
EXAMPLES OF EVIDENCE OF ACHIEVEMENT - PROFESSIONAL-TRACK FACULTY

PROFESSOR TITLE SERIES

Revised October 2024

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 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 Professor title series 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. This is in contrast to the Clinical Professor title series, in which faculty 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 in the Clinical Professor title series is defined broadly and peer-reviewed publications are not required.

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-related activities are 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.

Geographic reputation of promotion candidates is evaluated in part by the geographic reach of activities. The distinction between local, regional, state, national, or international activities (e.g., invited talks, abstract presentations) is based on the geographic scope of the institution/organization that hosted/arranged the

activity or event and the geographic proximity of the institution/organization relative to UT (or wherever the faculty member was appointed at the time of the activity or event), not on the geographic scope of the audience or attendees. Region refers to the region of the US, not region within the state. For example, an invited talk at a meeting hosted by a regional organization (e.g., Southwest US) that attracts a national audience is considered a regional invited talk, not a national invited talk.

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 Associate Professor: In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by an emerging regional (i.e., Southwest US) or statewide reputation as a major contributor in the field is expected, with evidence as well as recognition as an expert and demonstration of scholarship related to an area of 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
<p>Scholarship: (e.g., contributes to the development, dissemination, and translation of health professions education, knowledge, and practices)</p>	<ul style="list-style-type: none"> • Peer recognition of works from original research. • Disseminates knowledge through invited presentations, state of the art reviews, authorship/editorship of textbooks, chapters in standard texts, original research or case reports, etc. • Typically, faculty at this rank may have 10 publications related to area of clinical expertise or other evidence of scholarly productivity as outlined above. A key to their value is an assessment of their scholarly impact based on various objective measures such as the NIH mean Relative Citation Ratio. • Creates and launches effective clinical quality improvement programs with regional or statewide adoption including protocols for clinical care.

	<ul style="list-style-type: none"> • Some may have established excellence in teaching through educational scholarship; examples may include teaching portfolio scores, teaching awards, book chapters, web-based teaching materials, educational innovations, etc. • Intramural and/or extramural funding to conduct clinical research, QI, or related activities.
<p>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.)</p>	<ul style="list-style-type: none"> • Is clearly recognized as a leader in the institution. • Participates in and leads regional or statewide organizations, programs, and/or committees. • Assumes leadership roles in professional organizations. • Demonstrates significant contributions and service to the department, institution and/or community that contributes to the greater good of Dell Med or UT Health Austin. • Awards for service/leadership related to clinical expertise from sources other than the candidate’s department, including regional or statewide organizations.
<p>Clinical: (Emerging regional (i.e., Southwest US) or statewide reputation as a clinical expert as evidenced by reputation, quality metrics and referrals.)</p>	<ul style="list-style-type: none"> • Leadership roles in regional or statewide professional organizations related to clinical expertise, including leadership in regional or statewide courses or programs (e.g. clinical CME programs). • Service on regional or statewide committees developing guidelines and policies for management in area of clinical expertise. • Service on regional or statewide committees evaluating programs in area of clinical expertise. • Service as a consultant on issues related to area of clinical expertise. • Demonstrates evidence of clinical excellence through quality metrics. • Membership on editorial boards in area of clinical expertise. • Peer-reviewed funding to support innovations that influence clinical practice regionally or statewide. • Evidence of referrals from a regional or statewide region as appropriate for specialty. • Development of new clinical approaches and innovation in specialty that peers have recognized. • Leadership in developing regional or statewide symposia related to their area 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 from regional or statewide entities to present topics related to and in recognition of the candidate’s clinical expertise. • Awards for clinical excellence from sources other than the candidate’s department; may include regional or statewide organizations.
<p>Education: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic.)</p>	<ul style="list-style-type: none"> • Sustained record of accomplishment for developing new educational instruments to be delivered in clinical settings.

	<ul style="list-style-type: none"> • Establishes and demonstrates leadership in the implementation or administration of curricular/instructional materials and activities in clinical settings. • Disseminates new curricula and/or educational instruments beyond the institution. • Sustained participation in and/or leadership of departmental, school, university, or professional society 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 from sources other than the candidate's department, including regional or statewide organizations.
<p>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.)</p> <p>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.</p> <p><i>*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.</i></p> <p>Santiesteban L, Young E, Tiarks GC, Boemi MG, Patel RK, Bauckman KA, Fine L, Padilla ME, Rajput V. Defining Advising, Coaching, and</p>	<ul style="list-style-type: none"> • 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 publications, grant funding, leadership roles, awards. • Awards for mentoring from sources other than the candidate's department, including regional or statewide organizations. • Letters of support or references from mentees.

<p>Mentoring for Student Development in Medical Education. Cureus. 2022 Jul 27;14(7):e27356. doi: 10.7759/cureus.27356. PMID: 36043012; PMCID: PMC9411822.</p>	
<p>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.)</p>	<ul style="list-style-type: none"> • Research that has garnered an emerging regional or statewide reputation on*: <ul style="list-style-type: none"> • 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 regional or statewide community organizations, committees, boards, NGOs, professional organizations, and/or governing bodies. • External recognition at the regional or statewide level 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. <p><i>*Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda</i></p>

Promotion to Professor: In general, promotion to Professor requires 7 years in rank as Associate Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Established peer recognition derived from a sustained regional (i.e., Southwest US) or statewide reputation and emerging national reputation as a leader in the field is expected, with evidence as well as recognition as an expert with leadership roles and scholarship related to an area of 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:	<ul style="list-style-type: none"> • Peer recognition of works from original research.

<p>(e.g., contributes to the development, dissemination, and translation of health professions education, knowledge, and practices.)</p>	<ul style="list-style-type: none"> • Disseminates knowledge through lectureships, invited state of the art reviews, authorship/editorship of textbooks, chapters in standard texts, original research or case reports, etc. • Creates and launches effective clinical quality improvement programs with regional, statewide and sometimes national adoption including protocols for clinical care. • Shows a record of scholarship that increases throughout career. Faculty at this rank may have approximately 20 publications, or other evidence of scholarly productivity as outlined above. A key to their value is an assessment of their scholarly impact, based on various objective measures such as NIH mean Relative Citation Ratio. • Some may have established excellence in teaching through educational scholarship; examples may include teaching portfolio scores, teaching awards, book chapters, web-based teaching materials, educational innovations, etc. • Extramural funding to conduct clinical research, QI, or related activities.
<p>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.)</p>	<ul style="list-style-type: none"> • Is clearly recognized as a leader in the institution. • Assumes leadership roles in professional organizations. • Demonstrates leadership and participation in regional, statewide and sometimes national organizations, programs and committees. • 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 that peers outside of the institution have recognized for their value. • Awards for service/leadership from sources other than the candidate’s department; may include regional, statewide and sometimes national organizations.
<p>Clinical: (Sustained regional (i.e., Southwest US) or statewide reputation and emerging national reputation as a clinical expert as evidenced by reputation, quality metrics and referrals.)</p>	<ul style="list-style-type: none"> • Leadership roles in regional, statewide and, in some cases, national professional organizations related to clinical expertise, including leadership in regional, statewide and, in some cases, national courses or programs (e.g. clinical CME programs). • Service on regional, statewide and, in some cases, national committees developing guidelines and policies for management in area of clinical expertise. • Service on regional, statewide and, in some cases, national committees evaluating programs in area of clinical expertise. • Service as a consultant to outside entities on issues related to area of clinical expertise. • Demonstrates evidence of clinical excellence through quality metrics. • Membership on editorial boards in area of clinical expertise. • Peer-reviewed funding to support innovations that influence clinical practice regionally, statewide and, in some cases, nationally. • Demonstrates clinical excellence through outside referrals, quality metrics, peer review, outcome measures, patient satisfaction indices, etc.

	<ul style="list-style-type: none"> • Shows evidence of referrals from regional, statewide and sometimes national sources as appropriate for specialty. • Demonstrates other evidence and measures, which may include service on regional, statewide and sometimes national guideline setting panels. • Develops and disseminates new approaches in innovation and adaptation of clinical methods that peers have recognized. • Leadership in developing regional, statewide and sometimes national symposia related to their area 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 from regional, statewide and sometimes national entities to present topics related to and in recognition of the candidate's clinical expertise. • Awards for clinical excellence from sources other than the candidate's department; may include regional, statewide and sometimes national organizations.
<p>Education: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic.)</p>	<ul style="list-style-type: none"> • Sustained record of accomplishment for developing new educational instruments to be delivered in clinical settings. • Sustained development, implementation, and/or administration of curricular/instructional materials and activities in clinical settings. • Sustained participation in and leadership of departmental, school, university, or professional society educational activities. • Disseminates new curricula and/or educational instruments beyond the institution, sometimes nationally. • 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 from sources other than the candidate's department; may include regional, statewide, and sometimes national organizations.
<p>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</p>	<ul style="list-style-type: none"> • 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 rank, publications, funding and awards. • Awards for mentoring from sources other than the candidate's department; may include regional, statewide, and sometimes national organizations.

<p>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.)</p> <p>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.</p> <p><i>*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.</i></p> <p>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. <i>Cureus</i>. 2022 Jul 27;14(7):e27356. doi: 10.7759/cureus.27356. PMID: 36043012; PMCID: PMC9411822.</p>	<ul style="list-style-type: none"> • Letters of support or references from mentees.
<p>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.</p> <p>(Exemplary scholarly contributions to service and community engagement related to improving the health of the community.)</p>	<ul style="list-style-type: none"> • Research that has garnered a sustained regional or statewide reputation and emerging national reputation on*: <ul style="list-style-type: none"> • 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 regional, statewide and sometimes national community organizations, committees, boards, NGOs, professional organizations, and/or governing bodies. • External recognition by regional, statewide and sometimes national 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.

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| | <ul style="list-style-type: none">• 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. |
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**Adapted from the Robert Wood Johnson Foundation Culture of Health [research agenda](#)*

EDUCATIONAL LEADERSHIP

EDUCATIONAL LEADERSHIP: Enable the provision of exceptional training, mentoring or curricular 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 Associate Professor: In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by an emerging regional (i.e., Southwest US), or statewide reputation as a major contributor in education is expected, with evidence as well as recognition as an expert and demonstration of scholarship related to an area of expertise. 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
<p>Scholarship: (e.g., contributes to the development, dissemination, and translation of health professions education, knowledge, and practices.)</p>	<ul style="list-style-type: none"> • Peer recognition of works from original research. • Publication of educational material in print or other media with regional or statewide adoption; 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 as well as regional or statewide presentations. • Typically, faculty at this rank may have 10 publications usually about education within their clinical specialty or other evidence of scholarly productivity as outlined above. A key to their value is an assessment of their scholarly impact, based on various objective measures such as the NIH mean Relative Citation Ratio. • Service as peer reviewer and 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. • Educational research projects resulting in findings disseminated at professional conferences and/or in peer-reviewed publications. • Publication of textbooks or teaching materials. • Invitations to speak regionally or statewide about education.

	<ul style="list-style-type: none"> • Intramural or extramural funding to conduct educational research or to develop educational materials, methods, assessment tools or programs.
<p>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.)</p>	<ul style="list-style-type: none"> • Is clearly recognized as a leader in the institution. • Recognition as an emerging educational leader regionally or at the state level. • 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 service/leadership from sources other than the candidate’s department; may include regional or statewide organizations. • Participates in and leads local and regional or statewide educational organizations, programs, and/or committees. • Assumes leadership roles related to education in professional organizations. • Maintenance of accreditation (if applicable). • Board certification pass rates (for residents and fellows, where available). • Leadership role in regional and statewide courses related to education. • Regional and statewide leadership roles in education. • Service on regional and statewide committees developing guidelines and policies for education/training programs. • Service on regional and statewide committees evaluating education/training programs or reviewing grant proposals related to education.
<p>Teaching (Didactic and Clinical)</p>	
	<p>Didactic Teaching: (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials.)</p> <ul style="list-style-type: none"> • Teaching/lecturing regionally or statewide 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. • Awards for didactic teaching from sources other than the candidate’s department; may include regional or statewide organizations. <p>Clinical Teaching: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room,preceptor in clinic.)</p> <ul style="list-style-type: none"> • Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5).

	<ul style="list-style-type: none"> • Participating in Peer Observation of Teaching to continuously improve clinical teaching skills. • Awards for Clinical teaching from sources other than the candidate's department; may include regional or statewide organizations.
<p>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.)</p> <p>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.</p> <p><i>*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.</i></p> <p><small>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.</small></p>	<ul style="list-style-type: none"> • 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 publications, grant funding, leadership roles, awards. • Involvement in regional or statewide mentoring programs. • Awards for mentoring from sources other than the candidate's department, including regional or statewide organizations. • Letters of support or references from mentees.
<p>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.</p> <p>(Exemplary scholarly contributions to community service, community engagement, and/or community health related to training, mentoring or curricular development)</p>	<ul style="list-style-type: none"> • Research that garners an emerging regional or statewide reputation that sits at the intersection of education and*: <ul style="list-style-type: none"> • 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. • Scholarship at the intersection of education and community-based program development and policy (i.e. regional or statewide invitations to speak, publications in lay or professional media, peer-reviewed journals, press releases, other media, etc.)

	<ul style="list-style-type: none"> • 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 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. <p><i>*Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda</i></p>
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Promotion to Professor: In general, promotion to Professor requires 7 years in rank as Associate Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Established peer recognition derived from a sustained regional (i.e. Southwest US) or statewide reputation and emerging national reputation as a leader in education is expected, with evidence as well as recognition as an expert with leadership roles and scholarship related to an area of expertise. 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
<p>Scholarship: (e.g., contributes to the development, dissemination, and translation of health professions education knowledge and practices.)</p>	<ul style="list-style-type: none"> • Peer recognition of works from original research. • Sustained publication or dissemination of educational material in print or other media with regional or statewide and sometimes national adoption; 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 as well as regional, statewide and sometimes national presentations. • Shows a record of scholarship that increases throughout career. Faculty at this rank may have approximately 20 publications, or other evidence of scholarly productivity as outlined above, usually related to education within their clinical

	<p>specialty. A key to their value is an assessment of their scholarly impact, based on various objective measures such as the NIH mean Relative Citation Ratio.</p> <ul style="list-style-type: none"> • Sustained service as peer reviewer and 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. • Track record of publishing textbooks or teaching materials. • Invitations to speak about education from regional, statewide, and sometimes national organizations. • Track record of intramural or extramural funding to conduct educational research or to develop educational materials, methods, assessment tools or programs.
<p>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.)</p>	<ul style="list-style-type: none"> • Is clearly recognized as a leader in the institution. • Demonstrates clear recognition as an educational leader regionally, statewide and sometimes at the national level. • 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 from sources other than the candidate’s department; may include regional, statewide and sometimes national organizations. • Demonstrates sustained leadership and participation in regional, statewide and sometimes national educational organizations, programs and committees. • Track record of serving in leadership roles related to education in regional or statewide and sometimes national 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 regional or statewide, and sometimes national, courses related to education. • Track record of service on regional or statewide, and sometimes national, committees developing guidelines and policies for education/training programs. • Track record of service on regional or statewide, and sometimes national, committees evaluating education/training programs or reviewing grant

	proposals related to education.
Teaching (Didactic and Clinical)	
	<p>Didactic Teaching: (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials.)</p> <ul style="list-style-type: none"> • Innovation in classroom teaching methods with adoption regionally or statewide and sometimes nationally. • Evaluations from learners and peers consistently high (i.e. > 3.4 of 4 or > 4.5 of 5). • Participating in Peer Observation of Teaching to continuously improve teaching skills (peers rate their teaching > 4 on a 5-point scale). • Regional or statewide, or sometimes national, awards for didactic teaching.
	<p>Clinical Teaching: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic.)</p> <ul style="list-style-type: none"> • Innovation in clinical teaching methods with adoption regionally or statewide and sometimes nationally. • Clinical teaching evaluations consistently rated high (i.e. > 3.4 of 4 or > 4.5 of 5). • Participating in Peer Observation of Teaching to continuously improve teaching skills (peers rate their teaching > 4 on a 5-point scale). • Regional or statewide, or sometimes national, awards for clinical teaching.
<p>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.)</p> <p>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.</p>	<ul style="list-style-type: none"> • 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. • Involvement in regional, statewide, and in some cases, national mentoring programs. • Stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees’ academic rank, publications, funding and awards. • Awards for mentoring from sources other than the candidate’s department; may include regional or statewide, and sometimes national, organizations. • Letters of support or references from mentees.

<p><i>*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.</i></p> <p>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.</p>	
<p>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.</p> <p>(Exemplary scholarly contributions to community service, community engagement, and/or community health related to training, mentoring or curricular development)</p>	<ul style="list-style-type: none"> • Research that has garnered a sustained regional or statewide reputation and emerging national reputation that sits at the intersection of education and*: <ul style="list-style-type: none"> • 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. • Scholarship at the intersection of education and community-based program development and policy (i.e. regional, statewide and sometimes national invitations to speak, publications in lay or professional media, peer-reviewed journals, press releases, other media, etc.). • 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. <p><i>*Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda</i></p>

INVESTIGATION AND INQUIRY

INVESTIGATION AND INQUIRY: Support the development of a rich multidisciplinary environment for research, bringing distinct skills or resources to advance the impact of research, in alignment with the medical school’s mission to accelerate innovation and research to improve health.

Promotion to Associate Professor: In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by an emerging regional (i.e. Southwest US) or statewide reputation as a major contributor in the field is expected. Team science is valued by the University and Professional-Track research examples may include seminal contributions to teams conducting high impact investigation. 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 Investigation and Inquiry, are reviewed as a part of Additional Contributions to the Academic Enterprise.

Investigation and Inquiry Domains	Examples of Evidence of Achievement
<p>Scholarship: (e.g., contributes to the development, dissemination, and translation of new knowledge related to health.)</p>	<p><u>Development, dissemination, translation of new knowledge</u></p> <ul style="list-style-type: none"> • Faculty at this rank frequently have 15 publications in peer-reviewed journals or, as appropriate to the field, peer-reviewed conference proceedings that are publicly available. At least 5 of these publications should be publications where the role and creative contributions of the faculty member were demonstrably critical. A key to a publication’s value is an assessment of their scholarly impact. Candidates must provide evidence for the impact of their published scholarly work by including reference to the NIH mean Relative Citation Ratio that uniquely identifies their publications https://icite.od.nih.gov/analysis . • Invitations to speak regionally or statewide about research topics related to their field. • Disseminates knowledge through lectureships, invited state of the art reviews, authorship/editorship of textbooks, chapters in standard texts, etc., related to their area of research expertise. • Regional or statewide awards for research and/or innovation.
	<p><u>Funding</u></p> <ul style="list-style-type: none"> • Demonstrated success obtaining competitive external funding to support their research as a co-Investigator or PI, and a strong likelihood of sustained funding at that level.

<p>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.)</p>	<ul style="list-style-type: none"> • Is clearly recognized as a leader in the institution. • Membership on institution research-related committees such as the human or animal subjects committee or regional/statewide research-related committees. • Faculty oversight role in an institutional research core. • Role in planning scientific sessions for scientific societies regionally or statewide. • Service on grant review panels and other expert panels related to research area of expertise, particularly at the regional or statewide level. • Service as a regular peer reviewer in area of expertise for, or on editorial boards of, recognized scientific journals.
<p>Education: (e.g., lectures, grand rounds, seminars, tutorials, clinical teaching, etc. related to area of research expertise.)</p>	<ul style="list-style-type: none"> • Development of research-related educational activities, such as courses, workshops, etc. • Didactic teaching focused on research and research methods. • Participates in Peer Observation of Teaching to continuously improve teaching skills. • Recognized as an excellent teacher for research-related subject matter as provided by learner and peer feedback. Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5).
<p>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.)</p> <p>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.</p> <p><i>*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.</i></p>	<ul style="list-style-type: none"> • 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’ publications, funding and research awards and current roles. • Awards for mentoring from sources other than the candidate’s department, including regional or statewide organizations. • Letters of support or references from mentees.

<p>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. <i>Cureus</i>. 2022 Jul 27;14(7):e27356. doi: 10.7759/cureus.27356. PMID: 36043012; PMCID: PMC9411822.</p>	
<p>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.</p> <p>(Exemplary scholarly contributions to service and community engagement related to improving the health of the community.)</p>	<ul style="list-style-type: none"> • Research that has garnered an emerging regional or statewide reputation on*: <ul style="list-style-type: none"> • 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. • Scholarship in community-based program development and policy (i.e. regional or statewide invitations to speak, publications in lay or professional media, peer-reviewed journals, press releases, other media, etc.). • Peer-reviewed methods for developing, implementing, and evaluating evidence-based community-level interventions/programs; may include methods of community engagement and methods of program evaluation that move beyond pre-post evaluation. • Funding from extramural sources for community programs, policy development or other community or service projects. <p><i>*Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda</i></p>

Promotion to Professor: In general, promotion to Professor requires 7 years in rank as Associate Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Established peer recognition derived from a sustained regional or statewide and emerging national reputation as an influential scientist in the field is expected. Team science is valued by the University, and Professional-Track research examples may include seminal contributions to teams conducting high impact investigation. 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 Investigation and Inquiry, are reviewed as a part of Additional Contributions to the Academic Enterprise.

Investigation and Inquiry Domains	Examples of Evidence of Achievement
<p>Scholarship: (e.g., contributes to the development, dissemination, and translation of new knowledge related to health.)</p>	<p><u>Development, dissemination, translation of new knowledge</u></p> <ul style="list-style-type: none"> • Shows a record of scholarship that increases throughout career. Faculty at this rank frequently have 30 publications in peer-reviewed journals or, as appropriate to the field, peer-reviewed conference proceedings that are publicly available. At least 10 of these publications should be publications where the role and creative contributions of the faculty member were demonstrably critical. A key to their value is an assessment of their scholarly impact. Candidates must provide evidence for the impact of their published scholarly work by including reference to the NIH mean Relative Citation Ratio that uniquely identifies their publications https://icite.od.nih.gov/analysis. • Invitations to speak regionally or statewide and sometimes nationally about research topics related to their field. • Disseminates knowledge through lectureships, invited state of the art reviews, authorship/editorship of textbooks, chapters in standard texts, etc., related to their area of research expertise. • Regional or statewide awards and sometimes national awards for research and/or innovation. <p><u>Funding:</u></p> <ul style="list-style-type: none"> • Track record of securing competitive external funding to support their research as either co-Investigator or PI that supports the research effort in their specific research area and a strong likelihood of sustained funding at that level.
<p>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.)</p>	<ul style="list-style-type: none"> • Is clearly recognized as a leader in the institution. • Membership on institution research-related committees such as the human or animal subjects committee or regional/statewide research-related committees. • Faculty oversight role in an institutional research core. • Leadership roles in planning scientific sessions for scientific societies regionally or statewide and sometimes nationally. • Service on grant review panels and other expert panels related to research area of expertise, at the regional or statewide level and sometimes national level. • Leadership on editorial boards of recognized scientific journals or as a regular peer reviewer to journals in areaof expertise.
<p>Education: (e.g., lectures, grand rounds, seminars, tutorials, clinical teaching, etc. related to area of research expertise.)</p>	<ul style="list-style-type: none"> • Development of research-related educational activities, such as courses, workshops, etc.

	<ul style="list-style-type: none"> • Didactic teaching focused on research and research methods. • Participates in Peer Observation of Teaching to continuously improve teaching skills. • Recognized as an excellent teacher for research-related subject matter 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).
<p>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.)</p> <p>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.</p> <p><i>*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.</i></p> <p>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.</p>	<ul style="list-style-type: none"> • 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 trainees upon whom the candidate had a major influence; stature may be assessed by trainees’ academic rank, publications, funding and awards. • Documentation of mentees’ current roles. • Awards for mentoring from sources other than the candidate’s department; may include regional, statewide sometimes national organizations. • Letters of support or references from mentees.
<p>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.</p> <p>(Exemplary scholarly contributions to service and community engagement related to improving the health of the community.)</p>	<ul style="list-style-type: none"> • Research that has garnered a sustained regional or statewide reputation and emerging national reputation on*: <ul style="list-style-type: none"> • 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.

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| | <ul style="list-style-type: none">• Scholarship in community-based program development and policy (i.e. regional, statewide and sometimes national invitations to speak, publications in lay or professional media, peer-reviewed journals, press releases, other media, etc.)• Peer-reviewed methods for developing, implementing, and evaluating evidence-based community-level interventions/programs; may include methods of community engagement and methods of program evaluation that move beyond pre-post evaluation.• Funding from extramural sources for community programs, policy development or other community or service projects. |
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**Adapted from the Robert Wood Johnson Foundation Culture of Health [research agenda](#)*

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	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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.
<p>Professional:</p>	<ul style="list-style-type: none"> • 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.