

Appendix A
Definitions and Examples of Scholarship and of Proficiency and Excellence
in the areas of Research, Teaching and University (Clinical or Community) Service

PLEASE NOTE: All sections below establish minimum college-wide standards. Higher standards may be established by individual departments. In cases where higher standards have been adopted by departments, these standards are shown in **bold** in departmental versions of this document. These incremental standards must be submitted for review and approved by the Dean.

All faculty, in collaboration with their chairs, complete an Annual Agreement of Academic Expectations (AAAE) that outlines the percent of their effort that is dedicated to research, education and service and yearly goals in each domain. For promotion, it is expected that all faculty be proficient in all areas of their professional activity as outlined on this AAAE, and excellent in one area. If an area has no time allocated to it, and no related goals, the individual does not have to demonstrate proficiency in that area. For ex., if an individual is not expected to engage in research, he/she does not have to demonstrate proficiency in research.

I. Definitions of Proficiency in the Areas of Research, Teaching and University Service

A. Proficiency in research¹

Proficiency in research is evidenced by bringing research projects to completion and by the regular dissemination of the resulting research findings. Regular is defined as *on average*, at least annual dissemination is expected for those with at least 20% effort in research, the majority of which should be peer-reviewed journal articles. In addition to publications, the extramural evaluations sought at the time of promotion should include statements indicating performance that meets or exceeds performance of others at this stage of the career.

B. Proficiency in teaching (all faculty must have a teaching assignment and therefore must demonstrate proficiency in teaching at the time of promotion or tenure review)

Proficiency in teaching is demonstrated by a documented teaching assignment and high quality independent instruction of trainees. Evaluations by the recipients of the teaching efforts (e.g., undergraduate students, medical students, graduate students, residents or fellows) must also be submitted as indications of teaching quality. Evaluations should demonstrate performance that meets or exceeds performance of others at equivalent career levels. Proficiency in teaching is also documented by positive supervisory and/or peer reviews of the teaching effort, when available. Each department will consider developing a peer-review mechanism. Suggestions for peer review methodology will be included as Appendix B.

C. Proficiency in University and other service

1. Proficiency in community service¹ is demonstrated by documented service and positive peer and supervisory reviews of the service. Reviews by the recipients of the

¹ In the humanities "production of creative works" can be substituted for research.

service or colleagues with knowledge of the service must also be sought to document proficiency.

2. Proficiency in clinical service is demonstrated by a documented clinical assignment and the provision of high quality independent care of patients. This must be demonstrated by positive reviews by peers and supervisors. Evaluations by the recipients of the service (referring physicians, collective reviews such as patient satisfaction inventories) must also be sought and submitted to document proficiency. In addition licensure, boards, insurability and admitting privileges as appropriate to the practice of the discipline must be maintained.

D. Administration

1. Administrative efforts may serve to indicate proficiency in the specific areas (teaching, research, clinical service) to which they are directed. For example, administrative responsibility for an educational activity (e.g., residency director; course director; vice chair for education, associate dean for CME, GME, Curriculum, national teaching and leadership activities such as participating in Board review) should be evaluated as part of a faculty member's teaching activity. Administrative responsibility for a clinical activity (e.g., clinic director, clinical program director, chief of service, national clinical and leadership activities such as participating in disciplinary societies) should be considered part of the clinical effort and evaluation. Administrative responsibility for a research activity (e.g., departmental vice chair for research, departmental research coordinator, associate dean for research, national research and leadership activities such as participating in study sections) should be considered part of the research effort and evaluation.

2. Significant administrative assignments that do not fall into one of these categories, but serve a broader function (e.g., division chief, department chair, some associate deans) may be considered for promotion under the category of "service". Excellence of this type of administrative activity, is not herein defined, and will rarely be presented as credentials for promotion/tenure since most individuals attaining these roles will be professors. However, on occasion faculty of lesser rank are appointed to such roles and general administrative activities should not be precluded as promotable/tenurable activities and the same general guidelines for excellence in clinical service should be followed.

II. Definitions of Excellence in the Areas of Research, Teaching and University (Clinical or Community)Service

In addition to proficiency, for promotion in rank excellence must be demonstrated in one area. Excellence in each area is defined as follows:

A. Excellence in research

1. Promotion to Associate Professor

Excellence in research is demonstrated by having a major responsibility for an independent research program or playing a documented leadership role in a collaborative

² Community service is defined as service to the Department, University, Region, State, Nation or World. In order for the activities to be considered, they must involve medical, basic science or related expertise.

research program. To demonstrate this, regular publication (on average at least annually) in peer-reviewed journals as a major author (defined as first, last or corresponding author; authors who are trainees [students, residents or fellows] should be indicated by asterisks in the CV in order to give credit to major authors who fall outside of this definition) is required. An independent research program requires current extramural funding; federal funding support as principal investigator or project director of a multi-project grant is preferred, but other nationally peer-reviewed funding will be acceptable for promotion if evidence for recent submission and resubmission to federal² sources is provided. Reviews of the research via extramural letters must be obtained and should support the rating of excellence.

2. Promotion to Professor

In addition to the criteria specified in this appendix, **Section II. A.1.**, promotion to professor based on excellence in research requires evidence of national prominence (examples: invited lectures, book chapters, service on national study sections or editorial boards or national awards, contribution of important review articles in the field, and experience in organizing scientific conferences or editing special journal issues or books). Annual publication as major author will suffice only if the journal is judged by peers to be of highest quality and high-visibility in the discipline. In addition for promotion to professor based on excellence in research, sustained, renewed, federal³ funding as principal investigator or project director of a multi-project grant is required.

B. Excellence in teaching

1. Promotion to Associate Professor

In addition to the criteria for proficiency in teaching as stated in this appendix **Section I. B.**, excellence in teaching is best demonstrated by a documented major responsibility for (i.e., leadership role in teaching, leadership does not require formal recognition by a title) and innovation in a teaching program. Excellence in teaching implies more than just good teaching and requires the demonstration that the candidate is a major contributor to a scholarly teaching program, and has demonstrated innovation in their teaching activities for which evidence must be presented. Scholarly teaching is defined as the use of resources including the educational literature to guide innovation. Supervisory and peer reviews of the teaching effort must be obtained and should support the rating of excellence. Reviews by the recipients of the teaching efforts (e.g., medical students, graduate students, residents or fellows) must also be obtained and should support the rating of excellence.

2. Promotion to Professor

In addition to the criteria specified in this appendix, **Section II. B. 1.**, promotion to professor based on excellence in teaching must be based on significant recognition as a national expert or extra-university leader in teaching, and should include funding via educational grants or contracts. Examples of how extra-university leadership can be demonstrated include scholarship by developing texts or other media for teaching

³ If it can be documented that federal funding is generally unavailable for the candidate's research area, this requirement can be fulfilled via substantial non-federal but nationally competitive peer-reviewed funding. In the case of the Center for Bioethics and Humanities, if the Center Director verifies that nationally-competitive peer-review funding is generally unavailable for the candidate's research area, this requirement can be waived with agreement by the Dean at the time of initial appointment.

purposes, grants to support teaching efforts (scholarship is defined in this appendix [Section III](#)), or national recognition in teaching as evidenced by participation in extramural educational initiatives (examples: election to national committees or boards involved with education, invitations as a visiting professor to present on innovations in teaching activities, participation in subspecialty board review or test development committee, invitation to be an accreditation [RRC, ACGME or LCME] site visitor). Invitations to serve in these capacities must be submitted as documentation of this level of national involvement.

C. Excellence in clinical service

1. Promotion to Associate Professor

Excellence in clinical service requires greater levels of activity and expertise than the proficiency criteria described in this appendix [Section I. C. 2.](#), Excellence in clinical service requires more than the delivery of good patient care. One indicator of excellence is clinical leadership. A leadership role may be documented by appropriate title, or by other documentation indicating the extent to which the candidate has responsibility for a clinical program. Tangible evidence of clinical innovation that improves patient care would also be an indicator of excellence. Peer and supervisory reviews of the clinical service must be obtained and should support the rating of excellence. Improved financial support of the clinical program should be demonstrated by increased patient revenues, an expanding patient base, or or grants from foundations or other funding agencies. An emerging regional reputation should be documented by referral streams or invitations to speak in the area of clinical expertise. Reviews by the recipients of the service (for example colleagues, referring physicians or collective reviews such as patient satisfaction inventories) must also be sought and should support the rating of excellence.

In some specialties, outside peer review of clinical activities is not practical. A non-inclusive list of such specialties would include hospital-based disciplines such as pathology, emergency medicine, hospitalist medicine and anesthesiology. In this circumstance, internal evaluation of excellence by peers and department chair, nurses and some other objective measures of adherence to quality standards must document excellence according to the standards discussed above.

2. Promotion to Professor

In addition to the criteria specified in this appendix, [Section II. C. 1.](#), promotion to Professor based on excellence in clinical service requires evidence of extra-university leadership in clinical service or other significant recognition as a national expert. Examples of how this can be demonstrated is via scholarship (scholarship is defined in this appendix [Section III](#)) or national recognition in this area as evidenced by participation in extramural clinical initiatives (examples: election to national committees or boards, invitations as a visiting professor for clinical activity, participation in subspecialty board review or test development committee, invitation to be an accreditation [RRC, ACGME or LCME] site visitor). Invitations to serve in these capacities must be submitted as documentation of this level of national involvement.

D. Excellence in administration and community service

Excellence in administration (as defined in [Section I. D.](#) above) or community service is not ordinarily acceptable as the basis for promotion. However, documentation of an

extraordinary level and quality of administration or community service (to the Department, University, Region, State, Nation or World involving medical, basic science or related expertise) may be provided as the basis for promotion to associate professor. The individual should have obtained funding support for administrative or service programs through grants, contracts or significantly increased revenues, etc. Peer and supervisory reviews of the administrative or service efforts must be obtained and should support the rating of excellence. Evaluations by the recipients of the service (for example colleagues, direct reports, superiors) must also be sought and should support the rating of excellence. National recognition for administrative accomplishments or community service could serve as the basis for promotion to professor under very rare circumstances.

III. Definition of Scholarship, one of the criteria for tenure

Scholarship is required for tenure.

Introduction

Scholarship is defined herein as the creation of new knowledge and the dissemination and acceptance of it by peers. Tenure will be awarded to those eligible faculty (in tenurable state lines) who have a focused, self-sustaining program of scholarship. The requirements for scholarship exceed those for proficiency in any area in that the scholar plays a pivotal role in the creation of new knowledge and assumes primary responsibility for its dissemination. This definition of scholarship is intentionally broad and is meant to include creative works in research, teaching or clinical service.

The criteria related to scholarship for tenure include A) annual publishing as a major author of scholarship as broadly defined B) publication of peer-reviewed journal articles and C) funding. These criteria are elaborated in the corresponding sections that follow:

A. Publishing as major author:

Beyond proficiency in research, which requires at least annual publications as at least a minor author, tenurability will require annual dissemination of peer-reviewed scholarship (as defined below) as a major author (first, last or corresponding authors; authors who are trainees [students, residents or fellows] should be indicated by asterisks in the CV in order to give credit to major authors who fall outside of this definition). Thus, during the period of review, five major author scholarly works will be required. At least 3 of the major author publications must be in peer-reviewed journals. Other venues for scholarly dissemination include papers on pedagogic issues, review articles, case reports, clinical outcomes studies, electronic disseminations (e.g., computer programs, CD-ROM, Videos, Web-based publications) requiring peer-review, books, book chapters, technology transfer, patents, development of new clinical or research protocols that are written, disseminated and widely accepted outside of the home institution.

1. Examples of acceptable venues for scholarly work. Dissemination of scholarship and peer review are required:

a. Papers on pedagogic issues, review articles, case reports, clinical outcomes studies, electronic disseminations (e.g., computer programs, CD-ROM, Videos, Web-based publications) requiring peer-review, books, book chapters, technology transfer, patents,

development of new clinical or research protocols that are written, disseminated and widely accepted outside of the home institution.

b. The act of teaching itself no matter how scholarly (based on empirical evidence and the literature) is not scholarship, however the associated products of scholarly teaching may be. Similarly, while excellence in teaching does not in itself constitute scholarship, materials developed to support teaching activities may be considered scholarship for the purpose of tenure review. For example, formally developed teaching tools, educational outcomes studies, textbooks, workbooks, curricula or curricular models, study guides, computer-aided tools, new evaluation methodologies that are widely accepted outside of the home institution are considered scholarship for the purpose of tenure review.

c. Departmental documents may restrict this list further. For example, it may be appropriate for basic science departments to limit acceptable venues for scholarship to peer-reviewed journals.

2. Abstracts are not an acceptable form of scholarly dissemination for the purpose of either proficiency, excellence or tenure evaluation.

B. Publishing peer-reviewed journal articles:

While a broad range of activities is included in the definition of scholarly activities as described in the last section, the Dean still requires that the majority of required documentation for tenure should be through the peer-review of journal articles. Therefore, at least three peer-reviewed journal articles are required during the tenure review period.

C. Funding:

The creation of scholarship requires resources and the scholar is responsible for providing resources appropriate to sustaining the viability of his or her program. Particularly for research, extramural funding is additional and strong evidence of peer acceptance. Therefore, if research is the major area of effort, nationally peer-reviewed and/or federal funding must be sought and obtained per the **Section II. A. 1. and its corresponding footnote** above. For scholarship in the humanities, education and clinical service, funding is encouraged and may be an appropriate consideration by the Faculty Appointment and Promotion Committee and the Dean.