Policies, Procedures, and Criteria for Faculty Promotions

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I. Policies, Procedures, and Criteria for Faculty Personnel Actions of The University at Buffalo, The State University of New York describe the requirements and policy of appointment, promotion and tenure of faculty members throughout the university. During this process information was sought from distinguished public universities about the standards for promotion and tenure currently in effect for their respective disciplines. This information was received and reviewed by the Provost. It was then submitted to the President's Review Board and the President as a statement of the special elements of the school’s process and as guidelines for the evaluation of faculty members for promotion and tenure. The criteria and guidelines in this document are based on the standards of Schools of Medicine at leading public universities.

This document is designed to augment and supplement the University policies so that the medical school's total array of faculty is treated objectively and equitably. A professional school's faculty is composed of full-time, geographical full-time (for definition see Article II, section1.j, Policies of the Board of Trustees), research oriented, and volunteer faculty. Each group requires standards for appointment and promotion that acknowledge and reward their efforts on behalf of the missions of UB's medical school and it's University.

II. Introduction

The traditional criteria for academic appointment and promotion are scholarship, teaching, and service. Determination of faculty rank based on a balanced evaluation of a faculty member's achievements and contributions in these areas is usually evident from the general University guidelines. However, the mission of a University's School of Medicine places special demands on its faculty in its relationship to the profession and the community that it serves. In particular, service activity expands beyond the usual participation on University committees, community life and professional organizations to encompass patient care and clinical research.

The School of Medicine and Biomedical Sciences recommends five classifications of faculty. Two classifications provide recognition for tenure (track) status; they are identified as Research Scholars and Clinical Scholars, and are recognized by unqualified faculty titles Professor, Associate Professor and Assistant Professor. There will be two classifications of full-time qualified faculty clinical educator, and research educator. These will also be known as Professor, Associate Professor, Assistant Professor, Professor, Associate Professor, or Research Assistant Professor respectively. The fifth classification will be volunteer educator and these faculty members are recognized by the titles Clinical Professor, Clinical Associate Professor, or Clinical Assistant Professor.
A. Scholars (Tenure Track)

Scholarship that adds to the body of knowledge on scientific or clinical problems is the sine qua non for advancement within the academic community. Clearly commitment to scholarship underlies the qualifications for attaining tenure status, and a lifelong commitment to education underlies the roots of recognition for an unqualified promotion. This documentation recognizes that scholars in a medical school are of two types:

1. Research Scholars – These faculty members usually perform their work in a research or clinical setting, publish their work in peer reviewed journals, and educate and train future researchers as students, fellows, and postdoctoral trainees. Research Scholars develop and maintain an independent and consistently productive research program. Criteria for evaluation of such a program may include:
   - intellectual focus and coherence
   - publications and invitations to major scientific meetings
   - impact of contributions to field
   - attracting qualified students, fellows and trainees to the program
   - subsequent career success of trainees

2. Clinical Scholars - These faculty are usually physicians, but can be individuals with other terminal degrees, whose scholarly activities result in contributions which lead to the dissemination of new knowledge beneficial to the public's health, or improvement in understanding disease. Clinical Scholars make original contributions to the discipline or creatively and effectively apply scientific knowledge to important clinical problems. This can take the form of integration and synthesis of existing knowledge or application of research to consequential problems. They may actively participate in and contribute significant unique elements to collaborative efforts including the sharing of data in its many forms to multidisciplinary and consortium initiatives. For example, such work might significantly and demonstrably improve the prevention, diagnosis, treatment of medical problems; reduce health care costs, advance the community public health or elevate the standards of medical practice. Criteria for evaluation of such a program may include:
   - intellectual focus and coherence
   - publications and invitations to major scientific meetings
   - impact of contributions to field
   - attracting qualified students, fellows and trainees to the program
   - subsequent career success of trainees

B. Clinical Educators (non-tenure track)

Those full-time faculty whose major commitments are to patients (often in highly demanding specialties), to teaching medical students, residents and fellows, and to the administration of teaching programs linked to patient care are classified as Clinical Educators. Clinical Educator faculty members participate in scholarly pursuits at a more modest level and with less emphasis than required for
Research Scholars and Clinical Scholars. The valuable and necessary contributions of the Clinician Educator to the educational mission of UB's medical school are recognized in these guidelines.

The continued participation of teaching hospitals in the academic mission and the academic and fiscal health of the medical school depend on the participation in patient care and clinical instruction of these geographic full-time physicians. These faculty members are recognized as Clinical Educators with the title of Assistant Professor of X, Associate Professor of X or Professor of X.

C. Research Educators
These faculty members devote their greatest commitment to the performance of scholarship in the form of research. The research is usually funded by extramural resources. These faculty members contribute actively to the education of graduate and/or health science students. Their titles are of the form Research Assistant Professor of X, Associate Professor of X or Professor of X.

D. Volunteer Educators
These faculty members, usually physicians, are engaged in the private practice or group practice of medicine, and volunteer their time to support the educational needs of medical students. Their titles are of the form Clinical Assistant Professor of X, Clinical Associate Professor of X or Clinical Professor of X.

III. Academic Rank

A. Initial Appointment
The majority of faculty members, regardless of classification, receive an initial appointment either to a tenure (continuing) or non-tenure track. It is at this time the conditions for attaining promotion to tenure status must be identified in writing. The chairperson must notify the Dean prior to appointment if the conditions differ substantially from those that are usually applied for consideration for promotion to tenure status. Should the Dean be concerned about the effect the conditions will have on the possibility for future promotion to tenure status, consultation from the Provost's Office must be sought, and the faculty member must be informed by the chairperson if the school and/or university deem the conditions unsatisfactory.

All appointees, regardless of employment status, must be notified of the conditions that will be applied in considering them for promotion during their employment.

B. Appointment or Promotion to Unqualified Rank

Tenure Track: The award of tenure in the SMBS is reserved for those faculty members who are among the best in their field of scholarly endeavor. Tenured faculty members will also be widely recognized as accomplished and influential teachers, and will show definitive promise of continuing, outstanding contributions to the SMBS. The balance between accomplishments in scholarship and teaching may vary considerably from one faculty member to another, but both scholarship and teaching contributions
must be present before an award of tenure is made. Professional/administrative service and/or clinical activities by a faculty member should be weighed into any decision regarding an award of tenure, but such activities in the absence of significant accomplishments in both teaching and scholarship are not an adequate basis for an award of tenure.

Excellence in scholarship leading to a national and international reputation is the first prerequisite for the award of tenure. Scholarship is defined as the ongoing, systematic study of phenomena or events that leads to a competent mastery of one or more of the medical, allied health, or related basic science disciplines. Scholarship involves advanced study that leads to the acquisition of knowledge in a particular field, along with accuracy and skill in investigation, and the demonstration of powers of critical analysis in interpretation of such knowledge. Usually, such study involves the scholarship of discovery; it may also include exceptional examples of the scholarship of application, integration and teaching that generates new knowledge. The faculty member's scholarship must provide compelling promise of continued creativity with respect to generating new observations, new concepts, and new interpretations related to the individual’s scholarly endeavors.

Tenure also depends on accomplishments in, and dedication to, teaching. The faculty member should have demonstrated a capacity and a desire to maintain teaching effectiveness and must show capacity for continued growth as a teacher as outlined below. It is implicit that excellence in teaching includes being a model of professional conduct for students, colleagues and patients.

**Associate Professor and Professor**

The promotion process recognizes continued professional growth and achievement. An associate professor is at an intermediate stage in that process, while a full professor has reached a higher level of accomplishment. Both ranks are awarded to faculty members who have demonstrated considerable potential for continued growth. Both ranks must achieve excellence in a number of criteria, but professors have met more of these criteria and have achieved clear recognition as leaders in their fields, at the national and where appropriate the international level. Certification of such leadership should come from external referees who are at least at the same level of achievement (rank and tenure) as the candidate.

1. **Associate Professor**

   Candidates for the rank of Associate Professor must hold an appropriate terminal degree or have equivalent scholarly or professional attainments. They must demonstrate significant achievements in teaching and scholarship or creative activity extending well beyond those involved in the attainment of the doctoral degree or its equivalent. In all cases of proposed continuing appointment as an Associate Professor, the candidate must have demonstrated a continued high level of performance as a teacher, scholar or creator,
commitment to high scholarly standards, and evidence of effective participation in University and community service.

The quality of the scholarly or creative activity of such a candidate for appointment should be unambiguous and unequivocal. Evaluation of the candidate's work should be supported by substantial evidence of peer review that has been carried out in a manner characteristic of, and appropriate to the discipline. The candidate must demonstrate solid professional achievement and the potential to achieve the rank of Professor.

**Associate Professors** in the tenure track must demonstrate at least meritorious performance in teaching and service (including clinical activity where appropriate) and excellence in research/scholarship. In most cases, board certification is one necessary criterion for promotion of clinicians to the rank of associate professor.

2. **Professor**

   The criteria applicable to the rank of Professor are those already indicated as applicable to the rank of Associate Professor. In addition, candidates for appointment or promotion to this rank must be clearly established, nationally visible, and highly regarded scholars, who have demonstrated the ability to direct scholarly programs and the creative activities of advanced students. Candidates must present clear and strong evidence of first-rank performance as a teacher and scholar or creator, and that such performance can be expected to continue. Appointment or promotion to the rank of Professor is never a reward for services already performed. Faculty members holding this rank have primary responsibility for the scholarship of the University, and their attainments as scholars in their disciplines must be of the first rank. Nothing less than the attainment of academic excellence is acceptable.

**Professors** in the tenure track must demonstrate continued achievement in their areas of expertise, and should have established national (and where appropriate, international) leadership in their field. Professors must demonstrate according to the parameters noted above at least meritorious performance in service/clinical activity, and excellence in research/scholarship and in teaching.

C. Appointment or Promotion to Qualified Ranks

1. **Associate Professors**
   
a. **Associate Professor**

   A candidate for the rank of Associate Professor must hold the appropriate terminal degree or have equivalent scholarly or professional attainments. The candidate should have achievements in teaching and patient care extending well beyond those involved in the attainment of the doctoral degree or its equivalent. In all cases of proposed renewal of term appointment as an Associate Professor, the candidate must demonstrate a continued high level of performance as a teacher, clinician, and evidence of effective participation in University and community service.
The quality of the teaching and clinical activity of such an appointee should be unambiguous and unequivocal. This evaluation of the candidate's teaching should be supported by substantial evidence of favorable student, resident, fellow and faculty review, together with supporting letters of the teaching evaluation from the appropriate constituents. The candidate must demonstrate solid professional achievement and the potential to meet requirements for eventual promotion to Professor.

**Associate Professors** in the clinical track should demonstrate at least meritorious performance in clinical work/service, teaching, and scholarly activity and excellence in teaching or clinical activity. Board certification is usually necessary for promotion of clinical track faculty to the rank of associate professor.

b. **Associate Professor**

A candidate for the rank of Associate Professor in the research track must hold the appropriate terminal degree or have equivalent scholarly or professional attainments. The candidate must have achievements in research and teaching extending well beyond those involved in the attainment of the doctoral degree or its equivalent. In all cases of proposed renewal of term appointment as an Associate Professor, the candidate must demonstrate a continued high level of performance as a researcher and teacher, commitment to high scholarly standards, and evidence of effective participation in University and community service.

The quality of the research and teaching of such an appointee must be unambiguous and unequivocal. This evaluation of the candidate's work must be supported by substantial evidence of peer review that has been carried out in a manner characteristic of and appropriate to the discipline. The candidate must demonstrate solid professional achievement and the potential to meet requirements for eventual promotion to Professor in the research track.

**Associate Professors** in the research track must demonstrate at least meritorious performance research/scholarship and excellence in at least one of the three areas.

c. **Clinical Associate Professor**

Volunteer faculty appointments are awarded in recognition of meaningful service to a medical school department or to the school as a whole. Such contributions may take many forms, including teaching, participation in research, clinical work, administrative activities, committee service, interaction with students and trainees, and other forms of support. Continuation of a volunteer faculty appointment should be contingent on ongoing active work with the department or the school. Volunteer faculty whose contribution is limited to giving occasional lectures or occasionally hosting a student in a practice should usually remain at the rank of Clinical Assistant Professor.

A candidate for the rank of Clinical Associate Professor must hold the appropriate terminal degree or have equivalent scholarly or professional attainments. The candidate must have achievements in teaching and patient care extending well beyond those involved in the attainment of the doctoral degree or its equivalent. In all cases of
proposed renewal of term appointment as a Clinical Associate Professor, the candidate must have demonstrated a continued high level of performance as a clinician and teacher and evidence of effective participation in university and community service.

**Associate Professors** in the volunteer track should participate in a continuing manner in an important departmental activity and should demonstrate promise of continuing and expanding their contributions. Examples of meaningful contributions include (but are not limited to) regular lectures; ongoing use of the physician’s office as a clinical practice site for students, residents or fellows; supervising students, fellows or residents in other settings; helping to recruit patients for clinical trials; helping to organize continuing education programs; performing continuing clinical services for the department; involvement with the department in developing new clinical, educational or research programs; and participation in demonstration projects.

2. Professors
   a. Professor
      A candidate for appointment at or promotion to Professor on a clinical educator track should be clearly established in the discipline and specialty identified, and a highly regarded teacher and clinician who demonstrate the ability to direct the clinical activities of students and residents. A candidate for the rank of Professor must present clear and compelling evidence that their performance as a teacher and clinician is first rank, and can be expected to continue. Appointment or promotion to the rank of Professor is never a reward for services already performed.

   **Professors** in the clinical track should have made an impact on their profession beyond the university and should have demonstrated leadership in clinical scholarship and skill. Criteria for promotion to the rank of Professor include at least meritorious accomplishments in clinical work/service, teaching and scholarship and excellence in two of these areas.

   b. Professor
      A candidate for appointment at or promotion to Professor on the research track must be clearly established in the national research community, highly regarded as a researcher and teacher, and have demonstrated the ability to direct the activities of graduate students and research assistants. A candidate for the rank of Professor must present clear and compelling evidence that their performance as a researcher and teacher is of the first rank and that research growth can be expected to continue. Appointment or promotion to the rank of Professor in the research track is never a reward for services already performed.

   **Professors** in the research track must demonstrate continued achievement in their areas of expertise, and should have established national (and where appropriate, international) leadership in their field. Professors must demonstrate according to the parameters noted in this policy excellence in research/scholarship.
c. Clinical Professor

A candidate for appointment at or promotion to Clinical Professor must be a clearly established and highly regarded clinician and teacher. As in the case of appointments or promotions at all other ranks, candidates for the rank of Clinical Professor must present clear and compelling evidence that their performance as a clinician and teacher is considered of the first rank. Appointment or promotion to the rank of Clinical Professor is never a reward for services already performed.

Professors in the volunteer track should have made ongoing substantial contributions to the department with a high likelihood of continued major contributions and should have had an impact on the profession. Examples of such contributions include teaching major courses; regularly supervising students, residents or fellows; directing an important departmental clinical service; publications that reflect work associated with the department; participation in departmental research projects; collaborations on novel and influential clinical, educational and demonstration projects and grants; and excellent teaching reviews. In some cases, outstanding contributions to the profession that are recognized regionally and nationally (e.g., president of a national specialty society) meet criteria for promotion to the rank of Clinical Professor of a volunteer faculty member who does not regularly engage in departmental activities if the faculty member’s association with the department is a component of such recognition.

IV. Faculty Activity To Be Evaluated

A. Scholarship

Scholarship in a major research university professional school of medicine takes three related forms: 1. Original research; 2. Integration and synthesis of existing knowledge; and 3. Application of research or knowledge to consequential problems.

**Meritorious and Excellent Achievement in the Unqualified Track**

Examples of **meritorious research/scholarship** include (but are not limited to) authorship in peer-reviewed journals of papers that demonstrate the ability to generate and test hypotheses and represent a significant contribution to the published literature; integrative reviews that put new discoveries into perspective; published innovations in health care delivery that influence national trends; co-investigator status on grants or recipient of a “first” award; presentation at national meetings and research seminars; contribution of original data or significant technical elements to consortium research studies; collaboration in multi-center trials; development of outcome or efficacy studies; and establishing a new area of clinical investigation.

Examples of **excellence in research/scholarship** include but are not limited to a consistent level of original senior author publications describing hypothesis driven investigation; systematic reviews that represent a major body of work; peer-reviewed and/or otherwise funded research over a sustained period of time; acknowledged originality as an investigator; PI status on peer reviewed grants; national/ international
reputation as evidenced by external letters, leadership in one’s field at a national/international level; invitations to present at national/international meetings, service on study sections, organizing national meetings; service as a national consultant; membership on editorial boards; published reviews that represent a major body of work that is recognized nationally or internationally; visiting professorships; coordinating multi-center studies; strong record of development and publication of innovative educational approaches that are shown to be effective in hypothesis-driven studies.

**Meritorious and Excellent Achievement in the Qualified Track**

**Meritorious scholarship** in the clinical track involves communicating and enhancing knowledge and skill in the broader community. Associate Professors should have produced several meaningful scholarly contributions that develop and expand knowledge. In most instances, scholarly accomplishments are communicated in the form of publications, but some scholarly accomplishments may take the form of innovative computer programs and media presentations that are utilized and recognized as important beyond the institution. Meritorious publications in the clinical track are exemplified by (but not limited to) developing new treatment modalities; scholarly reviews; important case series; development of innovative teaching methodologies; and clinical guidelines and summaries.

**Excellence in scholarship** in the clinical track includes but is not limited to publication of reviews that develop new concepts and influence practice; publication of textbooks or other volumes; influential chapters in major, nationally recognized textbooks; participation as an investigator or co-investigator in clinical studies; serving as a regular reviewer for major journals; national/international recognition of novel media publication; service on regional or national symposia and other groups that address translational and integrative research; and recognition as a leader in one’s field.

1. **Original Research**

   Original Research is defined as systematic investigation that leads to the discovery of new knowledge and/or the elaboration of a field of knowledge. The research may be empirical, theoretical and conceptually developmental, and/or applied. It should result in appropriate publication and dissemination that serves to demonstrate its importance, validation and acceptance by peers.

   Within UB’s basic science departments, research is published, evaluated and recognized in a fashion analogous to scholarly activity in other science disciplines. Within clinical departments, research of faculty members may follow a form similar to the laboratory research conducted by basic science departments. In clinical disciplines, while the same requirements for excellence in scholarly activities apply, the nature of scholarly activities, the rate of publication, and the nature and time frame of peer recognition may vary, and the research activity may emphasize clinical studies which involve patients or original case reports. The published scholarship is subject to comparable standards as research performed by basic science faculty. Non-tenure track faculty members will usually publish less frequently and their research will generally not
lead to the same degree of national recognition or external funding as those on the tenure track.

Specific research activities which should be documented and evaluated in a candidate's dossier include:

a. **Original Contributions**

   Premier journals are peer reviewed. Promotions committee members often do not necessarily know the quality of journals in a variety of fields. A list of the "premier" journals in each specific field will be provided to the promotions committees by the chairpersons proposing a candidate's academic appointment or promotion.

   Limited insight into a candidate's capabilities as a researcher or the significance of the contributions to the discipline is provided by the number of publications. Quality and effort must be considered as well as the development of a focus which determines the candidate's expertise in specific areas and the importance of the work as perceived by the evaluating peers.

   Where research publications reflect the efforts of many individuals, the contributions of the candidate must be specifically identified and evaluated.

b. **Books and Chapters**

   These publications demonstrate a desire on the part of the candidate to educate and clarify in areas where they have expertise, and the candidate's recognition by others of his leadership in the field.

c. **Journal Reviews**

   Invited reviews show recognition of the candidate's expertise particularly when the review is single authored. If reviews are multi-authored, the chairperson and candidate must confirm the principal contributions.

d. **Abstracts and Presentations**

   Presentation of original research data at scientific meetings is evidenced in the bibliography of the candidate by the "Abstracts" section. Abstracts are an indication of the activity of the candidate in accepted scientific forums for dissemination of new observations. When compared with the original publications section, it gives a sense of the "follow through" of the candidate.

e. **Recognition Index**

   Recognition by other authors is helpful in indicating the importance and acceptance of the candidate's work. These data may be analyzed by the chairperson and promotions committee to determine the significance of citations.

f. **Funded Research**

   Extramural funding from any source evidences a candidate's ability to conduct direct research and provides a measure of competitiveness and significance of the investigator's research. Funding through competition at a national level should carry more weight than funding through competition at local levels, but all levels should be considered. Co-investigator status in research programs may be a recognizable measure of responsibility and activity. The specific contribution of the candidate to the program should be documented.
g. **Non-funded Research**

Candidates for promotion may be actively involved in research projects that are not currently supported or that are "pilot studies" using available supplies and equipment. The dossier must site previous funding and the potential for securing funds in the future.

h. **Pending Grant Applications**

Such applications provide information on the enthusiasm and perseverance of the candidate in the search for support of research projects. High priority scores of recent applications that have been evaluated should be included in the dossier.

i. **Study Sections and Editorial Boards**

Membership on NIH Study Sections, NSF Committees, editorial boards of professional journals, and membership of site visit teams demonstrate acceptance and recognition of the candidate as an expert by peer groups.

j. **Membership in Research and/or Scholarly Societies**

One indication of a faculty member's achievement and national recognition is membership in nationally recognized prestigious research and/or scholarly societies. Some of these opportunities are available to developing faculty and others to only established, senior faculty. For clinical faculty, in particular, membership in one basic science organization and a comparable clinical organization can serve to signify the academic recognition that exists.

2. **Integration and Synthesis of Existing Knowledge**

Integration and synthesis are the products of analyzing and presenting knowledge in new and effective ways. Example include: software designed for teaching or education; a critical overview of the current work in a field of study; a textbook written from a fresh perspective; case studies and related materials that illustrate important issues; books and articles that may improve lay understanding of some aspect of medicine, medical education or medical care.

Even though didactic in purpose, this kind of intellectual work can be assessed for originality and effectiveness in approach, and success in better communicating the content of the discipline. Authors must demonstrate mastery of the research done by others, and beyond that, skill in fitting the pieces together so they form a whole, a pattern, or a trend, which is with the grasp of their readers. Again, source of publications, citations and reputations in the field are indicators of quality, impact and relevance. Specific scholarly activities, which should be documented and evaluated in a candidate's dossier are similar to those of the research scholar, but are evaluated based on the criteria discussed above. These activities include:

a. Original contributions
b. Books and chapters
c. Journal reviews
d. Abstracts and presentations
e. Citation index
f. Funded research
g. Non-funded research
h. Pending grant applications
i. Study sections and editorial boards
j. Membership in Research and/or Scholarly Societies
k. Publication of "Nontraditional" Educational Materials

Authorship of "nontraditional" educational materials such as health agency publications and pamphlets or computer and video programs could also indicate the importance and acceptance of a candidate's work.

3. Application of Research or Knowledge to Consequential Problems

Application requires the judicious evaluation of available research or knowledge for quality and appropriateness to the issues in question and the technical ability to make the research or knowledge work in a practical context.

Examples of application might include preparing carefully annotated policy documents; testing of new materials, procedures, techniques of teaching or medical care against established standards; evaluating programs of teaching, learning, counseling or medical care for their effectiveness; creating a new test or assessment procedure; or designing new programs in the light of new understanding.

Evaluation in this area is perhaps more pragmatic than the others. The successful use of research or knowledge to solve a problem means that one actually solves the problem. However, upon failing, one can say how and why the research or knowledge was inadequate to the purpose or was not successfully applied because of external constraints.

Relevance may be assessed by the importance of the problem addressed and impact by the extent to which the solution has wide applicability.

Specific scholarly activities, which should be documented and evaluated in a candidate's dossier are similar to those of other scholars, but are evaluated based on the criteria discussed above. These activities include:

a. Original contributions
b. Books and chapters
c. Journal reviews
d. Abstracts and presentations
e. Citation index
f. Funded research
g. Non-funded research
h. Pending grant applications
i. Study sections and editorial boards
j. Membership in Research and/or Scholarly Societies
k. Publication of "Nontraditional" Educational Materials

B. Teaching

Education is a major function and requirement for every faculty member and it is usually reflected through participation in teaching. The quality and quantity of a faculty member's teaching are a major consideration in evaluation for promotion. However, with rare exceptions, it is never the sole criterion used for promotion.

Teaching effectiveness is required of ALL faculty members. A commitment to sharing knowledge, developing skills and fostering the values of the profession is
essential. Positive interactions with students, trainees, residents, fellows and colleagues in the instructional process are important.

**Meritorious and Excellent Achievement in the Unqualified Track**

**Meritorious teaching** may include (but is not limited to) active participating in lectures, group discussions, student laboratories and related formal activities; advising/mentoring of students, fellows or graduate students; attending on services with regular teaching responsibilities; organizing journal clubs or seminars; development or major revision of teaching materials; invitations to seminars/grand rounds outside of the primary department; and meritorious evaluations by students and peers.

**Excellence in teaching** can be identified by regularly assuming substantial teaching responsibility and leadership (e.g., course director or primary instructor in a course, residency or fellowship director), consistently receiving outstanding teaching evaluations and awards; developing innovative teaching methods such as courses and software that are recognized outside the institution; leading regional continuing education courses; participation in national educational activities such as workshops and symposia; service on residency review committees and similar extramural reviews; writing textbooks; and mentoring students, residents, postdoctoral students or fellows who go on to pursue distinguished careers.

**Meritorious and Excellent Achievement in the Qualified Track**

**Meritorious teaching** in the clinical track includes (but is not limited to) regular lectures within the department; teaching a class; regularly lecturing and supervising students, residents or fellows; meritorious teaching evaluations; developing educational materials; and giving occasional grand rounds.

**Excellent teaching** in the clinical track is exemplified by (but not limited to) significant responsibility for educational programs (e.g., residency or fellowship director or director of a major ongoing course); excellent teaching evaluations; teaching awards; service on regional or national educational panels; consistent participation in regional or national educational committees and forums; invitations by other institutions to serve as a visiting professor; and developing innovative syllabi and related materials that are adopted elsewhere.

Student evaluations and peer review, including periodic reviews of performance with the departmental chair, should clearly indicate the candidate's effectiveness as an educator.

Beyond overall competence, candidates for appointment or promotion to the rank of associate professor must demonstrate excellence in educational modes such as:

- lecturing and presentation to large groups
- course organization and administration
- small group instruction e.g., seminars, journal clubs
- individual instruction, remedial programs and tutorials
- role modeling and mentoring, especially in clerkships and preceptorships
- training in the use of the methods and materials of the discipline, e.g. research, clinical and computer skills
- curricular innovation and improvement, including effective course materials
- teaching at the bedside, in clinic or other practice sites
- continuing education and training programs

Excellence as a teacher requires influencing and affecting how students learn. Faculty must direct students by providing a process designed to focus a student's ability to analyze and synthesize information to solve a problem and by ensuring that the informational content is timely, accurate and appropriate to the educational needs and settings.

In the case of a candidate for whom teaching is considered the significant element of the promotion or appointment dossier, the quality and the quantity of teaching activity must be fully documented. Faculty, whose promotions rest almost exclusively on research productivity, must show evidence of participation in teaching through contributions to the teaching programs of the Department, or Division within the school. Emphasis is given to the following criteria of teaching effort and teaching effectiveness that will determine the weight to be given such activity.

1. **Quantity** - Although not necessarily a measure of teaching effectiveness, teaching load represents a consideration at least as legitimate as service load. In general, an above average teaching load reflects an indication of the confidence that the faculty and administration have placed in a particular faculty member's teaching ability.

2. **Breadth and variety of assignments** - Ability to participate in a variety of available teaching formats is a challenge of effective teaching and to a degree reflects the skills of an individual teacher. Different formats may include, but are not limited to, formal lectures, group seminars, laboratory demonstrations, tutorials, clinical bedside teaching, one-on-one preceptorships, and teaching by example or demonstration.

Presumably better teachers are asked to apply their teaching skills in other courses. The extent of this activity may itself be a criterion, as well as the formal evaluations from both the faculty and student participating in these other courses. Evaluations of teaching performance should be accompanied by letters from learning constituencies, particularly, when this performance is the leading justification for promotion. Participation in teaching and conference activities outside the university, both for lay organizations, and to local, regional and national professional meetings, is an important measure of accomplishment. The fact that a faculty member is asked to participate in such activities represents a positive evaluation of the faculty member's teaching ability and academic stature. Obviously, if formal evaluations of these outside activities are available they should also be included in the promotion or appointment dossier.
3. **Quality** - Teaching evaluations should document the quality of the teaching performance. Some faculty members will excel in the classroom, others as mentors, and others in leading small groups.
   a. **Classroom** - This form of teaching is evaluated by the school and the departments. The content of material presented should be evaluated as well as the style, clarity and ability of the teacher. Such characteristics as punctuality and involvement of the class should be included in the evaluation.
   b. **Small Groups of Seminars** - A great deal of student education is performed in small groups and seminars. Here the ability of a teacher to interact and to stimulate group participation may be paramount.
   c. **Graduate Students** - Mentoring and supervision of theses are two major requirements of teaching that should be included in the evaluation of faculty who participate in graduate education.
   d. **Bedside and Ambulatory** - This is a major component of clinical teaching, and thus, must be evaluated in an objective manner for every clinical faculty member.
   e. **Other** - Informal education and continuing education should also be valued and evaluated.

4. **Documentation of Teaching Effectiveness**
   a. **Faculty evaluation** - Faculty are often in a position to evaluate critically a colleague's teaching effectiveness. When deemed necessary or important, this type of evaluation should be gathered in an organized fashion and not simply left until it is time to consider promotion. It should include an established set of criteria for each teaching activity and should enable some form of quantitative measurement for purposes of comparison. It should also provide for narrative comment. It is recognized that this type of documentation may be difficult to obtain in some clinical areas.
   
   b. **Student evaluation** - Student evaluations should be gathered at every appropriate opportunity. These should not only include assessment of the faculty member's popularity as a teacher, but should also explore whether the teaching methods used challenge, inspire, and interest the students being taught. Both quantitative assessments and narrative comments should be sought. When considered a significant component of the dossier, substantial and regularly obtained student evaluations collected over a period of at least the most recent three years should be obtained if possible and/or appropriate.
   c. **Resident and/or fellow evaluation** - Resident and/or fellow evaluations should be gathered at every appropriate opportunity. These should include not only assessment of the faculty member's popularity as a teacher but should explore whether the teaching methods used challenge, inspire, interest, etc. the residents and fellows being taught. Both quantitative assessments and narrative comments should be sought. When considered a significant component of the dossier, substantial and regularly obtained resident and fellow evaluations collected over a period of at least the most recent three years should be obtained if possible and/or appropriate.
d. Objective measures of teaching effectiveness such as awards or other tangible recognitions.

C. Service

Service related activities represent an important contribution to overall institutional aspirations and goals. Indeed, all faculty should contribute to the service activities of the division, department, school, university-at-large or teaching hospital, and such activities should be documented in the dossier. The service-related component of a candidate's dossier that may be weighed in the appointment or promotion decision, however, relates particularly to a candidate's professional expertise, achievement, and leadership, which contribute to the University's regional and/or national stature. Therefore, the major focus should be on evidence of significant and substantial service, particularly in leadership or policy making capacities.

Meritorious and Excellent Achievement in the Unqualified Track

Meritorious service may include activities on committees and task forces within the department, school, campus and university; service to local organizations through education, consultation and other roles; and serving on boards, committees and task forces of local professional societies.

Excellent service includes appointment or election to university leadership positions such as faculty officer; chair of a major committee; mentoring junior faculty; leadership in advocacy groups and professional societies (e.g., medical society officer; membership on board of an advocacy group); election to important positions addressing health care issues at the state, regional or national level; consistent ongoing service as a board examiner; and service awards from local, national or international civic, advocacy and related organizations.

Meritorious clinical work consists of but is not limited to active participation in clinical activities of the academic unit; board certification; recognition by internal peers; invitations to speak locally on clinical topics; and participation in institutional clinical care committees.

Evidence of excellence in clinical work includes but is not limited to ongoing significant participation in effective clinical activities; clinical leadership noted by peers and patients; leadership in developing new clinical initiatives that serve as national models; development of new techniques or health care delivery systems; leadership in activities that enhance the effectiveness and quality of care; director of a major clinical service or division; medical staff officer; national leadership such as chairing national symposia and committees; service in professional, licensing and certifying bodies; frequent regional and national referrals; and being known for highly effective outcomes and treatment of difficult patients.
Meritorious and Excellent Achievement in the Qualified Track

Meritorious clinical work/service in the clinical track includes but is not limited to board certification; serving as a board examiner; regular attending work in an inpatient or outpatient service; consistent availability for referrals from other faculty; and support of clinician peers for meritorious clinical skills. As in the tenure track, clinicians at the rank of associate professor normally should be certified in their specialty.

Excellent clinical work/service in the clinical track includes but is not limited to playing a major role in the development and organization of important clinical services; leading major quality improvement and related activities; serving as a clinical consultant to public decision makers, advocacy groups and related organizations; recognition for clinical excellence in the form of awards, speaking invitations (e.g., grand rounds in other institutions) and letters of reference; regular consultation to patients from around the region/nation; leadership in regional and national professional societies and quality improvement activities; comments from patients and families; recognition as a regional or national consultant; and election/appointment to major positions within the institution (e.g., medical staff president, chair of key school/university committees).

1. Department Service - Activities in support of Departmental goals such as participation in Departmental committees and administrative affairs contribute to the orderly and effective operation of the academic unit and are to be encouraged. Particularly important is the organization, implementation, and leadership provided to Departmental programs and activities.

2. Medical School and University Service - Contributions to the overall missions of the Medical School and/or University are important; particularly noteworthy in this regard are positions of leadership and responsibility in policy making and planning committees.

   This can include, for example, but is not limited to, the Admissions Committee, the Faculty Senate, the Faculty Council, special task forces, special planning groups, and the Curriculum Committee. Meaningful contributions to institutional affairs and operations are important to the functioning and advancement of such entities and therefore, if substantial or innovative, merit consideration.

3. Community Service - Participation in, and contributions to, professionally relevant community-oriented programs are appropriate activities. Thus, membership in health care planning groups, or work with public health related educational programs, are important service related activities at the community level.

4. Regional, State and/or National Service - Contributions at the regional, state or national level clearly merit consideration as service related activities. Thus, leadership or policy-making roles in professional organizations, at the levels noted, are congruent with institutional objectives. Particularly important are those activities that provide the candidate and/or the institution regional and/or national stature.

5. Patient Care - This type of activity is particularly important if it is innovative, unique or original and supports institutional educational goals. In preparing the dossier,
recognized competence in professional practice must be documented, and training and supervision of students or residents should be integrated into the patient care activities.

6. Hospital Service - In clinical departments hospital services are critical in the educational process. Participation, particularly in a leadership role, in hospital affairs, especially as this relates to pursuit of academic missions, is an appropriate area for assessing service related activities.

References
2. The background to this document is in the report prepared by the Faculty Council Committee on Appointments, Promotion and Tenure of the School of Medicine and Biomedical Sciences presented to the Faculty Council in 1988.
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<th>State Title</th>
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**Volunteer Faculty**

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**GFT – Geographical Full-Time:** A faculty member who is part of the practice plan. The title of unsalaried GFT has been grandfathered for current faculty but new faculty entering the system abide by the new in house title of Academic Scholar.