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## EXAMPLES OF EVIDENCE OF ACHIEVEMENT TENURED AND TENURE-TRACK FACULTY

*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. Tenured and tenure-track faculty 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 all remaining Areas of Review.

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 probationary period or time in rank, as applicable.

There may be faculty who are being considered for the award of tenure without an advancement in rank. Compared to tenure-track faculty at a given rank, tenured faculty at the same rank will have a higher impact record and stronger trajectory. The higher impact record will include a higher impact publication record, funding record, **and** leadership record and very strong evidence of geographic reputation. Examples of evidence of a higher impact record in these areas include a higher impact body of peer-reviewed publications, evidence of sustained & competitive funding as PI (as appropriate for the field and Area of Excellence), and high visibility and high impact leadership roles related to the candidate's area of expertise. A stronger trajectory record will include strong evidence that the high impact publication record, funding record, leadership record, and geographic reputation will continue apace.

Evidence of clinical expertise is required of all faculty engaged in clinical care, either as the designated Area of Excellence or Area of Review. Clinical Expertise is reviewed only for faculty who provide clinical services. Academic and Professional Service is an Area of Review, but may not be designated as an Area of Excellence.

Regardless of the Area of Excellence, tenured and tenure-track faculty are expected to develop and lead a program of scholarship which produces a body of original peer reviewed publications. In addition, evidence of sustained research funding is expected when applicable to the Area of Review and field of work.

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.

There may be faculty who are being considered for the award of tenure without an advancement in rank. Compared to tenure-track faculty at a given rank, tenured faculty at the same rank will have a higher impact record and stronger trajectory. The higher impact record will include a higher impact publication record, funding record, **and** leadership record and very strong evidence of geographic reputation. Examples of evidence of a higher impact record in these areas include a higher impact body of peer-reviewed publications, evidence of sustained & competitive funding as PI (as appropriate for the field and Area of Excellence), and high visibility and high impact leadership roles related to the candidate’s area of expertise. A stronger trajectory record will include strong evidence that the high impact publication record, funding record, leadership record, and geographic reputation will continue apace.

**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 established national 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.

Clinical Domains	Examples of Evidence of Achievement
<b>Scholarship:</b> (e.g., drives the development, dissemination, and/or translation of clinical practice and/or health policy knowledge)	<ul style="list-style-type: none"> <li>• Peer recognition of works from original research led by the promotion candidate.</li> </ul>

	<ul style="list-style-type: none"> <li>• Leads the dissemination of knowledge through invited presentations, state of the art reviews, authorship/editorship of textbooks, chapters in standard texts, original research, etc.</li> <li>• Typically, faculty at this rank may have 20 publications, most as first or senior author, related to area of clinical expertise or other evidence of scholarly productivity as outlined above, representing a body of scholarship that has been led by the promotion candidate. 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.</li> <li>• Creates, launches, and disseminates effective clinical quality improvement with national adoption including protocols for clinical care.</li> <li>• 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.</li> <li>• Competitive, peer-reviewed extramural funding that supports an independent program of scholarship.</li> <li>• Usually principal investigator on peer-reviewed federal, investigator-initiated industry, and/or foundation grants. This should include a significant record of peer reviewed funding as appropriate for the candidate's field.</li> </ul>
<p><b>Service/Leadership:</b> (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"> <li>• Is clearly recognized as a leader in the institution.</li> <li>• Participates in and leads national organizations, programs and/or committees.</li> <li>• Assumes leadership roles in professional organizations.</li> <li>• 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.</li> <li>• Awards for service/leadership related to clinical expertise from national organizations.</li> </ul>
<p><b>Clinical:</b> (Established national reputation as a clinical expert as evidenced by reputation, quality metrics and referrals.)</p>	<ul style="list-style-type: none"> <li>• Leadership roles in national professional organizations related to clinical expertise, including leadership in national courses or programs (e.g. clinical CME programs).</li> <li>• Service on national committees developing guidelines and policies for management in area of clinical expertise.</li> <li>• Service on national committees evaluating programs in area of clinical expertise.</li> <li>• Service as a consultant on issues related to area of clinical expertise.</li> <li>• Demonstrates evidence of clinical excellence through quality metrics.</li> <li>• Service on editorial boards of recognized scientific journals in area of clinical expertise.</li> <li>• Service as a regular peer reviewer to journals in in area of clinical expertise.</li> <li>• Peer-reviewed funding to support innovations that influence clinical practice nationally.</li> <li>• Evidence of national referrals as appropriate for specialty.</li> <li>• Development of new clinical approaches and innovation in treatments, procedures, or technologies in specialty that peers have recognized as being superior to previous approaches.</li> <li>• Leadership in developing national symposia related to area of clinical expertise.</li> <li>• Recognition of sustained involvement in hospital or clinic committees/task forces related to</li> </ul>

	<p>clinical care in area of expertise.</p> <ul style="list-style-type: none"> <li>• Attestation by peers as to the quality of contributions to clinical practice.</li> <li>• Documentation of outcome measurement and attainment compared with peers, incorporation of outcomes into clinical care improvement in areas of clinical expertise.</li> <li>• Record of invitations from national entities to present topics related to and in recognition of the candidate's clinical expertise.</li> <li>• Awards for clinical excellence from national organizations.</li> </ul>
<p><b>Education:</b> (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"> <li>• Sustained record of accomplishment for developing new educational instruments to be delivered in clinical settings.</li> <li>• Establishes and demonstrates leadership in the development, implementation or administration of curricular/instructional materials and activities.</li> <li>• Disseminates new curricula and/or educational instruments beyond the institution.</li> <li>• Sustained participation in and/or leadership of departmental, school, university, or professional society educational activities.</li> <li>• Participates in Peer Observation of Teaching to continuously improve clinical teaching skills.</li> <li>• 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. &gt; 3 of 4 or &gt; 4 of 5).</li> <li>• Awards for teaching from sources other than the candidate's department; may include national organizations.</li> </ul>
<p><b>Mentorship:*</b> Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review.</p> <p>(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 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"> <li>• Number of mentees upon whom the candidate had a major influence and the nature of that influence.</li> <li>• Effective mentoring of undergraduate, graduate and medical students, and postdoctoral fellows.</li> <li>• 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.</li> <li>• Awards for mentoring from sources other than the candidate's department; may include national organizations.</li> <li>• Letters of support from mentees.</li> </ul>

<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><b>Community-facing Scholarship and Practice:</b> 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"> <li>• Leading research that has garnered a national reputation on*: <ul style="list-style-type: none"> <li>• Programs, policies, and practices aimed at improving health and well-being, including health equity.</li> <li>• Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).</li> <li>• Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.</li> </ul> </li> <li>• Service on invited or elected national community organizations, committees, boards, NGOs, professional organizations, and/or governing bodies.</li> <li>• External recognition at the national level by community groups, professional societies, advisory committees, or other non-traditional organizations devoted to improving community or public health.</li> <li>• 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.).</li> <li>• Engagement with community or public health leaders.</li> <li>• 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.</li> </ul> <p><i>*Adapted from the Robert Wood Johnson Foundation Culture of Health <a href="#">research agenda</a></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 national and emerging international 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.

Clinical Domains	Examples of Evidence of Achievement
<p><b>Scholarship:</b> (e.g., drives the development, dissemination, and/or translation of clinical practice and/or health policy knowledge.)</p>	<ul style="list-style-type: none"> <li>• Peer recognition of works from original research led by the promotion candidate.</li> <li>• Leads the dissemination of knowledge through invited presentations, state of the art reviews, authorship/editorship of textbooks, chapters in standard texts, original research, etc.</li> <li>• Creates, launches, and disseminates effective clinical quality improvement with a sustained national and sometimes international adoption including protocols for clinical care.</li> <li>• Shows a record of scholarship that increases throughout career. Typically, faculty at this rank may have 40 publications, most as first or senior author, related to area of clinical expertise or other evidence of scholarly productivity as outlined above, representing a body of scholarship that has been led by the promotion candidate. 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.</li> <li>• 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.</li> <li>• Sustained competitive extramural funding to support an independent program of scholarship.</li> <li>• Usually principal investigator on peer-reviewed federal, investigator-initiated industry, and/or foundation grants. This should include a significant record of peer-reviewed funding as appropriate for the candidate’s field.</li> </ul>
<p><b>Service/Leadership:</b> (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"> <li>• Is clearly recognized as a leader in the institution.</li> <li>• Assumes leadership roles in professional organizations.</li> <li>• Participates in and leads national and, in some cases, international organizations, programs and committees.</li> <li>• 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.</li> <li>• Awards for service/leadership from sources other than the candidate’s department; may include national and, in some cases, international organizations.</li> </ul>

<p><b>Clinical:</b> (Sustained national and emerging international reputation as a clinical expert as evidenced by reputation, quality metrics and referrals.)</p>	<ul style="list-style-type: none"> <li>• Leadership roles in national and, in some cases, international professional organizations related to clinical expertise, including leadership in national and, in some cases, international courses or programs (e.g. clinical CME programs).</li> <li>• Service on national and, in some cases, international committees developing guidelines and policies for management in area of clinical expertise.</li> <li>• Service on national and, in some cases, international committees evaluating programs in area of clinical expertise.</li> <li>• Service as a consultant on issues related to area of clinical expertise.</li> <li>• Demonstrates evidence of clinical excellence through quality metrics.</li> <li>• Service on editorial boards of recognized scientific journals in area of clinical expertise.</li> <li>• Service as a regular peer reviewer to journals in in area of clinical expertise.</li> <li>• Peer-reviewed funding to support innovations that influence clinical practice nationally and, in some cases, internationally.</li> <li>• Evidence of national and, in some cases, international referrals as appropriate for specialty.</li> <li>• Development of new clinical approaches and innovation in treatments, procedures, or technologies in specialty that peers have recognized as being superior to previous approaches.</li> <li>• Leadership in developing national and, in some cases, international symposia related to their area of clinical expertise.</li> <li>• Recognition for sustained involvement in hospital or clinic committees/task forces related to clinical care in area of expertise.</li> <li>• Attestation by peers as to the quality of contributions to clinical practice.</li> <li>• Documentation of outcome measurement and attainment compared with peers, incorporation of outcomes into clinical care improvement in areas of clinical expertise.</li> <li>• Record of invitations from national and, in some cases, international entities to present topics related to and in recognition of the candidate’s clinical expertise.</li> <li>• Awards for clinical excellence from sources other than the candidate’s department; may include national and, in some cases, international organizations.</li> </ul>
<p><b>Education:</b> (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"> <li>• Sustained record of accomplishment for developing new educational instruments to be delivered in clinical settings.</li> <li>• Establishes and demonstrates leadership in the development, implementation or administration of curricular/instructional materials and activities.</li> <li>• Sustained participation in and/or leadership of departmental, school, university, or professional society educational activities.</li> <li>• Disseminates new curricula and/or educational instruments beyond the institution nationally and, in some cases, internationally.</li> <li>• Participates in Peer Observation of Teaching to continuously improve clinical teaching skills.</li> </ul>

	<ul style="list-style-type: none"> <li>• 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. &gt; 3.4 of 4 or &gt; 4.5 of 5).</li> <li>• Awards for teaching from sources other than the candidate’s department; may include national and sometimes international organizations.</li> </ul>
<p><b>Mentorship:*</b> Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review.</p> <p>(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 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"> <li>• Increasing number and stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees’ academic rank, publications, funding, awards, and academic institution.</li> <li>• Demonstrates excellence in mentoring trainees (junior and mid-career faculty, medical students, residents, and fellows).</li> <li>• Awards for mentoring from sources other than the candidate’s department; may include national and, in some cases, international organizations.</li> <li>• Letters of support or references from mentees.</li> </ul>
<p><b>Community-facing Scholarship and Practice:</b> 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"> <li>• Leading research that has garnered a national and, in some cases, international reputation on*: <ul style="list-style-type: none"> <li>• Programs, policies, and practices aimed at improving health and well-being, including health equity.</li> <li>• Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).</li> <li>• Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.</li> </ul> </li> </ul>



- Service on invited or elected national and, in some cases, international community organizations, committees, boards, NGOs, professional organizations, and/or governing bodies.
- External recognition by national and sometimes international 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 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.

There may be faculty who are being considered for the award of tenure without an advancement in rank. Compared to tenure-track faculty at a given rank, tenured faculty at the same rank will have a higher impact record and stronger trajectory. The higher impact record will include a higher impact publication record, funding record, **and** leadership record and very strong evidence of geographic reputation. Examples of evidence of a higher impact record in these areas include a higher impact body of peer-reviewed publications, evidence of sustained & competitive funding as PI (as appropriate for the field and Area of Excellence), and high visibility and high impact leadership roles related to the candidate’s area of expertise. A stronger trajectory record will include strong evidence that the high impact publication record, funding record, leadership record, and geographic reputation will continue apace.

**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 established national 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 probationary period or time in rank, as applicable. An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

Educational Leadership Domains	Examples of Evidence of Achievement
<p><b>Scholarship:</b> (e.g., drives the development, dissemination, and translation of health professions education knowledge and practices.)</p>	<ul style="list-style-type: none"> <li>• Peer recognition of works from original research, led by the promotion candidate.</li> <li>• Publication of educational material in print or other media with 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 national presentations.</li> <li>• Typically, faculty at this rank may have 20 publications, most as first or senior author, usually about education within their clinical specialty or other evidence of scholarly productivity as outlined above, representing a body of scholarship that has been led by the promotion candidate. 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.</li> <li>• Service on editorial boards of relevant journals or publications.</li> <li>• Service as a regular peer reviewer to relevant journals or publications.</li> <li>• Development of new or substantially revised courses and curricula.</li> <li>• Innovative teaching materials/strategies.</li> </ul>

	<ul style="list-style-type: none"> <li>• Projects funded by external or internal grants to support instructional activities.</li> <li>• Educational research projects resulting in findings disseminated at professional conferences and/or in peer-reviewed publications.</li> <li>• Publication of textbooks or teaching materials.</li> <li>• Invitations to speak nationally about education.</li> <li>• Competitive extramural funding to conduct educational research or to develop educational materials, methods, assessment tools or programs.</li> </ul>
<p><b>Service/Leadership:</b> (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"> <li>• Is clearly recognized as a leader in the institution.</li> <li>• Recognition as an educational leader at the national level.</li> <li>• Evaluations and success of course(s) or program(s) for which candidate was a leader with consistently high ratings (i.e. &gt; 3 of 4 or &gt; 4 of 5).</li> <li>• Awards for service/leadership from sources other than the candidate's department; may include national organizations.</li> <li>• Participates in and leads national educational organizations, programs, and/or committees.</li> <li>• Assumes leadership roles related to education in professional organizations.</li> <li>• Maintenance of accreditation (if applicable).</li> <li>• Board certification pass rates (for residents and fellows, where available).</li> <li>• Leadership role in national courses related to education.</li> <li>• National leadership roles in education.</li> <li>• Service on national committees developing guidelines and policies for education/training programs.</li> <li>• Service on national committees evaluating education/training programs or reviewing grant proposals related to education.</li> </ul>
<p><b>Teaching (Didactic and Clinical)</b></p>	
	<p><b>Didactic teaching:</b> (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials.)</p> <ul style="list-style-type: none"> <li>• Innovation in classroom teaching methods with adoption nationally.</li> <li>• Teaching/lecturing nationally about issues related to education.</li> <li>• Evaluations from learners and peers consistently rated high (i.e. &gt; 3 of 4 or &gt; 4 of 5).</li> <li>• Participating in Peer Observation of Teaching to continuously improve teaching skills.</li> <li>• Awards for didactic teaching from sources other than the candidate's department; may include national organizations.</li> </ul> <p><b>Clinical Teaching:</b> (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"> <li>• Innovation in clinical teaching methods with adoption nationally.</li> <li>• Evaluations from learners and peers consistently rated high (i.e. &gt; 3 of 4 or &gt; 4 of 5).</li> </ul>

	<ul style="list-style-type: none"> <li>• Participating in Peer Observation of Teaching to continuously improve teaching skills.</li> <li>• Awards for clinical teaching from sources other than the candidate’s department; may include national organizations.</li> </ul>
<p><b>Mentorship:*</b> Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review.</p> <p>(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 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"> <li>• Number of mentees upon whom the candidate had a major influence and the nature of that influence.</li> <li>• Effective mentoring of undergraduate, graduate and medical students, and postdoctoral fellows.</li> <li>• 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.</li> <li>• Involvement in national mentoring programs.</li> <li>• Awards for mentoring from sources other than the candidate’s department; may include national organizations.</li> <li>• Letters of support or references from mentees.</li> </ul>

<p><b>Community-facing Scholarship and Practice:</b> 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"> <li>• Leading research that garners a national reputation that sits at the intersection of education and*:</li> <li>• Programs, policies, and practices aimed at improving health and well-being, including health equity.</li> <li>• Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).</li> <li>• Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.</li> <li>• Scholarship at the intersection of education and community-based program development and policy (i.e. national invitations to speak, publications in lay or professional media, peer-reviewed journals, press releases, other media, etc.)</li> <li>• 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.)</li> <li>• Engagement with community or public health leaders through or related to educational activities.</li> <li>• 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.</li> </ul> <p><i>*Adapted from the Robert Wood Johnson Foundation Culture of Health <a href="#">research agenda</a></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 national and emerging international 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 probationary period or time in rank, as appropriate. An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

Educational Leadership Domains	Examples of Evidence of Achievement
<p><b>Scholarship:</b> (e.g., drives the development, dissemination, and translation of health professions education knowledge and practices.)</p>	<ul style="list-style-type: none"> <li>• Peer recognition of works from original research, led by the promotion candidate.</li> <li>• Sustained publication or dissemination of educational material in print or other media with national and sometimes international 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 national and sometimes international presentations.</li> </ul>

	<ul style="list-style-type: none"> <li>• Shows a record of scholarship that increases throughout career. Typically, faculty at this rank may have 40 publications, most as first or senior author, usually about education within their clinical specialty or other evidence of scholarly productivity as outlined above, representing a body of scholarship that has been led by the promotion candidate. 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.</li> <li>• Service on editorial boards of relevant journals or publications.</li> <li>• Service as a regular peer reviewer to relevant journals or publications.</li> <li>• Development of new or substantially revised courses and curricula.</li> <li>• Innovative teaching materials/strategies.</li> <li>• Projects funded by external or internal grants to support instructional activities.</li> <li>• Educational research projects resulting in findings disseminated at professional conferences and/or in peer-reviewed publications.</li> <li>• Sustained publication of textbooks or teaching materials.</li> <li>• Invitations to speak nationally and in some cases, internationally, about education.</li> <li>• Track record of competitive extramural funding to conduct educational research or to develop educational materials, methods, assessment tools or programs.</li> </ul>
<p><b>Service/Leadership:</b>  (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"> <li>• Is clearly recognized as a leader in the institution.</li> <li>• Demonstrates clear recognition as an educational leader at the national and, in some cases, international level.</li> <li>• Evaluations and success of course(s) and or program(s) for which candidate was a leader with consistently high ratings (i.e. &gt; 3.4 of 4 or &gt; 4.5 of 5).</li> <li>• Awards for service/leadership from sources other than the candidate's department; may include national and, in some cases, international organizations.</li> <li>• Demonstrates sustained leadership and participation in national and, in some cases, international organizations, programs and committees.</li> <li>• Track record of serving in leadership roles related to education in national and, in some cases, international professional organizations.</li> <li>• Sustained participation in and leadership of departmental, school, or university educational activities.</li> <li>• Maintenance of program accreditation(if applicable).</li> <li>• Board certification pass rates (for residents and fellows, where available).</li> <li>• Track record of leadership roles in national and, in some cases, international, courses related to education.</li> <li>• Track record of service on national and, in some cases, international, committees developing guidelines and policies for education/training programs.</li> </ul>

	<ul style="list-style-type: none"> <li>Track record of service on national and, in some cases, international, committees evaluating education/training programs or reviewing grant proposals related to education.</li> </ul>
<b>Teaching (Didactic and Clinical)</b>	
	<p><b>Didactic teaching:</b> (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials.)</p> <ul style="list-style-type: none"> <li>Innovation in classroom teaching methods with adoption nationally and, in some cases, internationally.</li> <li>Teaching/lecturing nationally and, in some cases, internationally about issues related to education.</li> <li>Evaluations from learners and peers consistently high (i.e. &gt; 3.4 of 4 or &gt; 4.5 of 5).</li> <li>Participating in Peer Observation of Teaching to continuously improve teaching skills (peers rate their teaching &gt; 4 on a 5-point scale).</li> <li>National and sometimes international awards for didactic teaching.</li> </ul> <p><b>Clinical Teaching:</b> (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"> <li>Innovation in clinical teaching methods with adoption nationally and, in some cases, internationally.</li> <li>Evaluations from learners and peers consistently rated high (i.e. &gt; 3.4 of 4 or &gt; 4.5 of 5).</li> <li>Participating in Peer Observation of Teaching to continuously improve teaching skills (peers rate their teaching &gt; 4 on a 5-point scale).</li> <li>Awards for clinical teaching from sources other than the candidate's department; may include national and, in some cases, international awards.</li> </ul>
<p><b>Mentorship:*</b> Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review.</p> <p>(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 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</p>	<ul style="list-style-type: none"> <li>Increasing number and stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees' academic rank, publications, funding, awards, and academic institution.</li> <li>Demonstrates excellence in mentoring trainees (junior and mid-career faculty, medical students, residents, and fellows).</li> <li>Involvement in national and, in some cases, international mentoring programs.</li> <li>Awards for mentoring from sources other than the candidate's department; may include national and, in some cases, international organizations.</li> <li>Letters of support or references from mentees.</li> </ul>

<p>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>	
<p><b>Community-facing Scholarship and Practice:</b> 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"> <li>• Leading research that has garnered a national and, in some cases, international reputation that sits at the intersection of education and*:</li> <li>• Programs, policies, and practices aimed at improving health and well-being, including health equity.</li> <li>• Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).</li> <li>• Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.</li> <li>• Scholarship at the intersection of education and community-based program development and policy (i.e. national and, in some cases, international invitations to speak, publications in lay or professional media, peer-reviewed journals, press releases, other media, etc.).</li> <li>• 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.).</li> <li>• Engagement with community or public health leaders as determined by outside reviewers.</li> <li>• 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.</li> </ul> <p><i>*Adapted from the Robert Wood Johnson Foundation Culture of Health <a href="#">research agenda</a></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.

There may be faculty who are being considered for the award of tenure without an advancement in rank. Compared to tenure-track faculty at a given rank, tenured faculty at the same rank will have a higher impact record and stronger trajectory. The higher impact record will include a higher impact publication record, funding record, **and** leadership record and very strong evidence of geographic reputation. Examples of evidence of a higher impact record in these areas include a higher impact body of peer-reviewed publications, evidence of sustained & competitive funding as PI (as appropriate for the field and Area of Excellence), and high visibility and high impact leadership roles related to the candidate’s area of expertise. A stronger trajectory record will include strong evidence that the high impact publication record, funding record, leadership record, and geographic reputation will continue apace.

**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 established national reputation as an original, independent investigator and major contributor to the field is expected. An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

Investigation and Inquiry Domains	Examples of Evidence of Achievement
<p><b>Scholarship:</b> (e.g., drives the research, development, dissemination, and translation of new knowledge related to health.)</p>	<p><b>Research Activities and Reputation:</b></p> <ul style="list-style-type: none"> <li>• Basic research, clinical research and/or laboratory or clinically based translational research which may include studies of disease mechanisms, diagnostic techniques and/or other investigations contributing knowledge that may significantly advance the prevention, diagnosis or management of disease; may have a defined role in building a multidisciplinary team and/or center that conceptualizes novel investigative approaches.</li> <li>• Qualitative, quantitative or social science research such as epidemiology, outcomes and health services research, and biostatistics as well as research in social sciences, ethics, bioinformatics and health economics, among others; should have an independent leadership role in design of studies, conduct of studies and/or analysis of study data; for multicenter studies, makes key original intellectual contributions to critical elements in study design, protocol development, protocol implementation, study conduct, and/or data analysis.</li> <li>• Development of new methods/technologies and/or novel applications of existing methods/technologies.</li> <li>• Invitations to speak nationally, about research.</li> <li>• Service on editorial boards of recognized scientific journals.</li> <li>• Service as a regular peer reviewer to journals in area of expertise.</li> </ul>

- Membership on institution research-related committees such as the human or animal subjects committee.
- Service on national committees related to research including grant review panels such as NIH study sections, FDA panels, and data and safety monitoring boards for clinical trials.
- Role in planning sessions for scientific societies nationally.
- National awards for research and/or innovation.
- Membership on steering committees, other study committees, and/or writing groups of national multicenter studies.
- Invitations to serve as a key investigator on multiple, significant studies based on unique expertise.
- Compelling evaluations from multiple recognized experts attesting to national reputation.

**Dissemination of new knowledge:**

- Faculty at this rank frequently have 20 publications, most as first or senior author, in peer-reviewed journals or, as appropriate to the field, peer-reviewed conference proceedings that are publicly available, representing a body of scholarship that has been led by the promotion candidate. A key to a publication's value is an assessment of their scholarly impact. Candidate's 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> .
- Evidence of high quality includes publication in more prominent journals (top 20% of the journals in the candidate's field as demonstrated by the mean relative citation ratio (<https://nexus.od.nih.gov/all/2016/09/08/nih-rcr/>).
- Publication of first or senior author high quality, original research that significantly advances the field.
- Publication of original research from multidisciplinary studies on which the candidate was senior author; may be in another authorship position or member of an unnamed authorship group, to which the candidate made documented, key intellectual contributions; should have taken the lead role on several manuscripts from the study.
- 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

**Funding:**

- Demonstrated success obtaining competitive external funding to support their research as a PI, and a strong likelihood of sustained funding at that level.
- Principal investigator on peer-reviewed federal, investigator-initiated industry, and/or foundation grants. This should include a significant record of peer reviewed funding.

<p><b>Service/Leadership:</b> (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"> <li>• Is clearly recognized as a leader in the institution.</li> <li>• Membership on institution research-related committees such as the human or animal subjects committee or national research-related committees.</li> <li>• Faculty oversight role in an institutional research core.</li> <li>• Role in planning scientific sessions for scientific societies nationally.</li> <li>• Service on grant review panels and other expert panels related to research area of expertise, particularly at the national level.</li> </ul>
<p><b>Education:</b> (e.g., lectures, grand rounds, seminars, tutorials, clinical teaching, etc. related to area of research expertise.)</p>	<ul style="list-style-type: none"> <li>• Development of research-related educational activities, such as courses, workshops, etc.</li> <li>• Didactic teaching focused on research and research methods.</li> <li>• Participates in Peer Observation of Teaching to continuously improve teaching skills.</li> <li>• 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. &gt; 3 of 4 or &gt; 4 of 5).</li> </ul>
<p><b>Mentorship:*</b> Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review.</p> <p>(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 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"> <li>• Number of mentees upon whom the candidate had a major influence and the nature of that influence.</li> <li>• Demonstrates excellence in mentoring of undergraduate, graduate and medical students, and postdoctoral fellows.</li> <li>• 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.</li> <li>• Awards for mentoring from sources other than the candidate’s department; may include national organizations.</li> <li>• Letters of support or references from mentees.</li> </ul>

<p><b>Community-facing Scholarship and Practice:</b> 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"> <li>• Leads research that has garnered a national reputation on*:</li> <li>• Programs, policies, and practices aimed at improving health and well-being, including health equity.</li> <li>• Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).</li> <li>• Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.</li> <li>• Scholarship in community-based program development and policy (i.e. national invitations to speak, publications in lay or professional media, peer-reviewed journals, press releases, other media, etc.).</li> <li>• 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.</li> <li>• Funding from extramural sources for community programs, policy development or other community or service projects.</li> </ul> <p><i>*Adapted from the Robert Wood Johnson Foundation Culture of Health <a href="#">research agenda</a></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 national and emerging international reputation as an influential scientist in the field is expected. An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

<b>Investigation and Inquiry Domains</b>	<b>Examples of Evidence of Achievement</b>
<p>Scholarship: (e.g., contributes to the development, dissemination, and translation of new knowledge related to health.)</p>	<p><b>Research Activities and Reputation:</b></p> <ul style="list-style-type: none"> <li>• Basic research, clinical research and/or laboratory or clinically based translational research which may include studies of disease mechanisms, diagnostic techniques and/or other investigations contributing knowledge that may significantly advance the prevention, diagnosis or management of disease; may have a defined role in building a multidisciplinary team and/or center that conceptualizes novel investigative approaches.</li> <li>• Qualitative, quantitative or social science research such as epidemiology, outcomes and health services research, and biostatistics as well as research in social sciences, ethics, bioinformatics and health economics, among others; should have an independent leadership role in design of studies, conduct of studies and/or analysis of study data; for multicenter studies, makes key original intellectual contributions to critical elements in study design, protocol development,</li> </ul>

	<p>protocol implementation, study conduct, and/or data analysis.</p> <ul style="list-style-type: none"> <li>• Development of new methods/technologies and/or novel applications of existing methods/technologies.</li> <li>• Invitations to speak nationally, and increasingly internationally, about research.</li> <li>• Service on editorial boards of recognized scientific journals.</li> <li>• Service as a regular peer reviewer to journals in area of expertise.</li> <li>• Membership on institution research-related committees such as the human or animal subjects committee.</li> <li>• Service on national and, in some cases, international committees related to research including grant review panels such as NIH study sections, FDA panels, and data and safety monitoring boards for clinical trials.</li> <li>• Role in planning sessions for scientific societies nationally, and increasingly internationally.</li> <li>• National and, in some cases, international awards for research and/or innovation.</li> <li>• Membership on steering committees, other study committees, and/or writing groups of national and, in some cases, international multicenter studies.</li> <li>• Invitations to serve as a key investigator on multiple, significant studies based on unique expertise.</li> <li>• Compelling evaluations from multiple recognized experts attesting to national and emerging international reputation.</li> </ul>
	<p><b><u>Dissemination of new knowledge:</u></b></p> <ul style="list-style-type: none"> <li>• Shows a record of scholarship that increases throughout career. Faculty at this rank frequently have 40 publications, most as first or senior author, in peer-reviewed journals or, as appropriate to the field, peer-reviewed conference proceedings that are publicly available, representing a body of scholarship that has been led by the promotion candidate. A key to a publication's value is an assessment of their scholarly impact. Candidate's 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 <a href="https://icite.od.nih.gov/analysis">https://icite.od.nih.gov/analysis</a> .</li> <li>• Evidence of high quality includes publication in more prominent journals (top 20% of the journals in the candidate's field as demonstrated by the mean relative citation ratio (<a href="https://nexus.od.nih.gov/all/2016/09/08/nih-rcr/">https://nexus.od.nih.gov/all/2016/09/08/nih-rcr/</a>)).</li> <li>• Publication of first or senior author high quality, original research that significantly advances the field.</li> <li>• Publication of original research from multidisciplinary studies on which the candidate was senior author; may be in another authorship position or member of an unnamed authorship group, to which the candidate made documented, key intellectual contributions; should have taken the lead role on several manuscripts from the study.</li> </ul>

	<ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Funding:</b></p> <ul style="list-style-type: none"> <li>Track record of obtaining competitive external funding to support their research as a PI, and a strong likelihood of sustained funding at that level.</li> <li>Track record of serving as principal investigator on peer-reviewed federal grants or similarly competitive and peer-reviewed awards, consistent with a significant record of peer reviewed funding.</li> </ul>
<p><b>Service/Leadership:</b> (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"> <li>Is clearly recognized as a leader in the institution.</li> <li>Membership on institution research-related committees such as the human or animal subjects committee or national and, in some cases, international research-related committees.</li> <li>Faculty oversight role in an institutional research core.</li> <li>Leadership roles in planning scientific sessions for scientific societies nationally and, in some cases, internationally.</li> <li>Service on grant review panels and other expert panels related to research area of expertise, at the national and, in some cases, international level.</li> </ul>
<p><b>Education:</b> (e.g., lectures, grand rounds, seminars, tutorials, clinical teaching, etc. related to area of research expertise.)</p>	<ul style="list-style-type: none"> <li>Development of research-related educational activities, such as courses, workshops, etc.</li> <li>Didactic teaching focused on research and research methods.</li> <li>Participates in Peer Observation of Teaching to continuously improve teaching skills.</li> <li>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. &gt; 3.4 of 4 or &gt; 4.5 of 5).</li> <li>Invitations to present workshops at national and, in some cases, international professional meetings.</li> <li>National and, in some cases, international recognition for teaching through awards.</li> </ul>
<p><b>Mentorship:*</b> Mentorship activities may contribute to any area of review, but activities may not contribute to more than one area of review.</p> <p>(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 student, resident, clinical</p>	<ul style="list-style-type: none"> <li>Increasing number and stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees’ academic rank, publications, funding, awards, and academic institution.</li> <li>Demonstrates excellence in mentoring trainees (junior and mid-career faculty, medical students, residents, and fellows).</li> <li>Awards for mentoring from sources other than the candidate’s department; may include national and, in some cases, international organizations.</li> </ul>

<p>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"> <li>• Letters of support or references from mentees.</li> </ul>
<p><b>Community-facing Scholarship and Practice:</b> 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"> <li>• Leads research that has garnered a sustained national and emerging international reputation on*:</li> <li>• Programs, policies, and practices aimed at improving health and well-being, including health equity.</li> <li>• Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).</li> <li>• Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.</li> <li>• Scholarship in community-based program development and policy (i.e. national and, in some cases, international invitations to speak, publications in lay or professional media, peer-reviewed journals, press releases, other media, etc.)</li> <li>• 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.</li> <li>• Funding from extramural sources for community programs, policy development or other community or service projects.</li> </ul> <p><i>*Adapted from the Robert Wood Johnson Foundation Culture of Health <a href="#">research agenda</a></i></p>

## ACADEMIC AND PROFESSIONAL SERVICE

**ACADEMIC AND PROFESSIONAL SERVICE:** Advance health care through administrative, community, academic, and professional service, in alignment with the medical school's educational, clinical, and research missions.

**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.).

There may be faculty who are being considered for the award of tenure without an advancement in rank. Compared to tenure-track faculty at a given rank, tenured faculty at the same rank will have a higher impact record and stronger trajectory. The higher impact record will include a higher impact publication record, funding record, **and** leadership record and very strong evidence of geographic reputation. Examples of evidence of a higher impact record in these areas include a higher impact body of peer-reviewed publications, evidence of sustained & competitive funding as PI (as appropriate for the field and Area of Excellence), and high visibility and high impact leadership roles related to the candidate's area of expertise. A stronger trajectory record will include strong evidence that the high impact publication record, funding record, leadership record, and geographic reputation will continue apace.

**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. The quality of the service contributions is related to the scope of the activity (duration and scope of the activity), contributions of the faculty member, role of the faculty member (committee member vs. committee chair), the competitiveness of the service activity (elected vs. volunteer), and the impact of the activity. Evidence of developing a pattern of active involvement in service is expected at the Associate Professor level. Professional service may be considered as a part of the designated Area of Excellence or an Area of Review, so may appear in those areas of the dossier and not under the Area of Academic and Professional Service. 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
<p><b>Academic:</b> (Academic service pertains to activities supporting the mission of the Division, Department, School, and/or University that are beyond the scope of the faculty member's official responsibilities)</p>	<ul style="list-style-type: none"> <li>• Active and consistent participation in division, department, school and/or university committees, task forces or ad hoc advisory groups.</li> <li>• Active participation in student advising.</li> <li>• Active participation in mentoring.</li> <li>• Active participation in departmental, school, and/or university governance committees (e.g., faculty senate).</li> <li>• Consistent service through invited/guest lectures or other teaching activities beyond the scope of the faculty member's official responsibilities.</li> <li>• Service in an academic administrative leadership role.</li> <li>• Scope and impact of portfolio of work overseen by the academic administrative leadership role.</li> <li>• Scope and impact of initiatives undertaken related to the academic administrative leadership role.</li> </ul>
<p><b>Professional:</b> (Professional service pertains to activities supporting the mission of one's profession that are beyond the scope of the faculty member's official responsibilities)</p>	<ul style="list-style-type: none"> <li>• Service on national committees and organizations developing guidelines and policies related to the field or discipline.</li> <li>• Invitation or election to leadership roles in national professional organizations.</li> <li>• Service on national committees such as NIH study sections, FDA and other expert panels, safety monitoring boards, related to clinical, educational, or research expertise.</li> <li>• Service on editorial boards of relevant and recognized journals.</li> <li>• Service as a regular peer reviewer to journals in area of expertise.</li> <li>• Invitation, election, and/or participation in committees nationally related to the field or discipline.</li> <li>• Leadership role in national courses, workshops, or symposia related to the field or discipline.</li> <li>• Service on invited or elected national community organizations, committees, boards, NGOs, professional organizations, and governing bodies in a role related to the faculty member's expertise.</li> <li>• Recognition for sustained involvement in hospital, clinic, and/or health system committees.</li> <li>• Demonstration of significant service to the hospital, clinic, or health system that contributes to the greater good of the medical school.</li> <li>• Awards for clinical service.</li> </ul>

**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. The quality of the service contributions is related to the scope of the activity (duration and scope of the activity), contributions of the faculty member, role of the faculty member (committee member vs. committee chair), the competitiveness of the service activity (elected vs. volunteer), and the impact of the activity. Evidence of sustained active involvement in service with leadership roles is expected at the Professor level. Professional service may be considered as a part of the designated Area of Excellence or an Area of Review, so may appear in those areas of the dossier and not under the Area of Academic and Professional Service. An important aspect of the portfolio of activities is trajectory, which is supported by evidence that the impact of activities is increasing over time.

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<p><b>Professional:</b> (Professional service pertains to activities supporting the mission of one’s profession that are beyond the scope of the faculty member’s official responsibilities)</p>	<ul style="list-style-type: none"> <li>• Sustained service on national and, in some cases, international committees and organizations developing guidelines and policies related to the field or discipline.</li> <li>• Invitation or election to leadership roles in national and, in some cases, international professional organizations.</li> <li>• Sustained service on national and, in some cases, international committees such as NIH study sections, FDA and other expert panels, safety monitoring boards, related to clinical, educational, or research expertise.</li> <li>• Service on editorial boards of relevant and recognized journals.</li> <li>• Service as a regular peer reviewer to journals in area of expertise.</li> <li>• Invitation, election, and/or participation in committees nationally and, in some cases, internationally related to the field or discipline.</li> <li>• Leadership role in national and, in some cases, international courses, workshops, or symposia related to the field or discipline.</li> <li>• Sustained service on invited or elected national and, in some cases, international community organizations, committees, boards, NGOs, professional organizations, and governing bodies in a</li> </ul>

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