

Dean's Advisory Committee Meeting



Welcome!

- Please mute this call and turn on your camera if possible
- Please open PolleEv app or pollev.com/somdo2
- Due to the number of participants, please submit your questions through the chat function and we'll call on you during our discussion.



Welcome

Cristy Page, MD
Executive Dean

Dr. Page welcomed DAC members.

DAC Committee approved the September 2020 meeting notes.

New DAC members were announced:

- Nick Shaheen, named Co-Director of NC Tracs
- Bryant Murphy, Senior Assoc Dean for Leadership Development
- Mike Steiner, Assoc Dean for Outreach initiatives, who will lead the School of Medicine in the academic integration of UNC, Novant, New Hanover, and SEAHEC in the southeastern part of the state.
- Matt Nielsen, who previously served as interim chair for Urology, now the department's new Chair
- Maureen Kohi, our new chair for Radiology. She comes to UNC from the University of California San Francisco, where she has been serving as Chief of Vascular Interventional Radiology. Her clinical and research focus is women's health and interventions.
- Kenya McNeal-Trice, our recently appointed Senior Assoc Dean for Graduate Medical Education. Kenya has been a leader in medical education here for many years and we are excited to have her now in this new role.

Gary Park retirement was announced. We celebrate his many accomplishments and wish him the best in his retirement.

System Leadership Updates included announcement of new leaders:

- Lauren Schiff, named Assoc CMO for Quality and Patient Safety
- Shakira Henderson, VP Research Officer. This is a newly created role and Shakira will lead our efforts to better integrate research efforts between the School of Medicine and the Health System. She will oversee and integrate work of UNC Health Office of Research Support and UNC SOM Clinical Research Support Office. She will collaborate with others in the research infrastructure to create a system-wide research strategy across basic, clinical and translational research.
- Tommy Koonce, Assoc CMO for Outpatient Services
- Jessie Tucker, President and CEO Wayne Health
- Steve Burriss, COO for UNC Health

Dr. Page provided an update to COVID-19 vaccination efforts. NC DHHS goal is that all NC residents will receive the vaccine within 9 months of availability. UNC Health's goal is to develop a safe and comprehensive way to deliver this vaccine. Implemented a System COVID-19 planning team, led by Tony Lindsey and Matt Ewend with input from experts in ISD, HR, legal, health equity, and many other areas, as well as both SOM and UNCH representation.

Dr. Page provide a Campus Reopening Update. Chancellor and Provost made clear that safety is their top priority. Key elements include strong Code of Conduct expectations, negative test to return, regular testing with frequency depending on student type, housing type, and whether attending in-person classes. UNC Health continues to provide with assistance of disease experts, logistics, personnel.

With Novant partnership, expanding education, research and clinical services to New Hanover and other locations across NC. Complementary partners – cultural alignment.

Dr. Page announced the long-term Management Services Agreement with Southeastern and the expanded partnership between UNC Rex Healthcare and Johnston Health through a Joint Operating Agreement.

In October, the long-proposed partnership between Atrium Health and Wake Forest was finalized. Atrium will educate UNC SOM students through class of 2022.

This is an especially difficult holiday season for most of us – remember that our integrated wellbeing program offers support. Please be sure you are sharing the wellbeing pathway with your department/team.

Agenda



Approval of Meeting Notes



A large, empty rectangular box with a black border, intended for the approval of meeting notes.

Welcome New DAC Members



Nick Shaheen, MD
Co-Director, NC TraCS
September 2020



Bryant Murphy, MD
Sr. Assoc. Dean for
Leadership Development
October 2020



Mike Steiner, MD, MPH
Associate Dean
Outreach Initiatives
October 2020



Matthew Nielsen, MD, MS
Chair, Urology
November 2020



Maureen Kohi, MD
Chair, Radiology
December 2020



Kenya McNeal-Trice, MD
DIO, Sr. Assoc. Dean
Graduate Medical Education
January 2021

Retirement Announcement



Gary Park, MPA
UNC Health COO
Effective February 2021

System Leadership Updates



Lauren Schiff, MD
Associate Chief Medical Officer
for Quality & Patient Safety, UNC
Medical Center
Effective December 2020



Shakira Henderson, DNP
UNC Health VP Research Officer
Effective December 2020



Tommy Koonce, MD, MPH
Associate Chief Medical Officer
for Outpatient Services, UNC
Medical Center
Effective December 2020



Jessie Tucker, III, PhD, FACHE
President & CEO
Wayne UNC Health Care
(Goldsboro)
Effective December 2020



Steve Burris, MBA
COO
UNC Health
Effective March 2021

COVID Vaccine Update



- UNC will adhere to priority algorithm
- We strongly recommend that our co-workers receive the COVID-19 vaccine but will not mandate vaccination
- Developing communications plan for school and health system
- FAQs are available on our SOM COVID-19 page and will continue to be updated as we learn more

COVID Campus Update



- Students to return in spring
- Regular testing through campus
- Coordinating tracing and reporting on multiple platforms
- Minimizing disruption to UNC Health and FP operations



Novant Partnership



- Reached an expansion agreement
- Developing educational and research partnerships
- Pursuing additional clinical partnerships





Johnston Health



- Joint operating agreement effective January 1
- Expansion of services and facilities in Johnston County



Atrium/Wake Forest



- Finalized long proposed partnership
- Combine clinical operations
- Development of medical school in Charlotte
- UNC already ramped down Atrium operations and is considering additional partnerships across state



Wellness Resources





Industry Sponsors & F&A Options

Andy Johns, Associate Vice Chancellor for Research
David Paul, PhD, Assistant Vice Chancellor for Research

Andy Johns and Dr. David Paul joined the DAC meeting to provide an overview of F&A options



F&A and Industry Overview



- F&A covers the cost of doing business
- F&A should be included in Industry Agreements
 - Good business practice
 - Cannot subsidize private firms with public resources
- Clinical Trial Rates
 - Full Research Rate, or
 - 28% for those conducted in UNC Healthcare facilities

Alternatives to include F&A



- Industry agreements are often Fixed Price and there are two primary options to charge F&A and avoid undue objections:
 1. Detailed budget and itemized invoices not required
 - Just share the total cost of the project and invoices only include total amounts
 - Must work with OSR to develop cost estimate before sharing projections with partner
 - Internal vs. external budget requirements
 2. Fully burden budget line items with F&A
 - For use if partner expects to see detailed budget/invoices
 - F&A is incorporated into each budget category so partner doesn't see the breakout
 - This is standard practice within the industry environment



DEI Updates

E. Nate Thomas III, PhD

Vice Dean for Diversity, Equity and Inclusion

Dr. Nate Thomas provided an update on DEI efforts, including current and upcoming leadership training. Work on the DEI Framework continues, with department updates from Diversity Liaisons expected in January. He also highlighted diversity efforts in two departments: Department of Medicine's EMBRACE program and Allied Health Sciences' JEDI program.

DEI Updates

- **Our People**
 - REI Training – Leadership
 - Bias 101 training – Faculty
- **Leadership Development**
 - **Taking Care of Home - Diversity Leadership Retreat 2021:** Reimagining, Resetting, and Reintroducing DEI in the School of Medicine
 - **Audience:** Chairs, ACAs/Business Managers, Academic Council, and Diversity Liaisons
- **Medical Education**
 - Taskforce to integrate social justice into the medical education curriculum
- **Organization (SOM Clinical and Basic Science Departments)**
 - Inclusive Excellence Plans – Department Action Item updates
 - Department of Medicine and Pediatrics: Project Embrace
 - Allied Health: The JEDI Toolkit

Terminology and Implicit Bias

Keisha Gibson, MD, MPH, vice chair for diversity in the department of medicine, introduced the first session focused on defining implicit bias and identifying vocabulary to help trainees deliberately engage and support anti-racism efforts. Trainees were encouraged to recognize their own implicit bias and understand how it contributes to structural racism, and they were given concrete action steps for becoming effective allies.



Keisha Gibson, MD, MPH, introduces a special guest speaker.

Health Disparities: A Case for Structural Racism

The next session focused on helping trainees gain insight into how implicit bias plays out in patient interactions and contributes to health disparities. Students reflected on Dr. Jennifer Tsai's ["It's Time to Talk About Racism in Medical Education"](#) in small group breakouts, virtually and in person, exploring how they could become better patient advocates for vulnerable populations.

Race Metrics and Health Disparities

The third session looked at race-based metrics and health disparities, and offered historical context for how many current medical metrics, tests, and diagnoses are based. Learners reviewed data showing how race as a social construct impacts the health and wellness of patients, and they considered latest evidence that algorithms used by hospitals and providers to guide healthcare demonstrates implicit racism that many are often unaware of, and which often result in black people receiving inferior care. Breakout groups explored how incorporating social determinants of health into the equations could remove bias and how making social determinants of health more visible in EPIC could lead to change.



Melissa Wooten, MD, presented a variety of calculators used by medical providers.

Taking Action, Responding to Racism

Justice, Equity, Diversity, and Inclusion (J.E.D.I.) Toolkit



This toolkit is a repository of resources and ideas offered to support all efforts to improve justice, equity, diversity and inclusion. The hope is that this will be a living, responsive toolkit that can serve many people, at different points, in different ways. It is a work in progress that you can contribute to and shape (see submit feedback button below to submit suggestions). Leverage this toolkit to move forward:

- as individuals
- as a department
- in any community
- in our work
- as an institution
- and beyond





Leadership Development & Wellness

Bryant Murphy, MD, MBA

Senior Associate Dean for Leadership Development

Dr. Bryant Murphy provided an update on his office's efforts to create a culture of leadership. He shared programs currently offered through his office. In an effort to provide more targeted support, he asked members to respond to a poll; this information will help prioritize efforts and will help in discussions with individual leadership meetings planned for spring.

TRAINING LEADERS @ the UNC SCHOOL of MEDICINE

MD Students

844

MD students receive leadership training as part of the school's curriculum.

Competencies developed in Y1 and Y2 include communicating effectively, building collaborative relationships, and learning through others. In conjunction with UNC's Kenan Flagler Business School, medical students are prepared with individual coaching on their leadership skills.

In Spring 2019, over **140** SOM graduates participated in a Transition-to-Residency capstone course, providing them with skills to work on an interprofessional team.

In the 2018-19 academic year, the SOM contributed **\$31,880** towards the design and delivery of the Peak Performance simulation

Graduate Students

769

students receive leadership training as part of the school's curriculum.

In 2018, a group of **16** students from the MD/PhD program participated in a day-long training session that taught situational leadership and change management.

TIBBS, a partnership program between UNC and Duke is a six-part leadership series aimed at biomedical trainees that offers leadership training and professional development activities.

In this changing health care environment, the physicians and scientists educated at UNC will be leaders of our field for the future. Advanced leadership skills are demanded. Our graduates finish prepared to shape the future in NC and beyond.



Residents and Fellows

780+

Residents at UNC Hospitals are instructed in teaching and leadership techniques, as well as guidance in sharing their scholarship through abstracts and poster presentations.

Mentoring relationships are built over the course of the residency. Regular career development meetings are conducted by faculty with shared interests.

Chief Residency training is provided across departments to prepare chiefs to lead interprofessional education and quality improvement.

In July 2020, UNC Health Care will open the Resident Leadership Pathway to provide focused training for a small group of residents who envision their future as administrative leaders in health care systems.

Faculty

The UNC School of Medicine employs over **1,970** full- and part-time faculty.

During the 2018-19 academic year, approximately **1,400** faculty engaged in Leadership Development opportunities.

22 professional development opportunities are offered by the Office of Faculty Affairs and Leadership Development.

Leadership Programs for Faculty Include
 -Academic Career Leadership Academy in Medicine (ACCLAIM)
 -Faculty Leadership Initiative
 -Making the Case

Executive Coaching Program coming in 2019!



Current Leadership Development Opportunities



- **ACCLAIM Program** (early- and mid-career, URM emphasis)
- **Making the Case** (any rank with a good idea!)
- **Relational Leadership Training** (interprofessional)
- **Coaching Skills for Leaders** (any rank with formal leadership)
- **Coach Training Program** (mid- to late-career)
- **Individual coaching for faculty who request it or are referred**
- **Executive Coaching** (for those in formal leadership – new and interim chairs/CD's)
- **Chairs' Leadership Forum** (chairs, ACAs, and business managers)

Support for Campus Programs

- Center for Faculty Excellence Programs (UNC)
 - Leadership Fundamentals
 - Faculty Administrator Development Program
 - Leadership Advanced
 - Chairs Leadership Skills Focused Series
- Academic Leadership Program (Institute for Arts and Humanities)
- ULEAD (Office of Human Resources)

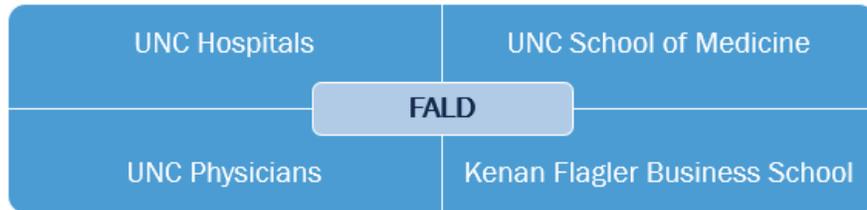


Support for External Opportunities



- Harvard Program for Program for Chairs of Clinical Services (New Clinical Chairs)
- AAMC Executive Development Seminar for Associate Deans and Department Chairs (Dean-level and Basic Science Chairs)
- Executive Leadership in Academic Medicine – Drexel University (Women)
- Other AAMC Programs for:
 - Junior Faculty
 - Mid-Career Faculty
 - Women Faculty
 - URM Faculty

Leadership Development



- Many leadership programs exist throughout our system; there is redundancy
- To be one UNC Health, we need to work together
 - Economies of scale
 - Discover and utilize hidden talents
 - Enhance Diversity, Equity and Inclusion
 - Advance wellness
 - Create a culture of leadership throughout the institution

Wellness - Priorities for the FALD team and the Committee



Reducing administrative burden for clinical and research faculty

GROSS – Getting Rid of Stupid Stuff

Childcare

<https://news.unhealthcare.org/2020/11/subsidized-childcare-resource-available-juggle-unc-3/>

Lightening the Load

<https://www.med.unc.edu/facultyaffairs/files/2020/08/Lightening-the-Load-Flyer.pdf>

Increased focus on burnout

Encouraging the Mayo Clinic Well-being Index,
<https://www.unhealthcare.org/wellbeing/wbi-rollout/>

Aligning with System-Wide Emotional Support Resources

Diversity, Equity and Inclusion alignment

Help us prioritize: which would make the biggest difference to your units? Rank top 1, 2, 3

Skills to improve DEI for all leaders

Coaching

Enhanced leadership training for those already in leadership positions

Leadership programming for Junior faculty

Better access to external leadership programs

Succession planning (pipeline development)

Integration of leadership training across units and departments

Start the presentation to see live content. For screen share software, share the entire screen. Get help at polllev.com/app

Contact

www.med.unc.edu/facultyaffairs

facultyaffairs@med.unc.edu

 @UNCSOMFALD





Draft Revisions to the **SOM APT Guidelines**

Cam Enarson, MD, MBA
Vice Dean for Strategic Initiatives

Kim Boggess, MD
Senior Associate Dean for Faculty Affairs

Dr. Cam Enarson and Dr. Kim Boggess reviewed the process to revise the APT guidelines, last changed in 2012.

34 recommendations were made over 14 themes. The Committee provided the revised guidelines as pre-reads, with a focused presentation on key points at the meeting.

Dr. Boggess reviewed the new Variable Track, the new Meet the Mark criteria. Dr. Enarson reviewed the Fixed Term and DEI Intentional Effort.

These changes were approved at the Faculty Affairs and Diversity Leadership Committee meeting 12/3, presented at DAC today for vote of approval, and will be presented for approval at the Academic Council meeting on 12/14.

Once approved, new guidelines goes into effect July 1, 2021.

The committee acknowledged the tremendous amount of work on this. Many of these efforts, and that of the University, were spearheaded by Joanne Jordan before her retirement. In particular, the Variable Track will provide our faculty with greater flexibility, and provide appropriate recognition for many faculty members who spend a lot of effort on DEI. Thanks to Cam, Kim, and their team for their work to clarify and

implement these changes.

The committee had questions about the teaching requirement and the DEI requirement for externally-funded researchers, and how we may help faculty meet these requirements.

DAC voted unanimously to approve the revisions to the SOM APT Guidelines.

Task Force to Review and Revise Guidelines



Faculty Affairs and Diversity Leadership Committee

Project Team Members

Cam Enarson, MD, MBA
Kim Boggess, MD
Kenya McNeal-Trice, MD
Fernando Pardo-Manuel de Villena, PhD
Morgan Resnick-Kahle, MAEd

Task Force Members

Antoine Bailliard, PhD, OTR/L
Jean Cadigan, PhD
Stephen Crews, PhD
Anthony Charles, MD, MPH
Keisha Gibson, MD, MPH
Nilu Goonetilleke, PhD
Susan Martinelli, MD
Joseph Pino, MD, FAAP, FACP
Jana Ross, MA
J. Keith Smith, MD, PhD
Lindsay Wilson, MD, MPH

34
recommendations
across 14 themes

Task Force Recommendation Themes



- Early Promotion and Tenure Decisions
- Management of External Offers
- Transition from Fixed-Term to the Tenure Track
- Timing of Permanent Tenure Actions
- Reporting Tenure Denials to the University
- Emphasize Value of Fixed-Term Faculty
- Voting Processes
- Orienting Administrators and Faculty
- Under-Represented Minority Faculty Experiences
- Mentoring
- Maximizing Successful Promotion for Clinician Educators
- Mitigating Circumstances that Might Affect Promotion and Tenure
- Improving Transparency and Clarity of APT Process
- Streamline and Standardize Dossier Preparation

Variable Track



- **Charge:** Develop policy where new faculty can focus on accomplishments prior to their track decision
- **Issue:** Changing from fixed term to tenure track requires a national search, creating a barrier or leading to 'sham' searches that are counter to EOC requirements
- **Recommendation:**
 - Creation of variable track where faculty can explore career options before declaring fixed term or tenure track

Variable Track Recommendation (cont'd)



- Intended to be used for **specific hiring needs**, at the Assistant Professor rank, and not to be universally applied
- Positions will **require a national search**; searches with fewer than 5 applicants require Provost's approval
- Appointment is allowed for **up to three years**; at year 2 of appointment, the faculty member must declare a track and submit appropriate dossier
- **If Tenure Track is chosen:**
 - Full CV reviewed by Department Full Professors; then HSAC; then campus APT; then BOT
 - Promotion from Assistant Professor to Associate Professor with tenure can be sought when faculty has 'met the mark' for promotion and after 3 years in rank as Assistant Professor. The faculty member must wait a minimum of one academic calendar year from appointment to tenure track to seek promotion. The faculty member has a maximum of seven years from the time of appointment on the tenure track, **in addition to** their three years on the variable track appointment.
 - The faculty member may choose to have their variable track appointment time count towards their tenure 'clock' maximum, giving them **four years** to satisfy promotion requirements at the time of their tenure track appointment.
- **If Fixed Term Track is chosen:**
 - Full CV reviewed by Department Full Professors then is HR action
 - The faculty member can request that time spent in variable track be counted toward promotion.

Meet the Mark Criteria



- Time in rank as sole measure approach causes promotion delays that lead to retention and wage gap issues
- No changes proposed to the standard of excellence for any area of excellence
- SOM Meet-the Mark criteria outlined in APT guidelines
- Department's may add further criteria, reviewed by SAD to mitigate disparities in criteria among departments
- Annually, faculty discuss timing/readiness for promotion with department chair/mentor committee
- Chair's letter should document faculty member's attainment of meet-the-mark criteria

Meet the Mark: Tenure Track



- Tenure track faculty are expected to demonstrate excellence in **teaching and mentorship, promotion of DEI, and service.**
- Promotion on the tenure track requires evidence of excellence in one of three areas: **research, clinical scholarship, or educational scholarship.**
- Consideration for promotion requires demonstration of annual **progressive scholarship for at least three consecutive years at rank (time in variable track can count)**

Meet the Mark: Tenure Track/Research



- Assistant to Associate Professor requires progressive academic productivity and independence in research
 - **Progressive academic productivity**
 - 5 or more original research papers
 - Includes review articles, book chapters, books and other forms of communication to further demonstrate scholarship and impact
 - Team/interdisciplinary scientific work must include faculty role
 - **External grant support/independent funding**
 - Single PI or multi-PI investigator-initiated external funding source
 - Alternative funding sources (industry, foundation, etc.)
 - With team science, co-PI or co-I status, Core, Project or Center leadership, where the faculty is responsible for significant contribution to scientific content, is an indicator of research scholarship
- Department Chair's letter should address the faculty's funding record within the context of the effort devoted to research

Meet the Mark: Tenure Track/Research



- Assistant to Associate Professor requires:
 - Evidence for national recognition for professional contributions.
 - Peer-reviewed abstract poster or oral presentations at national meetings
 - Invitations to present research results at national conferences or symposia
 - Election to office in national academic and/or professional societies
 - Participation in NIH study sections or grant review panels
 - Membership on the editorial boards of prominent journals
 - Serving as a reviewer for major journals in the candidate's field, editorship of prominent journals, and/or
 - Participation in scientific committees' advisory to government or foundations, or national scientific awards.

***List is not exclusive and is currently in the SOM APT Guidelines**

Meet the Mark: Fixed Term



- The promotion of a fixed term faculty member requires demonstrated evidence of both excellence and productivity in one of the following five areas: clinical activity, education, research, administration, and community professional service.
- Promotion to associate professor and professor requires demonstration of **progressive scholarship**. As faculty progress through their appointment as assistant professors it is expected that the breadth and depth of their academic activity and productivity will increase. Faculty should demonstrate progressive achievement in their area of excellence with documented achievements expected annually for at least **three consecutive years** before being considered for promotion.
- The School of Medicine does not mandate that fixed term faculty achieve national reputations in their given area(s). However, **scholarship is required for promotion** in the fixed term track. This scholarship may take the form of peer reviewed articles, chapters, or books; peer-reviewed or invited workshops, platform/podium or poster presentations, or social media; the development, publication, and dissemination of curriculum, and other enduring forms of scholarly work and communication.
- Promotion to Professor based on **truly exceptional local reputation** is rare and requires documentation that achievement of a regional reputation is not possible.

Meet the Mark: Fixed Term



- **Clinical Activity**
 - Documentation of substantial clinical activity and productivity. This should include activity and productivity metrics ([e.g. WRVUs](#) with applicable benchmarks).
 - Evidence of excellence in outcomes of clinical activity, including peer review of clinical skills.
 - Excellent local reputation as a clinician documented in letters of reference external to the department.
 - Scholarship related to clinical activity. **At minimum faculty should be able to document five examples of peer reviewed or invited scholarship to be eligible for promotion.**
 - A record of at least one of the following demonstrating progressive achievement:
 - Innovation in clinical activity
 - Excellent teaching of clinical activity
 - Funding for support of clinical programs
 - Leadership in development of clinical programs
- **Education**
 - Documentation of substantial and consistent teaching activity and productivity ([e.g.](#) lectures, courses, small group sessions)
 - Evidence of superior effectiveness as a teacher, as judged by learners and peers and/or evidence of achievements of learners (scores, awards, projects, publications).
 - Excellent local reputation as an educator documented in letters of reference external to the department.
 - Scholarship of teaching. **At minimum faculty should be able to document five examples of peer reviewed or invited scholarship to be eligible for promotion**
 - A record of at least one of the following demonstrating progressive achievement:
 - Innovation in educational activity
 - Funding for support of educational programs
 - Leadership role in the development of teaching programs - administrative experience as course director, program director, fellowship director, graduate education, allied health professions, etc.

Intentional Effort with Regard to DEI



- **Charge:** Recognize the invisible labor of DEI work and contributions on CVs and in annual reviews/promotion and tenure; leadership should be held accountable for how URM faculty are succeeding
- **Issue:** Diversity, equity, and inclusion efforts are not heavily considered in the promotion process, and the feeling is that this work does not typically benefit the faculty in promotion
- **Recommendation:**
 - Require DEI work to be on all CVs as a separate category
 - Include DEI statement as part of promotion materials
 - Minimum DEI training required for all faculty
 - Chair's letter should include section on DEI work and a section highlighting the faculty member's contribution in DEI areas, including invisible labor particularly among underrepresented faculty
 - Measure URM faculty APT decisions by dept. and hold chairs accountable for failed promotion/tenure decisions

Intentional Effort with Regard to DEI (cont'd)



Criteria Common to Variable, Fixed-Term, and Tenure-Track, All Areas of Excellence

- Substantial positive contribution to DEI efforts. These efforts should be documented in the *Curriculum Vitae and DEI Statement*, and the Department Chair's letter.
- DEI efforts include but are not limited to:
 - participation in predoctoral student programs or mentoring (e.g. Summer Science Enrichment Program, student or resident-led advocacy groups, etc.);
 - participation in departmental DEI committee work,
 - completion and application of DEI training (e.g. Safe Zone, Unconscious Bias, etc.),
 - working with underrepresented minority (URM) youth to increase interest in STEM careers,
 - leading journal or book clubs on DEI topics, and
 - promoting social justice (e.g. create curricular content that uses inclusive concepts, imagery, and terminology regarding race/ethnicity, gender and sex, sexuality, nationality, religion, and socioeconomic status, etc.),
- DEI efforts should be thought of in the broadest context and contributions may expand across research, teaching, or service.
- Department Chair letters should include a section highlighting the faculty member's contribution in DEI areas, including invisible labor particularly among underrepresented faculty.

Next Steps



- Recommendations to be presented to and voted on at:
 - ✓ Faculty Affairs and Diversity Leadership Committee (12/3)
 - ✓ Dean's Advisory Committee (12/8)
 - Academic Council (12/14)
- Once approved, **new SOM guidelines would be effective July 1, 2021**
- Plan for presentations on the revised guidelines at departmental meetings
- Departments who wish to do so will begin work on department specific meet the mark criteria



APPENDICES

Additional Recommendations



| Provost's Recommendation | Current SOM Guideline or Issue | SOM Task Force Recommendation |
|---|--|--|
| N/A | APT guidelines are dense and difficult to understand | <ul style="list-style-type: none"> • APT guidelines will be revised to add/remove appropriate items recommended by the Task Force • Guidelines will be revised to make them easier to understand, including defining common terms • Easy to use 'cheat sheets' will be <u>updated</u> and flow diagrams will be created |
| N/A | Promotion on the education/teaching areas of excellence is extremely difficult and rare | <ul style="list-style-type: none"> • For APT decisions on educator excellence, tailor faculty academic expectations so they are appropriate for educators and equivalent to other areas of excellence • Document teaching impact and productivity in teaching statement; remove teaching portfolio requirement |
| Reduce distinction between tenure/tenure track and fixed term faculty | Fixed term faculty have a difficult time securing grants and awards with modifiers before their title, and contract lengths directly contribute to their sense of wellbeing and security | <ul style="list-style-type: none"> • Drop modifiers in working titles • Extend contracts beyond 1 year; consider <u>3-5 year</u> contracts for faculty appointed 3+ years • Give faculty at least <u>60 day</u> notice of non-reappointment |

Additional Recommendations



| Provost's Recommendation | Current SOM Guideline or Issue | SOM Task Force Recommendation |
|---|--|---|
| N/A | Dossier preparation is burdensome for faculty and staff | <ul style="list-style-type: none"> Require annual APT trainings for HR representatives and chairs (can be completed in-person or by video or LMS module) Each department has/should have a faculty affairs representative to assist with guiding faculty on promotion process, requirements, etc. and to meet with the SAD-FA twice annually to review processes, procedures, and issues that arise |
| Take attendance at voting meetings and require voters to explain negative or abstained votes; disaggregate votes by rank; have face-to-face discussions on dossiers | Voting on dossiers varies quite a bit from department to department, and a common issue is that faculty are not given constructive feedback on materials (e.g., rubber-stamping); need to increase transparency of process | <ul style="list-style-type: none"> Create centralized system for CV and LOR submissions and dossier tracking Voters must explain negative/abstained votes Create mechanism for providing dossier feedback No change to voting process (full professors) |
| N/A | Effective communication about APT processes and revised guidelines is needed. Communication needs to be detailed yet simple and consistent among all constituents. | <ul style="list-style-type: none"> Revise APT guidelines and communicate changes through <ul style="list-style-type: none"> 'Cheat sheets', Process flow diagrams, Checklists for dossier preparation, APT workshops, etc. |

Additional Recommendations



| Provost's Recommendation | Current SOM Guideline or Issue | SOM Task Force Recommendation |
|--|--|--|
| Emphasize mentoring resources; educate faculty on how to mentor effectively, allow faculty to choose and assess their mentor, make it clear who is responsible for mentoring plans and the success of early career faculty | Mentoring and lack of support/guidance through the promotion process is an issue for many junior faculty | <ul style="list-style-type: none"> Equip faculty with the tools to be proactive in the pursuit of their timely promotion through mentoring Faculty should be assigned (or choose) mentor/mentoring team that meet with them at minimum annually Chairs should be held accountable for adequate mentoring to ensure successful/timely promotion; should be discussed annually in faculty reviews |
| Remove the " <u>18 month rule</u> " | Faculty must be in rank for 18 months before being considered for promotion or reappointment | <ul style="list-style-type: none"> Faculty coming with tenure can, with permission, be granted tenure at time of appointment (<u>18 month rule</u> no longer applicable) Faculty coming without tenure may be considered for tenure prior to their 4th year at UNC but only after meeting criteria for promotion and tenure |
| N/A | COVID-19 has disrupted many <u>researchers</u> labs/grants, teaching activities, and has been an incredible burden on clinical faculty | <ul style="list-style-type: none"> Consider impact of COVID-19 both in the short- and long-term Communicate broadly about ability to request tenure clock extensions for COVID and other reasons; chair's letter should note factor(s) impacting promotion timeline (<u>e.g.</u> pandemic) |



APT Committee Updates

Kim Boggess, MD

Senior Associate Dean for Faculty Affairs

Professor, Department of Obstetrics and Gynecology

Dr. Boggess provided the committee updates as a pre-read to the Committee.

Dr. Byerley highlighted the information provided about the gender disparities in promotion success. During this pandemic time, consider how we are mitigating bias against women and how we are working towards equity in all of our activities.



Closing Remarks

Cristy Page, MD
Executive Dean

Dr. Page acknowledged the tremendous amount of effort over a challenging year: our scientists answering important questions, participating in clinical trials around treatment and vaccines, being such a critical part of the solution. Our educators adapting and using this opportunity to teach in creative ways, applying the leadership lessons across Allied Health and SOM, and how hard our clinical teams have worked and continue to work as we now have 300 patients hospitalized with COVID-19. We have adapted and re-adapted. It has been meaningful to be a part of the solution to the pandemic. You have made a difference to our patients and our communities. Thank you!