Appendix A
Dossier Format

Section I
CERTIFICATION OF CONTENTS
SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE

NAME:

RANK:

ACADEMIC TENURE UNIT:

This statement is to certify that I am aware of the entire contents of this dossier, with the exception of the letters of support.

_____   _____
Signature of Candidate   Date

Section II
RECOMMENDATIONS

_____

Name

_____

Rank

_____

Academic Unit

Chair's recommendation				
IS	IS NOT		Associate Professor	Professor
		Recommended for promotion to the rank of:		
		Recommended for tenure		

_____   _____
Department Chair   Date

Dean's recommendation				
IS	IS NOT		Associate Professor	Professor
		Recommended for promotion to the rank of:		
		Recommended for tenure		

_____   _____
Dean   Date

Section III
TABLE OF CONTENTS

Section I: Certification Page

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Section IV
DEAN'S LETTER OF RECOMMENDATION

<div align="center">

Section VI
DEPARTMENTAL ASSESSMENT OF CANDIDATE
(To be completed by Chair)

</div>

(Date)

Dear Dean/Promotion and Tenure Committee:

The Department of _____name) _____ recommends the promotion of __(name)_____to the rank of _____ with tenure (if applicable).

The total number of voting faculty in the Department Review Committee was (number).

These individuals were: _____:

The vote of the Department Review Committee with regard to performance was as follows:

	Number of Votes for Each Category of Performance		
	Teaching	Research	Service
Average % effort per year since initial appointment of last promotion.			
Ranking**			
Outstanding			
Effective			
Not effective			
Not applicable**			
**Provide a rationale below for excluding any category deemed not applicable.			

For candidates who are seeking promotion to the rank of Professor, the Department Review Committee discussed the dossier's documentation of the national/international reputation of the candidate. Among the [how many] committee members, [how many] voted that the dossier included sufficient evidence that the candidate had achieved a national/international reputation, and [how many] voted that the candidate's dossier did not include sufficient evidence that the candidate had achieved a national/international reputation.

Among the [how many] Committee members, [how many] voted in favor of promotion and/or tenure for the candidate, and [how many] voted to withhold promotion and/or tenure.

Sincerely,

(Department Chair)
(Title)

Section VII
Curriculum Vitae in AAMC Format

Section VIII
Personal Statement

Section IX
LETTERS OF SUPPORT

Section X
LETTERS OF INDEPENDENT EVALUATION

EVALUATION OF QUALITY OF EDUCATION AND TEACHING

- Evidence of Educational Activities (summarized/aggregate) (no page limit)
    - Should include all evaluations of teaching (since last promotion) in aggregated tabular form -- with departmental comparators if possible
    - Should include all student comments from evaluations (since last promotion)
    - All details regarding teaching scholarship should be listed in the CV and highlighted in the personal statement.

Section XII
Position Descriptions
INCLUDE ALL POSITIONS DESCRPTIONS SINCE DATE OF HIRE OR DATE OF LAST
PROMOTION

Section XIII
OTHER SUPPORTIVE MATERIAL

Appendix B
Personal Statement Guidelines

Tips:

- This is where the evaluators get to know your unique story as a coherent narrative – align this to the promotion track you have chosen and your main strengths. Focus on your impact.
- Review examples from previous submissions to get a feeling for structure
- Attend workshops organized by the SIU School of Medicine to help prepare your packet
- Emphasize your strongest attributes based on your promotion track and accomplishments
- Engage in graceful self-promotion
    - Sell yourself without sounding arrogant
- Have your Personal Statement reviewed for feedback by your mentor(s) and then by the chair of the faculty development committee before submitting them for your final packet.

Organization

- 5 pages MAXIMUM
- Discuss briefly your background
- Cover each promotion area – scholarship, teaching, service (optional if 10% effort or less)
- Order of areas depends on track and areas of distinction
    - Start with greatest area of distinction
- Address work at the departmental, school of medicine, university, local, national, and international levels
- Focus on the impact and influence of your work
- If a weakness, contextualize it

Opportunity to

- Tell your professional story – coherent narrative
- Highlight most meaningful accomplishments
- Extract from CV what is most important
- Differentiate self
- Be creative about how you frame information
- Explain where things overlap
- Address future directions in your career

Background (very brief, paragraph)

- Who you are – job description
- Why on particular track (if relevant – e.g., track switch)
- How you got where you are – career trajectory
- Describe any gaps in timeline

Scholarship

- Summarize research interests
- Discuss impact of your work, how it shifted the field, and how it is unique/different
- Convey ways work has reached out
- Address number and quality of publications and mention key papers and journal
- Note funding success for research (federal, private)
- Note media recognition
- Emphasize collaborations (inside and outside of SIU)
- Future research plans and how this will result in new publications and grants
- Link future with present

Teaching

- Philosophy of teaching
- Impact of your teaching
- Course development
- Course leadership

Service

- Unique service roles and responsibilities
- Discuss impact of your work
- Leadership roles – department, SOM, institution, locally, nationally, internationally
- Need to emphasize your unique contributions to the field which may include
  - Clinical service
  - Committee membership and role
  - Boards
  - Manuscript reviewing, editorial boards, special issues, and editing
  - Study section responsibilities (ad hoc, member)
  - Organization of meetings and symposia
  - Collaborations
  - Consulting (e.g., for nonprofit organization)
  - Community Outreach
    - Talks/presentations/panel discussions
    - Health fairs and science fairs
    - Media – public education
    - Serving on boards
    - Coordinating community activities

<u>**Appendix C**</u>

AAMC CV Template

First Name Last Name, M.D., Ph.D.
Address
email@address.com

Current Position(s)
Academic Rank, department
Director, Center for Whatever
Your medical school or university
City, State

Education *[Note: in reverse chronological order]*
Fellowship, Your University, City, State	Years
Residency, Your University, City, State	Years
M.D., Your University, City, State	Years
B.S. in Discipline (magna cum laude), Your University, City, State	Years

Academic Appointments *[Note: in reverse chronological order]*
Associate Professor	Year - Present
Department of	
Name of University	
City, State	
Assistant Professor	Years
Department of	
Name of University	
City, State	

Professional Positions and Experience *[Note: List non-academic employment and experience in reverse chronological order]*
Director, Center for Whatever
Name of Medical School or University
City, State

Chief Resident
Department of
Name of University
City, State
<u>*[Note: include only if it is an appointed position requiring an extension of the residency]*</u>

Certification and Licensure   Years
Diplomate, Your ABMS Board
Subspecialty Certification, Your Subspecialty Board
State Medical License (active and inactive, without numbers)
Interpretation Certification

Professional Development *[Note: List in reverse chronological order, include year]*

Professional Memberships and Activities
[List these, in groupings by professional organization, in reverse chronological order, noting leadership positions and other positions held]   Years

Editorial Board Appointments
[List in reverse chronological order]   Include relevant dates

Committee Assignments and Administrative Services
[List in reverse chronological order, noting leadership positions held. Include university and non-university activities (e.g., work with NIH study groups).]   Years

Clinical / Quality Improvement Activities
(List clinical responsibilities and other clinical activities that include number of weeks, and percentage/time effort)

Educational Activities
☑ *Identify your teaching activities here or write "See attached Teaching Portfolio."*
☑ *List in reverse chronological order, noting your role (course developer, course director, lecturer)*
☑ *Include advising and mentoring responsibilities (only list those with a significant time investment that are outside of "normal" teaching duties, list project mentored and result)*
   o *Include mentee name, institution, mentee level/ rank, role, project mentored, next position/accomplishment*
☑ *Categorize educational activities as follows: Educational Administration (Director, Dean, etc.), Training Program Committees, Course and Curriculum Development, Courses Directed, Didactic Sessions, Clinical Teaching, Laboratory Teaching, Small Group Teaching, Graduate Student Committees*

[Note: Reflect the years you undertake each activity]

Honors and Awards
[Receipt of competitive scholarships, fellowships, and assistantships; names of scholastic honors, and teaching or research awards. Note: you may also list selective fellowship programs, those to which you were accepted as a competitive, as opposed to first-come, first-serve, application process.]   Years

Grants and Contract Awards
☑ *List under sections of pending, current, and past in reverse chronological order using NIH format, even for non-NIH grants.*
☑ *Include the title of grant, the granting agency, grant number, award total, demarcating total direct and indirect costs*
☑ *State your role, also identifying the PI (principal investigator) if you are not the PI, and percent of effort*
☑ *If you include contracts use two subheadings, separating contracts from grant awards*
☑ *If voluminous, truncate this listing to the most recent decade (or past five years) and note the limitation in the heading.*

[Note: Include the years of each award]

Publications   Include relevant Dates
☑ *List your publications in chronological order for easy updating*
☑ *Number these and highlight your name in bold*
☑ *Follow this order with appropriate subheadings- peer-reviewed, non-peer-reviewed publications, articles accepted for publication, books and monographs, evidence of works in progress (complete articles published in conference proceedings, book chapters, review*

   articles, editorials as indicated), development and/or publication of educational materials, development of major curricular offerings or innovative educational programs, non-print materials

[Note: if you are not listed as first author on publications for which your mentored student is listed, note that role with an asterisk or other indicator]

Published Abstracts and Presentations
[List these in reverse chronological order, use an asterisk or other explained notation to demarcate invited talks and meetings that you helped to organize.]

Oral Presentations *[Note: this section is for presentations given where you are an author]*
Invited Presentations   Date

National/International Meetings *(designate if invited)*   Date

Local/Regional Meetings   Date

Peer-reviewed Presentations *(including Workshops)*   Date

Grand Rounds Presentations   Date

Poster Presentations
National/International Meetings   Date

Local/Regional Meetings   Date

Social Media
(List professional activities utilizing social media)

Other Creative Products
[List CDs, interviews, simulations, films, websites, webinars, case vignettes you authored and are in use, and any other creative work products. Indicate your role in the creation of the product – creator, author, co-author, webmaster, etc.]   Date

Other Scholarly Products
(Include activities in which you have participated but did not result in authorship e.g. member of a practice network, participated in an expert panel, etc.)   Date

Patents and Technology Transfer
[List in chronological order to permit easy updating. Include and patent pending or patent applications, with dates of filing. List any technologies licensed to industry or others (military, etc.) with dates of licensure or filing] Date

Professional Community Activities   Date
(Service to the community, outreach presentations, etc.)

Appendix D
Scholarly Activities for Promotion and Tenure

The faculty at a school of medicine should have the pursuit of scholarly activities as its highest priority. Scholarship should be evident in the functions performed by the faculty member while he/she teaches, engages in research, or provides service. A useful taxonomy for scholarship has been prepared by Ernest Boyer (Boyer, Ernest L. (1990). *Scholarship Reconsidered: Priorities of the Professoriate*. San Francisco. JosseyBass).

Thus, 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.

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."

<u>Appendix E</u>
Teaching Activities and Evidence

These can be discussed in personal statements and highlighted in letters of support. They can also be included in one's curriculum vitae.

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.

<u>Educator Activity Categories, Criteria, and Evidence</u>

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?
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 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.

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

<u>**Appendix F**</u>
Research Activities and Evidence

These can be discussed in personal statements and highlighted in letters of support. They can also be included in one's curriculum vitae.

A. Research & Scholarly Activities

The term "research" can refer to scholarly activity in one or more of the following disciplinary areas: basic sciences, behavioral and social sciences, clinical sciences, education, and humanities. 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 recognized as positive contributions by experts, and can be achieved independently or as a member of a team. The pattern of scholarly achievement should increase over time and hold 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 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
   b. 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
   c. 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

2. Examples of appropriate documentation of achievements 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 of published papers

e. Published reviews, book chapters, and books
f. Invitations to speak about one's research 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 for research from commercial vendors
j. Awards for outstanding research accomplishments
k. Evidence of refereeing of manuscripts for journals in area of expertise
l. Evidence of refereeing 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 documentation of independent or collaborative research (note: for purposes of promotion, collaborative research must be conducted after the faculty member obtains the terminal degree and completes postdoctoral training)
   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 trainees

4. Examples of documentation of national or international recognition include:
   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. Member of editorial board of journals in area of expertise
   f. Chair/organizer of national/international meetings
   g. Author/editor of monographs or books
   h. Invitations to contribute chapters to books
   i. Election to societies or awards of honors by societies requiring outstanding contributions associated with research

<u>Appendix G</u>
Service Activities and Evidence

These can be discussed in personal statements and highlighted in letters of support. They can also be included in one's curriculum vitae.

A. Activities

1. Clinical Service
   1) Related to clinical practice
      Documentation of how the faculty member has built/expanded the practice (e.g., by offering new services or re-establishing a service after the departure of a clinician
      Number of patients seen per year
      Percentage of patients seen 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; quality metrics
   3) Administrative functions for hospitals and other clinical entities

2. 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

3. Institutional (University/School)
   a. Administration
      1) University and school committees including offices held. This service can be documented with 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

4. Department/Division
   a. Administration
      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
      6) Career counseling
      7) Assistance in obtaining fellowships/faculty positions/practice positions

   d. 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.

5. Community
   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

B. Evidence
   Evidence of activities should be provided in the dossier

C. The Dossier must be prepared using the standard format that is provided as an appendix to this document. The same dossier is used for both promotion and/or tenure, regardless of rank.

Appendix H
Compliance Infractions

Confirmed compliance infractions that require reporting either to external or internal entities must be reported in the promotion/tenure dossier. These include but are not limited to: infractions investigated by the institutional review board (currently the Springfield Committee on Research in Human Subjects, the Laboratory Animal Care and Use Committee, Radiation Safety, the Infection Control and Safety Committee, the Conflict of Interest Committee, the Misconduct in Science Committee, and Human Resources investigations that determine there was no infraction need not be reported.

Appendix I
Moving to and from Tenure-Eligible Appointments

1. From non-tenure-eligible to a tenure-eligible appointment
   a. Movement from a non-tenure-eligible to a tenure-eligible position can occur only after a tenure-eligible 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 and apply for the position using the same mechanisms as external applicants. A non-tenure eligible faculty member must be selected for the tenure eligible position through a *bona fide* competitive search process.
   b. A non-tenure-eligible faculty member wishing 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 into 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.

2. From a tenure-eligible to a non-tenure-eligible appointment
   a. 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 request must be made at or before the end of the 5th probationary year.
   b. The Chair will discuss the request with the Dean, the Chair of the P&TC, and the Associate Dean of Faculty Affairs. The Dean will make the final decision.
   c. An individual receiving 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.
   d. 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.

Appendix J
Termination of Faculty Appointments

The conditions under which tenured faculty appointments may be terminated are found in SIU Tenure Policies and Procedures at VI and Board of Trustees Policy at 2.C.1.f. https://siusystem.edu/board-of-trustees/legislation/board-legislation-policies.shtml#2.

The conditions under which non-tenured and non-tenure-eligible faculty appointments may be terminated are found in SIU Tenure Policies and Procedures at II. A-C and Board of Trustees Policy 2.C.1.f. https://siusystem.edu/board-of-trustees/legislation/board-legislation-policies.shtml#2.

Appendix K
Effective Dates of Guideline Revisions

Revisions to these guidelines will periodically occur. The revised promotion and tenure guidelines will apply to all faculty members appointed on or after January 1, 2023. Faculty members appointed before January 1, 2023 may utilize these guidelines or the guidelines that were in place at the time of hire, whichever is to the faculty member's advantage.

Approved December 1996;
Revisions approved December 13, 2001;
Revisions approved March 1, 2010;
Revisions approved October 2018
Revisions approved February 2, 2023