

SYLLABUS PROMOTION 101

UNIVERSITY OF COLORADO
SCHOOL OF MEDICINE

MARCH 2010

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Brackett Collection, Norlin Library

Cover Photograph

The University of Colorado School of Medicine was established in 1883, “since the Regents believed that the lives and health of the people of Colorado are not second in importance to any other interest that can be subserved by the State University.” In 1883 the School consisted of “two rooms, two professors, two instructors and two hastily recruited students.” In 1888 the School moved into its own building, Medical Hall, built at a cost of \$2,540.

Photograph and citations are from Claman HN, Shikes RH. The University of Colorado School of Medicine: A Millennial History. A.B. Hirschfeld Press, 2000.

PROMOTION 101

Why this course?

It is evident that large proportions of School of Medicine faculty, including both junior and senior faculty, do not understand the School's promotion and tenure standards. Myths and misperceptions abound. The evidence for this comes from three sources: First, dossiers submitted to the Faculty Promotions Committee are often incomplete, lacking adequate documentation of candidates' accomplishments in teaching, clinical work and scholarship; second, the past 20 departmental reviews indicate that many faculty members do not receive accurate information regarding promotion; and third, based on two recent school-wide surveys, it is clear that many junior faculty members do not understand the promotion rules that apply to them. For example, in a 2005 survey of 512 faculty members: 48% of junior faculty were unaware that the SOM permits the 7-year promotion time-clock to be extended; 25% had never read the promotion rules, and an additional 38% said they have only a "limited understanding," or "no understanding," of them; two-thirds of Assistant Professors had never discussed their progress toward promotion, or had done so only once, with their division head or department chair; and 48 percent of faculty reported they do not have a mentor to assist with career development.

Some junior faculty members worry too much about promotion; a few worry too little. It would be better if all junior faculty members were on the same page: Knowledgeable about the rules and procedures; confident and prepared; and, as a consequence, looking forward to promotion. Therefore, it is our view that many faculty members would benefit from a one-hour seminar devoted to promotion. **Promotion 101** is designed for junior faculty members, but we hope that department chairs, administrators and senior faculty who are involved in mentoring, faculty evaluations and promotion reviews will also attend.

Course Content:

Two Promotion 101 courses are offered—one for clinician-educators and one for research-intensive faculty. Both courses cover the following topics:

- The basic requirements for promotion to Associate Professor;
- Documentation "pearls" --- dossiers, clinical and teaching portfolios, CV's, teaching evaluations, promotion matrices (how the FPC looks at our work);
- Real data: For example, promotion success rates and publication numbers;
- Types of scholarship, including examples of "alternative" scholarship relevant to clinicians and educators;
- Common myths and rumors about promotion;
- The promotion time clock.

Promotion 101 for research-intensive faculty includes several additional topics: how research independence is evaluated; techniques for documenting success as a mentor; and how PhD's in clinical departments can find opportunities to teach.

If time permits, and if faculty are interested, the Promotion 101 courses can also include "advanced topics," such as tenure, research professors, how the Faculty Promotions Committee operates, why we don't have a separate "non-tenure track" and other matters.

(Continued on next page)

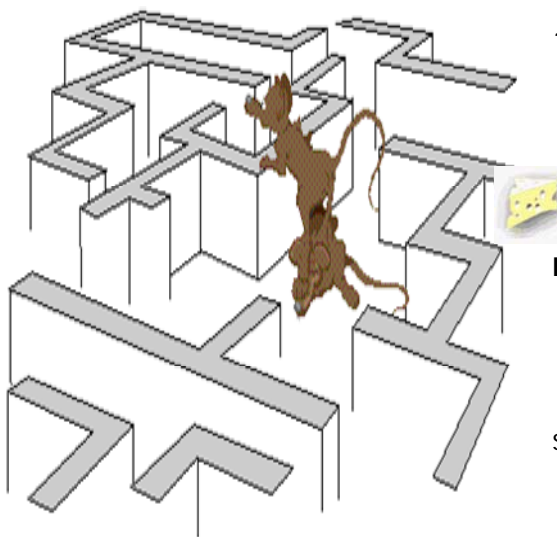
Thank you for attending **Promotion 101**. We hope this course, and the syllabus which follows, will be helpful as you think about promotion. We encourage you to refer to these materials as you plan, build and reflect on your career in academic medicine.

Please provide us with suggestions and comments, so that we can improve future editions of **Promotion 101**.

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School of Medicine

A professor's career...



...is no straight and easy corridor along which we travel free and unhampered, but a maze of passages, through which we must seek our way, lost and confused, now and again checked in a blind alley...

But always, if we have faith, a door will open for us, not perhaps one that we would ourselves ever have thought of, but one that ultimately will prove good for us."

Spencer Johnson, MD. *Who moved my cheese?*

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1(A) Office of Faculty Affairs Mission Statement

The School of Medicine Office of Faculty Affairs has two overriding goals: First, to ensure fair and consistent treatment of faculty, according to the rules of the University and the School of Medicine; and second, to assist the departments and divisions of the School of Medicine to recruit, develop, promote and retain outstanding clinicians, teachers and scholars.

The Office of Faculty Affairs is committed to achieving the following specific objectives: (1) Maintain an “open door” and “open communication” policy; (2) assist faculty, department chairs and administrators to understand and comply with the rules of the University and the School of Medicine; (3) streamline the paperwork, and upgrade the data bases, that are used to track appointments, promotions, tenure and other “faculty events;” (4) develop a comprehensive faculty evaluation system---one that uses valid, relevant measures of faculty performance, that ensures accountability, that is linked to faculty self-improvement, that provides reliable data for promotion and tenure decisions and that reflects the missions and values of the School of Medicine; and (5) strengthen the School's faculty development programs, especially for junior faculty who are beginning, or building, their careers as clinician-educators, scientists or scholars.

1(B) Office of Faculty Affairs Contact Information

Office of Faculty Affairs Staff:

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Photograph from Claman HN, Shikes RH. The University of Colorado School of Medicine: A Millennial History. A.B. Hirschfeld Press, 2000.

1(C) Office of Faculty Affairs Web Page (<http://medschool.ucdenver.edu/faculty>)

The screenshot shows a Microsoft Internet Explorer browser window displaying the Faculty Affairs page of the University of Colorado School of Medicine. The browser's address bar shows the URL: <http://www.ucdenver.edu/academics/colleges/medschool/facultyAffairs/Pages/FacultyAffairs.aspx>. The page features a dark navigation bar with the following menu items: PATIENT CARE, RESEARCH, EDUCATION, COMMUNITY, DEPARTMENT|CENTER|INSTITUTE, DEAN'S OFFICE, and FACULTY. The main content area is divided into several sections. On the left, there is a 'Dean's Office' section with a list of links: Mission Statement, Appointments and Promotions, FRF Templates, Letter of Offer Templates, Promotions and Tenure, and UPI Information. Below this is a 'Governance' section with links to the Executive Committee, Faculty Senate, Faculty Senate Schedule and Minutes, Faculty Senate Committees, and Regulatory. The central part of the page features a large photograph of a modern building at night. To the right of the photo is the 'Faculty Affairs' section, which includes the text: 'The School of Medicine Office of Faculty Affairs has a broad range of responsibilities including:' followed by a bullet point: 'Providing assistance for preparing and processing all faculty actions, including new appointments, promotions, tenure awards, and sabbatical requests.' The browser's taskbar at the bottom shows the Start button, several open Microsoft Explorer windows, and the system clock indicating 9:45 AM on 10/10/2010.

1(D) Promotions Web Page (<http://medschool.ucdenver.edu/faculty>)

Promotions and Tenure - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: <http://medschool.ucdenver.edu/academics/colleges/medschool/faculty/Affairs/Appointments/Promotions/Pages/PromotionsTenure.aspx>

Go Sign In

Back Forward Stop Refresh Home Search Favorites

Google Search

McAfee SiteAdvisor

Workflow Tools Edit Page

Version: Published (16.0) Status: Published and visible to all readers Publication Start Date: 2/2/2010 3:59 PM

University of Colorado School of Medicine

Home > Faculty > Appointments and Promotions > Promotions and Tenure

PATIENT CARE RESEARCH EDUCATION COMMUNITY DEPARTMENT/CENTER/INSTITUTE DEAN'S OFFICE FACULTY

Promotions and Tenure
School of Medicine Faculty Affairs

The procedures for appointment and promotion to Associate Professor and Professor, as well as the award of tenure, are fully outlined in the [School of Medicine Rules \(PDF\)](#).

Review for promotion to Associate Professor may occur whenever the faculty member meets the specified criteria (PDF), but normally the review must begin by the beginning of the seventh year of service as Assistant Professor. Faculty members who are not promoted to Associate Professor during the seventh year at the rank of Assistant Professor will be given one year's notice of non-renewal.

A three-year extension to the seven-year probationary period may be granted before the candidate's dossier is received by the SOM Faculty Promotions Committee, in accordance with current policies, which are contained in the [School of Medicine Rules \(PDF\)](#).

The Process for Promotion - Shared Responsibilities is a guide to the different responsibilities of the individual faculty

Dean's Office

Mission Statement


Appointments and Promotions

- FRF Templates
- Letter of Offer Templates
- Promotions and Tenure
- UPI Information

Governance

- Executive Committee
- Faculty Senate
- Faculty Senate Schedule and Minutes

Promotions and Tenure



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2 School of Medicine Faculty Statistics

**PAID FACULTY, LISTED BY DEPARTMENT
(Instructor and Above)
July 1, 2009**

	<u>University Paid</u>	<u>Affiliate Paid</u>	<u>Total</u>
Total Faculty Count	1,745	545	2,290
Basic Science Departments			
Biochemistry & Molecular Genetics	17	1	18
Cell and Developmental Biology	21	1	22
Immunology	10	16	26
Microbiology	13	1	14
Pathology	47	14	61
Pharmacology	27	0	27
Physiology and Biophysics	16	0	16
Subtotal	151	33	184 (8%)
Clinical Science Departments			
Anesthesiology	127	20	147
Dermatology	27	4	31
Family Medicine	74	36	110
Medicine	384	218	602
Neurology	29	5	34
Neurosurgery	27	3	30
Obstetrics and Gynecology	39	13	52
Ophthalmology	15	4	19
Orthopedics	38	11	49
Otolaryngology	24	2	26
Pediatrics	452	51	503
Physical Medicine & Rehabilitation	52	8	60
Psychiatry	154	70	224
Radiation Oncology	18	1	19
Radiology	37	24	61
Surgery	97	42	139
Subtotal	1,594	512	2,106 (92%)

2 School of Medicine Faculty Statistics (*Continued*)

PAID FACULTY, LISTED BY RANK (Instructor and Above) July 1, 2009

	<u>University Paid</u>	<u>Affiliate Paid</u>	<u>Total</u>
Instructor/Sr. Instructor	590	121	711 (31%)
Assistant Professor	450	180	630 (27%)
Associate Professor	360	142	502 (22%)
Professor	345	102	447 (20%)
Totals	1,745	545	2,290

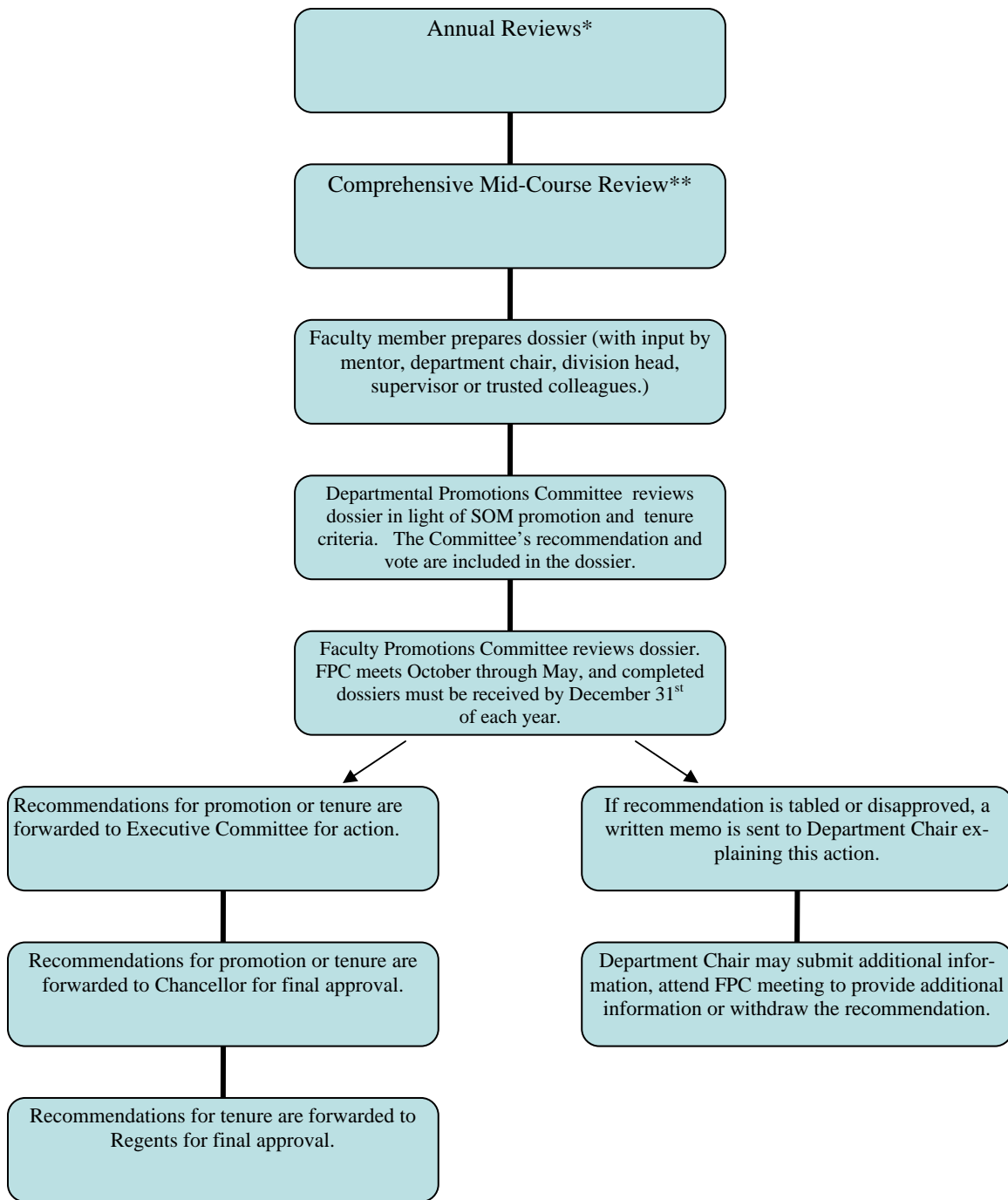
CLINICAL FACULTY July 1, 2009

Volunteer	2,611
Paid (< .5 FTE)	208
Total	2,819



The first University Hospital, above, was a 30-bed facility constructed in 1885 on the CU-Boulder campus.

3(A) Promotion: Where and When Decisions are Made

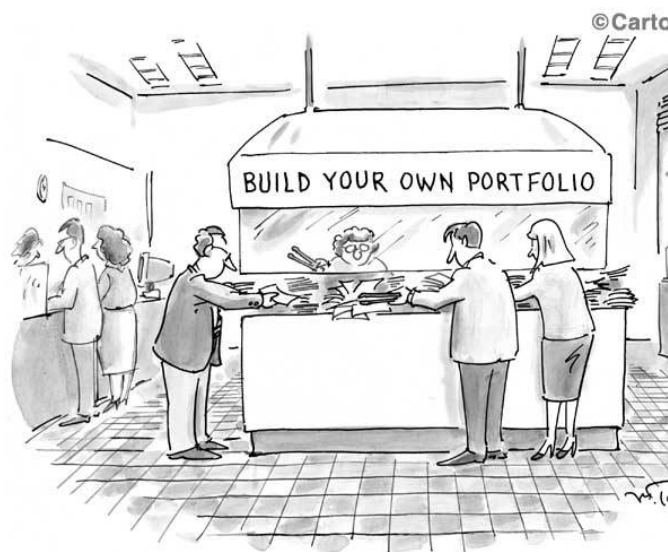


*Each year, the chair or division head evaluates faculty performance in teaching, service and research or scholarship; the chair documents clearly whether faculty member is on-course for promotion.

**During the Assistant Professor's third or fourth year in rank, the Departmental Promotions Committee evaluates faculty member's record in teaching, service and research/scholarship. This evaluation is detailed and comprehensive and resembles a mock promotion review.

3(B) Shared Responsibilities

	<i>Individual</i>	<i>Department</i>	<i>School</i>
<p>THE LETTER OF APPOINTMENT Only one letter of appointment, signed by the Department Chair and the Dean, will be sent to a candidate. The UPI Member Practice Agreement and (if applicable) non-compete agreement must be attached.</p>	<p>Be sure you understand and agree with job title, terms of appointment and the Department's promises and expectations.</p>	<p>The letter-of-offer must follow the SOM's most current templates (http://www.uchsc.edu/som/faculty/offac.100.htm). It should state the expectations of the department and how faculty member's performance will be measured.</p>	<p>The Dean (or designee) will review and sign all letters of appointment to ensure that the offer is consistent with resources, missions and policies of the SOM and University</p>
<p>DURING THE FIRST YEAR OF APPOINTMENT</p>	<ol style="list-style-type: none"> Attend the New Faculty Career Development Workshop. Read the <i>Rules of the School of Medicine</i> (http://www.uchsc.edu/som/faculty/Rules2007.pdf) and Faculty Handbook (https://www.cu.edu/content/faculty-handbook) and ask Department Chair to clarify areas of confusion. Establish CV, Teaching Portfolio and, when appropriate, Clinical Portfolio. Retain all clinical and teaching evaluations and other records of academic productivity. Within three months, schedule an initial appointment with your faculty mentor. 	<ol style="list-style-type: none"> Assign a senior faculty mentor to each new faculty member, prior to, or within 3 months of, hire. Ensure that faculty member understands the promotion criteria and standards to which he/she will be held accountable. Define clearly who will conduct the faculty member's annual review and who will review the professional plans. Provide release time so that new faculty member can attend the faculty orientation program. 	<ol style="list-style-type: none"> Conduct yearly New Faculty Career Development Workshop that reviews the criteria for promotion, highlights resources and supports available to faculty and defines the shared responsibilities of the faculty member, the Department and the School. Ensure there is a satisfactory mentor program in each Department.



3(B) Shared Responsibilities (*Continued*)

	<i>Individual</i>	<i>Department</i>	<i>School</i>
<p>ANNUAL REVIEW <i>Note: For a summary of all required faculty performance reviews (annual reviews, annual performance ratings, comprehensive reviews, post-tenure reviews, professional plans, etc.) please see http://www.uchsc.edu/som/faculty/.</i></p>	<ol style="list-style-type: none"> 1. Submit updated CV, Teaching Portfolio, Clinical Portfolio and record of research and scholarship to departmental mentor. 2. Meet with mentor as often as needed for support and direction. 3. Complete annual review summary and professional plan, as directed by Department, and send to Department Chair or Designee, along with CV and other requested materials. 	<ol style="list-style-type: none"> 1. Ensure that faculty member is documenting all activities and accomplishments, including evaluations, that are relevant to promotion. With mentor, ensure that faculty member remains on target for promotion or tenure. 2. Department Chair (or designee) should review and approve the annual review summary and professional plan and document clearly whether the faculty member is on course and is fulfilling Department's expectations. 3. Department Chair should complete the Faculty Performance Rating form and place in faculty member's personnel file. 	<ol style="list-style-type: none"> 1. Provide information and sample forms to assist departments, chairs, division heads, faculty and administrators to meet their obligations in the faculty promotions process.
<p>THIRD OR FOURTH YEAR REVIEW (Comprehensive review for Assistant Professors) <i>Note: For a summary of all required faculty performance reviews (annual reviews, comprehensive reviews, post-tenure reviews, professional plans, etc.) please see http://www.uchsc.edu/som/faculty/.</i></p>	<ol style="list-style-type: none"> 1. Submit documentation of all teaching, clinical, scholarly and service accomplishments to Departmental Promotions Committee. 	<ol style="list-style-type: none"> 1. Departmental committee should review faculty member's entire dossier, as if it were submitted for promotion. 2. In a letter to department chair and faculty member, committee should clearly state: a) Whether progress toward promotion is satisfactory; and b) if and when the promotion dossier should be submitted to the Faculty Promotions Committee. 	<ol style="list-style-type: none"> 1. Periodically, conduct oversight activities to ensure that comprehensive reviews are being completed. 2. Periodically remind Department Chairs that the SOM considers failure to comply with these faculty review procedures as serious violations of SOM and University policies 3. Each department's success rate in establishing effective mentoring programs, and in completing annual and comprehensive reviews for faculty members, should be considered during the periodic reviews of departments.

3(B) Shared Responsibilities (*Continued*)

	<i>Individual</i>	<i>Department</i>	<i>School</i>
PROMOTION PROCESS <i>For information about the required documentation, Departmental Promotions Committee, Faculty Promotions Committee and faculty dossiers, refer to the Rules of the School of Medicine</i> (http://www.uchsc.edu/som/faculty/Rules2007.pdf)	<ol style="list-style-type: none"> 1. One year prior to the expected year of submission, collate all needed documentation; also create list of potential referees who might be asked to write confidential letters of support. 2. Review file with mentor to ensure that documentation is complete. 	<ol style="list-style-type: none"> 1. Within each Department or Division a standing Departmental Advisory Committee (or Departmental Promotions Committee) must be constituted that ensures objective and comprehensive review of each faculty member's file. 2. The Departmental Promotions Committee should prepare a letter that addresses how the faculty candidate meets each of the criteria for promotion. The letter must also report the vote of the Committee. This letter is addressed to the Chair and becomes part of the dossier sent to the Faculty Promotions Committee. 	<ol style="list-style-type: none"> 1. The SOM shall seek to appoint a balanced Faculty Promotions Committee; its membership should, to the extent possible, reflect the different departments, and the varied clinical, research and teaching missions, of the School. 2. Poorly prepared or incomplete dossiers, if submitted repeatedly by a department, should be brought to the attention of the Dean's Office.

3(C) Promotion Criteria - *Extracted from the Rules of the School of Medicine (July 1, 2007)*

Criteria for Regular Faculty Ranks

Note: See Appendix I for detailed examples of criteria. The promotion criteria matrix (Appendix I) will be used to guide faculty members, department chairs, and promotion committees in assessing how faculty meet the criteria below. "Meritorious" is broadly defined as performance that is praiseworthy or deserving merit, while "excellent" is defined as performance that is outstanding or of exceptional merit.

a. Instructor

Instructors should have at least the Master's Degree or its equivalent and should otherwise be well qualified to participate in teaching, research or clinical service in the School of Medicine and its programs.

b. Senior Instructor

The rank of Senior Instructor allows higher recognition and salary and longer periods of appointment than that of Instructor. It may be awarded to faculty members who do not possess the terminal degree or other prerequisites for promotion to Assistant Professor, but who have special abilities in teaching, research or clinical service that justify such recognition.

Faculty at the Instructor or Senior Instructor level may have the terminal degree appropriate to their field. They may also have promise in teaching, clinical service or scholarly activity, although they usually do not have an established record of outstanding accomplishments. Faculty at the Instructor or Senior Instructor level may lack board certification, a record of research funding, teaching or clinical experience or other qualifications for appointment at the Assistant Professor level.

c. Assistant Professor

Assistant Professors should have the terminal

degree appropriate to their field, or its equivalent, and should otherwise be well qualified to teach in the Medical School and its programs. Assistant professors should demonstrate potential for excellence in teaching, research, or clinical activity and the capacity to participate productively in scholarly activity.

d. Associate Professor

Associate Professors should have the terminal degree appropriate to their field, or its equivalent. Associate Professors must demonstrate excellence in teaching, research, or clinical activity; and at least meritorious performance in teaching, scholarly activity, and service/clinical activity.

Review for promotion to Associate Professor may occur whenever the faculty member meets the criteria specified below, but normally the review must begin by the beginning of the seventh year of service as Assistant Professor. Faculty members who are not promoted to Associate Professor during the seventh year at the rank of Assistant Professor will be given one year's notice of non-renewal. A three-year extension to the seven-year probationary period will be granted in accordance with current policies, which stipulate that: a) any Assistant Professor in the 5th, 6th or 7th year in rank may submit a letter to the Dean requesting a three-year extension; b) prior to submission of the request, the standing Departmental Advisory Committee must review the faculty member's readiness for promotion; and c) the chair of the department must concur with the request for extension. The request for an extension will be granted, so long as the letter is submitted prior to the start of the review for promotion or tenure by the School of Medicine Faculty Promotions Committee. Valid reasons for an extension might include interruption of one's career because of illness or family obligations, significant change in career focus, assumption of

3(C) Promotion Criteria - *Extracted from the Rules of the School of Medicine (July 1, 2007) (Continued)*

major administrative, teaching or research responsibilities, part-time University employment, etc. If an extension is denied by the chair, the faculty member may appeal to the Dean. An individual granted an extension to the probationary period shall not be subject to additional scholarship, service or teaching requirements, above or beyond those normally required, in order to qualify for promotion or tenure.

The review for promotion to Associate Professor shall be in accordance with the following guidelines:

Meritorious performance in all:

- Teaching
- Scholarly activity
- Service/clinical activity

Excellence in one:

- Teaching - Clinical Activity - Research

e. Professor

Professors should have the terminal degree appropriate to their field or its equivalent. They must demonstrate continued achievement in their areas of expertise; a national reputation; at least meritorious performance in teaching and service/clinical activity; excellence in two of the following (teaching, research, and/or clinical activity); and excellence in scholarly activity.

The review for promotion to Professor shall be in accordance with the following guidelines:

Meritorious in:

- Teaching
- Service/clinical activity

Excellence in two:

- Teaching
- Research activity
- Clinical activity

Excellence in:

- Scholarly activity

2. Scholarship Requirement for All Faculty

All faculty will be required to participate in scholarship, as broadly defined. All scholarship implies creativity. The products of all scholarship must be in a format that can be evaluated, which would normally mean a written format, but could include video or computer formats.

The School will recognize the following four types of scholarship as adapted and modified from concepts developed by Ernest Boyer:^{*}

The scholarship of application – building bridges between theory and practice; applying knowledge to practical problems. Examples include development of a new medical treatment modality, or shaping public policy on health care.

The scholarship of teaching – the development of new teaching methods; studies on teaching approaches.

The scholarship of integration – creative synthesis or analysis; looking for connections across disciplines; bringing new insights to bear on original research; “horizontal” scholarship. The scholarship of integration seeks to interpret, analyze and draw together the results of the original research.

The scholarship of discovery – the traditional, disciplined pursuit of phenomena which results in the generation of new knowledge; “vertical” scholarship.

3(C) Promotion Criteria - *Extracted from the Rules of the School of Medicine (July 1, 2007) (Continued)*

3. Tenure

Faculty who are employees of the University of Colorado in the regular academic ranks of Associate Professor or Professor are eligible for consideration for an award of tenure. Consideration for promotion and an award of tenure will be separate processes but may occur concurrently. No maximum time limit exists for an award of tenure; however, a faculty member who is turned down for tenure may not be re-considered for three years. Faculty will be reviewed for an award of tenure by a subcommittee of at least seven tenured or tenure-criteria members of the Faculty Promotions Committee, and their recommendation will be forwarded to the Executive Committee. The review will be conducted separately from any promotion consideration.

The award of tenure in the School of Medicine will be reserved for those faculty members who are among the best in their field of scholarly endeavor. The faculty members will also be widely recognized as outstanding and influential teachers, and will show definitive promise of continuing, outstanding contributions to the School of Medicine. The balance between accomplishments in scholarship and teaching as defined below may vary considerably from one faculty member to another, but both scholarship and teaching excellence 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.

The first requisite for an award of tenure is excellence in scholarship, which has led to a national and international reputation. Scholarship is defined here, in the context of an award of tenure, as the long, continued, systematic study of phenomena or events which leads to a competent mastery of one, or more, of the medical, allied health, or

related basic science disciplines. More narrowly, scholarship refers to advanced study which 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. While the foregoing primarily refers to the scholarship of discovery, it may also include exceptional examples of the scholarship of application, integration and teaching, as previously defined (see 2 above). All candidates for an award of tenure in the School of Medicine will have demonstrated significant accomplishments in scholarly endeavors, which is synonymous with the generation of 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.

The second requisite for the granting of tenure is demonstrated excellence 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. The faculty member must have an outstanding record of demonstrated success in mentoring students, residents, fellows, and/or less experienced faculty members. It is implicit that excellence in teaching includes being a model of professional conduct for students, colleagues and patients.

The award of tenure will be reserved for those faculty members whose achievements have won recognition by scholars outside of the University as well as by the faculty member's faculty colleagues. Tenured faculty members are those individuals whose presence on the faculty enhances the prestige of the University of Colorado School of Medicine.

3(C) Promotion Criteria - *Extracted from the Rules of the School of Medicine (July 1, 2007) (Continued)*

4. Tenure Criteria

A faculty member at an affiliated institution who holds the rank of Associate Professor or Professor, and who has a record of outstanding accomplishments in teaching and scholarship, is eligible for consideration for the distinction of "tenure criteria." The process and standards for awarding tenure criteria shall be determined by the Dean. The distinction of "tenure criteria" is not the same as tenure and shall not involve any continuing financial obligation by the School of Medicine or the University. A tenure-criteria faculty member at an affiliated hospital who becomes a University employee does not automatically gain tenure but is eligible to apply for tenure in accordance with University and School of Medicine rules.

5. Research Professors

Faculty members whose duties are to conduct research may be given titles in the research professor series. Faculty members appointed in this series will have limited involvement in instructional programs. In accordance with Regent policies, faculty in the research professor series will be supported by non-general funds. However, when there is a gap between externally-funded research grants, departments of the School may provide interim support to selected faculty members in this series who have made significant contributions to the School. Faculty in the research professor series are at-will employees, in accordance with applicable state laws and University policies. They are not eligible for tenure or sabbatical assignment.

Members of the research professor series are eligible for vacation and sick leave and health and life insurance coverage in accordance with University policies. Annual performance reviews and reviews for appointment and promotion in the research professor series are identical to the review and approval processes for regular faculty.

Positions in the research professor series and regular tenure-eligible faculty series are not interchangeable.

Faculty members holding regular tenure-eligible appointments may be re-assigned to the research professor series only if requested by the faculty member and agreed to by the department chair.

Criteria for Faculty Ranks in the Research Professor Series

Faculty titles in the research professor series (Research Instructor, Senior Research Instructor, Assistant Research Professor, Associate Research Professor and Research Professor) should be regarded as parallel to the regular faculty titles of the same ranks. Faculty in the research professor series are expected to demonstrate excellence in research. The document "Promotion Criteria for Research Professors" will be used to guide faculty members, department chairs and evaluation committees in determining whether faculty members meet the criteria for appointment and advancement in the research professor series.

Review for promotion to Associate Research Professor may occur whenever the faculty member meets the criteria specified above, but normally the review must begin by the beginning of the seventh year of service as Assistant Research Professor. Faculty members who are not promoted to Associate Research Professor during the seventh year will be notified that their appointment will not be renewed. Extensions to the seven-year probationary period may be granted in accordance with current policies, which stipulate that the chair, the faculty member and the dean must concur in the request for extension.

3(D) Research Professor Series Promotion Criteria

Faculty members whose duties are to conduct research may be given titles in the Research Professor series. Faculty in the Research Professor series may be independent or collaborative investigators. Faculty members appointed in this series will have limited involvement in instructional programs.

Faculty appointed or promoted to the ranks of Associate Research Professor or Research Professor may be serving as senior investigators with independent funding, scientists reporting to regular faculty principal investigators, co-principal investigators, or directors or co-directors of core scientific facilities. Faculty in this series are expected to demonstrate evidence of excellence in research.

Faculty appointed to the rank of Research Professor must demonstrate skill as an investigator, originality and creativity, outstanding contributions to the research programs of their department and the School of Medicine, and a national or international reputation. Creativity and originality imply that the faculty member has contributed to the generation of new observations, new concepts, new techniques or new interpretations in his or her field of scholarly endeavor. Evidence of a national or international reputation may include letters of praise from external referees, service on scientific review panels or study sections, invited scientific presentations or other evidence of national standing. Research professors will usually have a record of funding as a principal investigator and will have published high-quality first- or senior-author scientific papers in peer-reviewed journals.

The following is a list of accomplishments in research and scholarship that will be used to guide the appointment and promotion of faculty in the Research Professor series. Research Professors should demonstrate excellence in research by meeting a number of these criteria. Associate Research Professors will have met fewer of these criteria or in less depth. The promotion process is meant to describe and reward continued professional growth and achievement.

- Record of authorship or co-authorship of papers in peer-reviewed journals that demonstrate the ability to initiate and design scientific investigations; candidate played the major role in analyzing the data and writing up the results.
- Co-investigator on grants or recipient of a career-development award.
- Leader or principal manager of an externally funded research program.
- Coordinator of research programs at a school-wide, regional or national level;
- Patents or other research discoveries.
- Invitations to present research seminars at this and other institutions.
- Evidence of originality as an investigator; evidence that faculty member has contributed to the generation of new observations, new concepts, new techniques or new interpretations;
- Evidence of research leadership, including designing and directing research programs in an area of focus.
- A consistent level of peer-reviewed research funding over a period of time.
- Principal investigator status on peer-reviewed grants.
- An ongoing, peer-reviewed publication record with senior or first-author publications.
- Multiple publications in an area of expertise, representing a recognizable body of work.
- Authorship of monographs or review articles that assess and integrate knowledge; creative syntheses and analyses that demonstrate connections across disciplines or bring new insights to bear on original research (scholarship of integration).
- A national or international reputation, as evidenced by external letters of reference, invitations to present at national/international meetings, visiting professorships, service on study sections, organizing national meetings, serving as a national consultant, membership on editorial boards of journals, etc.

3(E) Promotion Criteria Matrix

NOTE: The following is intended to present examples of various levels of accomplishment in the areas of teaching, research, clinical activity, scholarship, and service. It is not exclusionary, but is intended to assist faculty, department chairs and promotion committees in matching candidates' accomplishments to the promotion criteria. Moreover, areas frequently overlap in practice, although they are presented as distinct entities here. It should also be noted that the matrix specifies just two categories, meritorious and excellent. Professors will need to achieve excellence by a number of criteria. Associate professors will have met fewer of these criteria and/or in not as great depth. The promotion process is meant to describe and reward continued professional growth and achievement. An associate professor is at an intermediate stage in that process, while a full professor has reached the final stage.

TEACHING

Meritorious

Active participation in teaching activities of the department, including two or more of the following: presenting a series of lectures covering one or more topics; coordinating a course, acting as primary instructor in a course, advising students, attending on inpatient or outpatient service, mentoring students and fellows, seminar or journal club organizer, small group or laboratory teacher, continuing education activities.

Meritorious teaching evaluations from students and peers.

Development or redevelopment of teaching materials for students, continuing education courses and/or other faculty training.

Invitations to present Grand Rounds/seminars here and at other institutions; invitations to present courses outside of primary department..

Excellent

Regularly assumes greater than average share of teaching duties - e.g., course director, residency fellowship director.

Consistently receives outstanding teaching evaluations or teaching awards, recognition as an outstanding role model for students.

Trains fellows who pursue outstanding academic careers.

Develops innovative teaching methods such as educational software, videotapes, packaged courses or workshops, etc.

Successfully runs regional continuing education courses.

Consistent participation in national educational activities - e.g., Residency Review Committee, programs sponsored by professional organizations, re-certification, workshops and symposia, etc.

Invitations to be a visiting professor at another institution.

Provides educational leadership by writing syllabi, textbooks or assuming an administrative role (e.g., Assistant Dean Continuing Medical Education, Graduate Medical Education, Allied Health or Student Affairs)

3(E) Promotion Criteria Matrix (*Continued*)

CLINICAL ACTIVITY

Meritorious

Active and effective participation in clinical activities of the academic unit.

Board certification.

Demonstration of mastery and independence clinical skills - (e.g., introduction of techniques, improved quality of care).

Support from internal peers at the site of practice.

Invitations to speak on clinical topics on campus, or participation on institutional clinical care committees.

Excellent

Continuing significant participation for an extended period of time in clinical activities that are highly effective.

Development of new techniques, therapies, or HEALTH care delivery systems that have of improved the health of the population of newserved.

Creative, active participation in the evaluation of the effectiveness (quality, utilization, access, cost) of the care being provided.

Recognition for excellence in clinical activity at the local, regional, and/or national level through letters of reference, awards, institutional evaluations, invitations to speak, requests to write reviews, etc.

Demonstration of effective leadership at the site of clinical practice - i.e., director of a clinical service, head of a division, chair of a department, head of an interdisciplinary team that creates and manages a clinical pathway and outcomes evaluation, Medical Staff President.

Assumption of a substantive leadership role at the regional level - i.e., chairing committees, or accepting positions as officer of local or statewide professional organizations.

Assumption of a substantive leadership role at the national level - i.e., chairing national symposia and meetings, chairing committees or accepting positions as officer of national professional organizations, editorial role in journal.

3(E) Promotion Criteria Matrix (*Continued*)

RESEARCH

Meritorious

Authorship of papers in peer-reviewed journals that demonstrate the ability to generate and test hypotheses and represent a significant contribution to the published literature.

Co-investigator on grants or recipient of a 'First' award.

A principal and sustained role in the management of a research program with external funding.

Development of patents for discoveries.

Presentations at national meetings; invited research seminars at this and other institutions.

Excellent

A consistent level of peer-reviewed and/or other funding for research over a sustained period of time.

Demonstrated evidence of originality as an investigator.

Principal investigator status on peer-reviewed grants.

Development of a significant number of patents.

An ongoing, peer-reviewed publication record with senior author publications.

A national and/or international reputation as evidenced by external letters of reference, invitations to present at national/international meetings, visiting professorships, service on study sections, organizing national meetings, serving as a national consultant, or on editorial boards of journals, etc.

3(E) Promotion Criteria Matrix (*Continued*)

SCHOLARSHIP

Note: There may be considerable overlap between scholarship and the other areas - i.e., research, teaching, and clinical activity.

	<u>Meritorious</u>	<u>Excellent</u>
CLINICAL RESEARCH	Collaborator on research, e.g., a participant in a multicenter trial, publication of articles on topic.	Designs and directs research and plays a major role in writing up the results. First or senior author on publications.
	Establishes an area of research in a clinical area.	Coordinates research at a national level in a multicenter study.
	Conducts applied research including evaluation of the efficacy of various treatment modalities.	Consistent funding for peer reviewed or other appropriate research.
	Facilitates the research programs of the SOM through substantive contributions to COMIRB, which must include: regular attendance at meetings over at least a three-year period; active and effective participation in discussions; review and presentations of protocols to the committee; and a demonstrated understanding of key topics (e.g. informed consent, risk assessment, protection of vulnerable populations, adverse event reporting or waivers of informed consent). Additional aspects of COMIRB service that may be considered evidence of meritorious scholarship may include: mentoring of new COMIRB members in the elements of proper review and presentation of protocols; active participation in COMIRB "education days;" training of SOM clinical investigators in techniques of protocol writing; and serving as a positive spokesperson for COMIRB service. A supporting letter from the Director of COMIRB is required.	Multiple publications on area of expertise. Member of review section or editorial board. National reputation.
INNOVATIVE PROCEDURES FOR THE DELIVERY OF HEALTH CARE	Initiates improvements in delivery within institution.	Consistent funding for peer reviewed health services research.
	Provides documentation of intervention and outcome.	Utilized as a national consultant in area of expertise.

3(E) Promotion Criteria Matrix (*Continued*)

SCHOLARSHIP (*continued*)

	<u>Meritorious</u>	<u>Excellent</u>
	Documents improvements to audiences outside the UCHSC, typically in the form of a written communication.	Multiple publications on subject.
WRITING OF MONOGRAPHS, REVIEWS, AND OTHER CREATIVE EFFORTS	<p>One or more such efforts are published in journals.</p> <p>Reports integrate and put new discoveries into perspective.</p>	The reviews represent a major body of work that provide a documentable national or international reputation.
TEACHING SCHOLARSHIP	<p>Develops new educational materials.</p> <p>Publishes articles on health professional education with emphasis on hypothesis-driven research.</p>	<p>Creates a new course or curriculum.</p> <p>National reputation as an innovative educator.</p> <p>A strong record of publications in health professional education.</p>
CLINICAL SCHOLARSHIP	<p>Provides continuing education at local and national meetings.</p> <p>Successful completion of recertification examinations.</p> <p>Participation in departmental, divisional, and institutional quality assurance programs.</p> <p>Provide invited grand rounds locally.</p> <p>Scholarly integration such as case studies, book chapters, and reviews.</p> <p>Media other than print are applicable (video), computer programs) if utilized by educators/clinicians outside of the School Of Medicine.</p> <p>Provides written documentation of novel techniques in teaching on the delivery of care.</p> <p>Documentation of innovative quality assurance programs.</p> <p>Collaborator in design, conduct and publication of the research, e.g., a of the research, e.g., a participant in a multicenter trial.</p>	<p>Peer reviewed grant funding.</p> <p>Design and directs hypothesis- driven research.</p> <p>A strong record of peer-reviewed publications.</p> <p>National/international reputation.</p>

3(E) Promotion Criteria Matrix (*Continued*)

SCHOLARSHIP (*continued*)

	<u>Meritorious</u>	<u>Excellent</u>
BASIC SCIENCE SCHOLARSHIP	Writes articles integrating knowledge in a field and assesses overall value of discoveries in relationship to the area of research.	Initiates and designs the research protocol. May coordinate the research at a national level in a multi-center study. Directs research and plays a major role in writing up the results. Senior author on publications. Consistent funding for peer-reviewed research. Multiple publications on area of expertise. Member of review section or editorial board. National/international reputation.

SERVICE

<u>Meritorious</u>	<u>Excellent</u>
Service on committees or task forces within the program, division, department, school, campus and/or university. Service to local, state and national organizations through education, consultation, or other roles.	Appointment to responsible positions within the institution such as chair of a committee; faculty officer; program director; academic clinical coordinator; membership on major decision-making Health Sciences Center committees. Service as an officer or committee chair in professional or scientific organizations Service on editorial boards of professional or scientific journals. Election to responsible positions dealing with health care issues at the local, state, regional, national or international levels. Service awards from an area of the University or from a local, national, or international organization (civic, scientific and/or professional).

3(F) Dossier Checklist

**MATERIAL TO BE SUBMITTED TO FACULTY PROMOTIONS COMMITTEE
FOR APPOINTMENTS AND PROMOTIONS TO ASSOCIATE PROFESSOR AND
PROFESSOR AND AWARDS OF TENURE**

- Four (4) copies (in addition to the original) of the materials requested below are needed for promotion to associate and full professor. You only need to submit one FRF and one Cover Sheet with the entire group of dossiers.
- **Ten (10) copies (in addition to the original) are required for the award of tenure.** *Dossiers submitted for appointment and the award of tenure must also include Item No. 12 from the checklist.*
- All materials must be collated into sets that are separated by tabs in the order listed below and placed in portfolio pockets or bound in lightweight binders. *Large, three-ring binder notebooks are not ideal, as they are difficult to distribute.*
- Make copies of originals (e.g., certificates), as we do not return any materials or dossiers.
- **Do not submit any materials until the dossier is complete.**

1.	Chancellor's Faculty Action Committee Cover Sheet – One Only	
2.	FRF (Faculty Recommendation Form) - One Only	
3.	CV Abstract. The template is located at http://www.uchsc.edu/som/faculty/document/CVAbstract2006.doc .	
4.	Current Curriculum Vitae. A template CV format is located at http://www.uchsc.edu/som/faculty/document/CVFormat.doc .	
5.	Chair's letter of recommendation	
6.	Letter from departmental evaluation committee, including the vote and an explicit statement explaining how the candidate meets the criteria for the proposed rank	
7.	Three to six letters of reference, at least 3 of which must be from outside the University.	
8.	Documentation of teaching ability. (Please refer to <i>Format for Teachers' Portfolios</i> , which is located at http://www.uchsc.edu/som/faculty/offac.promotion.htm .) Note: Teaching Portfolio is required for candidates seeking promotion or tenure on the basis of excellence in teaching. <ol style="list-style-type: none"> a. Specific description of teaching and mentoring activities b. Student, housestaff and faculty (peer) evaluations c. Teaching awards or other recognition d. Curriculum design or leadership, teaching administration, national service 	
9.	Documentation of clinical activity and effectiveness. (Please refer to <i>Format for Clinical Portfolio</i> , which is located at http://www.uchsc.edu/som/faculty/offac.promotion.htm .) Note: Clinical Portfolio is required for candidates seeking promotion or tenure on the basis of excellence in clinical service. <ol style="list-style-type: none"> a. Description of the type and frequency of clinical work b. Evaluative data regarding effectiveness or outcomes (e.g., letters from peers, residents, students, patients, etc.) c. Other evidence of the quality of clinical skills, such as regional or national recognition, honors or awards 	
10.	Documentation of national, School of Medicine and community service.	
11.	Copies of reprints of 3- 5 recent, significant publications	
12.	For candidates seeking appointment and tenure , a narrative statement written by the Department Chair describing in detail how the appointment complements the academic and financial plans of the department. The letter should be organized as follows, with all four points being clearly delineated in the letter: <ol style="list-style-type: none"> 1) A description of the fiscal and academic program plans for the unit in terms of long-range planning Discussion should include, for example, the academic unit's plans to strengthen a particular area in a discipline, to replace retirees in a discipline, to develop a new thrust or focus, to come up with resources, to identify and accommodate changes that will occur in the college/school, etc. 2) An explanation of how the personnel action fits into the unit's plan 3) A statement of the specific merit of the candidate This statement indicates how this particular candidate meets the needs that have been identified above. The statement need not be long; the curriculum vita usually provides the details. The statement hits highlights, such as: Dr. X is one of the leading specialists in the field of Q; her list of publications is long and distinguished; she has clearly left a mark on her field and is an experienced mentor of junior faculty; she has previous experience in developing a department and gaining the grants and resources to move ahead in this field – whatever is appropriate and accurate in the particular case. 4) The unit's tenure ratio (If high, information about upcoming retirements that may change that ratio in the near future would be helpful.) <p style="text-align: center;">- Required only for new appointments to the faculty - One copy only</p>	

PLEASE SUBMIT PROMOTION DOSSIERS NO LATER THAN DECEMBER 31ST FOR PROMOTIONS AND AWARDS OF TENURE ANTICIPATED FOR JULY 1.

[Revised 6/5/2009]

3(G) Format for Curriculum Vitae

1. **Personal history or biographical sketch**
 - Begin with name and “current position” --- include title(s) and professional address (with email and FAX)
 - Optional: Marital status, spouse’s name, children
 - Do NOT include birth date or Social Security Number
2. **Education**
 - In chronologic order, list institutions attended and degrees (Begin with college or university)
 - Include internship, residency, fellowships, post-doctoral training
 - Do not include CME or other courses; this information may be included in a teacher’s or clinician’s portfolio (<http://www.uchsc.edu/som/faculty/offac.promotion.htm>).
3. **Academic appointments**
 - List these chronologically (including dates)
 - Include full-time and adjunct faculty positions
4. **Hospital, government or other professional positions**
 - List positions chronologically
 - May divide into sections (hospital, government, etc.)
 - Include military service, if applicable
 - May list consulting positions
5. **Honors, special recognitions and awards**
 - Graduate school honors and distinctions
 - Clinical, teaching, research or service awards
 - Elected and honorary society memberships
 - Honorary fellowships
6. **Membership in professional organizations**
 - List organizations (and dates)
 - Include offices held and other leadership positions
7. **Major Committee and Service Responsibilities**
 - Group (as appropriate) under headings: Departmental, SOM, university and hospital
 - Include state and national committees, tasks forces, boards and commissions
 - List important community service or public health activities
 - Note leadership positions, key responsibilities
8. **Licensure and board certification**
 - Include dates of state certification, board certification and recertification
 - Do NOT list medical license numbers
9. **Inventions, intellectual property and patents held or pending**
10. **Review and referee work**
 - Service on editorial boards (Include dates)
 - Grant review committees and study sections
 - Service as ad hoc reviewer for journals, professional societies or scientific meetings (Include dates, journals, meetings)

3(G) Format for Curriculum Vitae (*Continued*)

11. **Invited extramural lectures, presentations and visiting professorships**
 - As list lengthens, may divide into headings: Local, regional, national, international

12. **Teaching record**
 - *In separate sections*, list major presentations to medical (or other undergraduate) students, graduate students, house officers or peers (CME)
 - List course numbers, dates and number of students or trainees
 - Ward/clinic attending duties (e.g., “2000-03: *Supervision and bedside teaching of residents, high-risk hypertension clinic - 6 hours/week*”)
 - Key administrative positions (course or training program director) and dates
 - Specific accomplishments (course development, innovative syllabus, etc)
 - Teaching awards may be listed here or in Section 5 (Honors and Awards)
 - All supporting details should be provided in separate teacher’s portfolio www.uchsc.edu/som/faculty/offac.promotion.htm.
 - Trainees and mentees may be listed here; however, it is preferable to list them, with a summary of their accomplishments, in your teacher’s portfolio

13. **Grant support**
 - List all grants awarded; list active grants first
 - Include your role (e.g., principal investigator, co-investigator); if you are not the principal investigator, provide the name of the PI. State funding source (and grant number), dates, percent effort and total direct costs. For current grants, include a one-sentence description of the purpose or importance of the funded project. Recommended: use a tabular format to summarize this information.
 - As list lengthens, may divide into headings as appropriate (current and prior funding, whether competitive, by type of funding agency, etc)

14. **Bibliography**
 - Check all bibliographic citations for accuracy
 - Number all publications (beginning with the earliest) and list in order of publication
 - Underline your name (or highlight in bold) as it appears in author list
 - Include, *in separate sections*, the following items:
 - Papers published in peer-reviewed journals (may include in-press and accepted articles)
 - Books and monographs
 - Book chapters, invited articles & reviews in non peer-reviewed journals
 - Other publications, non-published documents, reports, research or policy papers, lay press articles (must be complete and available for review)
 - Other “products of scholarship” (software, CD’s, case simulations, videos, etc.)
 - Letters to the Editor
 - Scientific abstracts published or presented at scientific meetings
 - List meeting, journal reference and type of abstract (plenary, oral or poster)
 - Divide into headings (Competitive, non-competitive)
 - Do not list manuscripts that have been submitted or that are “in preparation”

3(H) Format for CV Abstract

(Please type)

CURRICULUM VITAE - ABSTRACT

Revised 6/09

NAME: _____ **Current Rank** _____

EDUCATION (Residency, fellowship or graduate school training):

School/Program Degree Date

PROFESSIONAL EXPERIENCE: (Academic appointments - List current appointment first)

Institution Rank Dates

TEACHING ACTIVITIES: Briefly summarize major classroom, laboratory or clinical teaching responsibilities over the past 5 years. Each candidate must also submit a teaching portfolio. See <http://www.uchsc.edu/som/faculty/TeachingPortfolioFinal.pdf> for suggested format.

CLINICAL ACTIVITIES: Briefly describe typical clinical activities over the past 5 years (e.g., type of activity [clinics, attending, surgical, consultation), average number of hours/week or months/year). Faculty clinicians with clinical duties must submit a Clinician's Portfolio, which may be brief if the faculty member has limited clinical responsibilities. See <http://www.uchsc.edu/som/faculty/document/Clinical%20Portfolio.pdf> for format.

RESEARCH AND SCHOLARSHIP: Briefly summarize research and scholarly activities over the past 5 years, including research focus, major discoveries or other important aspects of your work. Lists grants in the table, below.

PUBLICATIONS/SCHOLARSHIP:

Number of original articles in peer-reviewed journals (TOTAL): _____

 First-author _____ Senior-author _____ Other co-author _____

Number of books: _____

Number of other publications (scholarly reviews, symposium papers, editorials and book chapters): _____

Number of published or presented scientific abstracts (TOTAL): _____

 Refereed abstracts _____ Un-refereed abstracts _____

Letters-to-the-editor, other publications: _____

Unpublished works (papers, course syllabi, quality improvement projects, patient education materials, case studies or other creative works)

List only if completed and available for review in written or electronic format _____

**PUBLIC AND UNIVERSITY SERVICE ACTIVITIES/
PROFESSIONAL SOCIETY MEMBERSHIPS/HONORS:**

MAJOR GRANTS (RESEARCH, TRAINING OR OTHER) IN PAST 5 YEARS (List PI, Co-PI and Co-I grants only)

<u>Active Grants</u>	<u>Number of Grants</u>	<u>Total Costs (Direct & Indirect)</u>
Federal (NIH, NSF, VA, etc.)	_____	\$ _____
Foundation (RWJ, AHA, etc)	_____	_____
Industry	_____	_____
Other non-competitive awards	_____	_____

<u>Inactive Grants (past 5 years)</u>	<u>Number of Grants</u>	<u>Total Costs (Direct & Indirect)</u>
Federal (NIH, NSF, VA, etc.)	_____	\$ _____
Foundation (RWJ, AHA, etc)	_____	_____
Industry	_____	_____
Other non-competitive awards	_____	_____

3(I). Teaching Portfolios: Required for Promotion

Teaching is an important responsibility --- and privilege --- of faculty members at the School of Medicine. Evidence of accomplishments in teaching is also required for promotion and tenure. The purpose of a “teaching portfolio” is to document a faculty member’s teaching activities, effectiveness and impact. The teaching portfolio does what a C.V. cannot: it captures and explains what teachers do.

Each candidate for promotion or tenure must submit a formal teaching portfolio as part of a comprehensive promotion dossier.

The following format is suggested (although faculty are not expected to have activities in every area):

- A teacher’s statement, which articulates your personal teaching goals and philosophy. The statement may address questions such as: What and how do you teach? What is unique or most important about your teaching? How do you assess students’ learning or measure whether your teaching is effective? What, specifically, do you want to improve about your teaching?
- Classroom instructional activities: List course name & number, dates, number of students and your role in course (lectures given, laboratory or small-group leader, etc).
- Clinical teaching activities (e.g., bedside rounds, ward attending, ambulatory care preceptor): specify site, nature of teaching activity, dates, numbers of trainees.
- Other didactic teaching activities (e.g., grand rounds, seminars, journal clubs, morning report).
- Teaching administration: List courses, clerkships, training programs or CME programs you have directed; also list national service, such as board examiner, participation on residency review or curriculum committees, faculty development activities, etc.
- Curriculum innovation and other “products of education” (Describe your work in preparing or revising high-quality syllabi, developing laboratory exercises or problem-based learning cases, CD-ROMs, evaluation tools or other instructional materials).
- Mentorship: List students, residents, fellows or graduate trainees you have mentored; specify *your* role as research preceptor, thesis director or thesis committee member, and list *their* achievements, including publications, grants, national presentations or awards.
- Advising (Describe your work in mentoring students, house officers or junior faculty).
- Outside education activities, including outreach. Describe your participation in CME or outreach education, including visiting professor invitations.
- Self-study and improvement: List meetings, workshops or fellowships you have attended aimed at improving your skills and effectiveness as a teacher.
- Scholarship of teaching: Describe research activities, education grants or other written scholarship that focus on understanding the best methods, or the outcomes, of teaching.
- Teaching awards or nominations.

A teaching portfolio must also contain supporting documents, including evaluations of your teaching effectiveness. Evaluations may include ratings by learners as well as by peers.

- *Learner ratings* may include quantitative scores, comments from students and letters from former trainees. Trainees who have been mentored can be asked to write letters describing the ways in which you (the mentor) have helped them advance their careers. For example, trainees can be asked to comment about the ways in which you helped them understand research methods, scientific writing or research ethics.
- *Peer ratings* may include written comments from peers who have observed you in various teaching

3(I). Teaching Portfolios: Required for Promotion (Cont.)

settings or who have reviewed your syllabi, handouts, laboratory manuals or other teaching materials. Peer evaluations may include a general assessment of your knowledge, a statement about the clarity and effectiveness of your delivery, comments about the types of methods you employ in teaching or assessments of the scope, organization, clarity and accuracy of your teaching materials and lecture/seminar content.

[Prepared by Steven R. Lowenstein, M.D., M.P.H., Associate Dean for Faculty Affairs; revised 2/07/06]

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"I realize that those of you who are planning to go into psychiatry may find this dull."

3(J) Suggested Format for Documenting Research Mentorship

RECORD OF STUDENT AND RESIDENT RESEARCH MENTORSHIP

Jane K. Smith, M.D., Ph.D.

Professor of Medicine

December 16, 2005

(May include separate sections for mentorship of graduate students, residents and medical students.)

Dr. Smith has provided supervision and direction for the following graduate school research projects that have led to advanced degrees. Research presentations, peer review publications, funding and awards received by the students are listed. “*Chair*” indicates that Dr. Smith served as project director and thesis committee chair. “*Director*” indicates that Dr. Smith served as project director (but not thesis committee chair)

- *SAMPLE* -

STUDENT, RESIDENT OR FELLOW	DEGREE (DATE)	THESIS OR PROJECT	PUBLICATIONS, PRESENTATIONS OR AWARDS
Jill Smith, M.D.	Master of Science, Public Health (1991) <i>Chair</i>	Prevalence and Clustering of Injury Risk Factors in a Primary Care Medical Practice Safety Belt Use by Internal Medicine Patients: A Missed Opportunity in Clinical Preventive Medicine <i>Funding: Colorado Department of Transportation</i>	<u>Publications:</u> <i>Ann Intern Med</i> , 1990 <i>J Gen Intern Med</i> , 1992 <i>Amer J Med</i> , 1995 <u>Presentations:</u> Ann Meeting, Society Gen Intern Med, 1991; Ann Mtg, Southern Section, SGIM, 1992; Ann Mtg, SGIM, Wash DC, 1992 <u>Award:</u> <i>Mark Lipkin Sr. Award, Best Scientific Research</i>
STUDENT, RESIDENT OR FELLOW	TITLE OF PROJECT(S)	FUNDING AND AWARDS	PRESENTATIONS, PEER-REVIEW PUBLICATIONS
John Jones, UCSM-2 (1993-1994)	1. Smoking habits of emergency department patients 2. Smoking cessation counseling by emergency physicians: Attitudes, knowledge and training needs	<i>Funding: NIH Summer Traineeship</i> <i>Award: Best non-physician research presentation, Rocky Mountain Conference on Emergency Medicine, 1993</i>	Annual Epidemiological Research Exchange, 1992 Rocky Mountain Conference on Emergency Medicine, Aspen, CO, 1993 Annual Meeting, Society for Academic Emergency Medicine, Washington, DC, 1994 <i>Academ Emergency Med</i> (2 publications, 1995)

3(K) Faculty Promotions Committee Statistics 2002-2009

FACULTY PROMOTIONS COMMITTEE STATISTICS 2002-2009									
ASSOCIATE PROFESSORS	2002-2003 ^(a)	2003-2004 ^(a)	2004-2005 ^(a)	2005-2006 ^(a)	2006-2007 ^(a)	2007-2008 ^(a)	2008-2009 ^(a)	TOTALS	
Reviewed for Appointment	10	10	15	13	12	21	20	101	
Approved	10 (100%)	10 (100%)	15 (100%)	12 (92%)	11 (92%)	20 (95%)	19 (95%)	97 (96%)	
Reviewed for Promotion	51	37	48	52	46	65	48	347	
Approved	51 (100%)	36 (97%)	47 (98%)	49 (94%)	46 (100%)	65 (100%)	46 (96%)	340 (97%)	
Reviewed for Appt to Assoc Res Professor	0	0	0	3	0	2	1	6	
Approved	0	0	0	2 (67%)	0	2 (100%)	1 (100%)	5 (83%)	
Reviewed for Promo to Assoc Res Professor	0	0	3	1	2	0	2	8	
Approved	0	0	3 (100%)	1 (100%)	2 (100%)	0	2 (100%)	8 (100%)	
Total Reviewed	61	47	66	69	60	88	71	462	
Approved	58 (95%)	46 (98%)	65 (98%)	64 (93%)	59 (98%)	87 (99%)	68 (96%)	447 (97%)	
Disapproved	0	1 (2%)	1 (2%)	4 (6%)	1 (2%)	0	2 (3%)	9 (2%)	
Tabled and resolved in following year	2 (3%)	0	0	1 (1%)	0	1 (1%)	0	4 (1%)	
Tabled and withdrawn	1 (2%)	0	0	0	0	0	1 (1%)	2 (<1%)	
PROFESSORS									
Reviewed for Appointment	6	6	6	14	13	10	13	68	
Approved	6 (100%)	6 (100%)	6 (100%)	14 (100%)	13 (100%)	10 (100%)	13 (100%)	68 (100%)	
Reviewed for Promotion	16	23	24	11	24	24	31	153	
Approved	16 (100%)	21 (91%)	22 (92%)	10 (91%)	23 (96%)	23 (96%)	30 (94%)	145 (95%)	
Reviewed for Appt to Research Professor	0	0	0	2	0	1	0	3	
Approved	0	0	0	2 (100%)	0	1 (100%)	0	3 (100%)	
Reviewed for Promo to Research Professor	0	0	2	0	0	0	0	2	
Approved	0	0	2 (100%)	0	0	0	0	2 (100%)	
Total Reviewed	22	29	32	27	37	35	44	226	
Approved	22 (100%)	25 (86%)	30 (94%)	26 (96%)	36 (97%)	34 (97%)	43 (98%)	216 (96%)	
Disapproved	0	2 (7%)	2 (6%)	1 (4%)	1 (3%)	1 (3%)	0	7 (3%)	
Tabled and resolved in following year	0	2 (7%)	0	0	0	0	0	2 (1%)	
Tabled and withdrawn	0	0	0	0	0	0	1 (2%)	1 (<1%)	
TENURE REQUESTS									
Total Reviewed for Tenure	16	11	12	21	14	16	15	105	
Approved for Tenure	15 (94%)	8 (73%)	10 (83%)	18 (86%)	12 (86%)	16 (100%)	14 (93%)	93 (88%)	
Disapproved for Tenure	1 (6%)	2 (18%)	2 (17%)	1 (5%)	1 (7%)	0	1 (7%)	8 (8%)	
Tabled and resolved in following year	0	1 (9%)	0	0	0	0	0	1 (1%)	
Tabled and withdrawn	0	0	0	2 (9%)	1 (7%)	0	0	3 (3%)	
Total Reviewed for Tenure Criteria	0	1	0	0	0	0	1	2	
Approved for Tenure Criteria	0	0	0	0	0	0	1 (100%)	1 (50%)	
Disapproved for Tenure Criteria	0	1 (100%)	0	0	0	0	0	1 (50%)	

Notes: (a) Among all appointments and promotions in 2002/2003, 3 dossiers were initially tabled and resolved during that year.
 (b) Among all appointments and promotions in 2003/2004, 6 dossiers were initially tabled and resolved during that year.
 (c) Among all appointments and promotions in 2004/2005, 16 dossiers were initially tabled and resolved during that year.
 (d) Among all appointments and promotions in 2005/2006, 5 dossiers were initially tabled and resolved during that year.
 (e) Among all appointments and promotions in 2006/2007, 3 dossiers were initially tabled and resolved during that year.
 (f) Among all appointments and promotions in 2007/2008, 1 dossier was initially tabled and resolved during that year; 1 dossier that had been disapproved the previous year was resubmitted and approved during that year.
 (g) Among all appointments and promotions in 2008/2009, 1 dossier was initially tabled and resolved during that year.

2008-09: 120 total dossiers

4 Annual Reviews of Faculty Performance: A Fact of Life

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MOST OF US ARE aware that “Annual Performance Evaluations” are a necessary part of faculty life. In fact, annual performance evaluations are required under state law, Regent law and campus and School of Medicine policies. The citizens of Colorado also expect that University faculty members will be evaluated regularly. And apart from SOM and University rules, well-defined, well-executed performance reviews, carried out in face-to-face meetings between a faculty member and department chair, are essential in building a cohesive and productive faculty.

Unfortunately, as faculty members, department chairs and administrators have frequently observed, there are numerous types of review, including annual reviews, performance ratings, mid-term comprehensive reviews, professional plans and post-tenure reviews. The rules governing these reviews are confusing, overlapping and generally ambiguous.

The purpose of this article is to summarize and clarify the performance evaluations that are required for faculty in the School of Medicine. In every case, performing and tracking these evaluations are the departments’ responsibilities. We have also prepared a more tabular “Guide to Faculty Performance Evaluations,” which appears on the Office of Faculty Affairs web site (<http://www.uchsc.edu/som/faculty/EvaluationSummary.mdi>) and is included as a table at the end of this article.

Annual Reviews: All medical school faculty members are subject to annual reviews. Annual reviews are mandatory at the Instructor rank and higher, whether tenured or not. Faculty in the Research Professor series are also included. The annual review may be conducted by a faculty member’s division head. It must be completed no later than May 1st of each year.

During the annual review, the Chair should evaluate the faculty member’s performance in teaching, research, scholarship and service---the same areas of professional competence and achievement that are used in tenure and promotion reviews. The recent SOM report, *ENHANCING PROFESSIONALISM*, also recommended that faculty be evaluated in certain less

objective areas, such as professionalism and departmental and SOM citizenship. For additional information about annual performance evaluations, refer to the SOM Rules, <http://www.uchsc.edu/som/faculty/offac.rules.2004.html> or the University’s *Standards, Processes and Procedures Document* at <http://www.cu.edu/regents/Laws/AppendixA.html>.

Annual performance reviews should be bi-directional conversations. One objective is to document whether the faculty member is fulfilling the department’s expectations and is on course for promotion. In this part of the review, the Chair and faculty member should refer frequently to the promotion matrices and *Rules* of the SOM. Equally important, the annual review must provide an opportunity for the faculty member to indicate whether his or her own expectations are being met and what additional time, resources, mentorship or other opportunities may be required to meet career objectives. Annual reviews should provide an opportunity for the faculty member to have input into his or her job assignments and the allocation of time and effort to teaching, clinical work, service and scholarship. The Annual Review is conducted concurrently with writing or revising the faculty member’s Professional Plan; in both processes, the faculty member should engage in self-evaluation, there should be input by the mentors, and there should be explicit short- and long-term goal setting for the year(s) ahead.

Professional Plans: All tenure-eligible faculty, beginning in their second year, must develop a Professional Plan. Professional plans should contain clear statements of the faculty member’s goals in teaching, research/creative scholarship and service and the time and effort that will be devoted to each. Faculty professional plans must be reviewed and updated on an annual basis, during annual performance evaluations (See above). A template for professional plans is posted on the Office of Faculty Affairs web site at <http://www.uchsc.edu/som/faculty/ProfPlanSample.mdi>.

Comprehensive Mid-term Review: Each Assistant Professor must be evaluated in a comprehensive manner during the third or fourth year in rank. The comprehensive mid-term review should be conducted by

4 Annual Reviews of Faculty Performance: A Fact of Life (*Continued*)

the departmental evaluation committee (the committee that is designated to review candidates for appointment, promotion and tenure). This evaluation is detailed and comprehensive and resembles a “mock” promotion review. The committee should evaluate faculty performance in teaching, research, scholarship and service. The faculty member under review should furnish an updated CV, copies of recent publications, funding record, description of teaching effort, teaching evaluations and evidence of clinical, university or public service. Each faculty member must be informed in writing by the department chairperson of the results of this evaluation. The written summary should state clearly whether the faculty member is on track for promotion to Associate Professor; if the answer is “no,” the committee and chair should make recommendations for accelerated faculty development.

Annual Performance Ratings: Colorado law requires that each faculty member be assigned, on an annual basis, an overall “Performance Rating.” The rating must categorize the faculty member’s performance as: Outstanding; Exceeding Expectations; Meeting Expectations; or Below Expectations. The rating follows naturally at the conclusion of the annual review (See above). The performance rating must conform to the University’s policy and format (See <http://www.cusys.edu/policies/Personnel/perfratings.html>). The performance rating should not be sent to the Dean’s Office; it should be placed in the employee’s personnel file, *where it is subject to disclosure under the Colorado Open Records Act*.

Post-tenure Reviews: All tenured faculty members must undergo a comprehensive performance review every five years following the award of tenure. The objectives of the post-tenure review (PTR) are: a) To facilitate continued faculty development, “consistent with the academic needs and goals of the University and the most effective use of institutional resources;” and b) to ensure professional accountability by a regular, comprehensive evaluation of every tenured faculty member’s performance. Department chairs must also undergo PTR, following the same five-year schedule. In addition to their PTR, tenured faculty members must undergo annual reviews and must receive annual Performance Ratings, as summarized above. Each tenured faculty member must also develop a five-year professional plan as a part of the PTR.

PTR’s are conducted by a committee of at least three tenured faculty peers, appointed or elected by the department. The PTR committee should evaluate faculty performance in teaching, research, scholarship and service. The faculty member under review must furnish an updated CV, copies of recent publications, funding record, description of teaching effort, teaching evaluations and, if applicable, evidence of clinical, university and public service. The PTR Committee may (but is not required to) request written evaluations from respected peers within or outside the School of Medicine.

At the conclusion of the PTR, the chair of the PTR committee must submit the committee’s written report to the department chair. The chair, in turn, must inform the faculty member, orally and in writing, of the results of the PTR. As the final step, a copy of the PTR must be submitted to the Dean. The chair may attach a letter of concurrence or non-concurrence. Faculty members have the right to appeal the results of the post-tenure review.

Table

Evaluation	Frequency	Evaluator	Comments
Annual Review	Annually, by May 1 st	Department Chair or Division Head	<ul style="list-style-type: none"> • Evaluate CV and faculty performance in teaching, research, scholarship and service • Review in light of SOM criteria for promotion and tenure • Review and update professional plan • Document clearly whether faculty member is on course for promotion and is fulfilling department's expectations • Provide opportunity for faculty member to indicate whether his/her expectations are being met and whether additional resources are needed to meet career objectives • Provide opportunity for faculty member to have input into job assignments and allocation of effort to teaching, research, service
Annual Performance Rating	Annually, by May 1 st	Department Chair	<ul style="list-style-type: none"> • Performance rating must conform to University policy and format • Based on annual reviews faculty member must receive rating of: "Outstanding" or "exceeding," "meeting" or "below" expectations • Rating form stays in departmental faculty personnel file • Rating subject to disclosure under Colorado Open Records Act
Professional Plan	Beginning in 2 nd year (Complete or revise by May 1 st of each year)	Department Chair or Division Head	<ul style="list-style-type: none"> • Include clear statements of short- and long-term goals in teaching, research/scholarship & service; • Include nature & proportion of effort that will be devoted to each • Review & update annually (during annual review)
Comprehensive Mid-term Review	During 3 rd or 4 th year in rank as Assistant Professor	Department promotion committee	<ul style="list-style-type: none"> • Evaluation is detailed and comprehensive and resembles a "mock" promotion review • Committee evaluates faculty member performance in teaching, research/scholarship, service • Committee may request external evaluation letters • State clearly whether progress toward promotion is satisfactory and when dossier for promotion should be submitted to SOM • Faculty member must be informed orally & in writing of results of this review
Post-tenure Review (Tenured Faculty Only)	Every 5 years after award of tenure	Department post-tenure review committee (at least 3 tenured faculty peers)	<ul style="list-style-type: none"> • Committee evaluates performance in teaching, research, scholarship, service • Faculty member must furnish CV, copies of publications, funding record, teaching evaluations and evidence of clinical, departmental, university and public service • Committee's written report is forwarded to Chair and then to faculty member and Dean

5. Frequently Asked Questions

Q: How does the 7-year “Up or Out” clock work at the School of Medicine?

A: The SOM Rules state that Assistant Professors must be reviewed for promotion by the beginning of their seventh year in rank. Faculty members who are not promoted by the end of their seventh year will be given one-year’s notice that their appointment will not be renewed. However, there is built-in flexibility. First, the time-clock is routinely extended (pro-rated) to account for periods of part-time employment. And if the faculty member, department chair and Dean all concur, extensions may be granted; valid reasons include illness, family obligations, changes in career focus or assignments or other circumstances indicating that additional time is needed before promotion. Extensions may be granted for 1, 2 or 3 years.

There is one additional requirement: Before requesting an extension to the promotion time clock, the faculty member must undergo a formal evaluation of his or her academic progress and readiness for promotion. This review is typically conducted by the department’s promotions committee. Requests for extensions should come from the Department Chair and should include an explanation of why the additional time is needed and how the time will be used to prepare the faculty candidate for promotion.

Q: What are the differences among at-will, indeterminate and limited appointments?

A: The University of Colorado recognizes four types of faculty appointments:

- Tenured appointments continue until resignation or retirement, or until termination (pursuant to applicable Regent laws and policies).
- Indeterminate appointments are made for an indefinite period of time; but, as stated in the faculty member’s letter-of-offer, continuance of the appointment is dependent upon inclusion in the approved budget and availability of salary support from specified grants or other sources. Typically, if funding from those sources ends, the appointment ends immediately, without the requirement for further notice.
- Limited appointments are for specified periods of time (from less than one year to four years).
- At-will appointments are made for an indefinite period of time; their continuance is at-will. By state law, non-tenure eligible faculty (Instructors and faculty holding research associate or research professor titles) may only hold at-will appointments, unless the faculty member’s duties are at least 50 percent devoted to direct patient care.

Q: If a department chair decides not to renew a faculty member’s appointment, is the faculty member entitled to notice?

A: One year’s notice of non-reappointment is required for full-time faculty members holding limited term appointments, after two or more years of service to the University. Three months’ notice is required for faculty members in their first year of service at the University, and six months’ notice is required for those in their second year of service.

Similar notice must be provided to faculty members holding indeterminate appointments if their appointment will be not be continued for reasons other than availability of funding (as outlined in the letter-of-offer). Faculty members holding at-will appointments may see their appointments end at any time, without notice (although certain constitutional protections apply).

One additional note: Faculty members holding limited or indeterminate appointments may not be re-assigned to at-will appointments unless proper notice is provided.

Q: Who is eligible for tenure in the School of Medicine? How often is tenure awarded? What are the standards for awarding tenure?

A: Faculty members who are employees of the University of Colorado in the regular academic ranks of Associate professor or Professor are eligible for the award of tenure. Faculty members at affiliated institutions are not eligible for tenure but may be considered for the distinction of "tenure criteria." Details regarding tenure and tenure criteria may be found in the SOM Rules (See www.uchsc.edu/som/faculty).

Tenure is handled in a different manner at the SOM, when compared with other colleges and campuses in the University system. At the SOM, promotion and tenure are separate processes, although they may occur concurrently. Furthermore, the standards for awarding tenure are higher in the SOM than elsewhere in the University system, and tenure awards are now infrequent at the SOM. For example, during the past three years (2002-2005), the School’s Faculty Promotions Committee (FPC) approved 243 promotions to Associate professor or Professor. During this period there were only 39 applications for tenure; of these, 33 (85%) were approved. Currently (July, 2005), there are 295 University-paid Associate Professor; of these, just 36 (12%) are tenured. Among the 306 Professors, 70% hold tenure.

According to the SOM Rules, "The award of tenure is reserved for those faculty members who are among the best in the field of scholarly endeavor [and who are] widely recognized as outstanding and influential teachers . . . Excellence [the highest SOM standard] in both scholarship and teaching

5. Frequently Asked Questions (*Continued*)

must be present before an award of tenure is made." In teaching, the faculty member must have "an outstanding record of demonstrated success in mentoring students, residents, fellows or less experienced faculty members."

The SOM employs a broad definition of scholarship, modeled after the work of Boyer. The School recognizes the scholarship of discovery, application, integration and teaching. To be considered for tenure, the candidate must demonstrate "excellence in scholarship, which has led to a national and international reputation." According to the SOM Rules, scholarship (in the context of tenure) means "the long, systematic study of phenomena or events . . . accuracy and skill in investigation . . . [and] the demonstration of powers of critical analysis in the interpretation of such knowledge."

At the SOM, the tenure salary obligation is limited to the "base salary." In accordance with the "Base-Supplement-Incentive" salary plan approved by the Board of Regents in 1995, the base salary is adjusted each year such that it equals 70% of the average salary during the prior year of all basic science faculty holding the rank.

Q: What are the rules governing sabbatical assignments?

A: After six years of full-time service to the School of Medicine, tenured and tenure-eligible faculty members are eligible for sabbatical assignment. Faculty members must have attained the rank of Associate Professor or Professor. All sabbatical assignments are subject to approval by the department chair, the Dean, the Chancellor, the Vice President for Academic Affairs and the Regents. Sabbaticals are also subject to the availability of adequate funding, which must be secured by the faculty member. Sabbatical assignments may not be granted more often than once every seven years. In accepting a sabbatical assignment, the faculty member must agree to return to the University for at least one year following completion of the sabbatical. Within 4 months after returning to regular duties, the faculty member must file with the dean a substantive report of his or her work and accomplishments during the sabbatical. The sabbatical plan and the post-sabbatical report are public documents.

Sabbatical assignments are considered academic and professional development tools, granted for the advancement of the teaching, service and research missions of the University. The University considers sabbaticals to be "a time for concentrated professional development." Faculty members seeking approval for a sabbatical must submit a specific plan outlining the academic objectives of the sabbatical. Sabbatical plans must contain detailed descriptions of the manner in which the sabbatical will enhance student learning and benefit the faculty member, the department and the School. The sabbatical application must also address how the faculty

member's regular assignments and responsibilities will be covered.

Q: What is the University Physicians, Inc. (UPI) Member Practice Agreement, and who needs to sign it?

A: In June, 1982 UPI was established and was designated as the University's agent to accomplish certain University purposes, including education, research and service. UPI was also designated as the exclusive billing agent for the University of Colorado School of Medicine.

Under an Operating Agreement with the University of Colorado, UPI supports clinical activities and bills and collects for clinical services. UPI also provides managed care contracting, credentialing, hospital negotiations and professional support services for university physician members. In addition to collecting professional fees for patient services, UPI also bills and collects for medical-legal activities performed by faculty members and for scientific, clinical and other professional consulting not otherwise exempted by the Member Practice Agreement (MPA). A portion of the revenues that are collected are transferred to the University of Colorado Denver to support, in part, the faculty member's salary. The UPI Member Practice Agreement outlines the agreement between the faculty member and UPI, including assignment of income. UPI by-laws outline cash flow principles among UPI, departments and faculty, including incentive policy guidelines. The University of Colorado Board of Regents requires that all School of Medicine faculty sign a MPA with UPI as a condition of employment by the School of Medicine. All School of Medicine faculty (including faculty in basic science departments) are required to sign one of the three different MPAs, based on the type of appointment they hold:

- **Full Members:** A School of Medicine faculty member must sign a Full MPA if he or she is employed full-time (≥ 0.5 FTE) by the University of Colorado and is a member of the SOM Executive Faculty (Professor, Research Professor, Associate Professor, Associate Research Professor, Assistant Professor, Assistant Research Professor, Senior Instructor, Instructor, Senior Research Instructor, and Research Instructor). Full members (regardless of percent FTE) are not allowed to have any independent or other health care practice. Full Members have all voting privileges and are eligible to serve as officers of UPI and serve on the Board of Directors of UPI.
- **Associate Members** are individuals who: (1) have a clinical faculty appointment in the SOM or a regular faculty appointment in the SOM through an affiliated institution which is their primary employer; and (2) are employed or paid less than 0.5 FTE by the University of Colorado. Associate

5. Frequently Asked Questions (*Continued*)

Members have no voting privileges and are not eligible to serve on the Board of Directors of UPI.

- **Affiliate Members:** The Affiliate MPA is for Instructor-Fellows, Instructor-Chief Residents, Nurses, Physical Therapists, Occupational Therapists, Nurse Anesthetists and other allied health professionals who have been granted a faculty appointment in the School of Medicine. Affiliate members have no voting privileges and are not eligible to serve as officers on the Board of Directors of UPI.

The Member Practice Agreement states that the Member will provide professional or clinical services only at UPI-designated sites of practice, and that all income will be assigned by the faculty member to UPI. An exception: Members are not required to assign income that is earned while they are employed and paid directly by an affiliated hospital (Veterans Administration Medical Center, Denver Health and Hospital Authority, National Jewish Hospital) or income earned while on an approved leave of absence.

The assignment of income policy applies to all income or other compensation or remuneration earned by a Member (unless an exception is applied for and approved), including:

1. Fees, retainers or other compensation earned for performing patient care, administrative or consultative services.
2. Fees, retainers or other forms of compensation or remuneration earned for services rendered as an expert witness or consultant in a legal manner.
3. Fees and honoraria for teaching, lecturing or training.

Exceptions: The SOM has designated certain honoraria as exempt from the assignment-of-income policy, such as modest one-time payments for lectures, articles, visiting professorships, NIH study sections and service on certain non-profit boards.

Q: What happens to my sick and vacation time when I leave the University?

A: When a faculty member terminates from the University, 100% of earned vacation leave is paid out, up to the maximum accrual of 44 days. The rules for sick leave are different. Upon retirement, 25% of accumulated sick leave is paid out, up to a maximum payment of 30 days. Other variables which may influence the maximum sick leave earned prior to May 1, 2001, are best dealt with on a case-by-case basis. Payment of leave accruals is made from a central pool of money maintained by the UCD campus. Please contact Human Resources for additional information.

Q: Why can't faculty moonlight?

A: Moonlighting is prohibited for all full-time School of Medicine faculty physicians. "Full-time" includes all University paid faculty whose employment status is .50 FTE or greater and who have regular faculty appointments. This prohibition, which is strictly enforced, derives from policies governing University Physicians, Inc. (UPI) as well as the University of Colorado Malpractice Trust. Both documents require School of Medicine faculty members to devote 100% of their professional time and effort to the University. Moonlighting, clinical consulting and locum tenens work are prohibited, even during vacations. Here is why:

- Every full-time faculty member, at the time of hire, must sign a Member Practice Agreement with UPI. This is mandated by the University of Colorado Board of Regents as a condition of faculty appointment. The Agreement is a binding contract that obligates each faculty member to assign all clinical practice and other professional income to UPI. This includes all earned income, even during weekends, nights and vacations. "Clinical practice and other professional income" is defined broadly in the Agreement; such income includes all work that relates to a faculty member's training, expertise and professional duties. Unrelated income -- for example, from a lawn care business or private music lessons -- is not restricted by this contract. There is also a narrow exception for certain types of academic honoraria. The University has strictly and vigorously enforced, in court, the prohibition against moonlighting.
- Moonlighting also violates the provisions of the Colorado Government Immunity Act (GIA) and jeopardizes a faculty member's malpractice protection. Regular, full-time ($\geq .5$ FTE) faculty members are considered "public employees" under the GIA, and their malpractice liability is limited to \$150,000 per person and \$600,000 per incident. But the "public employee" status -- and this malpractice insurance protection -- only apply if a faculty member has "no independent or other health care practice." A faculty member who moonlights may no longer be considered a public employee under Colorado law and may not be covered by the GIA and the University's self-insurance trust. A faculty member who moonlights jeopardizes not only his malpractice protection for the moonlighting work but also for clinical practice at the University and its affiliated hospitals. Thus, moonlighting can result in unlimited liability and no malpractice insurance coverage from the University of Colorado. Note that work for other public entities, such as Denver Health or the Veterans

5. Frequently Asked Questions (*Continued*)

Administration, is not considered an "independent or other health care practice" and is permitted.

- Separate provisions apply to volunteer faculty members and to those who are paid on a part-time basis. Part-time, paid (<.50 FTE) faculty members sign an Associate UPI Member Practice Agreement that does not restrict their outside clinical or consulting practices. However, if they also have an outside health care practice: a) they are covered by the self-insurance trust only for injuries caused by a student, intern or resident under their supervision; and b) they are not covered by the self-insurance trust for their own acts or omissions and must maintain their own malpractice coverage for work performed within and outside the University.
- Volunteer faculty members, who receive no payment or compensation from any University sources are covered by the University self-insurance trust for those services that are volunteered.
- Part-time and volunteer physicians must have active clinical faculty appointments to receive coverage by the University of Colorado Malpractice Trust.

Occasionally, an outside clinical practice is considered vital to a faculty member's work and to the School of Medicine. In these exceptional circumstances, UPI and the School of Medicine can structure contractual agreements to bring this outside work into a School of Medicine cost center, so that earned income can be provided as an incentive to the faculty member. When this is done properly, such outside clinical work is no longer considered moonlighting; rather, it becomes a component of the faculty member's work for the University, and the legal entanglements discussed above are avoided. In these unique circumstances, the faculty member and his or her department should work closely with UPI to structure an agreement that permits the faculty member to perform the activities in question.

Q: Election campaigning: What can faculty members do?

A: As private citizens, School of Medicine faculty members are permitted to participate in election campaigns and advocate for public policies. However, most faculty members are also public employees, and state and Regent laws limit the manner in which they may use the name and resources of the University. Specifically:

- Under the Colorado Fair Campaign Practices Act (CRS 1-45-117), public money and university resources cannot be used to advocate for or against

any candidate, ballot initiative or referred measure in any local, state or national election. This means that faculty members are prohibited, 24 hours per day, from using University computers, e-mail accounts, university web sites, faxes or other resources to influence an election. Faculty members also may not participate in any election activities during working hours; if they wish to do so, they must take personal (vacation) leave. Even if using personal time, faculty members may not use University resources and must clarify that their activities are being conducted on personal time and not on behalf of, or at the request of, the University

- Under the Act, any person can complain to the secretary of state that a public entity or public employee has violated the campaign practices law.
- Certain campaign-related activities are allowed. For example, faculty members may provide information in response to questions posed in the ordinary course of their duties, even if the information provided relates to a ballot issue -- so long as the question was not solicited by a state employee.

Separate rules and restrictions apply to students and student groups and to Regents and certain other officers of the University.

Q: What is the Faculty Housing Assistance Program?

A: The Faculty Housing Assistance Program (FHAP) is a need-based housing assistance loan program that is available to full-time, tenured and tenure-eligible faculty on all campuses of the University of Colorado. It is jointly administered by the University and the University of Colorado Foundation. The program is designed to support junior faculty, including newly-recruited faculty members, who may have limited access to capital resources. Since its inception in 2001, 114 faculty members from the Boulder, Downtown Denver, Aschutz and Colorado Springs campuses have taken advantage of the program. More information is available at <https://www.cu.edu/content/faculty-housing-assistance-program> or by calling the Office of the Treasurer at (303) 837-2182.

Q: What happened to the Faculty Handbook?

A: The old paperbound Faculty Handbook is gone. The new University of Colorado Faculty Handbook is now available only electronically at <https://www.cu.edu/content/faculty-handbook>. The Handbook still includes various policies, laws and procedures that apply to, and are of interest to, faculty members, including: Practices related to promotion and tenure; compensation and leave policies; and policies governing retirement, insurance and other benefits.

5. Frequently Asked Questions (*Continued*)

Q: What is the faculty tuition benefit?

A: University of Colorado faculty and staff members are eligible for up to nine semester hours of tuition credit per fiscal year; courses can be taken at any CU campus. Full-time employees (classified or unclassified staff, professional exempt employees, administrative officers or faculty at the rank of Instructor or above) may receive the full benefit.

All continuing and professional education programs (for example, the Extended Studies, Executive and 11-month MBA programs) are excluded from the tuition benefit. The 9-hour limit is prorated based on the percentage of appointment, and the courses must be job-related or career-enhancing in order to qualify for the benefit. Employees can register for classes on a space-available basis, after non-employee students have registered. For more information about the tuition benefit, go to: <http://administration.ucdenver.edu/admin/hr/tuition/>.

The Colorado Springs campus (UCCS) is piloting a program that would extend this tuition benefit to immediate family members. The expanded tuition benefit was established to help UCCS in recruitment and retention of faculty and staff. The expanded program allows a faculty member to transfer his or her unused tuition assistance benefit (still limited to 9 credit hours per year) to an immediate family member for undergraduate work.

During 2008-2009, the first year of the two-year pilot program, 14 dependents took advantage of the benefit for a total of 108 credit hours. This year, 20 dependents are enrolled for a total of 122 credits. Participants are eligible after a full year of employment.

Based on the success of the UCCS pilot program, the Regents may be asked to consider expanding the tuition assistance benefit to the other campuses. For more information regarding the UCCS pilot tuition assistance program, go to: <http://www.uccs.edu/~hr/web/advantagesbenefits/tuitionwaiver.html>.

Q: What is the Research Professor Series and who is eligible?

A: The research professor series was established by Regental action in June, 1985. From the very beginning the SOM was exempted, because research faculty were covered by the "Research Specialty Track." The SOM eliminated all specialty tracks in 1997, and the research professor series was formally adopted in 2004.

Who is eligible? The research professor series was designed for faculty members who have limited teaching and service responsibilities and whose primary duties are to

conduct research. The following titles are available: Research professor; associate research professor; assistant research professor; senior research instructor; and research instructor.

What are the appointment and promotion policies?

- Faculty in the research professor series are at-will employees, in accordance with state law. They have limited involvement in instructional programs and will be supported only by non-state funds. Research faculty members are eligible for benefits but not tenure or sabbaticals.
- Annual performance reviews are required, just as for regular faculty.
- Positions in the research professor series and regular tenure-eligible faculty series are not interchangeable. Faculty members holding regular appointments may be re-assigned to the research professor series only if agreed to by the faculty member and the department chair.
- The promotion criteria matrix (<http://www.uchsc.edu/som/faculty/CriteriaMatrixRev2007.pdf>) will be used to guide faculty members, department chairs and evaluation committees in determining whether faculty members meet the criteria for appointment and advancement in the research professor series.
- Faculty in the this series may be independent or collaborative investigators. They may be serving as senior investigators with independent funding, scientists reporting to regular faculty principal investigators, co-principal investigators or directors or co-directors of core scientific facilities. Faculty in this series are expected to demonstrate excellence in research.
- Faculty appointed to the rank of Research Professor must demonstrate skill as an investigator, originality and creativity, outstanding contributions to the research programs of their department and the School of Medicine, and a national or international reputation. For more information about the criteria for promotion in the research professor series, go to: <http://www.uchsc.edu/som/faculty>.
- There is a 7-year promotion "time clock" for assistant research professors. Extensions to the 7-year probationary period may be granted in accordance with current SOM policies, which stipulate that: a) any assistant professor in the 5th, 6th or 7th year in rank may submit a letter to the Dean requesting a three-year extension; b) prior to submission of the request, the standing Departmental Advisory Committee must review the faculty member's readiness for promotion; and c) the chair of the department must concur with the request for extension.

6(A) Suggested Format for Clinician's Portfolio

The purpose of the clinical portfolio is to make your work understandable to a diverse group of people, who may not understand clinical practice, but who are charged with considering faculty members for promotion.

The clinical portfolio presents a picture of your clinical work over a period of years. The portfolio summarizes your efforts and accomplishments, including inpatient or outpatient responsibilities, quality improvement activities, continuing medical education, practice leadership and national service. The clinical portfolio also includes evidence of the quality of your clinical care, which may be gathered from clinical peers, nurses, practice managers or patients themselves. Clinical excellence may also be demonstrated through introduction of new techniques or models of practice, invitations to speak or write about clinical topics, studies that demonstrate favorable health outcomes or receipt of local, regional or national awards.

Your clinician's portfolio should contain detailed descriptions of your clinical effort and activities, plus supporting documents that demonstrate clinical effectiveness. A carefully assembled clinical portfolio provides essential documentation for the Faculty Promotions Committee, which must judge whether your clinical accomplishments meet the School's "meritorious" or "excellent" standards.

Please refer to the Rules of the School of Medicine (especially the Promotion Matrices) for examples of "meritorious" and "excellent" performance in clinical service. Also, please remember that the clinical portfolio is a highly individualized product; there is no single format that perfectly fits every faculty member's clinical activities, and most faculty members will not have activities in every area. Nonetheless, the following outline is suggested, to help you describe your clinical contributions in a manner that is understandable to members of the Faculty Promotions Committee. Also, you do not need to duplicate information that is listed in your C.V.; use the portfolio to summarize and explain the highlights of your clinical career.

A. Descriptions of your clinical work

- I. Reflective Statement Outline your areas of clinical focus and expertise. Explain what is unique about your clinical practice? How do you evaluate your clinical effectiveness and outcomes?
- II. Scope of Clinical Activities Describe your clinical activities and responsibilities in detail. Include information about sites of practice, hours or months, numbers of patients (or procedures) and responsibilities. You may include a sample weekly calendar that depicts the range of your clinical duties. Also, describe mastery of specific clinical techniques.
- III. Self-improvement Describe steps taken to improve your knowledge or clinical practice skills, such as CME courses or recertification examinations. Describe any changes in practice that resulted from self-evaluation, outcomes studies or acquisition of new skills.
- IV. Role as a clinician-teacher Describe your activities as a clinician-educator, including numbers of students, residents or fellows supervised on a monthly or yearly basis. Often a tabular presentation is helpful. List teaching rounds, didactic lectures and seminars. *This material should also be included in your "Teacher's Portfolio."* Do not repeat talks listed in your C.V.
- V. Contributions to books, journals and clinical information systems Highlight your contributions to clinical scholarship and your regional and national reputation, by summarizing your most important invited lectures, leadership of CME courses, books, book chapters, review articles, videos, case simulations or other contributions in your field of interest. *Some of this material may also be included in the "Scholarship" section of your dossier.*
- VI. Development of Innovative Techniques Describe innovative techniques that have changed or influenced practice. Describe quality improvement work, health outcome studies, clinical pathways, leadership of inter-disciplinary teams or other creative activities designed to evaluate and improve the quality of medical care. Also include practice reorganizations, analyses of health care delivery, access or cost-effectiveness or other creative interventions that have improved the health of populations.

6(A) Suggested Format for Clinicians' Portfolio (*Continued*)

- VII. Regional and National Service List contributions to professional societies, clinical task forces and state and local agencies. Do not simply list the same memberships that are included in your C.V.; instead, describe your specific contributions to these regional and national commissions. Letters from national committee chairs should be sought to help you document the impact of your service.
- VIII. Administrative Leadership Describe active participation on departmental or hospital clinical committees. Include, for example, membership on committees for quality improvement, infection control, utilization review, operating rooms, etc. Note any important leadership positions such as committee chair, medical staff president, clinic or practice director, division head, etc. Supporting letters that describe your leadership role and document the quality of management skills are helpful.

B. Evaluations: Evidence of outstanding clinical care

- I. Statements from colleagues who have observed you at a clinical site or who have referred patients to you. Include letters from consultants, specialists or referring physicians inside or outside the institution. Surgeons and specialists often submit supporting letters from referring doctors, while primary care physicians often obtain letters from colleagues who can describe the faculty member's commitment to primary care, continuity and accessibility of services.
- II. Documentation of clinical activities from departmental, UPI, hospital or clinic records.
- III. Results of quality or utilization reviews, practice audits or health outcome studies that directly measure your performance in providing personal care to patients.
- IV. Statements from the clinical service directors, chairpersons, practice managers or others that define clearly your role in the clinical enterprise. The practice director or chair's letter is especially helpful if it: Highlights how your performance compares with other practitioners (inside and outside the institution); enunciates the quantity and value of your contributions as a clinician and educator; or describes how the practice has benefited from your clinical talents.
- V. Letters or evaluations by students, interns, fellows or residents that comment specifically about your professional behavior and clinical excellence (as opposed to teaching skill).
- VI. Information from patients, which may include letters or emails or the results of ongoing patient satisfaction surveys.
- VII. Results of small-area analyses of your clinical practice, whether derived from internal or external sources. Particularly helpful are comparisons with peers within and outside of the institution.
- VIII. Honors or recognition from colleagues (for example, "clinical excellence" awards), or election to medical staff or professional society leadership positions.
- IX. To demonstrate, regional or national standing, summarize local, regional and national invitations from other campuses, outside agencies or health providers to discuss a clinical topic or health care delivery issue. Invitations from public and lay groups, including news media, should also be listed here, if they reflect on the faculty member's standing as a clinician.
- X. Evidence of clinical scholarship may also be summarized in the portfolio. Summarize any published or unpublished materials relating to the care of patients, including new practice modules, clinical guidelines, quality improvement studies, utilization reviews, health care outcomes reports, case reports and reviews. Describe participation in clinical research, including clinical trials. This material may also be considered as evidence of scholarship; however, in the clinical portfolio, you should emphasize how these activities reflect clinical excellence and local or national standing.

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6(B). Examples of Alternative Forms of Scholarship

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In 1997 the School of Medicine revised its promotion and tenure policies, creating a single, tenure-eligible track. Citing Ernest Boyer and the Carnegie Foundation's 1990 report, *Scholarship Reconsidered: Priorities of the Professoriate*, the SOM expanded the definition of scholarship to include the discovery, integration, teaching and application of knowledge.¹ The new School of Medicine *Rules* state that,

“All faculty will be required to participate in scholarship, as broadly defined. The products of all scholarship must be in a format that can be evaluated, which would normally mean a written format ...”

The SOM *Rules* define each of the four types of scholarship, and an Appendix (*The Promotions Matrix*) provides more than sixty examples that are pertinent to academic physicians, scientists and teachers. Note that the *Rules* emphasize a broad definition of scholarship, but with two requisite conditions: First, all scholarship must reflect creative, interpretive or innovative work; and second, scholarship is meaningful only when it can be shared, read, understood and critiqued by others. As summarized by Beattie,

“One outstanding characteristic critical to the assessment of all areas of scholarship is the importance of presentation to others. Discovery of new knowledge or integration of previously published information into a novel synthesis does not contribute scholarship unless it is communicated to others. For example, experimental results from scientific experiments that remain forever in a laboratory notebook have no intrinsic value. Similarly, teaching and applied scholarship are also incomplete unless communication to peers and other scholars occurs in addition to presentation to the usual audience of students, colleagues or the public.”²

Scholarship and the Clinician-Educator

One important objective of the revised *Rules* was to assist the growing number of clinician-educators, by bringing the promotion policies of the SOM and the job assignments of clinically-oriented faculty members into closer alignment. Indeed, over the past several years, the SOM Faculty Promotions Committee has reviewed and accepted numerous examples of creative scholarship, apart from published, peer-reviewed papers.

For clinicians, the most common products of scholarship have been works of *integration* --- “creative syntheses [or] original interpretations, demonstrating connections across disciplines or bringing new insights to bear on original research.” For example, several clinician-teachers have edited text-books, published case reports, review articles or book chapters or produced educational CD-ROM's. Others have submitted compendia of practice guidelines, some in electronic or Palm Pilot® format, covering such topics as diabetes management, disease prevention in indigent care settings, smoking cessation, end-of-life care, congestive heart failure and health problems during pregnancy. These works were rated based on several criteria, including originality, grounding in scientific evidence and use and acceptance by peers.

The scholarship of application includes efforts to “build bridges between theory and practice and apply knowledge to practical problems.” Some faculty members have written comprehensive, disease-specific patient care guidelines, which were considered by the Faculty Promotions Committee as examples of the scholarship of application. Those that were adopted by peers and tested in patients, and those that included quality and outcomes measures indicating improvements in patient care, were given the most weight in judging scholarship.

6(B). Examples of Alternative Forms of Scholarship (*Continued*)

Illustrations: Alternative Forms of Scholarship by Clinician-educators (2000-2004)

The Scholarship of Teaching

One Assistant Professor had more than 90 percent of her work week committed to clinical practice and teaching. She worked in an outpatient clinic, caring primarily for homeless, impoverished and uninsured patients. She had written an educational manual focusing on principles of caring for uninsured and under-served patients, and this manual had been distributed to, and utilized by, medical students and residents rotating at several homeless and indigent care clinics. Upon review, this manual was judged to be an excellent example of teaching scholarship. It was also an example of the scholarship of application, as it described innovative techniques to improve health care delivery in a particularly challenging health care setting.

A creative family physician (Assistant Professor) was a specialist in end-of-life care and the spiritual aspects of healing and caring. In addition to his busy clinical practice, he served as medical director of several hospices and hospice alliances. He developed competency-based curricula for medical students and family medicine residents, covering the care of dying patients, pain palliation and spirituality. This curriculum was adopted by family medicine residencies throughout the state. In addition, his work in curriculum development had been recognized nationally, as evidenced by a large number of invited presentations and by receipt of a large training grant.

An Assistant Professor maintained a full-time clinical practice in anesthesiology, in both the operating room and in the pain care clinic. He was promoted to Associate Professor based primarily on his outstanding contributions to clinical service and residency education. His curriculum vitae listed three peer-review articles and two book chapters. The Faculty Promotions Committee was also impressed by two unpublished “products” representing the scholarship of teaching. One was a novel Pain Medicine Policy and Procedures Manual, which served as an educational and clinical practice guide for residents and faculty. The second was a thorough revision of the department’s Acute Pain Service Resident Program Manual. He had also written and distributed evidence-based guidelines for patient-controlled epidural analgesics and several protocols for use of specific analgesic drugs, which were considered as examples of the scholarship of application.

The Scholarship of Integration

A psychologist was promoted to Associate Professor on the basis of tangible evidence of scholarship in a well-defined area of focus and expertise. She was a specialist in the psychology of healing after severe burn injuries. She had presented numerous papers at national meetings and had written two patient education booklets that described the stages of recovery after burns, the need for supportive services and the benefits of burn camps for children. She had also helped write and produce 5 peer-reviewed videotapes about the emotional experiences of children with burn injuries, aimed at audiences of parents, peer providers and community leaders.

A faculty radiologist had focused on computer-assisted learning in radiology, both in her department and on a national stage. She had developed a computerized radiology teaching curriculum for medical students and a web-based radiology teaching file for residents and students. These learning tools included evaluation worksheets that enabled medical students to provide feedback to the department in order to improve the teaching files. She published an invited, non-peer reviewed article summarizing this work. She also wrote an extensive 150-item question-and-answer self-assessment program for community-based radiologists. The questions, which covered key topics in chest radiology, were thoroughly referenced, researched and tested. They were adopted by the American College of Radiology’s Continuous Professional Improvement project and are now available to all practice-based radiologists around the country. These contributions were judged as outstanding examples of the scholarship of teaching and integration.

6(B). Examples of Alternative Forms of Scholarship (*Continued*)

The Scholarship of Application

An Assistant Professor served as medical director of several busy ambulatory clinics that were described by external referees as among the best-known and most imaginative in the nation. He had received several large practice management grants, which had allowed him to develop, test and implement several innovative health care delivery techniques. Among the most novel were systems to integrate the care delivered by students, physicians, physicians' assistants and other health professionals (in such disciplines as psychology, pharmacy, occupational medicine and sports medicine). He had also developed state-of-the-art practice management curricula for learners in these settings, which outlined novel approaches to integrate clinical care and teaching and conserve resources. There was evidence that his practice management curricula and programs had led to improvements in health care delivery and had reduced overhead and other costs. After careful review, the Faculty Promotions Committee accepted these achievements as products of the scholarship of application.

A busy Assistant Professor, who specialized in infectious diseases, devoted about 80 percent of his working week to patient care duties and teaching. He served as director of a busy clinic for patients with AIDS and HIV-related diseases. As practice director, he developed several innovative strategies to coordinate medical and pharmacy services, and he demonstrated that these strategies reduced the need for hospital admission for patients with AIDS. He submitted carefully analyzed data demonstrating dramatic reductions in mortality and costs, and each of these improvements in outcomes exceeded national benchmarks and the improvements that might be expected only from the use of newer drugs to treat AIDS and AIDS-related infections. Although the Faculty Promotions Committee encouraged him to publish his results more widely in peer-review journals, the committee accepted his written practice descriptions, interventions and outcomes summaries as meritorious examples of the scholarship of application.

A member of the geriatrics faculty spent several years developing methods to improve the medical care of older patients, based on early recognition of common geriatric syndromes, combined with estimates of functional decline, mortality risk and adaptive capacities. His written scholarship included five "white papers" invited by Health Maintenance Organizations, professional societies, a national foundation and two government agencies (Medicare and the Congressional Budget Office). These papers outlined health services research priorities for geriatric care and formed the basis of a later funding initiative by a large national foundation. While not published in traditional medical journals, his work had been accepted by a broad and respected community of scholars and policy-makers and had led to new insights regarding the delivery of health services to senior citizens. This body of work was rated as an exceptional example of the scholarship of application --- activities that address consequential public health problems, propose solutions and help shape public policy.

An Assistant Professor in the Department of Family Medicine served as Medical Director of the state's second-largest community health center. He had emerged as a state leader in efforts to strengthen the health care safety net for low income and vulnerable populations. He had obtained funding from multiple sources to develop and implement innovative programs to improve health care access among immigrant and migrant populations in urban Colorado, including reproductive services for teens, mobile health stations, expanded mental health services, diabetes screening programs and collaborative efforts with the Secretary of Health in Guanajuato, Mexico. His scholarship was also innovative and influential. One example was the monograph, "*Entérese! Una guía de supervivencia para los recién llegados a Colorado* (Welcome! A "survival" guide for recent arrivals to Colorado). Preparation and statewide distribution of this guidebook was funded by a grant.

1. Boyer EL. *Scholarship reconsidered: Priorities of the professoriate*. Princeton, N.J.: Princeton University Press and the Carnegie Foundation for the Advancement of Teaching, 1990.
2. Beattie D. *Expanding the view of scholarship: Introduction*. *Acad Med*. 2000;75:871-876.

6(C) Publication Data for Clinician-Educators Promoted to Associate Professor

Publication Totals 2000-2005*					
	1st/Sr Peer	Other Peer	All Peer	Chapters, etc.	Total Publications
Minimum	0	0	0	0	1
Maximum	36	64	85	55	92
Mean	6.5	7.3	13.7	7.3	20.9
Median	4	5	11	6	18
25TH%	2	2	5.5	2	10

*Publication totals are for Assistant Professors who were promoted to Associate Professor during this 5-year period. New appointments to the rank of Associate Professor were excluded. Faculty were considered “clinician-educators” if the majority of their time was spent in direct patient care. “Publication Totals” includes all published manuscripts listed on the curriculum vitae, even if published prior to the start of employment at the School of Medicine.

