

# Neurology Career Development & Mentoring Plan

## 1. **Overarching statement:**

The Department of Neurology is committed to mentoring faculty to their fullest potential. The goal of mentoring is to facilitate the career aspirations of each faculty member in accordance with developing national excellence in one or more of the various functions of academic health institutions: education, clinical care and/or biomedical research. Department leadership encourages and guides faculty in Entrepreneurialism, Interdisciplinary activities and Technology Innovation.

## 2. **Promotion and Tenure (P&T):**

Details of the P&T requirements for all tracks are outlined on the College of Medicine (COM) website: <https://medicine.musc.edu/faculty-affairs/apt-for-musc-faculty>. All faculty should maintain an up-to-date CV in the required format that will be used as the primary document for evaluation by the departmental P&T committee for both mentoring and promotion/tenure. Every faculty member must maintain a promotion dossier for review with his/her mentor regardless of whether he/she wishes to be formally considered for promotion. A faculty member may *not* apply for promotion without the approval of his/her mentor, unless the mentor's objection is over-ridden by the Neurology Chair or Vice-Chair of Faculty Affairs.

All faculty are required to submit their dossier for feedback by the Department P&T Committee at least 1 cycle prior to requesting formal voting on promotion. Dossiers submitted for feedback only should also include all of the required P&T materials, but letters of recommendation will not be requested. Neurology Department P&T deadlines for completed dossiers are **January 1** (promotion and tenure) and **September 1** (tenure only) of each year. Incomplete dossiers or those submitted after the deadline will not be considered for review.

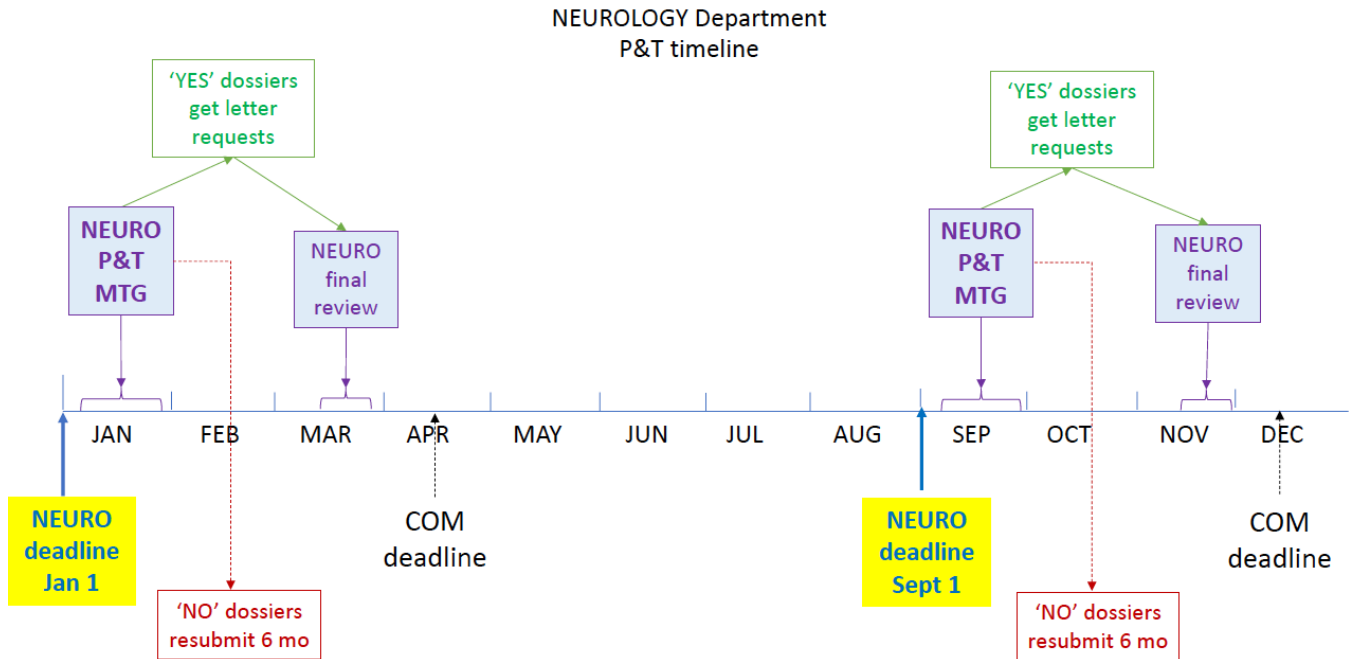
**Department P&T Committee Procedures:** The P&T committee is composed of all tenured full professors and chaired by one volunteer from the committee. The P&T Committee Chair term is for 2 years and subsequent terms are allowed, subject to voting by the committee members. The committee will hold standing meetings (as shown in Figure 1) prior to the semiannual COM P&T deadlines (April for promotion and tenure or December for promotion only). All faculty are responsible for knowing and complying with departmental P&T deadlines.

At the semiannual department P&T committee meetings, each faculty dossier is assigned to 2 committee members to present to the committee. All committee members then discuss the dossier and comments are recorded for feedback to the candidate and department chair, regardless of the promotion decision. All committee members vote on approval for promotion (except in circumstances of a conflict of interest, e.g. mentor of the applicant). A majority vote with a minimum of 4 committee members voting is required to send the dossier forward to the department chair. Dossiers submitted for review only will not be voted on but will receive formal feedback from the P&T committee on strengths and weakness of the application.

If a dossier is approved by the P&T committee, the department chair will request letters of recommendation. Based on the strength of the letters, the department chair and the P&T committee will decide whether to forward the dossier to the COM P&T committee. The development of a list of five suitable non-MUSC faculty in the candidate's field should be developed by the candidate with the assistance of his/her mentor and division director. At least two of these individuals should not be associated with the candidate by having been past mentors/trainees/students/trainees.

**COM P&T Committee Procedures:** Once a faculty dossier is approved by the Department P&T committee and the Chair, a letter of support is written by the chair. The full dossier is then submitted to the COM P&T committee by the department.

**Figure 1: Neurology Department Promotion and Tenure Timeline**



### 3. Mentoring plan:

Neurology Department Mentoring Champions will include the department Chair, Vice-chairs, and Division Directors, all of whom serve on the Neurology Executive Committee (NEC). When a faculty member is hired at a rank less than Professor, the NEC will assign an initial primary mentor. **All current faculty at a rank less than Professor must designate a primary mentor**, as well. A list of mentees and their mentors will be maintained by the department for the purpose of tracking evaluation completion.

Mentoring meetings should occur monthly, but at a minimum quarterly. Periodic standing meetings scheduled well in advance are strongly encouraged. Meeting venues may be formal (e.g. office) or informal (e.g. lunch venue). The mentee is responsible for scheduling and rescheduling standing mentoring meetings. The mentee is also responsible for providing documents for review (e.g. promotion dossier, grant submission, etc.) in a timely manner that is respectful of the mentor's time. The mentee is also encouraged to create a mentoring team of 1-3 senior faculty to meet at least annually, or more often on an as needed basis. Members of the mentoring team are expected to assist with all aspects of faculty development, including reading research grants, advising the mentee on possible committee

or teaching opportunities, and how to best structure balances between the teaching, clinical and research missions as suits the needs of the faculty to maximize their career potential and advancement towards promotion. Mentoring meetings may be ad-hoc to discuss important time-sensitive issues.

A specific mentoring plan is triggered if a faculty member receives a rating of below satisfactory in any category during the annual contract review. This mentoring process is designed to help the faculty remediate any deficiencies towards a goal of satisfactory or better in the next annual contract review. The mentoring plan will be written and specific requirements for both the department chair and faculty member delineated. The faculty member, mentor and chair will meet at least quarterly during the year to review progress towards the mentoring goals. In addition to the chair and faculty member, the mentoring committee may also consist of the mentoring team if one exists (i.e. senior faculty will likely not have a mentoring team) or other persons felt important in the mentoring process by either the faculty member or chair.

#### **4. Measures of success:**

The departmental mentoring is monitored by the Neurology Chair and Vice-Chair of Faculty Affairs using metrics of performance in education, clinical activity and research. Ultimately, this is reflected in rates of promotion, productivity, and faculty satisfaction. Specific metrics are outlined in Appendix 1.

Mentoring evaluation forms will also be completed by both the mentor and mentee prior to the Department Annual Review (Appendix 2). At the Annual Review, the Chair will review these evaluations engage the both the faculty member in a discussion of how he/she believes mentoring is progressing and develop plans for improvement as needed.

## **Appendix 1: Department Mentoring Success Metrics**

### **A. Departmental measures:**

1. Surveys of faculty on their satisfaction with the plan and their job overall
2. Attrition of faculty within the department
3. Percentage of eligible faculty promoted within a 5-year period.
4. Total funding from all mentored activities
5. Total number of publications overseen by mentors

### **B. Individual measures:**

#### Short term measures:

1. Understanding the P&T requirements policies and procedures
2. Established relationship with a mentor in areas of teaching, research, clinical and/or faculty development
3. Documentation of short and long term career goals
4. Maintenance of a comprehensive curriculum vitae

#### Long term measures:

1. Competitive funding
2. Excellence in research, teaching, and clinical practice
3. Time frame for promotion.

### **C. Research-related metrics for determining the effectiveness of mentoring**

1. Number of grants submitted and funded
2. Number of original publications
3. Importance of original publications (e.g., journal quality, impact factor, editorial)
4. Career development progress of mentee e.g., presentation of research at national / international meetings, invited presentations at meetings or other universities, election to study sections or specialty societies, promotion of mentee
5. Research awards of mentee

### **D. Teaching related metrics for determining the effectiveness of mentoring**

1. Teaching accomplishments of mentee (e.g. formal courses taught, course materials developed, innovative teaching methods developed)
2. Number of educational publications
3. Importance of educational publications (e.g., journal quality, impact factor, etc.)
4. Number of educational grants submitted and funded by mentee
5. Career development progress of mentee, e.g., presentations at national / international meetings, invited presentations at meetings or other universities, membership on education committees in or outside of the institution, promotion of mentee
6. Honors and awards for teaching to the mentee

### **E. Clinical metrics for determining the effectiveness of mentoring**

1. Inpatient and Outpatient – Satisfaction scores
2. Relevant hospital metrics

3. Documentation (Inpatient and outpatient) and billing compliance
4. Clinic Cancellations and Bump rates
5. Establishment and growth of subspecialty programs
6. Develop multi-disciplinary clinics across departments and ancillary services.

**Appendix 2. Mentor/Mentee relationship evaluation.**

**Part 1. TO BE COMPLETED BY MENTEE.**

**Mentee:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

<b>ITEM</b>	<b>Excellent</b>	<b>Fair</b>	<b>Poor</b>		
<b>1. The mentor is available on a regular basis and approachable.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2. The mentor helps define goals</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>3. The mentor has respect for the mentee</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>4. The mentee has respect for the mentor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>5. The mentor is an appropriate role model for the mentee</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6. The mentor has a good understanding of the challenges presented to the mentee.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>7. The mentor has been helpful in guiding the mentee through the challenges presented</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>8. The mentor provides both support and constructive criticism of the mentee.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>9. The mentee Maintains a portfolio of publications, lectures, clinical development, faculty/university service for periodic review with mentor(s) and annual review with Chair</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Appendix 2 cont. Mentor/Mentee relationship evaluation.**

**Part 2. TO BE FILLED OUT BY MENTOR.**

**Mentee:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

<b>ITEM</b>	<b>Excellent</b>	<b>Fair</b>	<b>Poor</b>		
<b>1. The mentee is available on a regular basis and approachable.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2. The mentee has developed a reasonable set of goals</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>3. The mentor has respect for the mentee</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>4. The mentee has respect for the mentor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>5. The mentee exhibits understanding of the requirements, policies, and procedures for promotion and tenure</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6. The mentee has a good understanding of the challenges presented to the mentee.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>7. The mentee has developed established relationship(s) with a mentor(s) in the areas of teaching, research, clinical service, and faculty development</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>8. The mentee takes criticism/suggestions from the mentor and reacts appropriately</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>