



COLUMBIA UNIVERSITY

College of Physicians
and Surgeons

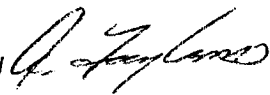
Anne L. Taylor, MD

Vice Dean for Academic Affairs
College of Physicians & Surgeons

John Lindenbaum Professor of Medicine
at New York-Presbyterian Hospital

Memo

To: Faculty Affairs Committee of the University Senate

From: Anne L. Taylor, MD, John Lindenbaum Professor of Medicine at NYPH 
Vice Dean for Academic Affairs, Columbia University College of Physicians and Surgeons

Date: 2/29/2012

Re: Proposed changes in Faculty Titles at CUMC

Thank you very much for your thoughtful and supportive comments on the proposal to restructure the academic title system used at CUMC. We agree with and accept your recommendations to review the impact of this change within three years of its full implementation, as well as to establish a faculty committee with broad and inclusive representation to address faculty concerns which emerge with implementation of this proposal. We will very seriously consider how to implement your recommendation regarding identification of a mechanism to honor those faculty currently holding the "At Affiliate Institution". The recommendations you have made have been incorporated into the "Overview-Proposed CUMC Academic Tracks" (included here with highlighting).

All updated documents relevant to this proposal will be posted on the website, <http://www.cumc.columbia.edu/faculty/uni/proposed-academic-tracks>, by this afternoon.

Overview- Proposed CUMC Academic Title Reorganization

Introduction:

Columbia University Medical Center requires excellence in every domain of its academic activities, which include:

- Research, which may span basic science discoveries to clinical and public health applications;
- Education, which should include the most innovative transmission of the principles and practice of health sciences;
- Clinical and Public Health Practice, which should comprise the scholarly application of health science knowledge in practice and public health outreach/interventional settings.

To support these activities, the faculty at CUMC have proposed an academic organizational structure which defines the following:

- Academic areas of focus, which are essential to the health science schools;
- Clear articulation of the scholarly requirements for excellence within those areas of focus;
- The metrics which would support the evidence of excellence within the area of focus;
- The requirements for advancement in academic rank by each area of focus.

Advancement in rank would be marked by incremental achievements within the area of focus, as well as by growth in reputation as appropriate to the faculty member's area of focus. Notable and important internal contributions essential to CUMC schools could also support advancement in faculty rank. In addition, institutional, community, local, regional and national service/academic citizenship will be considered supportive for advancement. However, good citizenship in absence of excellence in an academic focus would not be sufficient for academic advancement.

Although excellence is expected of every faculty member, the evidence may vary depending upon the area of focus. Thus, in some areas of focus, such as investigation, national and/or international recognition of research contributions is the standard measure of accomplishment. In other domains, such as education and applied healthcare and public health practice, regional or national recognition based upon expertise, or participation in nationally recognized educational programs or substantive institutional contributions may be an appropriate standard for advancement. However, in order to achieve the rank of full professor, faculty are required to have achievements that have been recognized beyond CUMC or to have made highly unique and important contributions to the CUMC schools.

While most faculty will have a major academic focus with accompanying evidence of competency in the appropriate type and quantity of educational activity, there may be instances in which faculty make high quality, substantive contributions in more than one area of focus. In that instance, it is expected that contributions from the areas of focus will be of excellent quality though, perhaps, each somewhat reduced quantitatively. Alternatively, if the contributions to the two areas are not of equivalent strength, that the area of greater strength will be considered the major area. The identification of a faculty member's area of focus should be determined by a collaborative discussion between the faculty and his/her chair or designees. In the event that a faculty member's choice of area of academic focus is divergent from the area recommended by the department chair or his/her designee, or faculty member does not feel his/her activities are fairly described in the proposed system, or a faculty member is not promoted under the new criteria, a faculty committee, with representation balanced with respect to faculty academic track and area of focus, will review the data and make a recommendation. In response

to the recommendations of the Senate Faculty Affairs Committee, we will plan to evaluate the impact of this change within three years of its full implementation.

Scholarly products, which are examples of evidence of expertise in a particular area of focus, will vary with the area of focus, as well as with academic rank. Although research publications, funding, and presentations are standard scholarly products for investigators, educational products such as course syllabi, teaching demonstration materials, and presentations at educational forums would be acceptable for those with an education focus. Similarly, for those with a focus in applied clinical and public health sciences, recognition based upon activities that impact practice paradigms and patient or population outcomes would be appropriate. A faculty member need not have examples of every type of evidence in their portfolio, but examples selected should be of sufficient quality to support an evaluation of excellence in the academic focus, and should be quantitatively appropriate to the academic rank.

Educational contributions are required of all faculty, though the type and quantity will vary with the academic focus.

Proposal for Full Time Faculty:

At Columbia University Medical Center, it has been proposed that there be two academic tracks into which full time faculty may be appointed instead of the four currently used. Full time faculty could be appointed into the existing "Unmodified or Tenure Track", or into the non-tenured title designated "at CUMC" (or, rarely, "at an affiliated institution" at a campus other than CUMC). The "At CUMC" title would be further subdivided into three scholarly areas of focus.

The "Unmodified Tenure Track/ Tenured" appointment requires a program of research that is nationally/internationally recognized to be amongst the best in the country as evidenced by publications in journals of highest impact, by continuous and incremental peer-reviewed competitive research funding, and by national/international acknowledgements of being amongst the leaders in the discipline. No changes are proposed to this academic track.

Within the "At CUMC" title, there would be three scholarly areas of focus upon which faculty may choose to concentrate. These areas of focus encompass the varied activities essential for preeminence by academic health science schools:

- Investigation,
- Educational scholarship and leadership,
- Applied health care and public health sciences.

Irrespective of the area of focus on which a faculty member would concentrate, there would be an expectation that the faculty member would carry out the requirements of the academic area of focus at the highest performance level. Further, performance expectations would be clearly articulated.

In general, appointment to the Unmodified or Tenure Track or to a Tenured position is based upon the university-wide standard of recognition of excellence in research which places the faculty member amongst the select few leaders of his or her research discipline. Such research should be original, creative, transformative, and it should substantively advance the discipline of the faculty member. "Appointments to Tenure Track/Tenure are offered to scholars in those areas of research of the highest priority to the university." * It is expected that the nominee must be an outstanding scholar "who has demonstrated the capacity for imaginative and original work" * that places that individual amongst the very top of scholars in his/her discipline. "Every candidate should have produced work of truly

outstanding quality”*, while “the quantity of publications is of lesser concern”. “Tenure, moreover, is not simply a reward for past accomplishments”, but it also marks the expectation that the candidate will continue to be an important and productive scholar who is widely recognized as among the leaders of his/her discipline.

Non-tenure appointments would be in the track which would be designated “at CUMC” and would subsume all current full-time non-tenure eligible faculty titles. This track would be further subdivided into three different areas of academic focus to accommodate the broader range of academic activities required for health sciences faculty.

- Investigator focus- Individuals with this focus may engage in a broad range of investigational activities with roles ranging from research leader, major contributor, or collaborative research team member, or research site investigator. Significant contributions to the research work, including authorship of manuscripts and a record of research funding (which might come from federal, industrial or foundation sources) and research presentations would be benchmarks for success in this area of focus.
- Educational scholarship and Leadership focus- The scholarship of education is about promoting learning through effective application of the sciences of teaching and learning, leadership, instructional design, and educational evaluation. Thus, individuals with this focus would be expected to be intensively involved in the three domains of education:
 - Direct involvement in the process of promoting learning
 - Support of the infrastructure needed for learning
 - Development of products used by others in learning
- Applied healthcare or public health sciences focus- The scholarship of application is the interaction between knowledge and its practical use. The scholarly translation of evidence to practice and evidence-based clinical and public health interventions/outreach are examples of the scholarship of application of clinical and public health sciences. Faculty with this area of focus will be expected to be acknowledged experts in their clinical or public health discipline, to practice clinical disciplines or provide public health interventions and outreach informed by new scientific discoveries, and contributions should be in the following domains:
 - Provision of patient care or direct public health interventions
 - Development/implementation of clinical or public health programs, interventions, and outreach
 - Development/implementation of clinical or public health programs, interventions, and outreach used by others

Educational contributions and university or public service are required of all CUMC faculty members; however, these contributions may occur in many settings and may take many forms. The type and magnitude of educational contributions will vary according to the academic area of focus, but would be expected to be broader and more robust when the academic area of focus is educational scholarship

* Faculty Handbook 2008

and leadership focus or the applied health and public health sciences focus. University and public service may be at the clinical, departmental, school or university level, or include local, regional, national, or international efforts.

Proposal for Part-Time Faculty:

The above two tracks would be available to full time faculty. Part time faculty, whether based at the CUMC campus or at affiliated institutions, would be eligible for titles which include clinical modifiers. Part time faculty whose contributions are primarily preceptorial teaching in clinical settings would have the "clinical" prefix title. Part time faculty with significant investigative or educational leadership accomplishments would have the "clinical" suffix title. Criteria for advancement in rank of part time faculty would be qualitatively similar to those for full time faculty for each area of focus, though quantitative parameters might vary based on the amount of time dedicated to faculty activities by part time faculty.



COLUMBIA UNIVERSITY

*College of Physicians
and Surgeons*

In affiliation with
NewYork-Presbyterian Hospital

Alice Prince, MD
Department of Pediatrics
Division of Infectious Disease
650 West 168th Street
New York, NY 10032
Tel: 212-305-4193
Fax: 212-342-1578
asp7@columbia.edu

To: Faculty Affairs Committee of the University Senate
From: Alice Prince
Sharon Wardlaw
February 21, 2012

Re: Proposed changes in faculty titles at the Health Sciences campus

In response to the suggestions formed by a committee that included faculty members from all of the involved schools, Dr. Anne Taylor, Vice Dean for Academic Affairs has proposed to change the current academic titles at the Health Sciences campus. There is consensus to go ahead with this simplification of the existing arcane and often arbitrary system of "Clinical" prefixes and suffixes appended to the academic ranks of faculty that are not on the tenure track. These "clinical" titles will be replaced with the modifier "at CUMC" following the designated academic rank, for all non-tenured, full time faculty. These changes have been discussed in detail at several meetings, emailed to the faculty and are delineated on a website (The URL to view the proposed academic tracks: <http://www.cumc.columbia.edu/faculty/uni/proposed-academic-tracks>) that explains the rationale and details of the new system.

Besides the standardization of titles across the Health Sciences campus, the new system, for the first time, delineates the expectations for promotion for faculty engaging in the each of types of scholarly activities that are essential to the strength of our medical center. These activities include, but are not limited to excellence in clinical medicine, didactic teaching, population based health care as well as translational and basic science research.

As members of the Health Sciences community familiar with the rationale and impact of the proposed changes, we strongly urge the FAC to approve these recommendations and propose their adoption by the University Senate, with the following stipulation:

As with any major change in established practices, a formal outcome assessment is critical. Accordingly, we must insist that FAC or their designees, participate in a detailed evaluation of the consequences of these title changes, focusing specifically upon the impact of the defined criteria for promotion on the expected movement from Assistant Professor to Associate and full Professor

at CUMC. This should be initiated no later than 3 years following the implementation of the title changes.

In addition, we strongly suggest that FAC indicate to Dr. Taylor, that a mechanism should be established for review of the accomplishments of faculty members (at their request) who **are not promoted** under the new system, those who feel that their activities are not adequately described in the "tracks" that have been established.

Lastly, we are especially concerned about the impact of the title changes upon the current holders of the "at the" title. This title currently designates a number of highly esteemed physician-scientists, including several Division Chiefs, who did not receive or were not eligible for tenure due to idiosyncrasies of the Columbia system. We urge the administration to consider these individuals for endowed chairs wherever possible, or inclusion in a specially designated group of named scholars or similar honor. (i.e. the "Elizabeth Blackwell" Professor of Medicine at CUMC or some other appropriate historical designation or as a named scholar).



Alice Prince, MD



Sharon L. Wardlaw, MD
