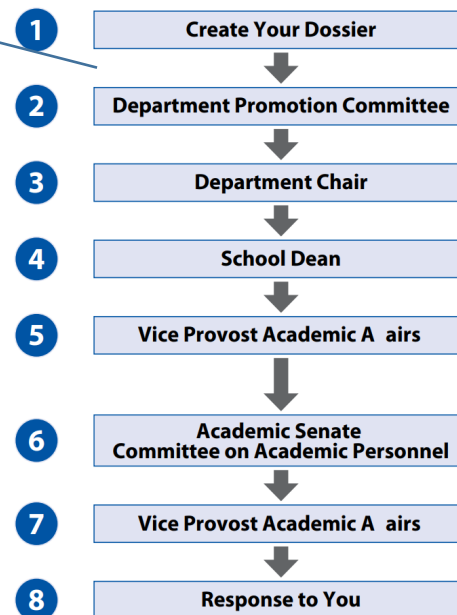


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FIGURE 3: STEPS IN THE REVIEW PROCESS

DOM analyst collects letters
(longest part of process)
Hint – contact all your
references to ask them to be
on the look out for request

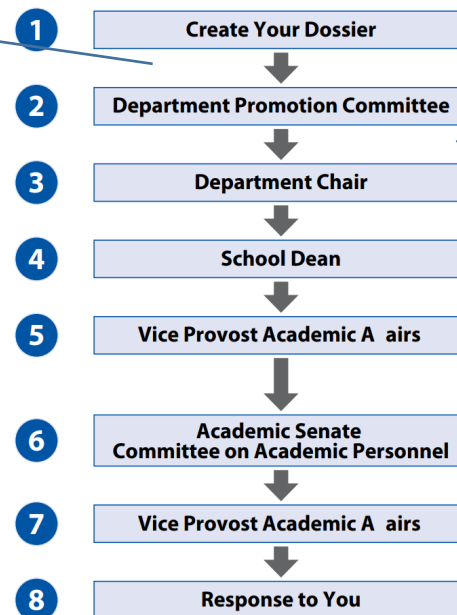


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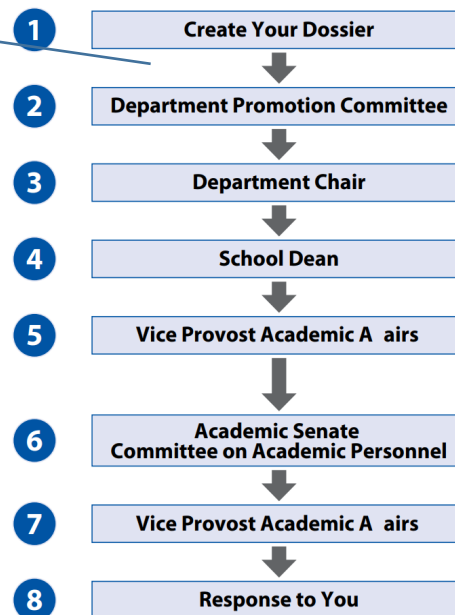
DOM Promotions Sub-committee
does a detailed review, writes a
summary letter.

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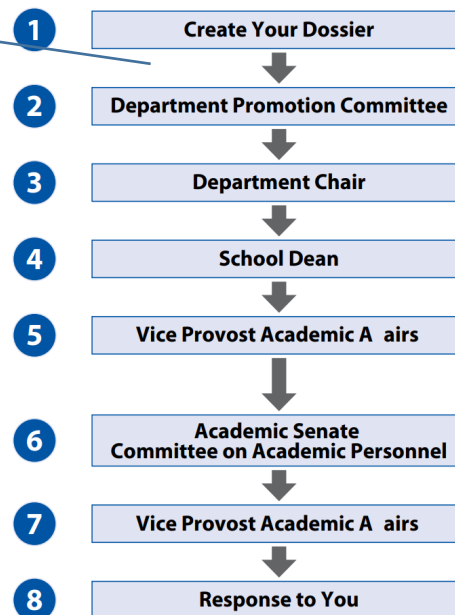
Packet sent to DOM Executive Committee where Chair, Chiefs, a few others vote.

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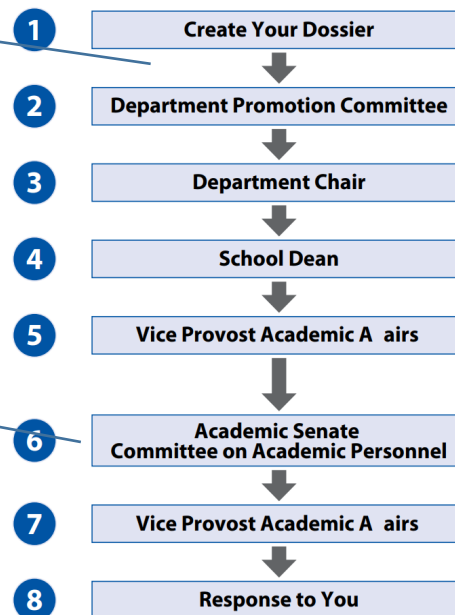
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CAP Review

Who sees my packet?

CAP Personalized Mentor x APM 275: Appointment a x APM 210 (issued rev 9-1- x Educator's Portfolio | UCSF x A Faculty Handbook for S x

Secure | <https://senate.ucsf.edu/sites/default/files/2016-12/FacultyHandbook-UCSF.pdf#page=14>

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FIGURE 3: STEPS IN THE REVIEW PROCESS

```
graph TD; 1[1 Create Your Dossier] --> 2[2 Department Promotion Committee]; 2 --> 3[3 Department Chair]; 3 --> 4[4 School Dean]; 4 --> 5[5 Vice Provost Academic Affairs]; 5 --> 6[6 Academic Senate Committee on Academic Personnel]; 6 --> 7[7 Vice Provost Academic Affairs]; 7 --> 8[8 Response to You];
```

DOM analyst collects letters (longest part of process)

DOM Promotions Subcommittee reviews, writes a summary letter.

Packet sent to Executive Committee of DOM. Chair, Chiefs, few others vote.

For academic senate track, DOM senate members review and vote.

CAP Review

So that's why it takes 6-8 months!

20 CHAPTER 2 Appointments and Advancement Through the System

10:44 PM 9/19/2018

What are the tracks?

Determined by UC system

(politics of who is in the Senate)

CAP Personalized Mentor x APM 275: Appointment a x APM 210 (issued rev 9-1- x Educator's Portfolio | UCSF x A Faculty Handbook for S x

Secure | <https://senate.ucsf.edu/sites/default/files/2016-12/FacultyHandbook-UCSF.pdf#page=14>

Hospital Credentialing

All faculty and allied health personnel who have any patient contact must be credentialed by the Executive Medical Board of the hospital(s) where they will practice prior to the initiation of any clinical care at UCSF. Hospital credentialing requires a review of your past clinical activities, documentation of continuing medical education, current licensure (including a Drug Enforcement Agency (DEA) number¹) and board certification as well as current licensure by the State of California. Your Departmental MSO will guide you in the completion of these documents. You may not assume any clinical responsibilities until your Hospital Credentialing is complete.

FIGURE 1: PATHWAYS OF THE SERIES AT UCSF

```
graph TD
    subgraph Academic_Senate [ACADEMIC SENATE]
        direction TB
        I1[Instructor] --> AP1[Assistant Professor]
        AP1 --> AP2[Associate Professor]
        AP2 --> P1[Professor]
        P1 --> PIR[Professor In Residence]
        P1 --> PCX[Professor of Clinical X]
    end

    subgraph Non_Senate [NON-SENATE]
        direction TB
        I2[Instructor] --> AP3[Assistant Professor]
        AP3 --> AP4[Associate Professor]
        AP4 --> P2[Professor]
        P2 --> HSCP[Health Sciences Clinical Professor]
        P2 --> APJ[Adjunct Professor]
    end

    subgraph Steps
        direction LR
        S1[STEPS 1-6]
        S2[STEPS 1-5]
        S3[STEPS 1-9]
    end
```

¹ Faculty will not be allowed any patient contact until a DEA number is on record.

2 CHAPTER 1
Faculty Appointments at UCSF

10:50 PM
9/19/2018

How do the academic senate tracks differ?

- Strongly recommended to be 100% FTE – changing now e.g. family commitments by predominantly female faculty.
- Some faculty feel this is more prestigious, or validating. If that's the case with you then know what's needed to get promoted and do it.
 - Example – Clinician educator told me – “Being promoted in the Clin Ex track, was important to my identity as an educator. To me it validated that teaching is valued by the University just like the researchers.”
 - Example – In-residence colleague – “In this day and age, to be a fully funded scientist running an independent research program is a major achievement. Sure I teach, but I am proud to be seen as a scientist.”

How do I decide which track
to pursue?

Real dialogue – not actors

- Young Jeff – Hey Talmadge, I'm starting to think about advancement. What track should I be pursuing?
- Talmadge – Whichever track feels like the best fit for what you plan to do. Then learn what is required to be promoted in that track. And do it.
- Jeff – Ok, Thanks

Details of Clinical Tracks

Clinical Policies Reference Sheet.pdf - Adobe Acrobat Pro 2017

File Edit View Window Help

Home Tools Clinical Policies Ref... Clinical Policies Ref... x

Sign In

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New addition.
To address new
partners with
non-teaching
providers
e.g. Oakland
Childrens

Academic Clinical Policies Reference Sheet

Clinical Associates Non Faculty Academics APM 350	Clinical Professors Volunteers APM 279	Health Sciences Clinical Professors Faculty APM 278	Clinical X Faculty APM 275
Definition			
<ul style="list-style-type: none"> Clinicians with no teaching responsibilities while employed at locations affiliated with UC (health system networks/private practices) Practice their discipline as employees of affiliated satellites/health system networks/other affiliated clinical entities 	Community volunteer clinicians with teaching responsibilities	Clinical with teaching, research/creative work, and service responsibilities paid by UC or an affiliated site	<ul style="list-style-type: none"> Predominant responsibilities are in teaching and clinical service, and who also engage in creative activities will typically carry a heavier load of teaching and/or clinical service than appointees in the other senate series
Search or Waiver Required?			
<ul style="list-style-type: none"> N/A (if appointee will hold concomitant staff appointment, must follow staff recruitment policy) 	<ul style="list-style-type: none"> N/A (if appointee will hold concomitant staff appointment, must follow staff recruitment policy) 	<ul style="list-style-type: none"> Yes, if paid by UCSF or formal affiliate (requires step) 	<ul style="list-style-type: none"> Yes
Responsibilities			
<ul style="list-style-type: none"> Patient care 	<ul style="list-style-type: none"> Teaching Patient care Clinical research (optional) Service (optional) 	<ul style="list-style-type: none"> Teaching Patient care Scholarly/creative activity Service 	<ul style="list-style-type: none"> Teaching Patient care Scholarly/creative activity Service
Full-time or Part-time			
N/A	N/A	Full-time or Part-time	Sole professional commitment is to the University
Term of Appointment and Reappointment			
<ul style="list-style-type: none"> Initial appt = 5 years Appt can be renewed in 5 year increments 	<ul style="list-style-type: none"> Initial appt = 5 years Appt can be renewed in 5 year increments Promotion after 10 years but not required (can happen sooner if requested) 	<ul style="list-style-type: none"> One year appointments 2-3 year review cycles depending on rank 	<ul style="list-style-type: none"> One year appointments 2-3 year review cycles depending on rank
Restrictions			
<ul style="list-style-type: none"> Ineligible for UC salary under this title Ineligible for transfer to a faculty title without competitive search No ranks Requires active employment with UC Health System satellite/network/community hospital; appointment ends when employment at satellite ends 	<ul style="list-style-type: none"> Ineligible for UC salary under this title Ineligible for transfer to a faculty title without competitive search Expires on end date May be terminated before end date 	<ul style="list-style-type: none"> UCSF does not follow 8-year limit for Asst / all other campuses do For appointees paid by Affiliate (WOS at UC or partially paid by UC) appointment ends when employment with affiliate ends 	<ul style="list-style-type: none"> Subject to 8-year limit for Assistant Professors of Clinical X
Salary			
Cannot receive pay under this title	<ul style="list-style-type: none"> Cannot receive pay under this title 	<ul style="list-style-type: none"> Paid by UC under this title Paid by Affiliate (WOS in this title) Unpaid (WOS) 	<ul style="list-style-type: none"> Paid by UC under this title Paid by Affiliate
Can Appointee Hold A Concurrent Paid Staff Appointment (e.g. MSP Physician)?			
<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> Yes (note: this is new; effective 7/1/18) 	<ul style="list-style-type: none"> Yes if HS Clinical appointment is WOS 	No

v. 7/1/18

11:04 PM



Academic Review Criteria			
Clinical Associates Non Faculty Academics	Clinical Professors Volunteers	Health Sciences Clinical Professors Faculty APM 210-6	Clinical X Faculty APM 210-2
Review Criteria: OVERVIEW			
<ul style="list-style-type: none"> Affiliation with UC and/or UC Health System Recognition by employer and UC as achieving acceptable quality standards for clinical care based on employer's review Initial appointment with confirmation of appropriate license/credentials to practice in the field 	<ul style="list-style-type: none"> Excellence in clinical teaching (limited role interactions with trainees) Professional competence No expectation of scholarly/creative activity No expectation of service Must maintain med staff credentials or complete an attestation form for appt/re-appt 	<ul style="list-style-type: none"> Excellence in clinical teaching (role/interactions with trainees is extensive) Professional competence Research and/or creative activity (loosely defined; broadly applied) University and Public Service 	<ul style="list-style-type: none"> Excellence in clinical teaching (role/interactions with trainees is extensive) Professional competence Research and/or creative activity (must be disseminated) University and Public Service
Review Criteria: TEACHING			
<ul style="list-style-type: none"> Teaching should not be expected or required Minimal incidental teaching OK 	<ul style="list-style-type: none"> School/Dept determines minimum number of teaching hours (typically 40-50 hours per year) 	<ul style="list-style-type: none"> Number of hours required should be greater than for VCP 	<ul style="list-style-type: none"> Number of hours required should be greater than for VCP
Review Criteria: RESEARCH OR SCHOLARLY/CREATIVE ACTIVITY			
<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> No expectation of scholarly/creative activity 	<ul style="list-style-type: none"> Engage in scholarly or creative activities which derive from and support their primary responsibilities in clinical teaching and professional and service activities ¹ See footnote below for examples of creative activities provided by CAP. 	<ul style="list-style-type: none"> Contribution to knowledge and/or practice in the field. Must be disseminated, for example, in a body of publications, in teaching materials used in other institutions, or in improvements or innovations in professional practice which have been adopted elsewhere.
Approval Authority (Appointment/Re-Appointment)			
<ul style="list-style-type: none"> Department Chair and/or Dean - School decides 	<ul style="list-style-type: none"> Department Chair and/or Dean - School decides 	<ul style="list-style-type: none"> Follow our normal delegation of authority process for appointment/advancement 	<ul style="list-style-type: none"> Follow our normal delegation of authority process for appointment/advancement
¹ Evidence of creative activity for Health Sciences Clinical Professors may include, but is not limited to <ul style="list-style-type: none"> Development of or contributions to educational curricula; Developing or presenting in lecture series or teaching seminars; Development of or contributions to community-oriented programs; Development of or contributions to clinical guidelines or pathways; Development of or contributions to quality improvement programs; Development of or contributions to medical or other interdisciplinary information system; Participation in the advancement of university professional practice programs; Participation in platform or poster presentations; Dissemination of clinical, QI, educational manuscripts; Evidence of active mentoring with learners and faculty at any academic level. 			

HS Clin Requires:
- Creative Activity



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- | | | | |
|--|--|--|--|
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- Development of or contributions to community outreach or information programs;
- Development of or contributions to administration (supervision) of a clinical service or health care facilities;
- Development of or contributions to administration training programs;
- Development of or contributions to clinical guidelines or pathways;
- Development of or contributions to quality improvement programs;
- Development of or contributions to medical or other interdisciplinary information system;
- Participation in the advancement of university professional practice programs;
- Participation in platform or poster presentations;
- Dissemination of clinical, QI, educational manuscripts;
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HS Clin Requires:
- Creative Activity

Clin Ex Requires:
- Creative Activity
- Dissemination

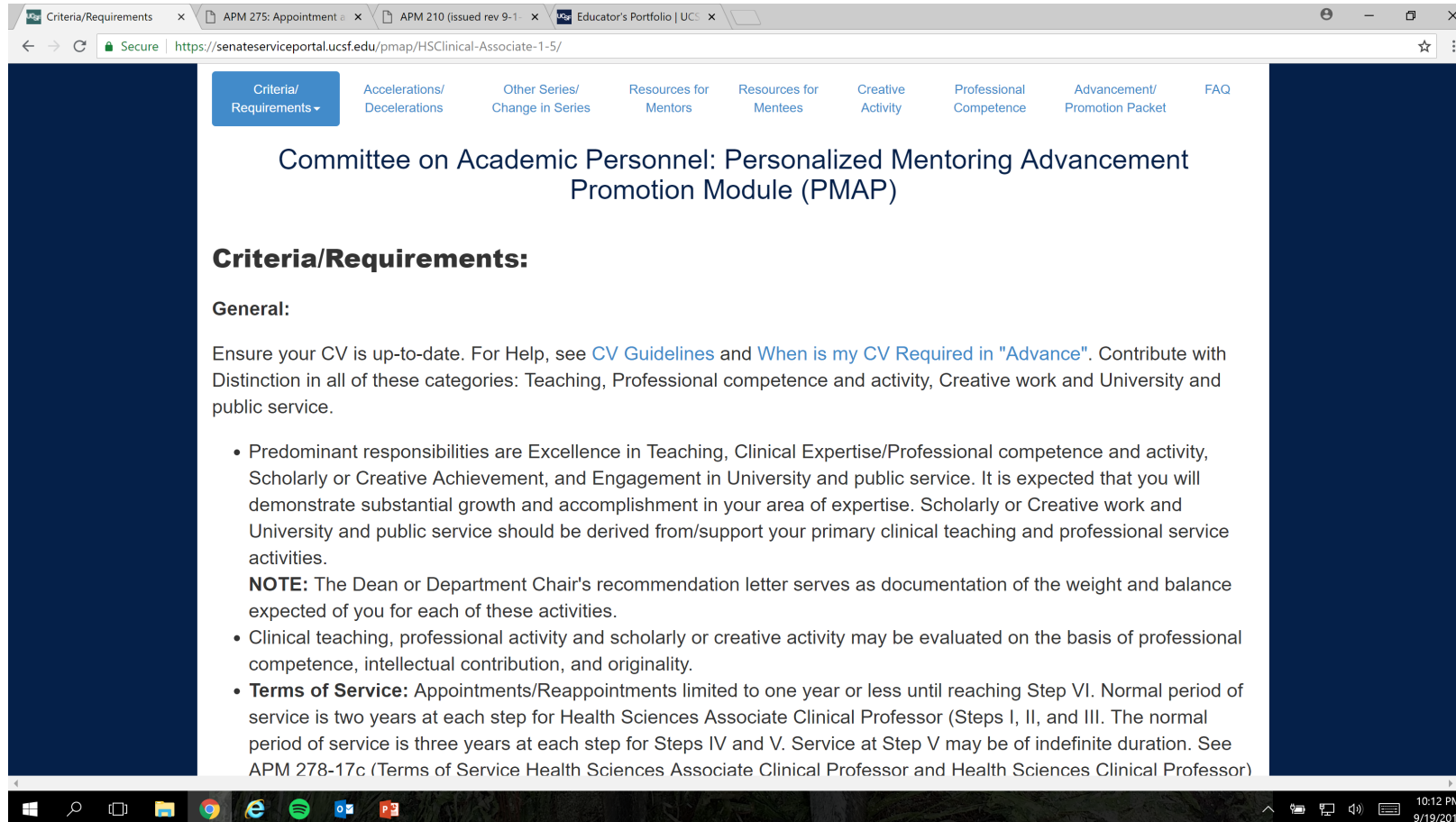
What are the key elements for promotion within in-residence?

Demonstrate that your trajectory will carry you to an independent creative program that is contributing at a national then international level or that once achieved you are maintaining your program at a productive level.

Examples of independence within in-residence

- Demonstrate intellectual independence from mentors.
 - Authorship on manuscripts
- Establish independent funding
 - Win competitive grants
 - Move to PI or Co-PI status
- Establish productive collaborations
 - This demonstrates others value your work
 - Large collaborative initiatives are great – use the narrative to highlight how you contributed.
- Demonstrate how you are seen as a thought leader in your field
 - Society leadership roles or initiatives; Journal editing
- Cultivate an expanding circle of mentees at all levels as you progress in rank
- Contribute to expanding knowledge base through teaching

PMAP as a Resource



The screenshot shows a web browser window with multiple tabs. The active tab is titled "Criteria/Requirements" and the address bar shows the URL "https://senateserviceportal.ucsf.edu/pmap/HSClinical-Associate-1-5/". The page has a dark blue header with a navigation menu containing links: "Criteria/Requirements", "Accelerations/Decelerations", "Other Series/Change in Series", "Resources for Mentors", "Resources for Mentees", "Creative Activity", "Professional Competence", "Advancement/Promotion Packet", and "FAQ". The main content area has a title "Committee on Academic Personnel: Personalized Mentoring Advancement Promotion Module (PMAP)" and a section "Criteria/Requirements:". Under "General:", it states: "Ensure your CV is up-to-date. For Help, see [CV Guidelines](#) and [When is my CV Required in 'Advance'](#)". It then lists categories: Teaching, Professional competence and activity, Creative work and University and public service. A bulleted list follows: "Predominant responsibilities are Excellence in Teaching, Clinical Expertise/Professional competence and activity, Scholarly or Creative Achievement, and Engagement in University and public service. It is expected that you will demonstrate substantial growth and accomplishment in your area of expertise. Scholarly or Creative work and University and public service should be derived from/support your primary clinical teaching and professional service activities." A "NOTE:" states: "The Dean or Department Chair's recommendation letter serves as documentation of the weight and balance expected of you for each of these activities." Another bullet point says: "Clinical teaching, professional activity and scholarly or creative activity may be evaluated on the basis of professional competence, intellectual contribution, and originality." The final bullet point is "Terms of Service: Appointments/Reappointments limited to one year or less until reaching Step VI. Normal period of service is two years at each step for Health Sciences Associate Clinical Professor (Steps I, II, and III. The normal period of service is three years at each step for Steps IV and V. Service at Step V may be of indefinite duration. See APM 278-17c (Terms of Service Health Sciences Associate Clinical Professor and Health Sciences Clinical Professor)". The Windows taskbar at the bottom shows the date and time as 10:12 PM 9/19/2018.

Criteria/Requirements Accelerations/Decelerations Other Series/Change in Series Resources for Mentors Resources for Mentees Creative Activity Professional Competence Advancement/Promotion Packet FAQ

Committee on Academic Personnel: Personalized Mentoring Advancement Promotion Module (PMAP)

Criteria/Requirements:

General:

Ensure your CV is up-to-date. For Help, see [CV Guidelines](#) and [When is my CV Required in "Advance"](#). Contribute with Distinction in all of these categories: Teaching, Professional competence and activity, Creative work and University and public service.

- Predominant responsibilities are Excellence in Teaching, Clinical Expertise/Professional competence and activity, Scholarly or Creative Achievement, and Engagement in University and public service. It is expected that you will demonstrate substantial growth and accomplishment in your area of expertise. Scholarly or Creative work and University and public service should be derived from/support your primary clinical teaching and professional service activities.

NOTE: The Dean or Department Chair's recommendation letter serves as documentation of the weight and balance expected of you for each of these activities.

- Clinical teaching, professional activity and scholarly or creative activity may be evaluated on the basis of professional competence, intellectual contribution, and originality.
- **Terms of Service:** Appointments/Reappointments limited to one year or less until reaching Step VI. Normal period of service is two years at each step for Health Sciences Associate Clinical Professor (Steps I, II, and III. The normal period of service is three years at each step for Steps IV and V. Service at Step V may be of indefinite duration. See APM 278-17c (Terms of Service Health Sciences Associate Clinical Professor and Health Sciences Clinical Professor)

CAP Personalized MentorAPM 275: AppointmentAPM 210 (issued rev 9-1Educator's Portfolio | UCS

Secure | https://senateserviceportal.ucsf.edu/pmap/all.php

SEARCH ☆

UCSF Service Portal

STARTACCOUNT INFO

WPAUCSF.COM | JENNIFER CALVERTHOU

Request Committee ServiceCommittee InterestFundingNomination FormElection BallotSurveyPMAPAccount Info

Personalized Mentoring Advancement Promotion Module (PMAP)

My PMAP

Enter a search word or phrase

Search series / rank: -- All --

Search

Series	Rank	Step	PMAP Module
Adjunct	Assistant	1.6	View
Adjunct	Associate	1.5	View
Adjunct	Full Professor	1.9	View
Clinical X	Assistant	1.6	View
Clinical X	Associate	1.5	View
Clinical X	Full Professor	1.9	View
HS Clinical	Assistant	1.6	View
HS Clinical	Associate	1.5	View
HS Clinical	Full Professor	1.9	View
In Residence	Assistant	1.6	View
In Residence	Associate	1.5	View
In Residence	Full Professor	1.9	View
Ladder Rank	Assistant	1.6	View
Ladder Rank	Associate	1.5	View
Ladder Rank	Full Professor	1.9	View

Feedback

The Academic Senate works hard to get the essentials of its services right every day. Sometimes things go wrong or we miss something. Please use this form to send your message to Alison Cleaver in the Academic Senate office.

Send Feedback

Notice: Links in PMAP to a specific page in a PDF document are not supported by some Apple Safari browsers.

Disclosure: This online module is to be used for education and assessment purposes. It should not be used or viewed as the sole determinant of a faculty member's successful/unsuccessful advancement or promotion.

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Nitty Gritty on the actual Advance CV

Context for CAP review

- 9 -11 members with representatives from SOM, SON, Dentistry, Pharmacy serving 3 year terms
 - A mix of In-Residence, Clin Ex and HS Clin faculty
 - Currently 7 are non-clinically active faculty members
- CAP meets each Wednesday, 42 weeks of the year for 2.5 hours at Parnassus
- Reviews approximately 500 packets a year – all barrier steps, and major accelerations, from EACH school
- Each member reviews and presents to the group 1-2 packets each week
- Each packet requires 45 to 75 minutes of preparatory review by a CAP member to reliably present the faculty packet to the committee (often read very early in the morning or late at night)

This will be on the test - the single most
important take home of the day

The more you tell a coherent, compelling story in your CV, the more likely your CAP reviewer will reliably and enthusiastically tell the story you want told –

The more you tell a coherent, compelling story in your CV, the more likely your CAP reviewer will reliably and enthusiastically tell the story you want told – your story.

Describe Key achievements or activities

- Awards
 - Provide an explanation of the significance of the award for your field. Often CAP members google the award to learn more.
- Service
 - Tell CAP more about the significance of key committees
 - Share details of service leadership
 - “ I was the interim residency director for 11 months, it involved . . . “
 - “My chairperson asked me to lead a task force to evaluate and address gender equity for salaries in our department of 300 faculty. It involved . . .”

Use the narrative sections to fill out your story

- Articulate themes developing or clearly developed in your activities
 - How do the various committees in your department, UCSF, or Societies reinforce your interests?
 - How has your clinical work informed development of curricula or collaborations with others?
 - If your research/creative program is in transition, how are you approaching that transition?

Examples from my most recent packet

CAP Personalized Mentor x APM 275: Appointment a x APM 210 (issued rev 9-1- x UCSF Educator's Portfolio | UCS x A Faculty Handbook for S x UCSF MyAccess: Welcom x UCSF Advance > Jeffre x

Secure | https://advance.ucsf.edu/advance/welcome.do

GOVERNMENT AND OTHER PROF... [Edit] pay for perform My CV program has \$6 million
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UNIVERSITY AND PUBLIC SERVICE

SERVICE ACTIVITIES SUMMARY [Edit]

Over the past 3 years, in alignment with my role as Chief Medical Experience Officer at ZSFG, I have focused on two domains of service activities: 1. The experience of staff; 2. The experience of patients and visitors to the UCSF and SFHN community.

Staff Experience:
Providers and staff express concern about the increasing volume and pace of their work, citing an alienation from the human connection of medicine. In parallel we have a rising awareness of the deleterious impact of work-force burnout on the quality of care and the lives of our colleagues. As the physician lead on multiple activities to address this I have followed the guiding principles of cultivating trust and respect through more effective models of communication and application of consistent, fair approaches to interactions with all staff. Below are examples:

Just Culture Initiative for the SFDPH
I am the co-lead for the ZSFG and San Francisco Department of Public Health team implementing the Fair and Just Culture initiative. We are aspiring to increase trust and accountability in the interactions amongst providers and their supervisors. Specifically, we are implementing a system that moves to the middle ground between an organizational "blaming" culture and a no-one is accountable, "blame free" culture. The goal is to find and hold the middle ground where systems are explored for improvement, while individuals have accountability for their decisions within the systems. In our work we have a coalition of representatives from UCSF Academic Affairs, ZSFG Medical Staff Office, SF DPH human resources and the various service unions to establish and consistently apply an approach to investigation and adjudication of adverse events that involve groups or individuals. Our colleagues express the essential need for the response to adverse events to be consistent, clear and fair.

Staff and Provider Experience Survey
The majority of leadership training programs express in some fashion the ethos – your people are your greatest asset. In an effort to support that ethos with action and data, I am the physician lead for ZSFG and the SFHN to develop a staff survey that systematically captures the beliefs and ideas colleagues have about their work experience. Once the survey of more than 8,000 people is complete in spring 2019, critically, our group is responsible for guiding meaningful responses. For the first time in the history of the SFHN, leadership have committed to performing this survey annually. Our intention is to offer to all employees one approach to sharing voice, through the survey. The effectiveness of our response in the subsequent years will inform cultivation of trust by colleagues.

Committee on Academic Personnel
Inspired in 2015 by the School of Medicine retreat - "Race Matters" - when invited to consider a role on CAP, I accepted. Promotions are among the ways we demonstrate what is important to our university. I hoped to learn how the university values diversity and participate in the dialogue of how we utilize promotions to advance diversity in its many forms including: cultural and ethnic heritage; diverse approaches to creative enterprise from research to systems improvements to curricular advances; varying forms of dissemination from peer reviewed manuscripts to uptake of teaching programs by other institutions to twitter feeds and public speaking opportunities. My intention as member and Chair was to support a fair, consistent process to the critically important work of faculty promotions.

Patient Experience
Reviewing patient grievances and feedback a common theme is the recognition by patients that they got "good care", that is the hip replacement surgery went well or the kidney failure resolved, yet they were put off by how they were treated in the

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Examples from my most recent packet

SUMMARY OF TEACHING AND ME... [Edit]

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CV Overview ☐ Row Lines

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RESEARCH AND CREATIVE ACTIVITIES SUMMARY [Edit]

Over the past 3 years, I focused my creative activities on developing programs and initiatives that promote safety and respect for staff, while advancing increased voice and dignity for patients and visitors across the SFHN. To incorporate a greater potential for sustainability, these activities include some elements of the following strategies; develop a curriculum or framework that can be disseminated; establish or revise organization wide policies and practices that can be shared; and build structural elements that reinforce the themes of respect, and dignity.

I share examples of those initiatives linked with grants we were awarded to execute and disseminate the work.

Frameworks – Curricula

Relationship Centered Communication to promote dialogue on race/ethnicity on multi-disciplinary care teams. As the executive sponsor of RCC work across SFHN, our team has trained over 800 staff and providers on the RCC framework of communication. In this work, staff asked for tools to more skillfully address race related matters that bring a charge to interactions among team members when facing conflict. With support from a SFGH Hospital Foundation grant, our RCC team developed a half-day seminar incorporating didactic learning with predominantly role-playing of real issues seminar members bring to the session. By the end of academic year 2019, we will disseminate the curriculum nationally with the support of the national Academy of Communication in Healthcare who are collaborators.

HeartMen Community Group

African American men with heart failure have the highest rate of 30-day readmission to ZSFG and higher mortality rates. With a grant from the SFGH Foundation, autumn 2018 through summer 2019, we will partner with a community leader to hold a bi-weekly gathering in Bay View Hunters Point for 20 African-American men with CHF. The group will work with a curriculum of empowerment, self-awareness, and self-care. They will also provide insight to care teams about their personal needs and those of their community to support their success with CHF.

Policies and Procedures

When patients demean clinicians because of social bias - With a grant from the Greenwell ethics foundation, we have characterized the frequency and nature of how front-line care staff and providers experience demeaning actions from patients and visitors based on their perceived racial heritage, gender and sexual preference. Through focus groups, legal and ethical analyses we are writing new policies that provide clear guidance, supported by the organization, for how clinical leadership can effectively and respectfully support their staff with these painful interactions while maintaining an appropriate, and dignified approach to the specific patients involved. The grant supports us to share these policies and practices through manuscripts we are writing, speaking engagements and providing online access to our tools for all interested.

Structural Approaches

Campus Wayfinding and nurturing environments – The ZSFG campus, 24 acres and 18 buildings, is imposing, difficult to navigate and off-putting to many of our patients. For many who do not read or understand spoken English, coming to campus when they or a loved one are ill, creates stress and frustration. As the co-lead writer of a Priscilla Chan Quality Improvement Grant, we now have substantial resources to re-design the campus in a manner that is more welcoming, supportive, respectful and hopefully inspiring to the more than 7,000 visitors, trainees and employees who come to ZSFG each day. Our team is working with the

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Use the narrative sections to fill out your story

- Thoughtfully address holes in your packet, explain them, address what if anything you are doing about it
 - “Over the last 2 years, I have successfully focused on winning multiple grants with publishing less a priority. For the coming year I will be focusing on disseminating my work with 3 publications in preparation and 2 in press.”
 - “ Over the first 3 years at Associate Professor, I was publishing 3-6 papers a year. For the last 18 months, I was caring for a terminally ill family member which contributed to having one publication during that period. With that work respectfully managed I am on track this year to publish 3 manuscripts with another new collaboration with great prospects to be productive.”

How is UCSF advancing diversity in the advance process?

A corollary to the diversity statement required for the hire of all new faculty

The screenshot shows a web browser window with multiple tabs. The active tab is 'UCSF MyAccess: Welcome'. The URL is 'https://advance.ucsf.edu/advance/welcome.do'. The page displays a faculty member's profile with the following sections:

- COMMUNITY AND PUBLIC SERVICE** [Edit] **My CV**
 - Type to Highlight: Seedfolks
 - opportunities in health care
 - CV Overview
 - Row Lines
 - lead to place students and provide teaching and guidance
- CONTRIBUTIONS TO DIVERSITY**
 - CONTRIBUTIONS TO DIVERSITY
 - 2017 to present Founding Member - ZSFG Equity Task force. Committed to enriching diversity on campus for patients, visitors and staff.
 - 2017 to Present - Lead for Relationship Centered Communication initiative on campus that promotes respectful, effective communication among interdisciplinary teams and campus employees with our patients. Our group is developing a curriculum that includes developing the skills and confidence to discuss matters of race as they come up in day-to-day life on campus.
- TEACHING AND MENTORING**
 - TEACHING
 - TEACHING SUMMARY** [Edit]
 - Over the past 4 years I focused my educational activities in the realms of bedside and case based teaching and developing structural supports for the hospital learning environment at UCSF.
 - Direct Teaching**
 - The focus of my teaching is on the inpatient wards. With both research and administrative focus on improving transitions of patients from the hospital back to the community, this dynamic interface is one element of my inpatient teaching. Over the past 2 years I have increased my focus on relationship centered communication and systems approaches to enhancing patient care. Teaching includes didactic lectures, bedside physical exam instruction and discussions ranging from pathophysiology, clinical decision making and broad concepts of professionalism and physicianship. The comments in my teaching evaluations reflect increased trainee interest in gaining skills at bedside communication including active listening, motivational interviewing, empathic interactions and patient activation and empowerment. Each of these elements is essential for improving care transitions. I have also increased my teaching in health economics including focused discussions on resource utilization, cost-effectiveness, and challenges for patients and providers when they experience health care rationing. A critical thread running through my teaching is promoting the human aspects of what patients experience as well as the experience of the providers. Both patient's and providers demonstrate great interest in understanding this relationship.
 - As an inpatient medicine attending, each year I work directly with 20-25 medical residents and interns, and 20-25 medical students. In addition, each year I offer a seminar to 40-60 MS3s on structuring oral presentations as part of the MSIII Internal Medicine clerkship core lecture series. I participate in medicine morning report, a one hour seminar held each day of the work week where medicine house officers and medical students gather to discuss challenging and interesting medical cases they face on the wards. Approximately, 5-8 times a year I facilitate the Internal Medicine Mortality and Morbidity conference which involves 30-40 trainees per session. I also do a significant amount of informal teaching around challenging clinical cases that faculty, residents and students bring to me as well as ad hoc teaching sessions for general medical clinic and attending rounds for other medical teams.

Diversity in the promotion process

- The University of California is committed to excellence and equity in every facet of its mission. Contributions in all areas of faculty achievement that promote equal opportunity and diversity should be given due recognition in the academic review process. This field provides an opportunity for highlighting your Contributions to Diversity. You should continue to list all academic contributions under the appropriate sections of the CV; here you may emphasize the impact of these contributions on diversity at UCSF and beyond.

Diversity in the promotion process

Examples include:

- Teaching, Mentoring, or University and Public Service activities that address the needs of diverse populations
- Clinical activities for diverse patient populations
- Efforts to advance access to education
- Research that highlights inequalities

Utilize the narrative to illustrate how you, in your own way support UCSFs value of diversity

- “For the past 15 years, I have sponsored 1-2 students as summer interns in my lab. After taking the SOM’s difference’s matter seminar, I set a goal that I would be intentional recruiting students historically under-represented in basic science.”
- “After participating in the unconscious bias seminars my division sponsored, along with several colleagues we developed a DEI whiteboard talk that our faculty now incorporate when they teach on the wards.”

Other pieces drawing from
your questions?

The Educators portfolio/The QI portfolio

- A structured way to detail activities that characterize who you are professionally
- Particularly useful for HS Clinical faculty to illustrate their creative output through systems/education work
- Time consuming to complete the first time.
- Update it as part of your career planning process done quarterly/annually

Douglas Teaching.pdf - Adobe Acrobat Pro 2017

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Sign In

ROLE: Teaching (classroom or clinical)

Name: Vanja Douglas Department: Neurology

1. Name your teaching activities: Name your teaching activities.

A. Neurology 110 Clerkship and Neurology 140.01 Advanced Inpatient Sub-Internship
B. Clinical and classroom teaching of neurology, internal medicine, EM, and anesthesia housestaff
C. IDS 104: Brain, Mind, and Behavior (BMB)

2. Your role(s): Describe your role(s) and specifically what you contribute.

A. Neurology 110 and Neurology 140.01:
a. Inpatient attending, 6 to 8 months per year since 2008. During rounds I listen to patient presentations from medical students and residents, perform case-based teaching and provide feedback, interview and examine patients in front of the team to emphasize important aspects of the history and exam and model good bedside manner. Additional direct teaching with 3rd year students includes leading a weekly case-based teaching session with the 1 or 2 students on the team and observing students perform a complete neurological examination on a new patient.
b. Since 2011, I lead a weekly hour-long morning report with the 3rd year students on service where we discuss one of their cases in detail, emphasizing neurological history-taking, localization, and basic clinical reasoning.
c. Since 2012 I co-facilitate an hour-long student-led session in which the students on neurology and psychiatry at Parnassus meet to discuss two patients who cross the boundaries between our two disciplines clinically and/or scientifically.
d. Since 2011 I give a 1-hour neuroanatomy review lecture to clerkship students monthly.
B. Resident teaching
a. See above description of attending rounds. I also spend at least one hour per day on the phone with residents reviewing patients and management decisions.
b. I give lectures to neurology, internal medicine and emergency medicine residents.
C. Brain, Mind, and Behavior
a. Small group leader: facilitate problem based learning sessions
b. Apprenticeship leader: teach 1st year students neurological exam in inpatient setting.

3. Learners and amount of contact: Describe types, levels and numbers of learners; amount of contact you have with them.

A. Neurology 110 and Neurology 140.01:
a. Two to three weeks of daily direct contact (2 to 4 hours per day, 6 days per week) with 11 to 13 3rd year and 5 – 7 4th year medical students per year. Morning report occurs weekly with 3 – 4 students and Neuro-Psych student report monthly with 8 – 10 students.
B. Resident teaching
a. I attend a total of 6 – 8 months per year, with 1 PGY-2 and 1 PGY-3 or -4 neurology resident and 1 – 2 emergency medicine and/or anesthesia interns on service at all times.
b. Classroom teaching: I lecture to groups of 10 to 25 residents in the following settings: Neurology R1 physician training (9 hours/year); lunchtime lectures for neurology residents (6 hours/year); neurology housestaff conference (1 hour/year); internal medicine intern half-day and outpatient educational seminar (1 hour/year); emergency medicine resident teaching conference (1 hour/bi-annually).
C. Brain, Mind, and Behavior:
a. Small group: 8 hours/year, 7 students per group
b. Apprenticeship: 6 hours/year, 4 students per group

4. Builds on best evidence/practice: Describe your preparation including the use of best evidence/practice, your professional development, and/or congruence with national/curriculum/program goals.

❖ I request feedback from residents and students at the end of each rotation and review my evaluations from E-Value twice per year.

2 of 2

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How do the letters of recommendation work?

- Required at barriers steps – Asst. to Assoc. to Prof. (not at merits)
 - Request from colleagues at or above the level you are entering.
 - For HS Clinical must have 3 internal. External are bonus if present
 - For Academic series must have 3 internal and 3 external (evidence of national reputation)
 - Often point of stress for Asst. to Assoc. Securing external letters while building reputation
 - Role of Society work – meet people in Committees. You write letters for them vice versa
 - Bonus of working at UCSF – someone you trained with might now be at another school
 - Bonus of coming from elsewhere – someone there you trained with can write one
 - By Assoc. to Prof. strong expectation that these letters will reflect working relationships

How do I include mentees?

- Required at barriers steps – Asst. to Assoc. to Prof. (not at merits)
 - Note the rank of each person; brief description of the nature of the mentoring; if they moved on where are they now?
 - Clinicians DO NOT generate a list of every student, intern or resident you worked with on a 2 week clinical rotation. Mentoring denotes a longitudinal meaningful relationship.
- As you ascend the ranks, we want to see an enlarging circle of mentoring activities appropriate to your professional activities. Examples of what that could be:
 - Students; fellows; post-docs; Junior faculty; people at other sites; involvement in societies with developing people activities

How do I get an acceleration?

- Each Department can request a 1-year acceleration without need of CAP review
- CAP reviews a 2 or more year acceleration or one that comes back to back with prior promotion action
- Demonstrate exceptional performance in any one area for each year of acceleration requested. Not complete list of examples:
 - Educational activity – received a major teaching award
 - Program leadership – Started a new referral clinic for a disease now wildly successful
 - Remarkably productive– awarded 3 RO1s; published 25 papers in last 16 months
 - Service – Named President of my national society
- Service on CAP, IRB or Med School Admissions committee

How can I stay on top of this stuff?

- As part of your goal setting each year/quarter review and update your CV.
 - It keeps it fresh
 - It becomes a dashboard, if this is your identity, how well is it reflected in your CV? What choices do you need to make?
- To make updating your CV easier keep folders for:
 - Names/email of trainees who will write a reference
 - eVals for any teaching you do
 - Notification of awards or nominations for award

Key Resources

- Link to Office of UCSF Academic Affairs
 - Terrific site filled with resources for all matters related to advancement including specific links listed below
 - <https://academicaffairs.ucsf.edu/academic-personnel/appointment-advancement-reviews/>
- UCSF Faculty Handbook for Success
 - Offers detail describing each series
 - Further details on review process
 - <https://senate.ucsf.edu/faculty-handbook>

Key Resources

- Link to Personalized Mentoring Advancement Promotion Module (PMAP)
 - For each track, at every rank, this website lays out key elements that will be considered for your promotion. It serves up in palatable form the elements in the APM (see below)
 - <https://senateserviceportal.ucsf.edu/pmap/all.php>
- Academic Personnel Manual (APM)
 - Lays out the criteria by which UC faculty will be measured for advancement in each of the separate tracks at each level e.g. Associate; Full Professor
 - <https://www.ucop.edu/academic-personnel-programs/academic-personnel-policy/appointment-and-promotion/index.html>

Key Resources

- Academic Clinical Titles Side-by-side comparison
 - <https://academicaffairs.ucsf.edu/academic-personnel/appointment-advancement-reviews/media/clinicalupdates/Clinical%20Policies%20Reference%20Sheet.pdf>
- Guide to CV in Advance
 - https://academicaffairs.ucsf.edu/advance/media/CV_guidelines.pdf
- Your Mentor(s)
- Division Chief