SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE

GUIDELINES ON FACULTY APPOINTMENTS, PROMOTION, AND TENURE

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I. Introduction

The Southern Illinois University School of Medicine believes that the academic reward system for faculty within any particular institution should be consistent with the goals and mission of that institution. Therefore, it is useful to reflect briefly on the goals of the School of Medicine and the particular characteristics of the faculty working to meet these goals.

In June of 1968, the Illinois Board of Higher Education published "*Education in the Health Fields for the State of Illinois*." The report recommended the expansion of medical education in Illinois, with particular emphasis on medical education outside the Chicago area. The Southern Illinois University School of Medicine was established in 1969 and has since then been developing in accordance with guidelines contained in that report.

In numerous meetings with professional and community representatives in the Central and Southern Illinois area, the School of Medicine adopted as its purpose to "Assist the people in Central and Southern Illinois to meet their health needs." In 1981, the purpose was revised to "Assist the people of Central and Southern Illinois in meeting their present and future health needs through education, service and research." In discussing the need for health manpower, the Board of Higher Education Executive Director's report #106 stated that "... the basic goal of the state ... is obviously the improvement of health care available to all citizens of the state." A program analysis document of the School of Medicine states that "this has not been taken to mean that the School should provide health services directly to large segments of the population; it does reflect the School's responsibility to direct its publicly funded resources in ways which advocate health in its broadest sense and to support the work of health professionals, institutions, citizens' groups and State agencies engaged in developing approaches to a sharing access by all citizens to acceptable, affordable and appropriate personal medical care." Thus, the School's educational programs are structured to have the broadest possible impact on the quantity and quality of health care available in Central and Southern Illinois.

Along with the establishment of the new School of Medicine, the Board of Higher Education's report recommended that the new School of Medicine develop innovative curricula, with special attention given to the development of Family Practice programs and to consideration of preceptorships and other modalities appropriate for the training of primary care physicians. To develop these innovative curricula, faculty members with special expertise in medical education are needed, in addition to faculty members who directly teach the medical students.

This vision of the School of Medicine is reaffirmed in the Strategic Plan for the Southern Illinois University School of Medicine approved in March 2007. According to this plan, the School's mission is:

To assist the people of central and southern Illinois in meeting their health care needs through education, patient care, research, and service to the community.

In pursuit of its mission, the Southern Illinois University School of Medicine intends to become the centerpiece of a downstate academic medical center of exceptional quality. In doing so, the School of Medicine will maintain a leadership role in the medical education community that will meet the emerging needs of health care delivery in the 21st century. An academic medical center

is a complex, diverse, and dynamic organization. As part of such a center, the School will function based upon rational planning and long-term flexibility, and it will respond quickly and effectively to the changing health care needs of the people of central and southern Illinois.

In light of the above statements, the School of Medicine has moved to create a faculty capable of promoting the School's mission.

The School of Medicine recognizes that its appointment and promotional system should be flexible, because the needs of medical education require a program containing individuals with academic (Ph.D.) and professional (M.D., D.O. and other equivalent) degrees who bring different backgrounds, philosophies, skills, and ideas into the academic setting. For this reason, these guidelines emphasize the importance of evaluating performance based on **accurate position descriptions** which are to be reviewed at least annually and revised as needed to accurately reflect the faculty member's work assignments. In addition, these guidelines rely on a functioning system for documenting all areas of activity contained in the position description.

II. Appointment Process

The initial appointment of a faculty member will be recommended by the appropriate Department Chair in the School of Medicine. The recommendation of the Chair is then transmitted to the Dean and Provost of the School of Medicine.

The Dean and Provost shall forward all requests for appointment to a faculty rank of Associate Professor and Professor to the Tenure and Promotion Committee for review and recommendation.

The recommendation of the Dean and Provost is forwarded to the Chancellor of the University. Final approval is granted by the Board of Trustees of Southern Illinois University. Notification of appointment is made by the Board of Trustees, Southern Illinois University.

A. Faculty Status

Faculty status is accorded to those members of the University who are charged with the duty of disseminating and advancing knowledge. As a consequence, appointment to and promotion through the academic ranks of the University require demonstrated competence and potential for continued growth in at least two of the following areas: teaching, service, or research.

B. Descriptions of Faculty Appointments

It is the responsibility of the Department Chairs to maintain an appropriate balance of faculty commitments to carry out the programs of the Department within the School of Medicine. These commitments should be reflected in the faculty appointments in the Department and in the position descriptions of each faculty member. It is also the responsibility of the Department Chairs to function within the constraints of their departmental financial base with respect to faculty appointments.

1. **Term**

A term appointment is employment for a specified period of time. Non-tenure eligible faculty appointees on term appointment shall be given a statement in writing of the conditions and period of their employment. Term appointments may be renewed; however, reappointment to such a position creates no right to subsequent employment or presumption of a right to subsequent employment.

2. **Continuing**

A continuing appointee is automatically reappointed each academic year unless given appropriate notice. The faculty member thus notified is entitled upon request to a written statement of the reasons for non-reappointment. All continuing appointees are subject to annual adjustments regarding salary and other conditions of employment.

There are two kinds of continuing appointments in the School of Medicine: tenure-eligible and non-tenure eligible. Faculty in tenurable academic ranks are serving in a probationary status leading to the possible awarding of tenure. The allocation of tenure positions shall be made according to standards promulgated by the School of Medicine and the University.

3. **Tenure-Eligible**

Tenure-eligible faculty ranks are for those full-time faculty who are engaged in broad scholarly activities. It is expected that faculty appointed to tenurable faculty ranks will carry out their scholarly activities through research, teaching and service. Through quality performance in these areas, these faculty will advance the mission of the School of Medicine and their own careers in academic medicine. Tenure-eligible status is limited to continuing full-time, tenure-eligible positions in the rank of Assistant Professor, Associate Professor or Professor.

4. **Non-Tenure-Eligible Continuing**

Because of the complex mission of the School of Medicine, it is necessary and desirable to have non-tenure-eligible, full-time faculty ranks to which individuals who contribute to the programs of the academic health center may be appointed. Individuals appointed to these ranks should be capable of making significant contributions to the programs of the academic health center. Non-tenure-eligible faculty appointments may be either term appointments or continuing appointments.

By authority of the President, appointees to Non-tenure-eligible Faculty Ranks may delete the word "Clinical" or "Research" from their Non-tenure-eligible Faculty Rank title in day-to-day usage; however, each appointee's official Non-tenure-eligible Faculty Rank and Title shall be set forth in the appointee's contract with the University and in other official University documents.

The non-tenure eligible faculty ranks that are available for those whose efforts are primarily directed towards teaching and service are Instructor of Clinical Medicine, Assistant Professor of Clinical Medicine, Associate Professor of Clinical Medicine, and Professor of Clinical Medicine or in any like rank where the word Medicine is substituted by the word(s) Anesthesiology, Family and Community Medicine, Neurology, Obstetrics and Gynecology, Pathology, Pediatrics, Psychiatry, Radiology or Surgery. The non-tenure-eligible faculty ranks for those whose efforts are primarily directed towards research are Research Instructor, Research Assistant Professor, Research Associate Professor and Research Professor.

5. **Part-Time and Volunteer Faculty**

The School of Medicine recognizes the contribution to its programs of part-time (<50% base salary) and volunteer faculty whose major time commitments may be to private practice or to other institutions. Clinical part-time and volunteer faculty may be appointed to the rank of Clinical Associate, Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor or Clinical Professor. Non-clinical part-time and volunteer faculty may be appointed at the rank of Adjunct Instructor, Adjunct Assistant Professor, Adjunct Associate Professor and Adjunct Professor.

(See VI. *Guidelines for Appointment and Promotion of Voluntary and Part-Time Faculty*)

6. **Visiting Faculty**

It is desirable for the academic health center to have a system of visiting appointments which are reserved for individuals who are scholars visiting the School of Medicine as teachers and investigators for variable periods. Such appointments may be made for up to a period of one year. The ranks available for such appointments are Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor and Visiting Professor.

C. Movement Between Tenure-Eligible and Non-Tenure-Eligible Appointments

Departments shall establish criteria and procedures for the movement of faculty from the tenure eligible to the non-tenure-eligible ranks and vice versa. These criteria shall be approved by the Dean and Provost. The following are minimal School of Medicine requirements.

Movement from a non-tenure-eligible to a tenure-eligible appointment

Movement from a non-tenure-eligible to a tenure-eligible position may occur only after a tenure position is declared open and a search conducted. A faculty member in a non-tenure-eligible rank may request in writing that his/her application for the tenure eligible position be considered. Such movement will not occur unless the non-tenure eligible faculty member is chosen for the

tenure eligible position after a competitive search process.

The individual seeking to move to a tenure eligible rank shall meet all criteria for the rank. Individuals at the level of assistant or associate professor may request a transfer to a position one rank higher than his/her non-tenure eligible rank appointment, but the transfer shall not automatically confer tenure. In all cases, a faculty member who moves to a tenure-eligible position shall be treated as a new hire for the purposes of tenure and promotion and shall meet the required probationary standards. All requests for transfer with promotion to the tenure track shall be reviewed by the Tenure and Promotion Committee.

Movement from a tenure-eligible to a non-tenure-eligible appointment

A faculty member in a tenure-eligible rank may request in writing that the Department Chair consider his/her movement to a non-tenure eligible faculty rank. The individual seeking such transfer to a non-tenure eligible rank shall remain in his/her present rank in the non-tenure eligible position until such time that the criteria for promotion have been fulfilled in the areas defined in his/her position description. All moves from a tenure-eligible appointment to a non-tenure eligible appointment shall be final. A faculty member may not request to move at a later time back to a tenure eligible rank. All requests for movement shall be reviewed by the School's Tenure and Promotion Committee.

D. Minimum Qualifications for Faculty Appointment

1. The minimum qualifications for appointment at the rank of **Instructor** and **Assistant Instructor** are:

   Earned Master's degree for Instructor; Bachelor's degree for Assistant Instructor.

2. The minimum qualifications for appointment at the rank of **Assistant Professor** are:

   Earned doctorate or terminal degree and experience appropriate to faculty appointment. Faculty members with the M.D./D.O./other equivalent degree and clinical responsibilities shall have completed residency training leading to board certification, if appropriate. Faculty members with the Ph.D. degree should have completed a postdoctoral training program if appropriate to their area of specialization.
   Others shall be eligible for professional certification in their fields, if such is available or applicable.

3. The minimum qualifications for appointment at the rank of **Associate Professor** are in addition to the minimum qualifications for Assistant Professor enumerated above.

   Faculty members with the M.D./D.O./other equivalent degree and clinical responsibilities shall have completed board certification in the faculty member's specialty or subspecialty. Faculty members with the Ph.D. degree shall be certified in their fields if such certification is available or applicable.
   Established reputation in teaching, service, and research, as appropriate to position description.

4. The minimum qualifications for appointment at the rank of **Professor** are in addition to the qualifications for Assistant Professor and the qualifications for Associate Professor enumerated above.

    A faculty member initially appointed as a Professor shall have a proven stature in one or more areas of research, teaching, and service as defined in the faculty member's position description. (See *III. Activities for Evaluation in Promotion and Tenure*, below.)

    A faculty member initially appointed as a Professor shall demonstrate a consistently high level of achievement and superior performance recognized nationally and/or internationally.

    The rank of Professor is reserved for persons of proven stature in one or more areas of their position description. Promotion to Professor may occur on the basis of consistently high level and superior performance that is recognized nationally and/or internationally and not simply on the basis of time as an Associate Professor.

The highest standards of ethical conduct are expected of all faculty. Specifically, faculty members are required to behave professionally, conduct themselves according to the School of Medicine's Code of Conduct and be in compliance with federal and state rules regarding ethical standards of research publication and preparation of research proposals.

III. Activities for Evaluation in Promotion and Tenure

Faculty at an academic medical center should have the pursuit of scholarly activities as their highest priority. Scholarship should be evident in the functions performed by the faculty member while he/she teaches, engages in research, or provides service. *

Scholarship is defined in the following ways:

The Scholarship of Discovery. This comes closest to what most of us mean when we use the term "*research*." It involves contributing to the corpus of knowledge and is inextricably linked with the advancement of the particular field of study. Research is "central to the work of higher learning" and should be encouraged and strengthened at the School of Medicine.

The Scholarship of Teaching. This concept elevates the act of teaching above the mere transfer of knowledge from teacher to student. "As a scholarly enterprise, teaching begins with what the teacher knows." The transmittal of this information must involve a series of pedagogical procedures which are "carefully planned, continuously examined, and related directly to the subject taught." In addition to transmitting knowledge, teaching involves transforming and extending it in the educational process.

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* This section was prepared by the School's Tenure and Promotion Review Committee in 1996, based on concepts from Boyer, Ernest L. (1990). *Scholarship Reconsidered: Priorities of the Professoriate*. San Francisco. Jossey-Bass.

The Scholarship of Integration. This reflects "the need for scholars who are giving meaning to isolated facts, putting them in perspective." This activity involves making cross-disciplinary connections and situating knowledge within a wider discipline or context. An individual who pursues this form of scholarship would aspire to "serious, disciplined work that seeks to interpret, draw together, and bring new insight to bear on original research." It is closely related to the scholarship of discovery in that it involves doing research "at the boundaries where fields converge."

The Scholarship of Application. This in some ways reflects what we have labeled as "*service*" in our traditional understanding of position descriptions at the School of Medicine. However, the scholarship of application involves more than providing a professional service or obtaining a fee for it; it involves obtaining new knowledge in the act of performing a service as well as the translation of new knowledge into the service activity itself. According to Boyer (1990), "to be considered scholarship, service activities must be tied directly to one's special field of knowledge and relate to, and flow directly out of this professional activity."

A. Research

Scholarship, with its attributes of curiosity, erudition and originality, is essential to the development and maturation of an academic institution and to the maintenance of a learning environment. The term "research" should be interpreted as scholarly activity in one or more of the following disciplinary areas: basic sciences, behavioral and social sciences, clinical sciences, education, and humanities.

The criteria for promotion to any rank apply to both tenure-eligible and alternate faculty ranks. It should be noted that faculty members who hold alternate faculty rank appointments usually will have position descriptions that require performance in only two areas.

The general criteria for evaluation of research during the process of tenure or promotion to the rank of Associate Professor are demonstration of the ability to: 1) develop and maintain scholarly activity/research effort; and 2) disseminate the results of these scholarly activities. Furthermore, the research efforts should be nationally recognized as positive contributions by experts, and they should be largely independent. There should be a pattern of scholarly activity that is increasing over time and has sufficient promise for continued growth and evolution.

The following are examples of scholarship in research that should be documented and considered for tenure and promotion.

1. Common research-associated contributions in the School of Medicine include:
    a. Contributions to **the instructional mission of the department/medical school.**
        1) Development, successful implementation, dissemination, and acceptance of new curricula (e.g., problem-based learning)
        2) Development of innovative methods for teaching or for student assessment (e.g., practical skills assessment)
        3) Development of innovative instructional materials or methods for training educators in new instructional methods

4) Dissemination of new and innovative curricula, student assessment, and instructional material.

b. Contributions to **the basic sciences.**
   1) Discovery and dissemination of new knowledge related to basic science disciplines
   2) Development, dissemination, and acceptance of new ideas and concepts leading to further investigation
   3) Development, dissemination, and acceptance of a new or improved method of ensuring replicability of laboratory measurements

c. Contributions to **the clinical sciences.**
   1) Development, dissemination, and acceptance of a new method for assessing patient status
   2) Development, dissemination, and acceptance of a new method for diagnosis or interpreting diagnostic criteria
   3) Development, dissemination, and acceptance of an improved method of therapy
   4) Discovery and dissemination of new knowledge related to pathophysiologic processes or disease manifestation
   5) Active participation in multi-center studies that develop improved methods of therapy
   6) Outcomes-oriented and other applied research

d. Contributions to **the behavioral, informational, and social sciences and humanities.**
   1) Discovery and dissemination of new knowledge related to the behavioral, informational, and social sciences and humanities disciplines
   2) Development, dissemination, and acceptance of new ideas and directions for further investigation
   3) Outcomes-oriented and other applied research

2. Examples of appropriate documentation of scholarly activity in research:
   a. Publications in peer-reviewed journals in area of expertise
   b. Presentation and publication of peer-reviewed abstracts
   c. Presentation of peer-reviewed or juried papers at national or international meetings
   d. Significant citation by other workers in the field, especially the leaders, of published papers (can be determined with Citation Index)
   e. Published reviews by other workers in the field, especially the leaders, of papers/books
   f. Invitations to speak at scientific meetings and at other universities
   g. Submission of research proposals to national agencies or foundations
   h. Grant and/or contract awards from national agencies or foundations
   i. Funding awards from commercial vendors
   j. Awards for outstanding research accomplishments
   k. Referee of manuscripts for journals in area of expertise
   l. Referee of paper proposals for meetings of national associations
   m. Review of grant applications to local, state, national, and governmental agencies
   n. Appointment to national committees to review research proposals or results
   o. Intellectual property holdings for the School (i.e., patents, copyrights, trade secrets, etc.) with associated licensing or development agreements, as appropriate

3. Examples of research independence as appropriately documented:
   a. Primary funding of the research program derived from funds generated by the applicant as Principal Investigator, Co-Principal Investigator, or Investigator
   b. Principal author on papers in early phase of career

    c. Evidence of active research program at the School of Medicine
    d. Research director for graduate students, residents, post-doctoral students, and fellows
    e. Mentoring of students at all phases of educational experience
    f. Advisor of postdoctoral fellows, residents, or junior faculty
    g. Publications co-authored with graduate students and/or residents and/or fellows at later stage of career

4. In addition to criteria used for promotion to the rank of Associate Professor, Professors should provide solid evidence of originality and creativity that will continue into their future careers. Examples of national/international recognition for evaluating candidates for the rank of Professor:
    a. Consistent external funding over entire career
    b. Constant publication record over entire career
    c. Invitations to speak at national/international scientific meetings
    d. Membership on national grant review panels
    e. Referee of manuscripts in area of expertise
    f. Member of editorial board of journals in area of expertise
    g. Chair/organizer of national/international meetings
    h. Author/editor of monographs or books
    i. Invitations to contribute chapters to books
    j. Election to societies or awards of honors by societies requiring outstanding contributions associated with research

B. Teaching

Teaching medical students, undergraduate and graduate students, post-doctoral fellows, clinical residents and fellows is any activity that fosters learning, including direct teaching and creation of associated instructional materials. Faculty members take a scholarly approach when they systematically design, implement, assess and redesign an educational activity, drawing from the literature and "best practices" in the field. They engage in educational scholarship by both drawing upon resources and best practices in the field and by contributing resources to it. Scholarship in teaching, when documented by publications or presentations at professional meetings, shall be evaluated as part of a faculty member's commitment to research.

Educators seeking academic promotion may present evidence focused on a single educational activity category, such as teaching, or in multiple categories, such as curriculum, learner assessment, and/or leadership. The types and forms of evidence may vary by category, but documentation should be both quantitative and qualitative and concisely presented using common terminology, and displayed in easy-to-read formats using tables, figures, or graphs. In this context, quantity is demonstrated by the amount of teaching that is done. Quality refers to the excellence or superiority of the teaching performed by the individual.

The following are examples of educator activities that should be documented and considered for tenure and promotion. See *Appendix A (Teaching Activities for Evaluation in Promotion and Tenure – Educator Activity Categories, Criteria, and Evidence)* for more details.

1. Teaching

   Quantity
   a. Learners' confidential evaluations of instructors' teaching using standardized forms with open-ended comments
   b. Peer evaluation of teaching using a standardized format and process
   c. Lists of teaching awards and honors
   d. Evidence of learning, the key outcome of teaching, is a strong indicator of excellence (e.g., pre- and post-teaching assessment of learner performance)

   Quality
   a. Learner evaluations using standard rating scales or narrative comments, including comparative evaluation to peers
   b. Peer review by members of a teacher's division, department, or institutional committee, with an eye toward objectives, format, organization, and innovation

   Engagement with the Education Community
   a. Descriptions of how teachers' approaches or uses of instructional materials were informed by the literature or best practice
   b. Graphical presentation of a comparative analysis of teachers' own materials with "best practices" in the field, documenting relative strengths and weaknesses
   c. Instructors' reflections on their own teaching or on critiques by others, and the effect of those reflections on subsequent teaching activities
   d. Other examples of efforts to improve teaching by engagement with the education community (e.g., formal course work in education, attendance at educational conferences)
   e. Inclusion of the product in a peer-reviewed venue or repository
   f. Evaluations from a conference presentation, teaching awards, or recognition with annotations regarding selection process and criteria
   g. Data demonstrating adoption by other faculty
   h. References or citations to the product in other peer-reviewed materials
   i. Descriptions of how others have built on or adapted the product for their own use

2. Curriculum

   Quantity
   a. Cogent description of each authored curricular piece's purpose, intended audience, duration, design, and evaluation

   Quality
   a. Learner reactions and ratings
   b. Outcomes, including the impact on learning (e.g., course examinations)
   c. Graphic displays of improvement over time (e.g., relation to previous curriculum offerings)

   Engagement with the Education Community
   a. Peer review by local experts, the institution's curriculum committee, or accreditation

reviewers
b. Invitations to present curriculum work at meetings, supplemented by documentation of the presentation's quality
c. Peer-reviewed or invited presentation at regional, national, or international meetings
d. Acceptant of curriculum material to a peer-reviewed repository (e.g., MedEdPORTAL)
e. List of institutions where the curriculum has been adopted, including the author's home institution
f. Invitations for curriculum consultation from other department or schools, including tracking of the consultations' use
g. Number of citations in other instructors' curricula

3. Advising and Mentoring

Quantity
a. Quantitative data should include the number of learners and colleagues mentored or advised, and when appropriate, the names and positions or status, and an estimate of time invested in each relationship (e.g., duration, frequency of contact, and total hours)

Quality
a. Evaluations of advising and mentoring effectiveness from advisees using standardized forms with comparative ratings
b. Listing of advisees' significant accomplishments, including publications, and presentations, and the development of tangible educational products, recognitions, and awards
c. Narrative comments from advisees; when available, comparative data in the form of historical or discipline-based standards

Engagement with the Education Community
a. Participating in professional development activities to enhance mentoring/advising skills
b. Adopting effective mentoring strategies with documented links to the literature
c. Writing an institutional guide informed by the literature and best practices
d. Designing an effective program guided by current evidence
e. Leading initiatives that improve institutional mentoring and advising practices
f. Receiving invitations to critically appraise mentoring programs, and providing documentation of the results and the appraisal's impact
g. Posing investigational questions about mentoring/advising, selecting methods to answer them, collecting and analyzing data, making the results public, and obtaining peer review
h. Securing program development funding through a peer-reviewed process
i. Conducting skill enhancement training sessions at professional meetings
j. Publishing peer-reviewed materials in print or electronic formats, such as institutional mentoring guides
k. Convening scholarly conferences on mentoring, serving as a mentoring consultant to professional organizations, being invited to serve as a peer reviewer of mentoring or advising works, receiving mentoring or advising awards, and having success in competitive funding for innovative mentoring-related projects

4. Educational Administration/Leadership

   Quantity
   a. List of leadership projects noting duration and quantity, described in an easy-to-read, concise format along with the roles leaders played

   Quality
   a. Documentation of quality in leadership includes a concise description of projects, including: leadership role and project dates; context where the change occurred, process, problems identified, goals established, and actions taken; evaluation including delineation of outcomes; and financial and human resources, both new and existing

   Engagement with the Education Community
   a. Making changes based on the literature and best practices
   b. Creatively designing and evaluating improvements, and making revisions based on local feedback or in light of theoretical frameworks, prior research, best practices, and external peer review
   c. Using pre- and post-assessment or other designs (e.g., cohort performance on licensing, in-service training, board certification examinations, accreditation surveys) or newly developed tools to measure outcomes
   d. Demonstrating attainment of objectives or benchmarks associated with successful change (e.g., AAMC Graduation Questionnaire)
   e. Documenting ongoing quality improvement, drawing from the knowledge and resources of the educational community
   f. Evaluating leaders' effectiveness using 360-degree evaluation with peer comparisons, bench-marking, or external peer review
   g. Employing self-reflection informed by the literature or best practices in the field
   h. List of invited and peer-reviewed presentations at local, regional, national, and international professional meetings, along with visiting professorship presentations
   i. Quantity and quality of publications
   j. Awards received with annotations regarding selection criteria and process
   k. List of institutions that have adopted an innovation
   l. Acceptance of a new curriculum model to AAMC's MedEd PORTAL, with impact inferred from the number of hits the site received and the number of schools that have adopted the curriculum
   m. List of resources obtained by source (foundations, grants, internal awards, etc.) as evidence that others have judged the innovation worthy of investment

5. Learner Assessment

   Quantity
   a. Brief description of the event using jargon-free language, including information about faculty's role in each assessment component along with the size and nature of the learner population being assessed, the size of the assessment, and the intended uses of the information

   Quality and Engagement with the Educational Community

a. Presentations on the assessment process or outcomes to local audiences, such as curriculum committees or internal reviews in preparation for an RRC visit
b. Peer-reviewed presentations and workshops at professional meetings, or invited presentations
c. Acceptance of the assessment tool in a peer-reviewed repository
d. Assessment research presented at national meetings or published in peer-reviewed journals

C. Service

1. General Criteria — Professional
   a. Governmental or specialty advisory committees
   b. State, regional and national organizations
      Membership
      Offices held
   c. State, regional and national agencies
      Consultant/Reviewer
      Representation/Liaison
   d. Boards and Review Committees
      Contribution to Specialty Boards
      Examiner in Subspecialty Boards
      Contribution to Review Panels and/or Study Sections
   e. Honors/Acknowledgment for service

2. University/School — General
   a. Administrative Affairs
      1) University and school committees including offices held.
         A letter of recommendation or a checklist completed by the chairs or staff of the committees to comment on attendance, participation and contributions to the work of the committee.
      2) Leadership positions and role on university and school committees
   b. Student Affairs
      1) Screening student applicants
      2) Advising student organizations
      3) Special counseling
      4) Assistance in selection/obtaining of electives and residencies
   c. Residents and Fellows
      1) Career counseling
      2) Assistance in obtaining fellowships/faculty positions/practice positions

3. University/School — Department/Division
   a. Administrative Affairs
      1) Departmental committees
      2) Career counseling for faculty, residents and fellows
      3) Assistance in career development
      4) Assistance to administrative/business staff
      5) Assistance in faculty and other staff recruitment

  b. Student Affairs
   1) Academic advising outside of teaching responsibilities
   2) Clerkship mentor
   3) Clinical skills, exam evaluation
   4) Assistance to clerkship directors in designing and conducting evaluations,
     tests/exams
   5) Coordinating/directing clerkship and elective rotations for division/service
   6) Providing research, presentation and publication experience to students
  c. Residents and Fellows
   1) Screening/interviewing applicants
   2) Clinical competence examinations
   3) Coordinating/directing resident rotations for division/service
   4) Coordinating/directing fellowship programs for division/service
   5) Providing research, presentation and publication experience to residents and fellows
  d. Clinical Service
   1) Related to clinical practice
    Documentation on how the faculty member has built/expanded the practice whether
     he/she joined an existing service
    whether he/she expanded an existing practice by offering new services, etc.
    whether he/she established a new service at the School
    whether he/she re-established a service after the departure of a clinician
    Number of patients seen per year
    Number of operations/procedures
    Percentage of patients seen by the candidate out of the total for his/her division
    Percentage of operations/procedures performed by the candidate out of the total for
     his/her division
   2) Related to patient care
    Number of referrals from physicians in another specialty/subspecialty
    Number of referrals from physicians in the same specialty
    Ratings from residents and peers on components of knowledge, clinical skills,
     professional behavior (there are some existing rating scales we can use or modify
     as needed)
    Ratings from patients on satisfaction with their medical care
    Information on patient outcomes (as this information becomes increasingly available
     through patient data bases)
  e. Post-Doctoral and Graduate Students
   1) Screening/interviewing applicants
   2) Career counseling for graduate students and post-doctoral fellows
   3) Assistance in submitting fellowship applications
   4) Assistance in preparing presentations and/or publications.

 4. Community — Professional Services
  a. Hospitals
   1) Committees — membership and offices
   2) Contracts for service
   3) Consultant/advisor
   4) Committees for free clinics

    b. Referring Physicians
1) Type of service provided
2) Usefulness and uniqueness of service provided
3) Feedback and education provided to referring physicians
    c. Local Groups — Organizations
1) Presentations to lay groups
2) Discussions/write ups in local newspapers
3) Discussions/advice on local radio station
4) Local TV appearances and presentations
5) Volunteer work for free clinics
6) Organizing community programs on health care issues

5. Self-Evaluation
   Self-assessment prepared by faculty member and critiqued by Division/Department Chair. Should include attendance at continuing education programs.

IV. Promotion

Faculty appointed to either tenure-eligible or non-tenure-eligible faculty ranks shall be considered for promotion in their appropriate category.

All promotions of full-time faculty shall be reviewed by the School's Tenure and Promotion and Committee (TPC).

A. Process

A faculty member shall be evaluated for promotion in any year at her or his request.
The Department review shall follow the Department's own promotion guidelines and standards.

1. After Department review, the recommendation is transmitted by the Department Chair to the Dean and Provost along with requisite documentation.
2. Promotion dossiers are forwarded to the School of Medicine's TPC for review and recommendation.
3. The TPC sends its recommendation to the Dean and Provost.
4. The recommendation of the Dean and Provost is forwarded to the Chancellor of the University.

When a promotion confers tenure, final approval of the Board of Trustees of Southern Illinois University is required.

B. Negative Decision

It is the responsibility of the Dean and Provost to convey in writing the reasons for a negative promotion decision to the appropriate Department Chair. It is the responsibility of the chair to share these written reasons with the faculty member so as to provide constructive criticism to advance the faculty member's career.

C. Minimum Department Standards for Promotion

Departments shall establish minimum performance criteria for research, teaching, and service. The Department Chair, along with the Associate Dean for Research and Faculty Affairs, shall assure that position descriptions are written in such a way as to allow individual faculty members to direct their efforts towards achieving their professional development as well as the Department's overall goals. Evaluations of faculty should be based on the faculty member's position description in light of Department standards.

D. School of Medicine Standards

In evaluating a candidate's qualifications, the Tenure and Promotion Committee and Dean and Provost shall judge performance based on the time committed to each area of activity as documented in the faculty member's position description.   The criteria for promotion described below apply to both tenure-eligible and non-tenure-eligible faculty ranks. It is unlikely that a faculty member who has only one area of activity would be considered seriously for promotion.

1. Time in Rank

A candidate for promotion should have the appropriate number of years in rank by July 1 of the year in which the candidate's promotion would be effective. Time in rank and performance at other institutions will be considered but usually a period of three years in rank at Southern Illinois University School of Medicine will be required before promotion.

2. Ratings

The following ratings shall be used in the Promotion Process:
Outstanding means a clearly superior performance.
Effective means clearly acceptable performance.
Not effective means unacceptable performance.

A rating of *Not effective* in any area of the position description shall be a barrier to promotion.

3. Specific Requirements by Rank

The following requirements for both tenure eligible and non-tenure eligible faculty ranks serve as minimum criteria for promotion. Individual Departments may have requirements defined for each rank which exceed School of Medicine requirements.

Instructor
   a. Earned Master's degree for Instructor or Bachelor's degree for Assistant Instructor.
   b. Faculty members should demonstrate potential and interest in teaching and/or ability to teach effectively, if appropriate to position description.
   c. Faculty members should demonstrate potential and interest in and/or ability for effectiveness in some aspects of service, if appropriate to position description.
   d. Faculty members should demonstrate potential and interest in and/or ability to conduct research, if appropriate to position description.

Assistant Professor
    a. Earned doctorate or terminal degree and experience appropriate to faculty appointment.
    b. Faculty members with an M.D./D.O./other equivalent degree and clinical responsibilities shall have completed residency training leading to board certification, if appropriate.
    c. Faculty members with a Ph.D. degree should have completed a post-doctoral training program if appropriate to their area of specialization.
    d. Others shall be eligible for professional certification in their fields, if such is available or applicable.
    e. Faculty members should demonstrate potential and interest in teaching and/or ability to teach effectively, if appropriate to position description.
    f. Faculty members should demonstrate potential, interest, and/or ability for effectiveness in some aspect of service, if appropriate to position description.
    g. Faculty members should demonstrate potential and interest in and/or ability to conduct research, if appropriate to the position description.

An Assistant Professor whose position description calls for performance in all three areas of academic activity (i.e., teaching, service and research), and who has shown effective performance in two areas and outstanding performance in one area, may be promoted after five years in rank. If this same faculty member's performance in two or more areas is outstanding, promotion may occur after four years in rank. Promotion prior to four years would be an exception and in all cases would require outstanding performance in all three areas.

An Assistant Professor whose position description calls for major performance in only two of the three areas of academic activity, and whose performance is effective in one area, and outstanding in the other area, may be promoted after five years in rank. If this same faculty member's performance in both areas is outstanding, promotion may occur after four years in rank.

Associate Professor
These criteria are in addition to characteristics (b) and (c) as specified for Assistant Professor.
    a. For an M.D./D.O./other equivalent degree holder with clinical responsibilities, board certification in the faculty member's specialty or subspecialty. Non-M.D. faculty members shall be certified in their fields if such certification is available or applicable.
    b. Documentation of effective or outstanding teaching, if appropriate to position description.
    c. Documentation of effective or outstanding service, if appropriate to position description.
    d. Documentation of effective or outstanding research of appropriate quality and quantity for time in rank, if appropriate to position description. Performance in at least one (teaching, service, research) shall be outstanding.
    e. Established reputation in teaching, service, and research, as appropriate to position description.
    f. Outstanding at the Associate Professor rank should require documentation of contributions (original papers and presentations) at the national and international levels, if appropriate to the position description.

Professor
These criteria are in addition to characteristics (b) and (c) as specified for Assistant Professor and characteristic (a) as specified for Associate Professor.

This rank is reserved for persons of proven stature in one or more areas of their position descriptions. Promotion to full Professor may occur on the basis of consistently high level and superior performance recognized nationally and/or internationally and not simply on the basis of time put in at the rank of Associate Professor. Therefore, this document does not provide time schedules for promotion to Professor.

Outstanding at the Professor rank should require documentation of recognition for contributions at the national and international levels, if appropriate to the position description. Objective evidence of this recognition should be provided, such as listings of national and international awards, letters of recognition from outside reviewers, appointments to editorial boards or national review boards (e.g., NIH), invited plenary talks, and visiting professorships. Letters of recognition should clearly state that the faculty member is widely recognized for his/her academic achievement, comparing him/her to the leaders in his/her field.

Note: The title of Associate Professor is a respectable one and may be the highest rank achieved by many valuable faculty members.

Promotion Criteria vs. Position Description
For the purpose of evaluation for tenure and/or promotion, performance in any category cannot be considered outstanding if the job description specifies that 10% (or less) of the faculty's effort is devoted to this activity.

Summary of Minimum Criteria for Promotion

An Assistant Professor whose position description calls for effort in all three areas of activity (teaching, service, and research) shall be rated in each:

When performance has been rated in the 3 areas as:	Outstanding[a] Effective[b] Effective	Outstanding Outstanding Effective
May be promoted to[c] Associate Professor in:	5 years or more	4 years

An Assistant Professor whose position description calls for performance in two of the areas of activity shall be rated in each:

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[a]Outstanding means a clearly superior performance.

[b]Effective means clearly acceptable performance.

[c]Candidate should have required number of years by July 1 of the year in which the candidate's promotion would be effective.

When performance has been rated in the 2 areas as:	Outstanding Effective	Outstanding Outstanding
May be promoted to Associate Professor in:	5 years or more	4 years

Promotion to full Professor is expected to occur on the basis of a consistently high level and superior performance recognized nationally and/or internationally and not simply on the basis of time put in at the rank of Associate Professor. Therefore, this document does not provide time schedules for promotion to Professor.

E. Documentation of Activities and Format of Dossier

A basic format for tenure and promotion dossiers is incorporated in this policy. The format should include items in *Section III. Activities for Evaluation in Promotion and Tenure.* A common format for presenting supporting information will help assure fairness in the decision-making process. Since promotion requires that a person's entire professional contributions be reviewed, the format calls for information on educational background, previous academic and professional experience, teaching activities, scholarly contributions, and service activities. Some departments may wish to add special categories.

V. Tenure

A. Locus of Tenure Within the University

The locus of tenure within the University is in the Department in which the appointment resides. Tenurable ranks in the School of Medicine are the ranks of Associate Professor and Professor.

Approved Tenure Units in the School of Medicine are:

Clinical Units
Anesthesiology
Family and Community Medicine
Internal Medicine
Neurology
Obstetrics and Gynecology
Pathology
Pediatrics
Psychiatry
Radiology
Surgery

Non-Clinical Units
Anatomy
Behavioral and Social Sciences
Information and Communication Sciences
Biochemistry and Molecular Biology
Medical Education
Medical Humanities
Medical Microbiology, Immunology and Cell Biology
Pharmacology
Physiology

B. Tenure Schedule

Assistant Professor.   Individuals appointed to the tenure track at the rank of Assistant Professor will be placed into one of two tenure tracks at the time of initial appointment. This will apply to individuals in either clinical or basic science tenure units. No changes will be considered after initial appointment.

Assistant Professors having job descriptions with a clinical and education commitment greater than their research commitment shall be notified in writing that tenure has been awarded at the end of a 8-year probationary period or that the appointment will not be renewed at the end of the ninth year.

Assistant Professors having job descriptions with a research commitment greater than their combined clinical and education commitment shall be notified in writing that tenure has been

awarded at the end of a 6-year probationary period or that the appointment will not be renewed at the end of the seventh year.

Associate Professor. At the end of a 4-year probationary period, an Associate Professor shall be notified in writing either that tenure has been awarded or that the appointment will not be renewed at the end of the fifth year. An Associate Professor who has served previously as Assistant Professor at the University shall have tenure from the date of appointment to the rank of Associate Professor.

Professor.   At the end of a 2-year probationary period, a Professor shall be notified in writing either that tenure has been awarded or that the appointment will not be renewed at the end of the third year. A Professor who has served previously as Associate Professor at the University shall have tenure from the date of appointment to the rank of Professor. The basic academic unit may recommend tenure at the time of initial appointment of a Professor.

C. Early Tenure Decision

The initiation of any tenure recommendation before the full probationary term ends shall be made in writing by the faculty member. The decision emanating from such a request shall be final. If the decision is negative, the faculty member will be notified in writing that the following contract year will be terminal. A negative decision for promotion to the Associate Professor or Professor rank before the end of the probationary period shall not be considered as a negative tenure decision.

D. Computing Years of Credit Toward Tenure

In order to facilitate the administration of tenure review procedures, there shall be a common tenure anniversary date of May 15 for all tenure-eligible academic appointments. This tenure anniversary date will not necessarily coincide with the faculty member's date of initial appointment. A year of credit toward tenure is earned in any year in which a tenure-eligible faculty member has a full-time active employment status (including leaves of absence without pay) for no less than six months between July 1 and June 30. The time spent on sick leaves and disability leaves of absence will not be considered as part of the probationary period.

E. Procedures for Review of Qualifications for Tenure

1. General Requirements

Primary responsibility for evaluation of the academic qualifications of candidates for tenure rests with the faculty. There are three sequential levels in the tenure review process: 1) review in the Department; 2) review at the School of Medicine level; and 3) review by the Dean and Provost of the School of Medicine. Large Departments may utilize review at a Division or other level consistent with approved Department Tenure Policy. However, the tenure decision emanating from the Department shall involve a vote of all Department tenured faculty.

Review procedures and standards shall be developed in writing for each level of review, and these procedures shall be made known to prospective and current faculty members, as well as to the general School of Medicine community.

2. **Department Review**

Review shall be based on a Tenure Dossier prepared by the faculty member in cooperation with the Chair along with solicited letters of recommendation and evaluation materials. In conducting reviews at the Department level, all tenured faculty shall have an opportunity to vote on a tenure decision and *only tenured faculty* shall vote on the decision. A negative tenure vote by a majority of the tenured faculty cannot be overruled except in cases of failure to observe the standard or of demonstrated discrimination. If the number of tenured faculty in the Department is less than three, the chair shall appoint an ad hoc committee of at least three tenured faculty members of the School of Medicine.

Department Tenure Review shall consider Department standards and the position description of the faculty member under review. The Chair is responsible for making an independent tenure recommendation, but the votes of the tenured faculty and of any special review committee are to be forwarded with the Chair's recommendation.

3. **School of Medicine Review**

Tenure Review shall be conducted by the tenured faculty members of the Tenure and Promotion Committee (TPC). The review process should include review of the Dossier in light of Department recommendations for tenure. The TPC shall review the candidate on the basis of the Dossier considering the position descriptions of the faculty member in light of Department and School of Medicine standards.

The TPC shall forward its recommendations to the Dean and Provost, who is responsible for all tenure recommendations emanating from the School of Medicine.

4. **University Review**

The Dean and Provost of the School of Medicine shall review all tenure recommendations in terms of Department, School of Medicine, and University-wide standards in light of the position descriptions of the faculty member under consideration and shall forward recommendations to the Chancellor of the University. The final recommendation on tenure will be forwarded from the Chancellor's Office to the Board of Trustees for approval by the Board.

F. Standards

1. The activities to be considered in the tenure decision process are teaching, research, and service as defined in the faculty member's position descriptions.

2. Tenure is not granted at the rank of Assistant Instructor, Instructor, or Assistant Professor. Assistant Professors must first meet the standards that the School has set for the rank of Associate Professor and qualify for promotion to that rank before tenure will be awarded.

3. A faculty member initially appointed to the rank of Associate Professor may achieve tenure through promotion to Professor or independent of promotion through a separate tenure decision.

4. The minimum standards for tenure at the rank of Associate Professor are:

   ▪ For an M.D./D.O./other equivalent degree holder with clinical responsibilities, board certification in the faculty member's specialty or subspecialty. Non-M.D. faculty members shall be certified in their fields if such certification is available or applicable.
   ▪ Documentation of effective or outstanding teaching, if appropriate to position description.
   ▪ Documentation of effective or outstanding service, if appropriate to position description.
   ▪ Documentation of effective or outstanding research of appropriate quality and quantity for time in rank, if appropriate to position description. Performance in at least one (teaching, service, research) shall be outstanding.
   ▪ Established reputation in teaching, service, and research, as appropriate to position description.

5. Professor

The rank of Professor is reserved for persons of proven stature in one or more areas of their position description. A faculty member initially appointed as a Professor shall consistently demonstrate a level of superior performance recognized nationally and/or internationally to achieve tenure. It should be remembered that the title of Associate Professor is a respectable one and may be the highest rank achieved by many valuable faculty members.

G. Documentation of Activities and Format of Dossier

A basic format for tenure and promotion dossiers is attached. A common format for presenting supporting information will help assure fairness in the decision-making process. As promotion requires that a person's entire professional contributions be reviewed, the format calls for information on educational background, previous academic and professional experience, teaching activities, scholarly contributions, and service activities. Some units may wish to add special categories.

VI. Guidelines for Appointment and Promotion of Voluntary (Non-Salaried) and Part-Time Faculty

A. Clinical Ranks

Clinical Associate: Rank appropriate for those community faculty who have a small role in some aspect of the academic mission of the Medical School, but do not have a specific designated assignment with a written description of formal supervision and oversight according to Department Promotion Guidelines and Procedures.

Clinical Instructor through Clinical Professor are ranks appropriate for community physicians who have a specific and delineated role in the academic mission of the School, usually in undergraduate or graduate education. They should have their role delineated in writing and their performance of these roles will be under the supervision and oversight of their Department Chair.

Clinical Instructor will generally be an entry rank for those physicians fully trained in their discipline but not yet board certified. Promotion to Clinical Assistant Professor may occur according to Department Promotion Guidelines and Procedures after board certification is achieved.

Clinical Assistant Professor may be an entry level rank for board certified physicians. (Many community faculty will be sustained in this position throughout).

Promotion to Clinical Associate professor should be considered after 8 to 10 years in the rank of Clinical Assistant Professor. Criteria for promotion should include:
- Demonstration of outstanding performance in teaching or service.
- Established reputation in the community of commitment to excellence in one or both areas.

Promotion to Clinical Professor should be considered after 8 to 10 years in rank of Clinical Associate Professor only for those individuals demonstrating continued excellence and commitment to the School's mission. No more than a small fraction of the community faculty should achieve this rank. Generally, criteria include:
- Demonstrated outstanding teaching and service.
- Recognition by the community and region of leadership qualities (i.e., hospital, county medical society or regional medical societies in leadership positions).

Appointment to and promotion in these Clinical ranks shall be initiated by the Department and recommended to the Dean and Provost. The Tenure and Promotion Committee will not review unless requested to do so by the Dean and Provost.

B. Adjunct Ranks

Adjunct Instructor through Adjunct Professor are ranks appropriate for individuals who have a delineated non-clinical role in the academic mission of the School. Such individuals shall have a designated assignment with a written description of their role or a description of their contribution to the academic mission of the School of Medicine or its constituent Department. Annual review of appointment shall be conducted according to Department Promotion Guidelines and Procedures.

Individuals holding faculty rank at comparable institutions of higher learning will normally be appointed at the equivalent Adjunct rank.

Individuals without faculty appointment at other institutions shall initially be appointed at a rank commensurate with their professional status and educational experience consistent with these guidelines and University guidelines. Normally, the rank of Adjunct Instructor will be the appropriate initial rank.

Promotion to Adjunct Assistant Professor should be considered after 6 to 8 years in rank of Instructor only for those individuals demonstrating continued excellence and commitment to the School's mission. Criteria for promotion should include:
- Demonstration of outstanding performance in research, teaching or service in accord with Department promotion standards.
- Established reputation of a commitment to excellence in one or more areas.

Promotion to Adjunct Associate Professor should be considered after 8 to 10 years in rank of Assistant Professor only for those individuals demonstrating continued excellence and commitment to the School's mission. Criteria for promotion should include:
- Demonstration of outstanding performance in research, teaching or service in accord with Department promotion standards.
- Established reputation of a commitment to excellence in one or more areas.

Promotion to Adjunct Professor should be considered after 8 to 10 years in rank of Adjunct Associate Professor only for those individuals demonstrating continued excellence and commitment to the School's mission. Criteria for promotion should include:
- Demonstrated outstanding research, teaching and service as judged by the Department Chair.
- Recognition by the community, region, or peers of the individual's contributions to the academic programs of the School.

Appointment to and promotion in these Adjunct ranks shall be initiated by the Department Chair and recommended to the Dean and Provost. The Tenure and Promotion Committee will not review unless requested to do so by the Dean and Provost.

Volunteer faculty should be reminded annually of the correct usage of their titles.

VII. Effective Dates of Guideline Revisions

Revisions to these guidelines will periodically occur. Revised <u>tenure</u> guidelines will apply to all faculty members appointed to the tenure track on or after the most recent revision date listed below. Faculty members appointed earlier to the tenure track are subject to the guidelines in place when appointed to the tenure track. Revised <u>promotion</u> guidelines are immediately in force for all faculty members as of the revision date.

Approved December 1996. Revisions approved December 13, 2001; March 1, 2010.

APPENDIX

<u>Appendix A</u>

Teaching Activities for Evaluation in Promotion and Tenure
Educator Activity Categories, Criteria, and Evidence

Teaching medical students, undergraduate and graduate students, post-doctoral fellows, clinical residents and fellows is any activity that fosters learning, including direct teaching and creation of associated instructional materials. Examples of direct teaching include lectures, workshops, small-group facilitation, role modeling in any setting (such as ward attending), precepting, demonstration of procedural skills, facilitation of online courses, and formative feedback. Instructional materials are included in the teaching category when they are developed to specifically enhance instructors' own presentations, such as media, handouts, or interactive materials. Development of a longitudinal set of educational activities would fall into the curriculum development category.

Scholarly Approach: Faculty take a scholarly approach when they systematically design, implement, assess and redesign an educational activity, drawing from the literature and "best practices" in the field. Documentation describes how the activity was informed by the literature and/or best practices.

Educational Scholarship: Faculty engage in educational scholarship by both drawing upon resources and best practices in the field and by contributing resources to it. Documentation begins by demonstrating that an educational activity product is publicly available to the education community in a form that others can build upon. The product may be available at the local level — in the department, medical school, or university — or at the regional, national, or international level. Once a product is publicly accessible, peers can gauge its value to the scientific community, applying accepted criteria.

Educators seeking academic promotion may present evidence focused on a single educational activity category, such as teaching, or in multiple categories, such as curriculum, learner assessment, and/or leadership. The types and forms of evidence may vary by category, but documentation should be both quantitative and qualitative and concisely presented using common terminology, and displayed in easy-to-read formats using tables, figures, or graphs. In this context, quantity is demonstrated by the amount of teaching that is done. Quality refers to the excellence or superiority of the teaching performed by the individual.

Scholarship in teaching, when documented by publications or presentations at professional meetings, shall be evaluated as part of a faculty member's commitment to research.

Educator Activity Categories, Criteria, and Evidence

Teaching

1. Quantity

Multiple sources and types of data should be used to demonstrate teaching excellence. Include comparative data of peer-group performance using the same source and method whenever possible. Summarize narrative comments using qualitative analysis methods.   Data sources might include:

   a. Learners' confidential evaluations of instructors' teaching using standardized forms with open-ended comments.
   b. Peer evaluation of teaching using a standardized format and process adds an important dimension that complements student evaluation.
   c. A list of teaching awards and honors accompanied by descriptions of their selection process and criteria are additional forms of teaching excellence documentation.
   d. Evidence of learning, the key outcome of teaching, is a strong indicator of excellence. An array of local learner data may be available including pre- and post-teaching assessment of learner performance, self-reported learning outcomes, ratings of educational objective achievement, or analysis of narrative data, such as learning portfolios or critical incidents.

2. Quality

The methods that demonstrate and document the value of one's own instructional materials are similar to those used for curriculum development (see next section). Multiple data sources and types should be provided when possible, including:

   a. Learner evaluations using standard rating scales or narrative comments, including comparative evaluation to peers.
   b. Peer review by members of a teacher's division, department, or institutional committee can help document the accuracy and educational value of the content, with an eye toward objectives, format, organization, and innovation.

3. Engagement with the Education Community

A scholarly approach requires that instructors apply the principles and finding from the education literature (e.g., competency-based education, deliberate practice) to their teaching, along with development of associated instructional materials. Evidence of engagement with the larger education community can be documented through:

   a. Descriptions of how teachers' approaches or uses of instructional materials were informed by the literature or best practice.
   b. Graphical presentation of a comparative analysis of teachers' own materials with 'best practices' in the field, documenting relative strengths and weaknesses.
   c. Instructors' reflections on their own teaching or on critiques by others, and the effect of those reflections on subsequent teaching activities.
   d. Other examples of efforts to improve teaching by engagement with the education community include formal course work in education, attendance at educational conferences, workshops, or seminars.

Evidence of scholarship in teaching, as in all categories, requires that educators make products publicly available for peer review so that their contributions to the educational community can be

evaluated. Public presentation and peer review may be internal through a division, department, academy or education committee, or external through such forums as the Association of American Medical Colleges' (AAMC) annual or regional meetings, AAMC's MedEdPORTAL, the Health Education Assets Library, Family Medicine Digital Resource Library, or other peer-reviewed repository. Interactive learning exercises (either Web-based or face-to-face), PowerPoint presentations with speaker notes, problem-based learning or other clinical cases, and new models and strategies for teaching — all are examples of teaching products that contribute to the educational community. Documentation of these contributions include:

  e. Inclusion of the product in a peer-reviewed venue or repository.
  f. Evaluations from a conference presentation, teaching awards, or recognition with annotations regarding selection process and criteria.
  g. Data demonstrating adoption by other faculty.
  h. References or citations to the product in other peer-reviewed materials.
  i. Descriptions of how others have built on or adapted the product for their own use.

Curriculum

Curriculum is defined as a longitudinal set (i.e., more than one teaching session or presentation) of designed educational activities that includes evaluation. Curriculum contributions may occur at any training level — medical student, resident, graduate student, or continuing medical education; in various educational venues — course, clerkship, rotation, theme-threaded cross years, faculty development, or community program; and may be delivered face-to-face or electronically.

To include an activity in the curriculum category, educators must answer four questions:
1) What is the educational purpose (i.e., goals, objectives) of the activity?
2) Which learning experiences are most useful in achieving those purposes?
3) How are those learning experiences organized and longitudinally sequenced for effective instruction? and
4) How is the curriculum's effectiveness evaluated?

1. Quantity
For each curricular piece authored, documentation should include a cogent description of its purpose, intended audience, duration, design, and evaluation. If the curriculum was coauthored, each entry should document the candidate's role, content contributed, and expertise provided, such as curriculum, technology, or assessment.

2. Quality
Documentation of a curriculum activity and associated evidence of outcomes and quality should include:
  a. Learner reactions and ratings
  b. Outcomes, including the impact on learning (e.g., course examinations, NBME subject scores, in-service examination scores, or observation of learner performance)
  c. Graphic displays of improvement over time (e.g., its relation to previous curriculum offerings).

3. Engagement with the Education Community
A scholarly approach to curriculum development requires demonstration that the design was informed by the literature and best practices. The curriculum authors must note how it was influenced by relevant literature or other educators. Positive and negative results should be presented to advance educational knowledge and build on the authors' experiences.

Educational scholarship in curriculum requires making it public in a form that others can use, such as course syllabi, learner assessment tools, or instructor guides, and includes:
   a. Peer review by local experts, the institution's curriculum committee, or accreditation reviewers
   b. Invitations to present curriculum work at meetings, supplemented by documentation of the presentation's quality.
   c. Peer-reviewed or invited presentation at regional, national, or international meetings.
   d. Acceptant of curriculum material to a peer-reviewed repository such as AAMC's MedEdPORTAL.
   e. List of institutions where the curriculum has been adopted, including the author's home institution.
   f. Invitations for curriculum consultation from other department or schools, including tracking of the consultations' use.
   g. Number of citations in other instructors' curricula.

Advising and Mentoring

Educators frequently serve as advisors and mentors in the professional development of learners and colleagues. These activities can have a profound impact on advisees' careers and, in turn, on the profession. Advising and mentoring are developmental relationships encompassing a spectrum of activities, in which educators help learners or colleagues accomplish their goals. More specifically, mentoring implies a sustained, committed relationship from which both parties obtain reciprocal benefits. Advising is a more limited relationship that usually occurs over a limited period, with the advisor serving as a guide.

Documentation of mentoring and advising activities must effectively describe the nature of the relationships and their effectiveness in helping advisees meet their goals, using quantitative and qualitative data.

1. Quantity
Quantitative data should include the number of learners and colleagues mentored or advised, and when appropriate, the names and positions or status, and an estimate of time invested in each relationship (e.g., duration, frequency of contact, and total hours).

2. Quality
Educators' effectiveness as mentors and advisors is demonstrated through advisees' goal achievement. Evidence of productive relationships may be document by:
   a. Evaluations of advising and mentoring effectiveness from advisees using standardized forms with comparative ratings.
   b. A listing of advisees' significant accomplishments, including publications, and

presentations, and the development of tangible educational products, recognitions, and awards.

c. Narrative comments from advisees may also provide evidence of a relationship's effectiveness in facilitating goal achievement. When available, comparative data in the form of historical or discipline-based standards should be presented.

3. Engagement with the Education Community

Evidence of scholarly engagement in this category, as in all others, can be demonstrated by:

a. Participating in professional development activities to enhance skills in mentoring and advising.
b. Adopting effective mentoring strategies with documented links to the literature.
c. Writing an institutional guide informed by the literature and best practices.
d. Designing an effective program guided by current evidence.
e. Leading initiatives that improve institutional mentoring and advising practices.

Scholarship related to mentoring and advising may be demonstrated by:

f. Receiving invitations to critically appraise mentoring programs, and providing documentation of the results and the appraisal's impact.
g. Posing investigational questions about mentoring/advising, selecting methods to answer them, collecting and analyzing data, making the results public, and obtaining peer review.
h. Securing program development funding through a peer-reviewed process.
i. Conducting skill enhancement training sessions at professional meetings.
j. Publishing peer-reviewed materials in print or electronic formats, such as institutional mentoring guides.
k. Convening scholarly conferences on mentoring, serving as a mentoring consultant to professional organizations, being invited to serve as a peer reviewer of mentoring or advising works, receiving mentoring or advising awards, and having success in competitive funding for innovative mentoring-related projects.

Educational Administration/Leadership

Exceptional educational administrators and leaders achieve results through others, transforming organizations through their vigorous pursuit of excellence. Key features that educational administrators or leaders should document to demonstrate their work's value for promotion consideration include:

a. active and continuous pursuit of excellence;
b. ongoing evaluations;
c. dissemination of results; and
d. maximization of resources.

1. Quantity

The nature of leadership projects and their duration and quantity should be described in an easy-to-read, concise format along with the roles leaders played.

2. Quality

The pursuit of excellence should be the core of all administrative and leadership actions; effective leaders challenge, advance, and transform the field. They create a sense of urgency,

develop coalitions, communicate vision, develop plans, evaluate achievements, garner resources, and inspire other in the pursuit of common goals. Effective administrators and leaders manage resources efficiently, and must collaborate with and mentor others to achieve change.

Documentation of quality in leadership includes a concise description of projects, including:
a. Leadership role and project dates.
b. The context where the change occurred, as well as the process, including problems identified, goals established, and actions taken.
c. Evaluation including delineation of outcomes.
d. Financial and human resources, both new and existing, as change requires leaders and administrators to deploy resources to achieve desired goals.

3. Engagement with the Education Community
When administrators' resource management or leaders' organizational transformation is informed by the literature and best practices, they have made the transition to active engagement with the larger educational community.

A scholarly approach to leadership and administration is demonstrated by:
a. Making changes based on the literature and best practices.
b. Creatively designing and evaluating improvements, and making revisions based on local feedback or in light of theoretical frameworks, prior research, best practices, and external peer review.
c. Using pre- and post-assessment or other designs (e.g., cohort performance on licensing, in-service training, board certification examinations, accreditation surveys) or newly developed tools to measure outcomes.
d. Demonstrating attainment of objectives or benchmarks associated with successful change (e.g., AAMC Graduation Questionnaire and learner ratings of teachers; courses/rotation enrollments and evaluation).
e. Documenting ongoing quality improvement, drawing from the knowledge and resources of the educational community.
f. Evaluating leaders' effectiveness using 360-degree evaluation with peer comparisons, bench-marking, or external peer review.
g. Employing self-reflection informed by the literature or best practices in the field.

The scholarship of educational leadership is evidenced by sharing innovations with the educational community through materials, documents, or presentation, and through others' recognition of the work's value. Dissemination of findings makes innovations visible to the community, creating a public forum for discussing them and advancing the field.

Documentation of educational scholarship would include:
h. List of invited and peer-reviewed presentations at local, regional, national, and international professional meetings, along with visiting professorship presentations.
i. Quantity and quality of publications.
j. Awards received with annotations regarding selection criteria and process.
k. List of institutions that have adopted an innovation.
l. Acceptance of a new curriculum model to AAMC's MedEd PORTAL, with impact inferred from the number of hits the site received and the number of schools that have adopted the curriculum.

m. List of resources obtained by source (foundations, grants, internal awards, etc.) as evidence that others have judged the innovation worthy of investment.

Learner Assessment

Learner assessment is defined as all activities associated with measuring learners' knowledge, skills, and attitudes, and must include at least one of four assessment activities:

1) Development: Identifying and creating assessment processes and tools.
2) Implementation: Collecting data using processes and tools.
3) Analysis: Comparing data with correct answer key or performance standards.
4) Synthesis and presentation: Interpreting and reporting data to learners, faculty, and curriculum leaders.

1. Quantity
Documenting an assessment activity's size and scope should begin with a brief description of the event using jargon-free language understandable to Tenure and Promotion Committee members. This description should include information about faculty's role in each assessment component along with the size and nature of the learner population being assessed, the size of the assessment, and the intended uses of the information.

2. Quality and Engagement with the Educational Community
Documenting quality in learner assessment should provide evidence that the evaluation meets established reliability and validity standards, summarized in quantitative and narrative formats. When data from learner assessments are used in "high stakes" decisions such as grades or promotion, the assessment must be well-grounded in the existing knowledge base drawn from the educational measurement field.

Glassick et al. (1997)∗ offered six criteria for a systematic, scholarly approach to determining the quality of assessment contributions:
1) Goals: A clear statement of assessment goals and the educator's particular contributions to the assessment process.
2) Adequate preparation: Description of the author's prior experience or literature upon which the assessment was based.
3) Appropriate methods: Details of how each design phase's methods match known best practices.
4) Significant results: Information about the quality of results according to reliability and validity standards.
5) Effective presentation: A succinct and effective summary of the results and lessons learned to stakeholder groups (e.g., learners, administrators, peers, and the assessment community).
6) Reflective critique: Plans for improving similar assessment in the future.

Scholarship in learner assessment must include documentation that activities were peer reviewed

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∗ Glassick, Charles E., Huber, Mary T. and Maeroff, Gene I. (1997). *Scholarship Assessed: Evaluation of the Professoriate.* San Francisco: Jossey-Bass.

and that processes or tools involved have been shared with the educational community to enhance best practices. Faculty involved in any design phase may present documentation associated with:

    a. Presentations on the assessment process or outcomes to local audiences, such as curriculum committees or internal reviews in preparation for an RRC visit.
    b. Peer-reviewed presentations and workshops at professional meetings, or invited presentations.
    c. Acceptance of the assessment tool in a peer-reviewed repository.
    d. Assessment research presented at national meetings or published in peer-reviewed journals.

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