The University of Texas at Austin
Dell Medical School

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EXAMPLES OF EVIDENCE OF ACHIEVEMENT - PROFESSIONAL-TRACK FACULTY

CLINICAL PROFESSOR TITLE SERIES

Revised October 2024

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The Dell Medical School defines four Areas of Review that align with its mission, with promotion in these Areas based on pre-established guidelines for achievement set by the medical school. Professional-track faculty in the Clinical Professor title series designate an eligible Area of Review as their Area of Excellence. Their designated Area of Excellence must be evaluated and a strong record of accomplishments must be demonstrated in their Additional Contributions to the Academic Enterprise that do not fall under their designated Area of Excellence.

Each section below devoted to an Area of Review is intended to be sufficient to use for that Area of Review. For example, if someone has designated Clinical Expertise as their Area of Excellence, focusing on the Clinical Expertise section of the document for the appropriate rank is sufficient for reviewing that Area.

Promotion requires a formal review of the candidate's record of contributions and achievements during the requisite time in rank.

Faculty appointed to the Clinical Professor title series are expected to demonstrate active participation in the academic mission of Dell Medical School and active engagement in scholarly activities that derive from and support clinical, teaching, and/or professional service activities. Scholarship is defined broadly and peer-reviewed publications are not required. This is in contrast to the Professor title series in which faculty are expected to play an active and sustained key role in a program of scholarship in an area of expertise, which includes traditional outputs of scholarship (e.g., peer-reviewed publications) in the designated Area of Excellence and garners a reputation beyond the University.

Evidence of clinical expertise is required of all faculty engaged in clinical care, either as the designated Area of Excellence or as a part of Additional Contributions to the Academic Enterprise. Clinical expertise is reviewed only for faculty who provide clinical services.

Evidence of Academic and Professional Service is required of all faculty and those academic and professional service activities that don't fall under the designated Area of Excellence are included as a part of Additional Contributions to the Academic Enterprise.

Faculty in the Clinical Professor title series are expected to regularly contribute scholarly and academic works, sharing their clinical expertise with the profession. Extraordinary clinical expertise, while laudable, is not considered sufficient to warrant a Professorial title without scholarly products.

In the following sections, the examples of evidence of achievement provided for promotion to given ranks by Area of Review are neither comprehensive nor prescriptive but are meant to serve as examples of the levels of some common achievements that go beyond the service duties of a faculty member to those within or outside the University and that their results can be shared with, applied, and/or evaluated by peers. Candidates may report other achievements not specified in the guidelines.

CLINICAL EXPERTISE

CLINICAL EXPERTISE: Enable the delivery and measurement of excellent health care, with a focus on quality, health equity, population and/or public health, value and/or innovation.

Promotion to Clinical Associate Professor: In general, promotion to Clinical Associate Professor requires 7 years in rank as Clinical Assistant Professor or equivalent or outstanding achievement with extraordinary reasons for early promotion before 7 years. Shows a record of sustained active engagement in scholarly activities that derive from and support clinical, teaching, and professional service activities. Scholarship is defined broadly and peer-reviewed publications are not required, but can be helpful in demonstrating active engagement in scholarship activities related to Clinical Expertise. Must have evidence of contributions to clinical practice and/or health policies that advance the quality and/or value of patient outcomes and/or population health. Promotion requires a formal review of the candidate's record of contributions and achievements during the requisite time in rank. An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

Activities in this area that do not fall within the candidate's designated Area of Excellence, if different than Clinical Expertise, are reviewed as a part of Additional Contributions to the Academic Enterprise.

Clinical Domains	Examples of Evidence of Achievement
Scholarship: (e.g., contributes to the development, dissemination, and translation of health professions education, knowledge, and practices.)	• Disseminates knowledge through invited presentations, state of the art reviews, authorship/editorship of textbooks, chapters in standard texts, original research or case reports, etc. • Development of new clinical approaches and innovation in specialty that peers have recognized.

	• Record of invitations to present topics related to and in recognition of the candidate's clinical expertise.
	• Leadership in developing symposia, workshops, etc. related to their area of clinical expertise.
	• Creates and launches effective clinical quality improvement programs, including protocols for clinical care.
	• Established excellence in teaching through educational scholarship; examples may include teaching portfolio scores, teaching awards, book chapters, web-based teaching materials, educational innovations, etc.
	• Active participant in, or leader of, clinical trials program.
Service/Leadership: (Service consists of activities that support the University, our broader society (as either a representative of the University or through the use of relevant expertise), and a faculty member's profession beyond the scope of that faculty member's official responsibilities.)	• Participates in and leads local (or regional or national) organizations, programs, and/or committees. • Assumes leadership roles in professional organizations. • Awards for service/leadership related to clinical expertise. • Demonstrates significant contributions and service to the department, institution and/or community that contributes to the greater good of Dell Med or UT Austin.
Clinical:	• Clinical program development and leadership. • Demonstrated evidence of clinical excellence through quality metrics. • Evidence of broad referral base across the institution and locally, signifying peer recognition of clinical expertise. • Recognition for sustained involvement in hospital or clinic committees/task forces related to clinical care in area of expertise. • Attestation by peers as to the quality of contributions to clinical practice. • Documentation of outcome measurement and attainment compared with peers, incorporation of outcomes into clinical care improvement in areas of clinical expertise. • Record of invitations to present topics related to and in recognition of the candidate's clinical expertise.

	• Awards for clinical excellence.
Education: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic.)	• Establishes a record of accomplishment for developing new educational instruments to be delivered in clinical settings. • Supports the development, implementation or administration of curricular/instructional materials and activities. • Participates in and leads departmental, school, or university educational activities. • Participates in Peer Observation of Teaching to continuously improve clinical teaching skills. • Recognized as an excellent bedside teacher and clinician as provided by learner and peer feedback. Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5). • Awards for teaching.
Mentorship:* Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review. (A mentor "fosters personal and professional growth by imparting wisdom, sharing experiences, and delivering expert insight. Encourages holistic long-term mentee success." e.g., mentor for medical student, graduate or undergraduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member.) Mentors are typically assigned to mentees for an extended period of time to impart professional and leadership skills, and are likely to be mentioned in a mentee's C.V. or training record. Didactic (lecture-based) teaching is not included here. *Simply listing learners to whom the applicant has been exposed does not constitute mentorship.* Santiesteban L, Young E, Tiarks GC, Boemi MG, Patel RK, Bauckman KA, Fine L, Padilla ME, Rajput V. Defining Advising, Coaching, and Mentoring for Student Development in Medical Education. Cureus. 2022 Jul 27;14(7):e27356. doi: 10.7759/cureus.27356. PMID: 36043012; PMCID: PMC9411822.	• Number of mentees upon whom the candidate had a major influence and the nature of that influence. • Effective mentoring of undergraduate, graduate and medical students, and postdoctoral fellows. • Stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees' academic role and rank, and their impact. Impact may be assessed through measures such as leadership roles, awards. • Awards for mentoring. • Letters of support or references from mentees.

Community-facing Scholarship and Practice:
Community-facing activities may contribute to any area of review, but activities may not contribute to more than one area of review.
 	
(Exemplary scholarly contributions to service and community engagement related to improving the health of the community.)
	• Research on*:
	   • Programs, policies, and practices aimed at improving health and well-being, including health equity.
	   • Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).
	   • Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.
	• Service on invited or elected community organizations, committees, boards, NGOs, professional organizations, and/or governing bodies.
	• External recognition by community groups, professional societies, advisory committees, or other non-traditional organizations devoted to improving community or public health.
	• Creative actions, programs, policy initiatives or other innovative activities that measurably improve health in a community (i.e. contributions to practice and/or policies, etc.).
	• Engagement with community or public health leaders.
	• Quality and quantity of community engagement activities as evidenced by (a) duration (not a single meeting but ongoing collaboration), (b) activities initiated and executed over time, or (c) impact on some process or outcome measure of community health.
	
	Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda

Promotion to Clinical Professor: In general, promotion to Clinical Professor requires 7 years in rank as Clinical Associate Professor or equivalent or outstanding achievement with extraordinary reasons for early promotion before 7 years. Shows a record of sustained active engagement in scholarly activities that derive from and support clinical, teaching, and professional service activities. Scholarship is defined broadly and peer-reviewed publications are encouraged. Must have evidence of contributions to clinical practice and/or health policies that

advance the quality and/or value of patient outcomes and/or population health. Promotion requires a formal review of the candidate's record of contributions and achievements during the requisite time in rank. An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

Activities in this area that do not fall within the candidate's designated area of excellence, if different than Clinical Expertise, are reviewed as a part of Additional Contributions to the Academic Enterprise.

Clinical Domains	Examples of Evidence of Achievement
Scholarship: (e.g., contributes to the development, dissemination, and translation of health professions education, knowledge, and practices.)	• Disseminates knowledge through invited presentations, state of the art reviews, authorship/editorship of textbooks, chapters in standard texts, original research or case reports, etc. • Although peer-reviewed publications are not required, they are encouraged and help demonstrate dissemination of knowledge that is viewed by peers as being a valuable contribution to the field. • Sustained record of invitations to present topics related to and in recognition of the candidate's clinical expertise. • Development of new clinical approaches and innovation in specialty that peers have recognized. • Sustained evidence of leadership in developing symposia, workshops, etc. related to their area of clinical expertise. • Creates, launches, and disseminates effective clinical quality improvement programs including protocols for clinical care. • Established excellence in teaching through educational scholarship; examples may include teaching portfolio scores, teaching awards, book chapters, web-based teaching materials, educational innovations, etc. • Leads clinical trials program.
Service/Leadership: (Service consists of activities that support the University, our broader society (as either a representative of the University or through the use of relevant expertise), and a faculty member's profession beyond the scope of that faculty member's official responsibilities.)	• Demonstrates clear recognition as a leader in the institution. • Demonstrates sustained participation in and leadership of local organizations, programs and committees.

	• Track record of serving in leadership roles in professional organizations. • Demonstrates major contributions to administrative department, institution and/or community that contribute to the greater good of Dell Med or UT Health Austin, i.e. development of internal practice guidelines, quality and/or safety activities and compliance and/or resource utilization. • Awards for service/leadership related to clinical expertise.
Clinical:	• Clinical program development and leadership with evidence of excellence. • Demonstrates clinical excellence through outside referrals, quality metrics, peer review, outcome measures, patient satisfaction indices, etc. • Serves as a consultant to outside entities on issues related to area of clinical expertise. • Shows sustained evidence of a broad referral base across the institution and beyond, signifying peer recognition of clinical expertise. • Demonstrates other evidence and measures, which may include service on guideline setting panels. • Recognition for sustained involvement in hospital or clinic committees/task forces related to clinical care in area of expertise. • Attestation by peers as to the quality of contributions to clinical practice. • Documentation of outcome measurement and attainment compared with peers, incorporation of outcomes into clinical care improvement in areas of clinical expertise. • Record of invitations to present topics related to and in recognition of the candidate's clinical expertise. • Awards for clinical excellence.
Education:	• Sustained record of accomplishment for developing new educational instruments to be delivered in clinical settings.

(e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic.)	• Sustained development, implementation and/or administration of curricular/instructional materials and activities. • Sustained participation in and leadership of departmental, school, or university educational activities. • Participates in Peer Observation of Teaching to continuously improve clinical teaching skills. • Recognized as an excellent bedside teacher and clinician as provided by learner and peer feedback. Evaluations from learners and peers consistently rated high (i.e. > 3.4 of 4 or > 4.5 of 5). • Awards for teaching.
Mentorship:* Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review. (A mentor "fosters personal and professional growth by imparting wisdom, sharing experiences, and delivering expert insight. Encourages holistic long-term mentee success." e.g., mentor for medical student, graduate or undergraduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member.) Mentors are typically assigned to mentees for an extended period of time to impart professional and leadership skills, and are likely to be mentioned in a mentee's C.V. or training record. Didactic (lecture-based) teaching is not included here. *Simply listing learners to whom the applicant has been exposed does not constitute mentorship.* Santiesteban L, Young E, Tiarks GC, Boemi MG, Patel RK, Bauckman KA, Fine L, Padilla ME, Rajput V. Defining Advising, Coaching, and Mentoring for Student Development in Medical Education. Cureus. 2022 Jul 27;14(7):e27356. doi: 10.7759/cureus.27356. PMID: 36043012; PMCID: PMC9411822	• Number of mentees upon whom the candidate had a major influence and the nature of that influence. • Effective mentoring of undergraduate, graduate and medical students, postdoctoral fellows, and early career faculty. • Stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees' academic role and rank, and their impact may be assessed through measures such as leadership roles, awards. • Awards for mentoring. • Letters of support or references from mentees.

Community-facing Scholarship and Practice:
Community-facing activities may contribute to any area of review, but activities may not contribute to more than one area of review.
 	
(Exemplary scholarly contributions to service and community engagement related to improving the health of the community.)
	• Research on*:
	   • Programs, policies, and practices aimed at improving health and well-being, including health equity.
	   • Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).
	   • Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.
	• Service on invited or elected community organizations, committees, boards, NGOs, professional organizations, and/or governing bodies.
	• External recognition by community groups, professional societies, advisory committees, or other non-traditional organizations devoted to improving community or public health.
	• Creative actions, programs, policy initiatives or other innovative activities that measurably improve health in a community (i.e. contributions to practice and/or policies, etc.)
	• Engagement with community or public health leaders.
	• Quality and quantity of community engagement activities as evidenced by (a) duration (not a single meeting but ongoing collaboration), (b) activities initiated and executed over time, or (c) impact on some process or outcome measure of community health.
	
	Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda

EDUCATIONAL LEADERSHIP

EDUCATIONAL LEADERSHIP: Enable the provision of exceptional training, mentoring orcurricular development and provide fair and committed support for learners, in alignment with the medical school's mission to educate leaders who transform health care and redesign the academic health environment to better society.

Promotion to Clinical Associate Professor: In general, promotion to Clinical Associate Professor requires 7 years in rank as Clinical Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Shows a record of sustained active engagement in scholarly activities that derive from and support clinical, teaching, and professional service activities. Scholarship is defined broadly and peer-reviewed publications are not required, but can be helpful in demonstrating active engagement in scholarship activities related to Educational Leadership. Promotion requires a formal review of the candidate's record of contributions and achievements during the requisite time in rank. An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

Activities in this area that do not fall within the candidate's designated area of excellence, if different than Educational Leadership, are reviewed as a part of Additional Contributions to the Academic Enterprise.

Educational Leadership Domains	Examples of Evidence of Achievement
Scholarship: (e.g., contributes to the development, dissemination, and translation of health professions education, knowledge, and practices.)	• Publication or dissemination of educational material in print or other media; includes syllabi, curricula, videos, web-based training modules or courses, and/or technologies (e.g., simulation); may also include development of educational methods, policy statements, and/or assessment tools. • Service as peer reviewer or editorial board member for relevant journals or publications. • Development of new or substantially revised courses and curricula. • Innovative teaching materials/strategies. • Projects funded by external or internal grants to support instructional activities. • Publication of textbooks or teaching materials. • Invitations to speak about education. • Funding to conduct educational research or to developeducational materials, methods, assessment tools or programs.
Service/Leadership:	• Emerging reputation as an educational leader in the institution.

(Service consists of activities that support the University, our broader society (as either a representative of the University or through the use of relevant expertise), and a faculty member's profession beyond the scope of that faculty member's official responsibilities.)	• Evaluations and success of course(s) or program(s) for which candidate was a leader with consistently high ratings (i.e. > 3 of 4 or > 4 of 5). • Awards for educational service/leadership. • Participates in and leads educational organizations, programs, and/or committees. • Assumes leadership roles related to education in professional organizations. • Participation in and leadership of departmental, school, or university educational activities. • Maintenance of accreditation (if applicable). • Board certification pass rates (for residents and fellows, where available). • Leadership role in courses related to education. • Service on committees developing guidelines and policies for education/training programs. • Service on committees evaluating education/training programs or reviewing grant proposals related to education.
Teaching (Didactic and Clinical)	
	Didactic Teaching: (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials.) • Teaching/lecturing about issues related to education. • Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5). • Participating in Peer Observation of Teaching to continuously improve teaching skills. (Peers rate their teaching > 4 on a 5-point scale). • Awards for didactic teaching.
	Clinical Teaching: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room,preceptor in clinic) • Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5). • Participating in Peer Observation of Teaching to continuously improve teaching skills. (Peers rate their teaching > 4 on a 5-point scale). • Awards for clinical teaching.

Mentorship:* Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review. (A mentor "fosters personal and professional growth by imparting wisdom, sharing experiences, and delivering expert insight. Encourages holistic long-term mentee success." e.g., mentor for medical student, graduate or undergraduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member.) Mentors are typically assigned to mentees for an extended period of time to impart professional and leadership skills, and are likely to be mentioned in a mentee's C.V. or training record. Didactic (lecture-based) teaching is not included here. *Simply listing learners to whom the applicant has been exposed does not constitute mentorship.* Santiesteban L, Young E, Tiarks GC, Boemi MG, Patel RK, Bauckman KA, Fine L, Padilla ME, Rajput V. Defining Advising, Coaching, and Mentoring for Student Development in Medical Education. Cureus. 2022 Jul 27;14(7):e27356. doi: 10.7759/cureus.27356. PMID: 36043012; PMCID: PMC9411822.	• Number of mentees upon whom the candidate had a major influence and the nature of that influence. • Effective mentoring of undergraduate, graduate and medical students, and postdoctoral fellows. • Stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees' academic role and rank, and their impact. Impact may be assessed through measures such as leadership roles, awards. • Awards for mentoring. • Letters of support or references from mentees.

Community-facing Scholarship and Practice:
Community-facing activities may contribute to any area of review, but activities may not contribute to more than one area of review.
 	
(Scholarly contributions to community service, community engagement, and/or community health related to training, mentoring or curricular
	• Research that sits at the intersection of education and*:
	   • Programs, policies, and practices aimed at improving health and well-being, including health equity.
	   • Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).
	   • Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.

development)	• Scholarship at the intersection of education and community-based program development and policy • Training, mentoring, or curricular development activities that directly support creative actions, programs, policy initiatives or other innovative activities that measurably improve health in a community (i.e. contributions to practice and/or policies, etc.) • Engagement with community or public health leaders through or related to educational activities. • Quality and quantity of community engagement activities related to educational activities as evidenced by (a) duration (not a single meeting but ongoing collaboration), (b) activities initiated and executed over time, or (c) impact on some process or outcome measure of community health. *Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda*

Promotion to Clinical Professor: In general, promotion to Clinical Professor requires 7 years in rank as Clinical Associate Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Shows a record of sustained active engagement in scholarly activities that derive from and support clinical, teaching, and professional service activities. Scholarship is defined broadly and peer-reviewed publications are encouraged. Promotion requires a formal review of the candidate's record of contributions and achievements during the requisite time in rank. An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

Activities in this area that do not fall within the candidate's designated area of excellence, if different than Educational Leadership, are reviewed as a part of Additional Contributions to the Academic Enterprise.

Educational Leadership Domains	Examples of Evidence of Achievement
Scholarship: (e.g., contributes to the development, dissemination, and translation of health professions education knowledge and practices.)	• Sustained publication or dissemination of educational material in print or other media; includes syllabi, curricula, videos, web-based training modules or courses, and/or technologies (e.g., simulation); may also include development of educational methods, policy statements, and/or assessment.

	- Sustained service as peer reviewer or editorial board member for relevant journals or publications. - Track record of developing new or substantially revised courses and curricula. - Track record of developing innovative teaching materials and/or strategies. - Educational research projects resulting in findings disseminated at professional conferences and/or in peer-reviewed publications. - A track record of projects funded by external or internal grants to conduct educational research or to develop educational materials, methods, assessment tools or programs. - Publication of textbooks or teaching materials. - Invitations to speak about education.
Service/Leadership: (Service consists of activities that support the University, our broader society (as either a representative of the University or through the use of relevant expertise), and a faculty member's profession beyond the scope of that faculty member's official responsibilities.)	- Demonstrates clear recognition as an educational leader in the institution. - Evaluations and success of course(s) and or program(s) for which candidate was a leader with consistently high ratings (i.e. > 3.4 of 4 or > 4.5 of 5). - Awards for service/leadership. - Demonstrates sustained participation in and leadership of educational organizations, programs and committees. - Track record of serving in leadership roles related to education in professional organizations. - Sustained participation in and leadership of departmental, school, or university educational activities. - Maintenance of program accreditation (if applicable). - Board certification pass rates (for residents and fellows, where available). - Track record of leadership roles in courses related to education. - Track record of service on committees developing guidelines and policies for education/training programs. - Track record of service on committees evaluating education/training programs or reviewing grant proposals related to education.
Teaching (Didactic and Clinical)	
	Didactic Teaching: (e.g., lectures, continuing medical education courses, grand rounds, professional development programs,seminars, tutorials)

	• Teaching/lecturing about issues related to education. • Evaluations from learners and peers consistently high (i.e. > 3.4 of 4 or > 4.5 of 5). • Participates in Peer Observation of Teaching to continuously improve teaching skills (peers rate their teaching > 4 on a 5-point scale). • Awards for didactic teaching.
	Clinical Teaching: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic) • Clinical teaching evaluations consistently rated high (i.e. > 3.4 of 4 or > 4.5 of 5). • Participates in Peer Observation of Teachingto continuously improve teaching skills (peers rate their teaching > 4 on a 5-point scale). • Awards for clinical teaching.
Mentorship:* Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review. (A mentor "fosters personal and professional growth by imparting wisdom, sharing experiences, and delivering expert insight. Encourages holistic long-term mentee success." e.g., mentor for medical student, graduate or undergraduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member.) Mentors are typically assigned to mentees for an extended period of time to impart professional and leadership skills, and are likely to be mentioned in a mentee's C.V. or training record. Didactic (lecture-based) teaching is not included here. *Simply listing learners to whom the applicant has been exposed does not constitute mentorship.*	• Number of mentees upon whom the candidate had a major influence and the nature of that influence. • Effective mentoring of undergraduate, graduate and medical students, postdoctoral fellows, and early career faculty. • Stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees' academic role and rank, and their impact may be assessed through measures such as leadership roles, awards. • Awards for mentoring. • Letters of support or references from mentees.

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Community-facing Scholarship and Practice: Community-facing activities may contribute to any area of review, but activities may not contribute to more than one area of review.
 	
(Exemplary scholarly contributions to community service, community engagement, and/or community health related to training, mentoring or curricular development)
	• Sustained research activities that sit at the intersection of education and*:
	   • Programs, policies, and practices aimed at improving health and well-being, including health equity.
	   • Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).
	   • Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.
	• Sustained scholarship at the intersection of education and community-based program development and policy.
	• Sustained training, mentoring, or curricular development activities that directly support creative actions, programs, policy initiatives or other innovative activities that measurably improve health in a community (i.e. contributions to practice and/or policies, etc.).
	• Sustained engagement with community or public health leaders through or related to educational activities.
	• Sustained high quality and quantity of community engagement activities related to educational activities as evidenced by (a) duration (not a single meeting but ongoing collaboration), (b) activities initiated and executed over time, or (c) impact on some process or outcome measure of community health.
	
	Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda

INVESTIGATION AND INQUIRY

Investigation and Inquiry would rarely be a designated Area of Excellence for Professional-Track faculty in the Clinical Professor title series. Departments who believe they may have Professional-Track faculty in the Clinical Professor title series who would be appropriate for this Area of Excellence should reach out to the Office of Faculty Academic Affairs to discuss.

ACADEMIC AND PROFESSIONAL SERVICE

Academic and Professional Service may not be designated as an Area of Excellence, but activities in this area that do not fall within the candidate's Area of Excellence are reviewed as a part of Additional Contributions to the Academic Enterprise.

Academic service is broadly defined as participation in service to the division, department, school, and/or university. Examples include serving on committees, advising students, and involvement or leadership of initiatives to support division, departmental, school, and/or university needs. Academic service may include community activities that the faculty member is engaged in on behalf of, or representing, the institution.

Professional service is broadly defined as service to the field or discipline. Examples of professional service include participation in and/or leadership on professional society or field-related committees, boards, panels, etc.; organization of conferences, courses, workshops, or symposia related to the field or discipline, and peer or editorial review for journals. It also includes institutional service in the clinical domains, in which faculty are applying their professional expertise to service activities related to the clinical mission. Professional service may also include community service activities that the faculty member is engaged in because of their expertise.

Service is evaluated in terms of its **scope**, how the service role was **attained** (appointed, elected, volunteered), the extent to which there is a **leadership** role, and **meaningfulness of contributions** (i.e., membership in a professional society is a less meaningful contribution than chairing a committee within the society that has resulted in a product, such as a position statement, program content of the annual meeting, etc.).

In the following service domains, the examples of evidence of achievement provided for Academic and Professional Service are neither comprehensive nor prescriptive but are meant to serve as examples of the levels of some common achievements that go beyond the service duties of a faculty member to those within or outside the University and that their results can be shared with, applied, and/or evaluated by peers. Candidates may report other achievements not specified in the guidelines.

An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

Service Domains	Examples of Evidence of Achievement
Academic	- Advising, counseling and other student services. - Invitation, election, and/or participation in institutional academic, educational, or research-related committees. - Serving on or chairing a search committee. - Serving on a task force to address a specific issue the institution is facing. - Leading faculty governance activities. - Serving as an elected or appointed administrator or head of any academic group at the campus, department, division, or University levels. - Representing the university in community activities, initiatives. - Participation in community organizations or other not-for-profits as a representative of the University. - Awards for academic service or leadership from other than the faculty member's department.
Professional:	- Invitation or election to leadership roles in professional organizations. - Leadership role in planning and organizing committee conferences, courses, workshops, or symposia related to the field or discipline. - Service to governmental or other bodies evaluating guidelines, programs, or grant proposals. - Election to office in professional organizations. - Service as peer reviewer and/or editorial board member for relevant and recognized journals and publications. - Leadership role in courses, workshops, or symposia related to the field or discipline. - Service on invited or elected community organizations, committees, boards, NGOs, professional organizations, and/or

	governing bodies because of use of relevant professional expertise. (professional service)
	• Participation in community organizations or other not-for-profits through the use of relevant expertise beyond the scope of the faculty member's official responsibilities.
	• Sustained administrative committee service on hospital, clinic, and/or regional, statewide, national committees related to clinical care.
	• Development of institutional guidelines, compliance, quality and safety activities, and/or resource utilization.
	• Awards for professional service from other than the faculty member's department.