Recommendations for Inclusive and Equitable Promotion & Tenure in Academic Medicine

Dean’s Special Lecture Series
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Our Team

Dr. Andrea Westby
Family Medicine

Dr. Katie Lingras
Psychiatry & Beh. Sciences

Dr. An Church | Radiology

Dr. Anjali Goel
Pediatrics

Dr. Cuong Pham
Medicine

Dr. Shahnaz Sultan |
Medicine

5 Medical School Departments

Katie McLaughlin MS2

Dannah Nephew MS2

6 Faculty

1 Excellent Team!

2 fantastic medical student research assistants
Background: The What

Promotion and tenure processes are crucial for
- scholarly reputation of faculty
- advancement to leadership
- retention and recruitment of faculty at academic institutions

Lack of incorporation of DEI work into criteria for P&T (<50%; AAMC, 2022)

Limited information about experiences of P&T applicants in the process

Less than half (43.6%) have promotion and tenure policies that specifically reward faculty scholarship and service on DEI topics (survey of 101 medical schools, AAMC, 2022)
“[Discouraging response from mentor re: going up for P&T] is based on what he has seen… He wasn’t being mean to me. What he has seen is people who look like him, who does what he does, how he does it, the way he does it.”

This is the remix… I’m gonna get promoted, and I’m gonna get promoted on what I do and I hope that what I do will allow somebody else who’s a little bit off the beaten path and doing this in a little bit of a different way, who doesn’t “fit in the box” – they can do this too.

…And the added piece is doing what you never thought you could do, as YOU without a complete code switch or revision of who you are.
Project Aims

OVERARCHING GOAL
Create recommendations for departments to adapt current P&T processes to include a DEI-informed approach

Identify existing evidence-based practices for DEI informed P&T processes at peer institutions

Conduct a review of P&T process, criteria, and experiences for 5 UMMS departments

Provide a written overview of best practices for standardizing DEI metrics in the P&T process for UMMS

Meet with stakeholders to gather feedback and to disseminate the recommendations
Project Phases

Phase 1
Systematic review of publications and analysis of publicly available statements that identify DEI criteria used for P&T processes at academic institutions.

Phase 2
Quantitative and qualitative review of UMMS P&T experiences across 5 depts. Elucidate barriers and facilitators for incorporating DEI into criteria & process.

Phase 3
Formulate recommendations for inclusive and equitable P&T criteria & processes. Suggest mechanisms for implementation and sustainability.
Phase 1 Findings

Poster Presentation
DEI in P&T: A Review of Criteria Supporting Equitable and Inclusive Promotion and Tenure Processes in Academic Medicine

Katie McLaughlin, JD; Dannah Nephew; Katherine Lingras, PhD, LP; An Church, MD; Anjali Goel, MD, MPH; Cuong Pham, MD; Andrea Westby, MD; Shahnaz Sultan, MD, MHSc

BACKGROUND

- Promotion and tenure (P&T) processes are crucial for scholarly reputation of faculty and also serve as a formal mechanism for the retention and recruitment of faculty in academic institutions.
- However, numerous barriers to P&T exist for faculty who are underrepresented in medicine (URM) or historically excluded in medicine (HEM).
- These faculty are more likely to mentor URM or HEM trainees and faculty; more likely to serve on DEI committees; and/or pursue interdisciplinary or community-based scholarship, all of which are minimally included in most promotion guidelines.
- This multi-step project is aimed at identifying how DEI contributions are currently valued within the P&T criteria.

Phase 1 Current Landscape

LITERATURE REVIEW: A formal literature review was conducted to search for existing publications on DEI criteria for P&T.

REVIEW OF SELECT MEDICAL SCHOOLS/INSTITUTIONS:
For select medical schools and institutions, a search was performed to identify P&T statements across different departments to ascertain how DEI work was valued across P&T criteria.

RESULTS & DISCUSSION
- There is currently a dearth of literature covering DEI-related P&T criteria.
- Approximately 50% of institutions mention one or more DEI-relevant search term(s) on their official website and/or in publicly-available P&T guidelines. It should be noted that all of the P&T criteria were not accessible to the public.
- Only one medical school specifically incorporated DEI work into its P&T criteria. A limited number of schools offer specific mechanisms for candidates to highlight DEI work (e.g., specialized personal statements, portfolios, etc.)

Phase 2 Data Collection at UMMS

COLLECTION OF P&T DATA: Data was collected across 5 Departments, on the demographics and numbers of faculty who have gone through the P&T process in the last 5 years.

SURVEYS and SEMI-STRUCTURED INTERVIEW: A survey instrument developed by the project team will be administered to each of the Departments to gather information about processes. Semi-structured interviews with P&T Committee chairs within five UMMS departments will be conducted using an interview script developed by the project team. Interviews will be coded for themes.

RESULTS & DISCUSSION
- A next step in the study of P&T criteria of these 40 institutions may include obtaining P&T policy documentation directly from each institution in order to analyze for DEI-relevant criteria.
- Currently, we are in Phase 2 gathering quantitative and qualitative data from the UMMS (University of Minnesota Medical School).
- Data collection will focus on understanding current processes related to P&T across the 5 Departments to elucidate barriers and facilitators for promotion.

Phase 3 Report Best Practices

SUMMARIZE FINDINGS: A summative report will be developed that will include findings from Phase 1 and 2.

SHARE RECOMMENDATIONS: Our team will create a document highlighting DEI-focused process changes, as well as proposed metrics for valuing DEI-related activities that may be incorporated into existing P&T processes.

RESULTS & DISCUSSION
- Finally, Phase 3 will be focused on the formulation of recommendations to increase inclusive and equitable P&T processes, as well as mechanisms for implementation and sustainability.
- Further research is needed to identify trends in the addition of recognition of DEI contributions through P&T criteria and to compile data on whether those changes actually help to improve rates of promotion among URM or HEM faculty.
Key Takeaways

• **Literature**
  • Dearth of literature on implementation of DEI considerations in P&T criteria
  • Work that does exist largely limited to opinions, recommendations

• **P&T Criteria**
  • Only one MD school noted to require faculty to report DEI activities
  • Few schools offer optional mechanisms for candidates to highlight DEI work (i.e. specialized personal statements, portfolios)
Phase 2 Findings

Quantitative and qualitative survey about P&T experiences from applicants and P&T Committee Chairs
Qualitative information: P&T Committee Chairs

Many of areas for improvement have DEI implications/relevance

Majority see process going well!

Areas for Improvement (themes)

• Need a clear and transparent process for feedback to committee chairs after P&T
• Existence of unwritten rules in the process
• Lack of numbers/availability of skilled mentors for mentorship up to and through P&T process (works when we have them!)
• Lack of collection/availability of demographics to determine representativeness of dept (committee make-up and P&T applicant pool)
• Lack of guidelines on incorporation of DEI work and how to measure its impact
Quantitative information: P&T Applicant Survey

### Dept
- Family Medicine: 42.3%
- Medicine: 27.9%
- Pediatrics: 12.6%
- Psychiatry and Behavioral Sciences: 9%
- Radiology: 8.1%

### Track
- Assistant: 64%
- Associate: 22%
- Full: 17%
- Clinician: 11%
- Academic (Research focus): 23%
- Academic (Education focus): 27%
- Academic (Clinical focus): 17%
- Tenure: 23%

### Rank
- Assistant: 32.4%
- Associate: 64%
- Full: 3.6%

Additional Demographics Collected: Race/ethnicity, Gender identity, LGBTQ+ status, First generation status, Ability
<table>
<thead>
<tr>
<th>The culture/conversation in my department around P&amp;T is generally positive</th>
<th>3.75 (1.00)</th>
<th>I felt able to make time for P&amp;T materials preparation during regular working hours</th>
<th>2.44 (1.38)</th>
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<tr>
<td>While going through the process, I felt knowledgeable about my department’s P&amp;T Committee’s processes</td>
<td>3.46 (1.13)</td>
<td>I feel that the P&amp;T committee is generally representative of the social identity demographics of our department</td>
<td>3.15 (.91)</td>
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<td>I felt my department’s 7.12 statement/promotion and tenure requirement statement were clear and actionable.</td>
<td>3.61 (1.11)</td>
<td>I feel that the P&amp;T committee is generally representative of the racial identity demographics of our department</td>
<td>3.11 (.87)</td>
</tr>
<tr>
<td>I felt confident about my P&amp;T preparation</td>
<td>3.74 (1.03)</td>
<td>I felt confident about the process of getting arm’s length letters</td>
<td>3.30 (1.23)</td>
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<td>I felt that in the end, going through promotion/tenure process was ‘worth it’</td>
<td>4.21 (.98)</td>
<td>Adding a DEI work component into P&amp;T guidelines would be beneficial to me in seeking promotion/tenure</td>
<td>3.13 (1.18)</td>
</tr>
<tr>
<td>The amount of administrative support I had for the P&amp;T process felt adequate</td>
<td>3.52 (1.37)</td>
<td>I felt the WORKS program adequately presented my academic activities</td>
<td>2.34 (1.24)</td>
</tr>
<tr>
<td>The time required to prepare materials for P&amp;T felt appropriate</td>
<td>3.28 (1.27)</td>
<td>Our department P&amp;T Committee incorporates a DEI lens into their reviews of publications.</td>
<td>2.97 (1.03)</td>
</tr>
</tbody>
</table>
Qualitative information: P&T Applicant Survey

Facilitators

What motivated you to pursue P&T (goals, values, etc.)? How has promotion benefited you?

What helped you/went well in the P&T process? What did you wish you had?

What type of mentoring, if any, did you have or seek out for the P&T process specifically? Were there any specific areas of the process you felt required mentoring (e.g. arms length letters, narrative, CV, initial readiness for P&T, others)?

Barriers

Was there anything that held you back from pursuing P&T? For example: Alignment with your goals/values; Finding time/support/mentorship/etc.; Explicit discouragement from pursuing P&T; Activities important to your work that didn’t align with existing criteria; Activities that were time-consuming (e.g. non-tangible/unofficial roles, service) without an appropriate place in dossier materials (or any others!).

What, if anything, would you change about the P&T process?

Please describe any aspects of your identities that supported or hindered your experience in the P&T process. If you identify as a member of a minoritized group (BIPOC, Gender/sexual minority, women, disabled, first gen, etc.) this is an especially important question to help us understand your experience.
Phase 3
NEXT STEPS

- Complete qualitative data analysis
- Summary recommendations
- Feedback to Departments/OFA and Task Forces for P&T Statement Review
- Dissemination via conferences
**Conclusion**

**LESSONS SO FAR**

- Every voice matters!
- “in the end, it was worth it”
- Time, administrative support, and mentorship are ‘key ingredients’, BUT are limited resources
- Lack of DEI criteria for promotion
- Lots more to learn! (future focus groups?)

**LIMITATIONS**

- Demographic information
  - 91% White
  - Self reported; limiting subset analysis
- Small(ish) sample size (approx. 33% response rate)
- Non-responders:
  - Participant concern for identifiable data
  - People who decided not to go up for P&T (but could have)

**RECOMMENDATIONS & FUTURE DIRECTIONS**

- Early Mentorship for P&T
  - CWIMS Early Pathway to Success Program
  - “No faculty left behind”
- Dedicated administrator for faculty preparing for promotion
- Follow-up with focus groups
- OFA Committees to create DEI specific criteria for promotion
- DEI specific dashboard on promotion demographics
- OFA Committees to assess process, review/edit 7.12 statements (in process!)