



DEPARTMENT OF OBSTETRICS  
AND GYNECOLOGY

PROMOTION TO ASSOCIATE  
PROFESSOR

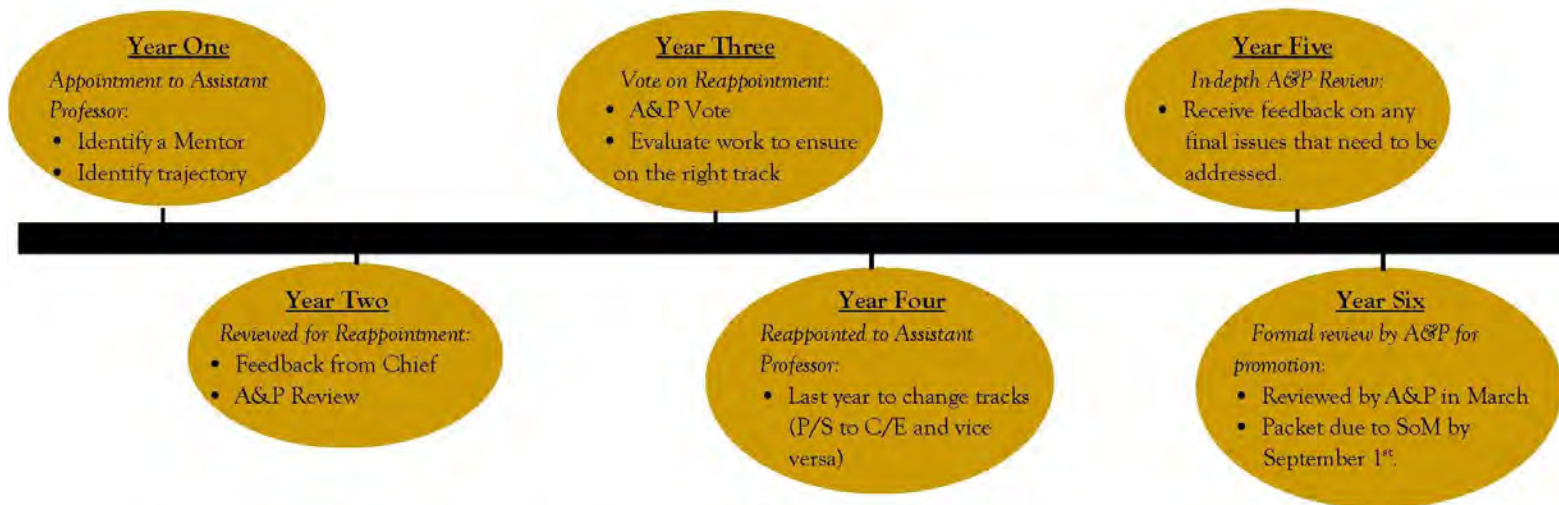
CHRISTINE TEZAK, FACULTY HR MANAGER

JUNE 1, 2016

# THE ASSISTANT PROFESSOR TIMELINE

UW Medicine  
DEPARTMENT OF  
OBSTETRICS & GYNECOLOGY

## The Assistant Professor Timeline: Preparing for Your Promotion to Associate Professor



### Every Year of Your Appointment You Should:

- Be reviewed by your Division Chief
- Be reviewed by the Appointments and Promotions Committee
- Collect Student, Resident, and Peer Teaching Evaluations
- Ensure that your Division Chief solicits Peer Clinical Evaluations on your behalf

Your up to date CV must be submitted to the Chair's office Every February 1<sup>st</sup> for review by the Appointments and Promotions Committee.

# HOW DOES FTE FACTOR IN?

- At **1.0 FTE** there are two **three-year** terms to Assistant Professor Appointments.
- For individuals with **less than 1.0 FTE**, the first term is 3 years, with the **second term lengthened** according to FTE:

Appointment FTE (Between .50-1.0)	Length of 2 <sup>nd</sup> Appointment Term (Academic Years)
.90 or above	3
.70–.89	4
.60–.69	5
.50–.59	6

# OB/GYN CRITERIA FOR CLINICIAN-EDUCATORS

- Starting with the **2016-2017** Academic Year, all Assistant Professors in the **Clinician-Educator** track going up for promotion will be evaluated with the following criteria:

*Promotion to the associate professor rank in this track requires service as an assistant professor for at least three years and with demonstrated special skills in clinical areas that achieve **regional or national recognition**. Strong emphasis will be placed on **teaching skills and activities**.*

*Administrative responsibilities will also be an important criteria for promotion. While the emphasis on this track is on clinical and teaching skills, **scholarly performance** is considered important and will be judged as a criteria. It is expected that faculty in the Clinician/Educator track produce, **at minimum, one scholarly project for each year in rank**.*

- This criteria will be used both by the Departmental A&P Committee, and the **School of Medicine A&P Committee**.

# THE YEAR OF PROMOTION TIMELINE

## ➤ January

- **Meet with Division Chief** regarding status for promotion. Division Chief will make recommendation to Chair, and prepare to present to Department A&P Committee. (You may also meet with Dr. Lentz and Christine Tezak to review the promotions process)

## ➤ February

- Updated CVs due to Chair's office  
**February 1**

## ➤ March

- Departmental A&P Committee reviews  
**Mandatory Re-appointments and Promotions**

## ➤ April/May

- Departmental A&P Committee reviews **Non-Mandatory Promotion**, and general faculty progress
- Faculty Annual Reviews

## ➤ Summer

- Faculty approved by A&P Committee  
**Develop Promotion Packages** with Christine

## ➤ August

- Promotion Package due to Chair's office  
**August 1**

## ➤ September

- Promotion Package due to Dean's office  
**September 1**



# WHAT ARE YOU RESPONSIBLE FOR IN YOUR PROMOTION PACKAGE?

- Letters of Recommendation (Aim to Provide Names in May):
  - **Minimum of 6 letters:** 3 UW Letters, 3 Non-UW Letters
    - Of the UW Letters, at least one must come from **within the Department.**
    - Of the Non-UW Letters, 2 must be “**Non-Collaborators.**”
  
- Self-Assessment of Teaching, Clinical, Research, and Administrative activities (Aim to Complete in July):
  - This assessment should **address each topic individually**, and demonstrate how you meet or exceed the Departmental Criteria.
    - An example of a successful assessment is on the [Department Website.](#)
  
- Updated CV (Aim to Complete in May or June):
  - Must be in the [School of Medicine Format.](#)

# WHAT ARE YOU RESPONSIBLE FOR IN YOUR PROMOTION PACKAGE? (CONTINUED)

## ➤ Teaching Portfolio

### ➤ Student Teaching Evaluations (Aim to Complete May/June)

- Aggregate yearly reports of your **Student, Resident, and Fellow evaluations** are kept with your electronic and physical personnel file. (Contact [Brooke Emrich](#) for Residency Evaluations, [Whitney Hiatt](#) for Student and Fellow Evaluations)
- Additional lecture evaluations for **Residency-related activities (didactics, etc.)** are also kept with your personnel file.
- Should you give student or resident lectures **outside the department** and evaluations are conducted by the outside facility, you may include those evaluations as well.

### ➤ Peer Teaching Evaluations (Aim to Complete June)

- These evaluations are a relatively new development, and are **not required for every talk, lecture, or conference you have presented.**
- They are meant to provide the School of Medicine A&P committee with insight into your **colleagues' view of your teaching ability** and progression.
- You may use the Peer Teaching Evaluation form on the [Department Website](#), or request a catalyst evaluation for lectures, courses, conference presentations, etc.

# WHAT ARE YOU RESPONSIBLE FOR IN YOUR PROMOTION PACKAGE? (CONTINUED)

## ➤ Teaching Portfolio (continued)

### ➤ Peer Clinical Evaluations (Completed on your Behalf)

- During your Annual Review Process, your Division Chief should solicit **3-10 Peer Clinical Evaluations** from your colleagues on your behalf.
- This process is new, and began this year.

### ➤ Other Teaching Portfolio Material (Aim to Complete July)

- Your other materials can include Teaching Awards, Presentations that indicate your Teaching Ability, etc.

### ➤ Five most Significant Scholarly Contributions (Aim to Complete July)

- Provide **electronic copies** of each publication.
- These will be noted on the final CV you provide.



# WHAT SHOULD YOUR TEACHING PORTFOLIO LOOK LIKE?

## ➤ Formatting your Teaching Portfolio

### ➤ Go from this:



Gone are the days of Teaching Portfolio Binders.

All Teaching Portfolios must be submitted **electronically (pdf)**, and each section must have a **title page**.

### ➤ To this:



# TIPS FOR DEVELOPING YOUR TEACHING PORTFOLIO (FROM DR. BHARGAVA—RADIOLOGY)



# ELECTRONIC TEACHING PORTFOLIO

Create a desktop (or OneDrive) folder specifically for your Teaching Portfolio, and Career Development.

The screenshot shows a web application interface for a teaching portfolio. On the left is a sidebar with a tree view of folders. Red arrows point to several folders: Awards, News Items; CME; Committees; Educational Exhibits / Posters; Funding; Lectures for fellows and residents; Old CVs; Other lectures; Publications; and Publications - Acceptance emails. The main content area displays a table of publications with columns for Title, Year, and Imported. A callout box on the right lists items to include in the portfolio. At the bottom, a toolbar contains icons for Read Fullscreen, Open PDF, Open URL, Share, Print, Keywords, Notes, Review, and View Mode. A metadata panel on the right shows details for a selected PDF file.

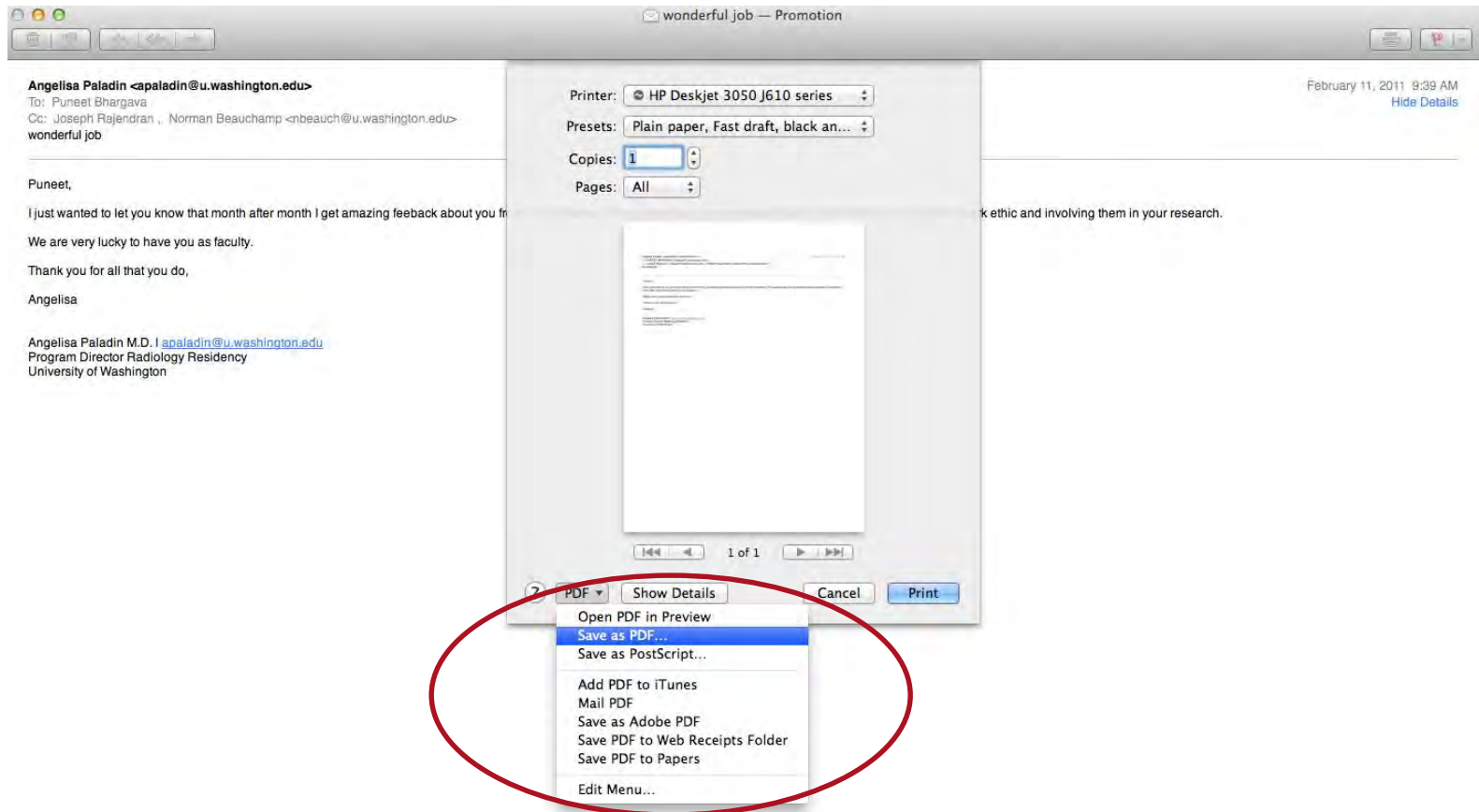
Title	Year	Imported
Productivity, Part 2: Cloud Storage, Remote Meeting Tools, Screencasti...	2014	Mar 24, 2014 4:26 PM
RSNA 2013 COM Dose reduction exhibit LAMBA	2014	Mar 20, 2014 12:51 PM
Productivity, Part 1: Getting Things Done, Using E-Mail, Scanners, Refe...	2014	Mar 20, 2014 11:12 AM
Posttraumatic Internal Mammary Artery Pseudoaneurysm, A Rare Com...	2014	Mar 19, 2014 4:40 PM
Surgical Resection of a Malignant Liver Lesion: What the Surgeon Want...	2014	Mar 14, 2014 12:57 PM
Congenital Cystic Neck Masses, Embryology and Imaging Appearances...	2014	Mar 14, 2014 12:22 PM
Elliot Rapp PTSD Mentorship Thank you note 03.14.2014	2014	Mar 14, 2014 11:32 AM
Mariam Moshiri Promotion Thank you note 03.11.2014	2014	Mar 11, 2014 10:10 PM
RSNA 2011 Award Winners published in the RSNA Daily Bulletin	2011	Mar 7, 2014 2:12 PM
RSNA 2012 Award Winners published in the RSNA Daily Bulletin	2012	Mar 7, 2014 2:12 PM
RSNA 2010 Award Winners published in the RSNA Daily Bulletin	2010	Mar 7, 2014 2:11 PM
RSNA 2009 Award Winners published in the RSNA Daily Bulletin	2009	Mar 7, 2014 2:11 PM
Assessing and Optimizing Imaging of Patients with Posttraumatic Stres...	2014	Mar 6, 2014 3:12 PM
ACER Newsletter 2014	2014	Mar 6, 2014 1:13 PM
Outstanding efforts ACER newsletter Paladin 03.06.2014	2014	Mar 6, 2014 11:00 AM
Faculty Senate Appointment 2014	2014	Mar 5, 2014 10:31 PM
CPDR Final pdf March/April 2014 Issue	2014	Mar 5, 2014 6:20 AM
RSNA 2013 Education Exhibits Awards Committee	2014	Mar 4, 2014 10:32 AM
RSNA 2013 Award Winners published in the RSNA Daily Bulletin	2013	Mar 4, 2014 10:28 AM
Report of the RSNA 2013 Education Exhibits Committee	2013	Mar 4, 2014 10:24 AM
RSNA 2013 COM Controversies in Imaging the pregnant patient	2014	Mar 4, 2014 10:20 AM
RSNA 2013 COM Incidental Colonic Polyps and Malignancies	2014	Mar 4, 2014 10:19 AM
RSNA 2014 Refresher Course Invite	2014	Mar 1, 2014 11:47 PM
MedEdPORTAL Retroperitoneum Usage Report 02.25.2014	2014	Feb 25, 2014 10:45 PM
MSRTP Funding Pregnancy Survey Wendy Hansen 02.21.2014	2014	Feb 25, 2014 10:31 PM
MSRTP Application Submitted Wendy Hansen 2014	2014	Feb 25, 2014 10:27 PM
Magnetic Resonance Imaging of Pelvic Floor Dysfunction	2013	Feb 25, 2014 3:35 PM

**Include your:**

- Awards, News mentions, features
- Committees
- Publications
- Lectures
- Funding
- Poster Presentations
- And much more!

# INCLUDE YOUR EMAILS, ETC BY SAVING AS PDF

When you receive congratulations, commendation, etc., save them and add them to your desktop portfolio.



# SHARING ITEMS FROM YOUR PORTFOLIO

You Teaching Portfolio Desktop organization will also make it easier to share items when needed for promotion review, annual reviews, recommendations, etc.

The screenshot displays the 'Papers' application interface. On the left is a sidebar with navigation options like 'Conferences', 'Editorial', and 'Publications'. The main window shows a table of papers with columns for 'Title', 'Year', and 'Imported'. A context menu is open over the list, offering actions such as 'Copy', 'Mark as Flagged', and 'Open PDF in Tab'. An email sharing window is overlaid on the right, titled 'Multiple papers selected', showing a list of 17 papers to be shared. A large red arrow points from the 'Email...' option in the context menu to the email window.

Multiple papers selected

17 great papers

From: UW Alpine Purohit Bhargava

To:

Cc:

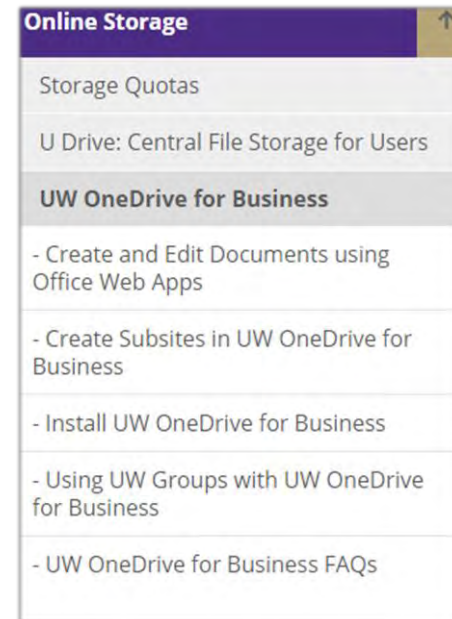
Subject: 17 great papers

- 2012 Verma.pdf (813.8 KB)
- 2012 Heller.pdf (209.7 KB)
- 2012 Ghonge-L.pdf (1.1 MB)
- 2012 Ghongs.pdf (704.7 KB)
- Magn. Reson. Imaging 2012 Mannelli.pdf (718.6 KB)
- Clinical Pulmonary Medicine 2012 Kogut.pdf (194.5 KB)
- 2012-19.pdf (73.2 KB)
- Radiologic Clinics of North America 2012 Bhargava.pdf (7.1 MB)
- Radiologic Clinics of North America 2012 Taneja.pdf (1.8 MB)
- Radiologic Clinics of North America 2012 Mirochnik.pdf (2.8 MB)
- JVIR 2012 Shivaram.pdf (95.2 KB)
- 2012 SYSTEM.pdf (9 MB)
- American Journal of Roentgenology 2011 Bhargava-3.pdf (795.7 KB)
- American Journal of Roentgenology 2011 Bhargava-1.pdf (1.7 MB)
- 2012 bhargava-1.pdf (1.4 MB)
- Curr Probl Diagn Radiol 2012 Lalwani.pdf (2.8 MB)
- Curr Probl Diagn Radiol 2012 Kam.pdf (7.9 MB)

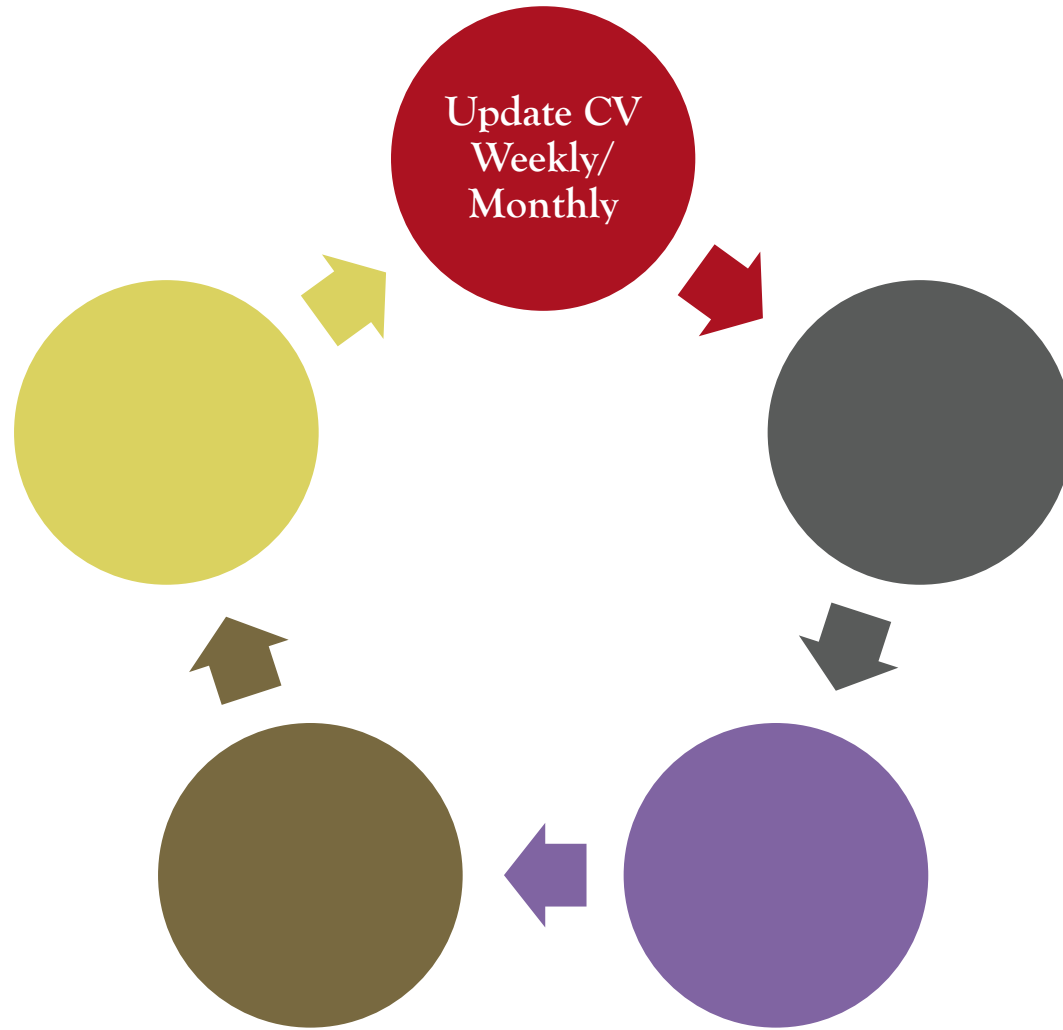
1. Verma S, Gulati R, bhargava P. Portal Vein Aneurysm Presenting with Obstructive Jaundice. Journal of Clinical ... 2012.
2. Heller M, bhargava P. From the editor's desk: Why still write a case report? Radiology Case ... 2012.
3. Ghonge NP, Mittal D, Jain S. Urologic manifestations of inflammatory pseudotumor-A report of 2 cases and review of the literature. Radiology Case ... 2012.
4. Ghonge NP, Lal C, Agarwal B, Bhargava P. The MRI whirlpool sign in the diagnosis of ovarian torsion. Radiology Case ... 2012.
5. Mannelli L, Wilson GJ, Dubinsky TJ, Potter CA, Bhargava P, Cuevas C, et al. Assessment of the liver strain among cirrhotic and normal livers using tagged MRI. J Magn. Reson. Imaging. 2012Jul;6:n/a-n/a.
6. Kogut MJ, Linville RM, Bastawros S, Pado SA, Mali JH, Bhargava P. Systemic Air Embolization During Percutaneous Transthoracic Needle Biopsy. Clinical Pulmonary Medicine. 2012Jul;18(4):188-90.
7. Morel-Lavallée Previewed by Ultrasound Quarterly. 2012Feb;17:1-1.
8. Bhargava P, Dighe MK, Lee JH, Wang C. Multimodality Imaging of Ureteric Disease. Radiologic Clinics of North America. 2012Mar.;50(2):271-89.
9. Taneja R, Bhargava P, Cuevas C, Dighe MK. Common and Less-Common Renal Masses and Masslike Conditions. Radiologic Clinics of North America. 2012Mar.;50(2):245-57.
10. Mirochnik B, Bhargava P, Dighe MK, Kanth R. Ultrasound Evaluation of Scrotal Pathology. Radiologic Clinics of North America. 2012Mar.;50(2):317-32.
11. Shivaram G, Kogut M, Bastawros S, Bhargava P, Vo NI, Vajji K, et al. Abstract. No. 218: Transarterial chemoembolization with drug eluting beads (DEB-TACE) for unresectable hepatocellular carcinoma (HCC): differences in imaging response related to particle size. JVIR. Elsevier Inc; 2012Mar;1:23(S):S89-590.
12. ACER Newsletter 2012. 2012Mar;8:1-16.
13. Bhargava P, Vaidya S, Dick AAS, Dighe M. Imaging of orthotopic liver transplantation: self-assessment module. American Journal of Roentgenology. 2011Mar.;196(3 Suppl):S35-8.
14. Bhargava P, Vaidya S, Dick AAS, Dighe M. Imaging of orthotopic liver transplantation: review. American Journal of Roentgenology. 2011Mar.;196(3 Suppl):WS15-25QuizS35-8.
15. Bhargava P, Lee J, Gupta S. Radiologic-pathologic findings of solitary fibrous tumor of the prostate presenting as a large mass with delayed filling-in on MRI. Radiology Case ... 2012.
16. Lalwani R, Sharifzadeh AKP, Bhargava P, Viharam R, Prasad SR. Rare, miscellaneous primary ovarian neoplasms: spectrum of cross-sectional imaging. Curr Probl Diagn Radiol. 2012Mar.;41(2):73-82.
17. Kani KK, Mishra M, Bhargava P, Kolokythas D. Extrahepatic, nonneoplastic, fat-containing lesions of the abdominopelvic cavity: spectrum of lesions, significance, and typical appearance on multidetector computed tomography. Curr Probl Diagn Radiol. 2012Mar.;41(2):56-72.

# ELECTRONIC TEACHING PORTFOLIO

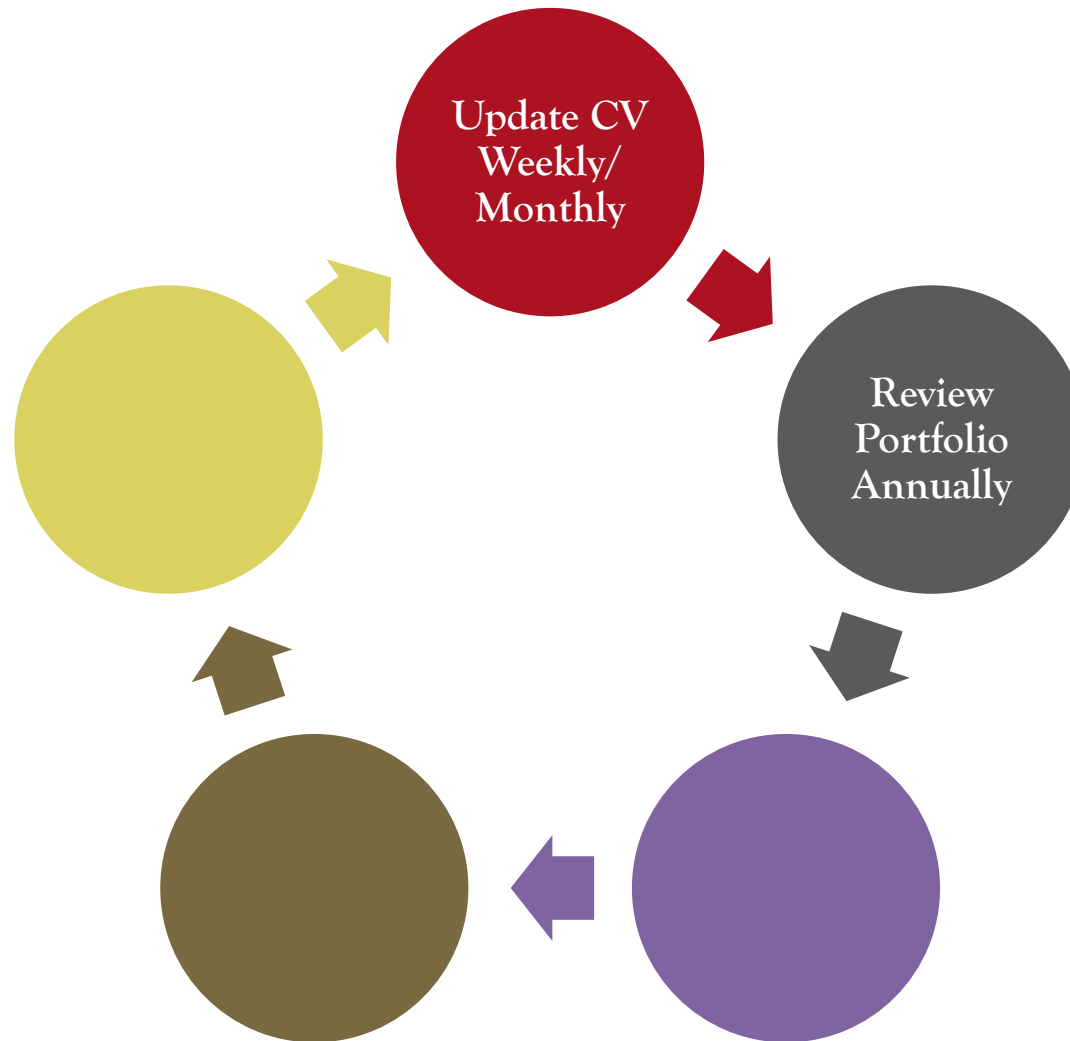
- Do you plan to use this across **several devices**? (Desktop, laptop, I-pad, etc.)
  - Save the Portfolio using **OneDrive** to allow access across all devices (Contact **Keith Davidson** for support).
- Can't find what you are looking for?
  - Utilize **the search function** to stay organized.
- Not sure if you have a teaching evaluation for a lecture, course, or outreach presentation?
  - Check with Christine to see if a **Department aggregate evaluation** has been created.



# MAINTAINING YOUR PORTFOLIO AND PROGRESS

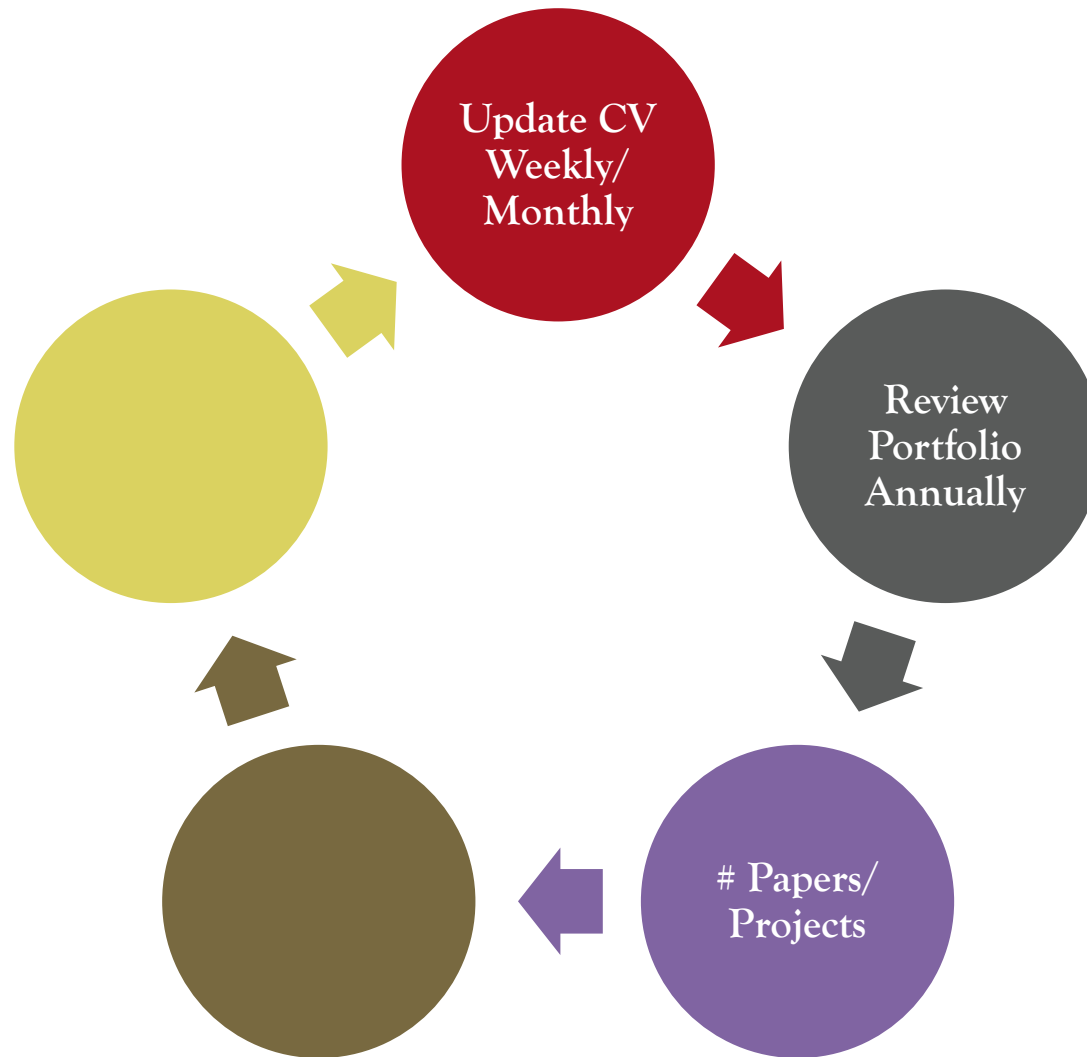


# MAINTAINING YOUR PORTFOLIO AND PROGRESS

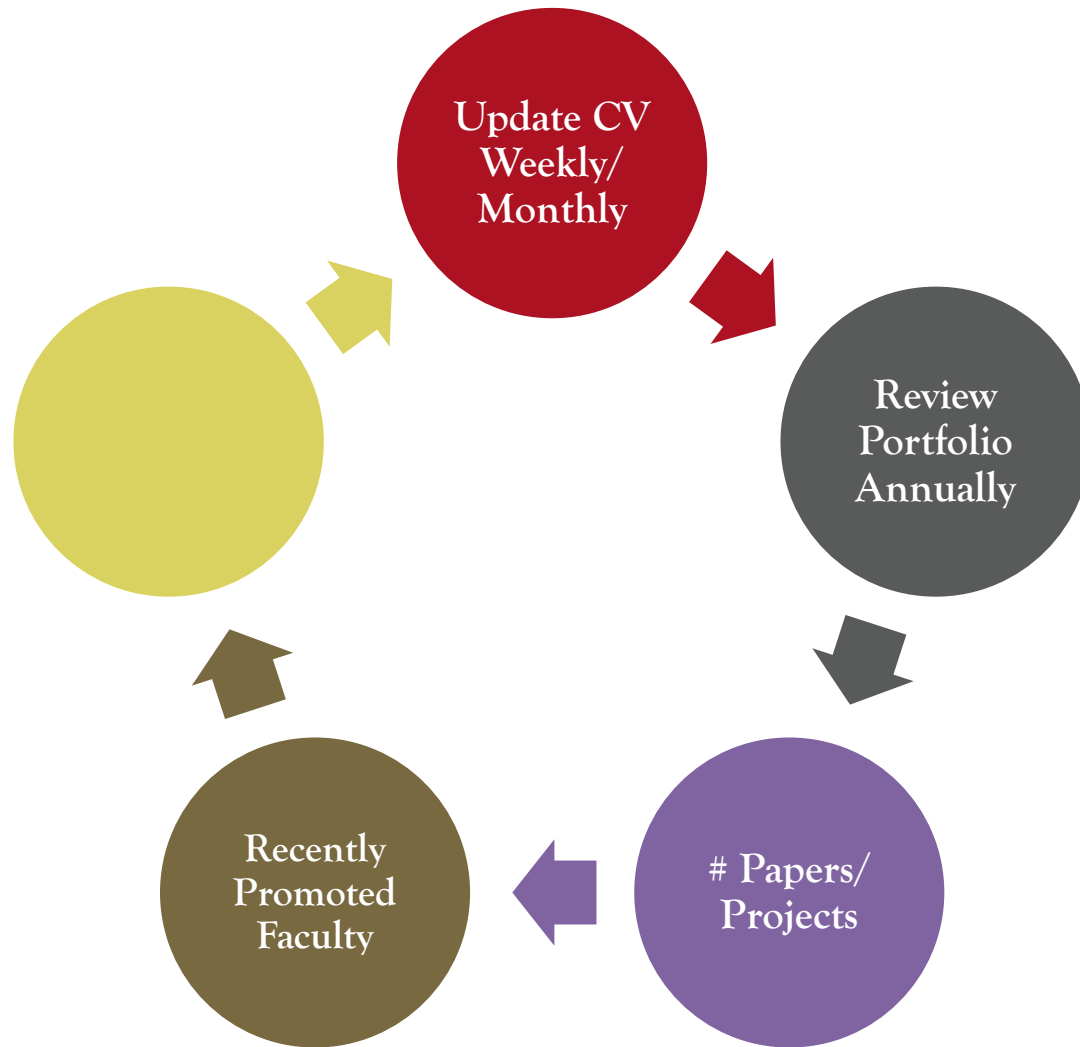




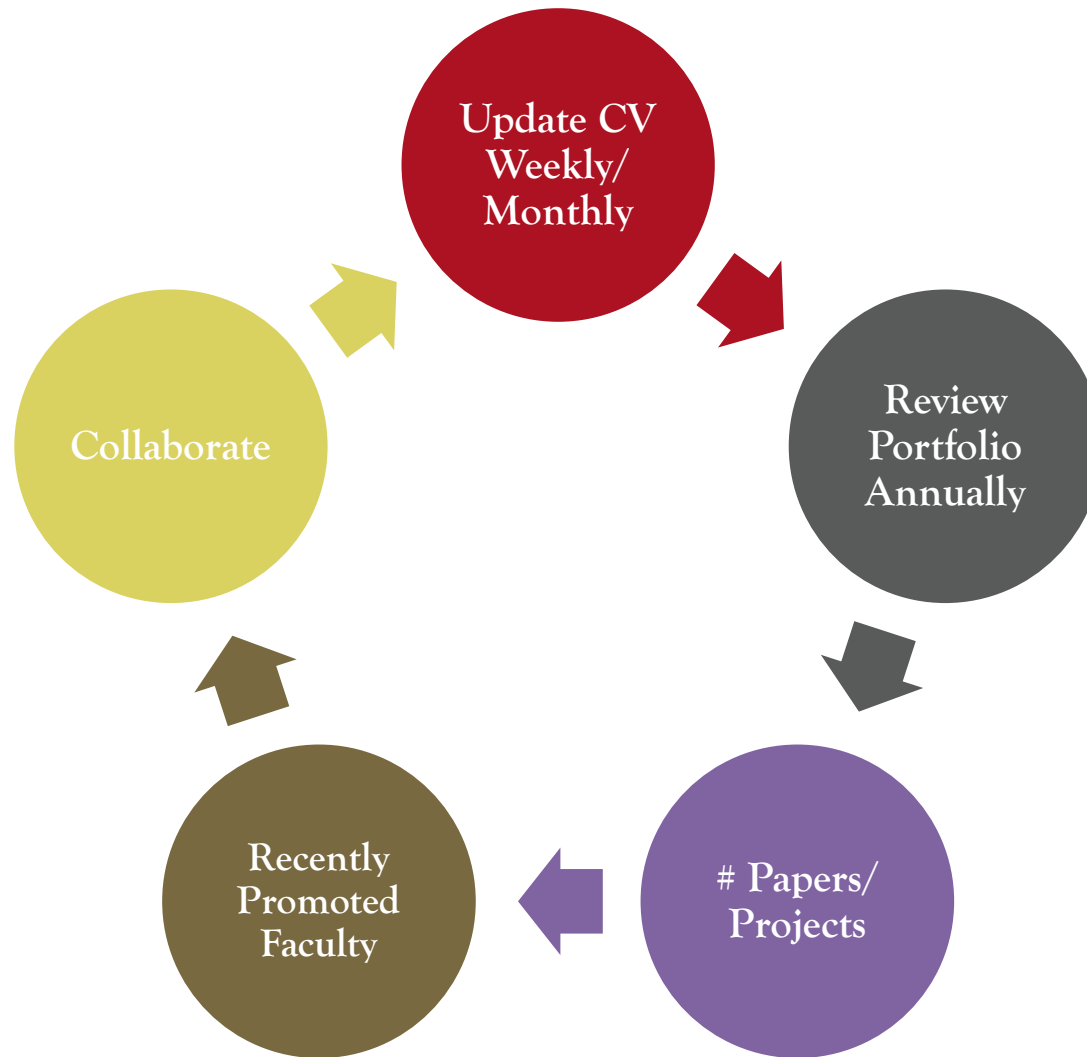
# MAINTAINING YOUR PORTFOLIO AND PROGRESS



# MAINTAINING YOUR PORTFOLIO AND PROGRESS



# MAINTAINING YOUR PORTFOLIO AND PROGRESS



# CV EXERCISE

Focus on your work (CV), that gets you promoted! Your portfolio is the packaging.

## Presenting your **Teaching Responsibilities** on your CV:

11. **Teaching Responsibilities:** Include major teaching activities (not individual lectures). Divide into the following types of learners:

- (a) Medical students and students in other health professions. If applicable, group specific courses by venue (e.g., UW SOM), providing course number, course title, number of credits, years, number of students, and specific responsibility and percentage of responsibility/time commitment in the course. When appropriate, provide information in tabular form such as the following:

TABLE: UW SOM courses taught

Course	Title	Credits	Years	Students	Responsibility
Peds 665	Clinical Clerkship	12	2011-2015	3 per 3-week rotation	100% for two 3-week rotations per year
XXXXX	Seminar	1	2012, 2014, 2015	40-60	1 lecture
Peds 499	Undergraduate Research	6	2014-2015	1	Individual research advising (100%) – 6 credits total
XXXXX	XXXXXX	3	2013-present	25-30	Instructor (100%)

# CV EXERCISE

## Presenting your **Teaching Responsibilities** on your CV:

(b) OB/GYN residents. Suggested format for resident teaching responsibilities:

2012-2015	Seattle Children's Hospital, Pediatric Medicine Inpatient Service Clinical preceptor for pediatric residents & medical students
2011-present	University of Washington, Newborn Nursery Clinical preceptor for pediatric residents & medical students

Suggested format for resident mentoring responsibilities over the past five years:

<i>Mentorship for Residents (last 5 years)</i>	
2011-2013	XXXXX, MD Barriers to primary care access and utilization among Hispanic families seeking care at ED
2012-2014	XXXXX, MD Use of digital storytelling to change behaviors relevant to child safety among native Alaskan women in a group perinatal home

Take a look at your current “Teaching Responsibilities” section.

- **Note:** How can you integrate this format to make your responsibilities **more impactful** to the reader?
- Have you **included** all of the responsibilities that you have?

# CV EXERCISE

## Presenting your **Teaching Responsibilities** on your CV:

(c) Subspecialty fellows. Suggested format for fellow teaching responsibilities:

2013-present	Guest lecturer: "Writing for Publication in Biomedical Sciences" HSERV 592H Health Research Training Seminar – 1 lecture
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Suggested format for primary mentoring responsibilities over the past five years:

<i>Mentorship for Fellows (last 5 years)</i>		
2011-2013	XXXXX, MD MPH Thesis Committee	Maternal-Fetal Medicine
2013	XXXXX, RN Master's Thesis Committee	Nursing
2013-2015	XXXXX, MD Scholarship Oversight Committee	Gynecologic Oncology

(d) Other venues, including (but not limited to) grand rounds, lectures in lecture series, teaching in CME activities, and teaching workshops. Indicate role in university-related teaching/curriculum committees.

Take a look at your current "Teaching Responsibilities" section.

- **Note:** How can you integrate this format to make your responsibilities **more impactful** to the reader?
- Have you **included** all of the responsibilities that you have?

**Exercise:**

- Switch with another faculty to **review** their responsibilities and notation.

# QUESTIONS?

