

Appointment, Promotion and Tenure

Statement of Evidences

Department of Surgery

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Department of Surgery

Statements of Evidence – Promotion and Tenure

Mission Statement: The Department of Surgery is dedicated to providing excellence in clinical care, education, and research. Our mission is to work as a team to provide the highest quality clinical care and meet or exceed the needs of our patients and others we serve. The Department will foster the education of medical students and postgraduate trainees. In addition, we will promote an environment that will encourage intellectual contributions through research and clinical trials.

We envision a department nationally recognized for patient care, quality education, and surgery research.

1. Introduction

Department of Surgery faculty members are usually required to spend the majority of their time in clinical practice, other forms of service, and teaching. It is important that faculty members be recognized and rewarded for excellence in those activities. Scholarship is expected of all Department faculty members but will be evaluated and weighed according to the expectations of faculty as outlined in their position description and their Distribution of Effort (DOE). Promotion is determined by considering clinical, education, and research productivity.

Promotion, and award of tenure (if applicable), are means by which the Department of Surgery encourages, recognizes and rewards academic achievement and productivity, and strives to maintain a faculty exhibiting excellence in clinical service, education and research. In keeping with University policy, promotion will be based upon the demonstration of professional competence, productivity, and achievement as judged by criteria in the areas of clinical service and patient care, teaching, research/scholarly activities and service and the continuing need for a faculty member with particular qualifications and competencies.

Faculty promotion shall be peer reviewed by the Chair of the Department and the Chief of the Division, and by the tenured faculty in the department, with clear standards for outstanding performance of clinical and academic responsibilities that are consistent with expectations for faculty. Tenured and non-tenured faculty shall carry out their academic responsibilities as outlined in their job descriptions and DOEs. Annual evaluation procedures shall provide information for department planning, progress toward promotion and/or tenure, differential allocation of effort, and strategies for renewal or development.

2. Promotion

Promotions are not automatic but are based on merit, performance and achievement. In addition to the usual criteria of outstanding performance in clinical service and patient care, teaching, research/scholarly activity and University service, contributions to the overall development and reputation of the College of Medicine by professional activities will be considered. Because of the varying missions of departments within the College of Medicine, criteria for

promotion/tenure must be applied with consideration of our department discipline and peer review. However, for each individual, it is required that lesser achievement in one area be balanced by excellence in another. Demonstrable competence in clinical service and patient care, teaching, funded research activity, scholarship, and University service are of paramount consideration.

3. Promotion versus Tenure

Promotion is available to all department faculty members, regardless of tenure-track or non-tenure track appointment. Promotions are based on meritorious fulfillment of the faculty member’s job description. Tenure, when the candidate is on a tenure track appointment, is based on overall merit, a sustained record in scholarship, and commitment to the maintenance of high standards of performance in teaching, service, and scholarship.

The Department adopts the Academic Career Development – Clinical Title Series Criteria Guidelines, Version 1, updated July 15, 2018. These Guidelines are available online at: https://med.uky.edu/sites/default/files/College%20of%20Medicine%20Clinical%20Title%20Series%20Criteria%20Guidelines_PDF.pdf

In general, reputation by rank is as follows:

- i. Assistant Professor- Local achievements and renown
- ii. Associate Professor- Regional achievements and renown
- iii. Full Professor- National/International achievements and renown

1. The following table is used to define local, regional, or national reputation. Regional definition is subdivided into rankings (progressive rankings indicate progressive expansion of regional reputation)

	Clinical Title Series	Regular, Special Title Series (tenurable) and Research (non-tenurable)
Local	Within department	Within College of Medicine
Regional	(1) Outside Division, within Department (2) Outside of Department (3) Outside of College of Medicine	Beyond COM/ UK Healthcare system
National	Outside of Kentucky	Outside of Kentucky

2. Exceptions to use of Department policies and definitions may be made on a case-by-case basis by the Department Chair. Such expectations need to be clearly indicated in the offer letter from the Chief/Chair.

- This exception recognizes that individual faculty members may have unique contributions or circumstances that may need to be taken into account on a case-by-case

basis. For example, faculty working as nocturnalists, or faculty with essentially no ability to undertake any academic activities (administrative, scholarly, educational.)

3. Title series changes cannot occur; however, faculty are eligible to apply for a new position in a new Title series at any time. The faculty member will be considered for appointment to a new title series position per the usual Department and College procedures. There is no “time clock” limitations on applying to new title series positions.
4. While promotion is not based on time in position, submission for promotion earlier than 5-6 years in rank is unusual, but may be considered with Departmental support by the Faculty member, Division Chief, Chair, and Department APT committee.

Criteria for Promotion - Clinical Title Series (non-tenure eligible)*

Minimum experience requirements:

- a) Terminal degree
- b) Faculty holding the M.D., D.O. or equivalent degree should be eligible for Board certification in the United States or their country of origin.

**For clinical title series faculty with predominantly clinical based-DOE, the Department (as well as the College of Medicine APT committee) may define local reputation as within our own department, and regional as beyond our own department. National reputation may include efforts that are system-wide, statewide, or beyond.*

The focus on each DOE component should be proportional to the faculty member's approved DOE effort.

A. Instructor to Assistant Professor

In addition to the basic requirements of appointment in the Clinical Title Series, appointment or promotion to the rank of Assistant Professor shall require an indication of achievement in instruction, clinical service (direct patient care), non-clinical service, research endeavors, and professional development (if a part of the faculty member's DOE).

1. Instruction –

Instruction is defined as the act of teaching or providing education. The College recognizes that instruction may be provided through many means. Examples of instruction include:

- a) Formal didactic instruction, bedside teaching while providing clinical care, laboratory or experiential instruction, and other methods such as online, podcasts, etc. Additionally, instruction may be provided to anyone including enrolled students, graduate trainees, faculty peers, and learners outside of the University.
- b) Potential for excellence in teaching of medical students, residents, fellows, continuing medical education attendees, and peers as demonstrated by student, resident and peer evaluations.
- c) Demonstrated satisfactory teaching through evaluations of previous institutions or positions.
- d) Demonstration of clinical knowledge through syllabi, video and audio learning aids, computer-based material, and/or professional communications to physicians and hospital staff.

2. Research (Scholarly Activities) –

At the College of Medicine, scholarship must have a clear societal impact.

According to Moyer's model of scholarship, it may include:

- a) Work involving faculty expertise, peer review, and impact.
- b) Scholarship of application, integration, and teaching.
- c) Criteria for unpublished scholarship.

- d) It must be public.
- e) It must be amenable to critical appraisal.
- f) It must be measurable.
- g) It must be in a form that enables its use by other members of the scholarly community.
- h) Potential for successful collaborative research or creative work supported through contracts, grants or other funds and reported in peer-reviewed journals.
- i) May include participation in clinical trials.

3. Clinical Service (Direct Patient Care) -

- a) Potential for or demonstrated capability for clinical excellence demonstrated by opinions sought from other surgical faculty and colleagues qualified in the field and quality assurance audits within the department and division (NSQIP/CSCIP, STS, and UHC).

4. Non-Clinical Service – (May include administrative responsibilities):

- a) Demonstrated successful experience in the administration of surgery, including interaction with physicians and staff as attested to by colleagues, mentors or peers.
- b) Demonstrated satisfactory performance as an overseer of surgical technicians, nurses, and other hospital staff as attested to by colleagues, mentors or peers.
- c) Service on Departmental committees as assigned.

5. Professional Development -

- a) Demonstrated professional recognition as evidenced by participation or membership in professional organizations at the local level.
- b) Potential for excellence in continuing professional development in surgery as attested to by colleagues, mentors or peers and evidenced by participation or membership in professional organizations at the local level.

B. Assistant Professor to Associate Professor

In addition to meeting the criteria for Assistant Professor, appointment or promotion to the rank of Associate Professor shall require an indication of continuous improvement and achievement and regional recognition as a leader in instruction, clinical service (direct patient care), non-clinical service (may include administration if in DOE), and research/scholarly endeavors. Furthermore, the individual shall have earned local or regional recognition for excellence.

1. Instruction –

Instruction matrix examples include:

- a) Outcomes of learners:
 - 1. Board certification pass rates of residents

2. Matching of students into excellent training programs.
 3. USMLE pass rates, shelf exam scores, pre-and post-tests, etc.
 4. Letters of support from former learners attesting to the teaching skills of the faculty member and the importance of those skills in the former learner's success.
- b) Peer review and the judgment of colleagues in the department. Anecdotal reports of outstanding ability in teaching will not by themselves suffice to establish this criterion.
 - c) Number of students/residents/fellows directly taught by the candidate, including the approximate number of sessions, number of students per session, setting of session (e.g. classroom, small group, bedside, etc.)
 - d) Lectures, proctorships, or preceptorships for professional colleagues. Objective measure of outcomes are helpful.
 - e) Favorable formal and standardized teaching evaluations from learners.
 - f) Teaching awards, whether national, regional, or local and whether awarded for objective, competitive measures should be weighed.
 - g) Mentorship of trainees or junior faculty with higher weight given to those demonstrating objective measures of success. Examples may include outcomes such as successful development of new skills in the mentee, successful remediation of mentees, the mentee's development of a national reputation, etc.
 - h) Academic recognition, award, or other evidence of excellence achieved by a mentee of the candidate that can be clearly tied to the mentor's influence.
 - i) Requests to demonstrate curriculum.
 - j) Presentations about teaching methods.
 - k) Service in educational administration, planning, or analysis.
 - l) Textbooks written, compiled, or edited by the faculty member and published by an established national or international publishing house. Additional factors to consider may include the adoption of the book beyond the local or regional market, overall sales, and whether it is being considered for further editions. Reference texts are weighted the same as classroom texts. Finally, book chapters sans other written educational materials should be weighted less than a textbook but by the same criteria.
 - m) Development of innovative techniques relevant to education as well as demonstrated outcomes of success.
 - n) Podcasts, instructional videos, and other electronic or online educational materials. Departments should consider the number of uses and demonstrated use beyond the local area.

2. Research (Scholarly Activities) –

Research metrics examples include:

- a) Podium sessions at annual national meeting.
- b) Posters presented at annual national meeting.
- c) Publications (peer-reviewed are weighted more heavily).

- d) Cumulative impact factor of all peer-reviewed publications for the year.
- e) Dollars of funding per square foot of research space.
- f) Contributing member of a successful research team (team science) in clinical, translational, or foundational science.
- g) Participation on other regional or national panels or committees that review research and/or set research policy or guidelines.
- h) Participation as a “team” expert for regional and national reputation (ex., college alliances, guidelines/talks/webcasts based on expertise.)
- i) NIH funding awards and/or study section participation with serving as chair weighted more heavily than member and member weighted more heavily than invited to participate.
- j) Indirects realized.
- k) Total research funds for fiscal year.
- l) New grants received (peer reviewed, industry, philanthropy, etc.)
- m) Grants submitted (NIH, other peer reviewed, industry, etc.)
- n) FDA panel participation.

3. Clinical Service (Direct Patient Care) –

Clinical service metric examples include:

- a) Recognition as a consultant through sustained referrals of patients beyond the local level
- b) Referral beyond the local level of the most complex and sickest patients as demonstrated by objective measures such as case mix index.
- c) Productivity indicators such as achieving RVU minimum work standards.
- d) Quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
- e) Invitations to speak regionally, and often nationally, on issues related to areas of clinical expertise with information that is accessible and usable for additional practitioners.
- f) Leadership roles in regional or national professional organizations related to clinical expertise, including leadership in regional and/or national courses or programs.
- g) Service on regional or national committees developing guidelines and policies for management in area of clinical expertise.
- h) Membership on editorial boards in area of clinical expertise.
- i) Peer-reviewed funding to support innovations that influence clinical practice regionally or nationally.
- j) Regional or national awards for contributions or innovation in the area of clinical expertise influencing clinical practice.

- k) Letters or other documented measures of patient and referring physician satisfaction that demonstrate excellence above general expectations.
- l) Letters of reference from department chair, division chief, colleagues in the faculty member's department, referring physicians, and colleagues in other departments. If necessary, explanation by the department chairman of specific assignments or practice restraints that may purposely or situationally localize the practice.
- m) Leading development of clinical protocols or pathways that objectively demonstrate a measurable positive impact on patient care beyond the local level that are usable.
- n) Ambulatory or inpatient service patient volume.
- o) Access metrics such as wait time for appointments
- p) Length of stay for patients.

4. Non-Clinical Service –

Non-clinical service metric examples include:

- a) Service to College of Medicine, UK HealthCare, and University of Kentucky committees.
- b) Member of regional or national society committees or regional networks.
- c) Outreach programs to schools.
- d) Interaction with community groups.
- e) Letters or other documented measures of patient and referring physician satisfaction that demonstrate excellence above general expectations.
- f) Letters of reference from department chair, division chief, colleagues in the faculty member's department, referring physicians, and colleagues in other departments. If necessary, explanation by the department chairman of specific assignments or practice restraints that may purposely or situationally localize the practice.
- g) Continuing evidence of participation in extra-departmental clinical rounds and conferences presenting surgery findings and their significance in the care of patients as attested to by colleagues, mentors or peers.
- h) Continuing evidence of excellence as a clinician role model in the teaching of outside physicians and residents on the administration of care based on surgery results as attested to by colleagues, peers, and staff.
- i) Service on departmental, College of Medicine and/or Hospital committees as assigned.
- j) Lecture on an area of expertise for physicians/community to lose.
- k) Administrative metric examples (These are applied when the faculty member has administrative responsibility for the metrics, such as a division chief, section head, center director, residency program director, clerkship director, course director, etc.)
 - 1. Continuing evidence and peer recognition as administrative and clinical physician at regional levels as attested to by colleagues, mentors or peers.

2. Provide significant demonstrable contributions to clinical services and patient care administration in surgery as attested to by faculty and colleagues.
3. Serve as a division chief, section head, center director, residency program director, clerkship director, course director, etc.

5. Professional Development

Demonstrated continuing professional development in surgery as evidenced by an active role in relevant professional and academic societies and organizations.

C. Associate Professor to Full Professor

In addition to meeting the criteria for Associate Professor, appointment or promotion to the rank of Full Professor shall require an indication of continuous achievement and advancing recognition as a leader in instruction, clinical service (direct patient care), non-clinical service (may include administration if in DOE), research/scholarly endeavors, and professional development. Furthermore, the individual shall have earned regional or national recognition for excellence.

1. Instruction –

- a) Proven excellence as a teacher and practitioner of surgery as demonstrated by evaluations by trainees working with the faculty member in a clinical teaching setting.
- b) Outcomes of learners:
 1. Board certification pass rates of residents,
 2. Matching of students into excellent training programs,
 3. USMLE pass rates, shelf exam scores, pre and post tests, etc.
 4. Letters of support from former learners attesting to the teaching skills of the faculty member and the importance of those skills in the former learner's success.
- c) Leadership role and significant contributions to teaching programs.
- d) Evaluations of excellence or above by chairperson and peer review.
- e) Factors considered should include the following where appropriate:
 1. Teaching load
 2. Development of new courses
 3. Development of syllabus material
 4. Student sponsorship
 5. Resident training
- f) Courses taken to improve teaching effectiveness
- g) Student evaluations
- h) Proven mentorship
- i) Number of students/residents/fellows directly taught by the candidate. Including approximate number of sessions, number of students per session, setting of session (e.g. classroom, small group, bedside, etc.).
- j) Lectures, proctorships, or preceptorships for professional colleagues. Objective

measures of outcomes are helpful.

- k) Favorable formal and standardized teaching evaluations from learners.
- l) Teaching awards, whether national, regional, or local and whether awarded for objective, competitive measures should be weighed.
- m) Mentorship of trainees or junior faculty with higher weight given to those demonstrating objective measures of success. Examples may include outcomes such as successful development of new skills in the mentee, successful remediation of mentees, the mentee's development of a national reputation, etc.
- n) Academic recognition, award, or other evidence of excellence achieved by a mentee of the candidate that can be clearly tied to the mentor's influence.
- o) Requests to demonstrate curriculum.
- p) Presentations about teaching methods.
- q) Service in educational administration, planning, or analysis.
- r) Textbooks written, compiled, or edited by the faculty member and published by an established national or international publishing house. Additional factors to consider may include the adoption of the book beyond the local or regional market, overall sales, and whether it is being considered for further editions. Reference texts are weighted the same as classroom texts. Finally, book chapters sans other written educational materials should be weighted less than a textbook but by the same criteria.
- s) Development of innovative techniques relevant to education as well as demonstrated outcomes of success.
- t) Podcasts, instructional videos, and other electronic or online educational materials. Departments should consider the number of uses and demonstrated use beyond the local area.

2. Research

Examples of research metrics include:

- a) Evidence of research/scholarly participation substantiated by publications in peer review journals.
- b) Presentation of collaborative research at regional and national scientific meetings
- c) Evidence of substantial professional academic status and leadership on a regional or national level.
- d) Participation in clinical trials with ability to serve as a Principal Investigator.
- e) Podium sessions and/or posters presented at annual national meeting.
- f) Contributing member of a successful research team in clinical, translational, or foundational science.
- g) Participation as an "expert" for regional events such as webcasts, lectures, interviews, etc.
- h) Participation on regional or national panels or committees that review research and/or set research policy or guidelines.
- i) Grants submitted (external, NIH or other peer-reviewed, industry/pharmaceutical, etc.)

3. Clinical Service (Direct Patient Care) –

Clinical service metric examples include:

- a) Provide significant demonstrable contributions to patient care as an expert in surgery as attested to by colleagues and peers. Clinical competence of the practitioner can be demonstrated by opinions sought from other surgical faculty and colleagues qualified in the field.
- b) Development of regional and national reputation for excellence in surgical practice as attested to by faculty and colleagues qualified in the field and quality assurance audits within the department.
- c) Recognition as a consultant through sustained referrals of patients beyond the local level.
- d) Evaluations of excellent clinical skill by chairperson and peer review.
- e) Productivity indicators such as achieving RCU minimum work standards.
- f) Quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
- g) Membership on editorial boards in areas of clinical expertise.
- h) Regional or national awards for contributions or innovation in the area of clinical expertise, influencing clinical practice.
- i) Letters or other documented measures of patient and referring physician satisfaction that demonstrate excellence above general expectations.
- j) Letters of reference from department chair, division chief, colleagues in the faculty member's department, referring physicians, and colleagues in other departments. If necessary, explanation by the department chairman of specific assignments or practice restraints that may purposely or situationally localize the practice.
- k) Leading development of clinical protocols or pathways that objectively demonstrate a measurable positive impact on patient care beyond the local level, that are usable.
- l) Ambulatory or inpatient service patient volume.
- m) Access metrics such as wait time for appointments.
- n) Length of stay for patients.

4. Non-Clinical Service –

Non-clinical service metric examples include:

- a) Service to College of Medicine, UK HealthCare, and University of Kentucky committees.
- b) Non-clinical regional and national committees
- c) Philanthropy:
 - 1. Endowed chairs
 - 2. Philanthropic dollars realized
 - 3. Philanthropic dollars pledged (i.e. ≤ 5 years to realization)
 - 4. Philanthropic dollars pledged (i.e. > 5 years to realization)
- d) Community engagement:
 - 1. Outreach programs to schools
 - 2. Participation in regional networks such as the Stroke Care Network or the Cancer Center Network
 - 3. Interaction with community groups

4. Free clinics sponsored by the department
- e) Administrative responsibilities:
 1. Serve as division chief, section head, center director, residency program director, clerkship director, course director, etc.
 2. Faculty retention rate.
 3. Faculty expansion (new hires).
 4. Successful direction of a clinical program or clinical laboratory. Examples may include financial measures such as contribution margin, relevant accreditation, program growth, or independent awards of excellence.
 5. Accreditation of a residency program.
 6. Implementation of a mentoring program.
 7. Implementation of a quality improvement program.

5. Professional Development

- a) Demonstrated continuing professional development in surgery as evidenced by an active role in relevant professional and academic societies and organizations.
- b) Recognition for excellence by professional societies.

Criteria for Promotion – Regular Title Series (Tenure eligible)

Faculty appointed in the Regular Title Series are usually required to spend the majority of their effort in research, in addition to their roles in other forms of clinical service (if applicable), non-clinical service and teaching. It is important that faculty members be recognized and rewarded for excellence in those activities. Scholarship is expected of all Department faculty members but will be evaluated and weighed according to the expectations of faculty as outlined in their position description and their Distribution of Effort (DOE). Promotion is determined by considering clinical, education and research productivity.

Minimum experience suggested:

- a. Terminal degree
- b. Board certification (American Board certification or certification in the country of their training) if a provider of clinical care

Each faculty member will be evaluated based on his/her assignment, environment, and distribution of effort (DOE).

A. Instructor to Assistant Professor

1. Instruction –

- a. Potential for excellence in teaching of medical students, residents, fellows, continuing medical education attendees, and peers as demonstrated by student, resident and peer evaluations.
- b. Demonstrated satisfactory teaching through evaluations of previous institutions or positions.
- c. Demonstration of clinical knowledge through syllabi, video and audio learning aids, computer-based material, and/or professional communications to physicians and hospital staff.
- d. Commitment to develop educational and curricular activities that interface with his/her area of responsibility.

2. Research (Scholarly Activities)–

- a. Potential for successful collaborative research, participation in clinical trials, or creative work supported through funded grants and reported in peer-reviewed journals at local level.
- b. Commitment to developing research excellence at the local level, as exhibited by training, publications of papers or abstracts, reviews or other venues in the discipline as attested to by colleagues, mentors or peers.
- c. Commitment to the development and application of original materials or other methods are additional measures of scholarly activity.
- d. Should be qualified to serve on a doctoral dissertation committee.

3. Service (Direct Patient Care) –

- a. Clinical competence as demonstrated by opinions sought from other surgical faculty and colleagues qualified in the field and quality assurance audits within the department and division.
- 4. Non-clinical service / Administration**
- a. Demonstrated successful experience in the administration of surgery including interaction with physicians and staff as attested to by colleagues, mentors or peers.
 - b. Demonstrated satisfactory performance as a supervisor of surgery staff as attested to by colleagues, mentors or peers.
 - c. Service on Department committees as assigned.
- 5. Professional Development –**
- a. Potential for excellence in continuing professional development in surgery as attested to by colleagues, mentors or peers.
 - b. Potential for professional recognition and scientific competence in specialty areas as evidenced by participation or membership in professional scientific organizations on a regional level.

B. Assistant to Associate Professor

In addition to meeting the criteria for Assistant Professor, appointment or promotion to the rank of Associate Professor shall require an indication of continuous improvement and achievement and regional recognition as a leader in administration, patient care, instruction, service, academic, and research endeavors. Furthermore, the individual shall have earned local or regional recognition for excellence.

- 1. Instruction –**
- a. Proven excellence as a teacher and practitioner of surgery as demonstrated in evaluations by trainees working with the faculty member in a clinical teaching setting.
 - b. Evaluations of satisfactory or above by chairperson and division chief.
 - c. Factors considered should include the following where appropriate:
 - 1. Teaching load
 - 2. Development of new courses
 - 3. Development of syllabus material
 - 4. Student sponsorship
 - 5. Resident training
 - 6. Courses taken to improve teaching effectiveness
 - 7. Student evaluations
 - 8. Mentorship
- 2. Research (Scholarly Activities)–**
Evidence of one or more of the following:
- a. Evidence of establishment/continuation of research/scholarly program substantiated by publications in peer review journals.

- b. Presentation of research at regional, national and international scientific meetings.
 - c. Evidence of substantial professional academic status and leadership on a regional level.
 - d. Participation in clinical trials as a co-investigator.
 - e. Evidence of teaching or communicating publicly with clinicians/learners based on the niche or area of expertise (example, talks to College of Medicine, regional partners, community physicians, etc.)
 - f. Evidence of “mentorship” in area of expertise (example, listing of mentees, etc.)
- 3. Service (Direct Patient Care) –**
- a. Provide significant demonstrable contributions to patient care as an expert in surgery as attested to by colleagues and peers. Clinical competence of the practitioner can be demonstrated by opinions sought from other surgical faculty and colleagues qualified in the field; quality publications on clinical topics; introduction of innovative advances; or service on national organizational committees.
 - b. Development of regional reputation for excellence in clinical practice as attested to by faculty and colleagues qualified in the field and quality assurance audits within the department.
 - c. Evaluations of satisfactory or above by chairperson and division chief. Quality assurance audits within the department and division will also be reviewed to assure excellence in patient care.
 - d. Generation of wRVUs in relationship to benchmark effort.
 - e. Other examples of service include:
 1. Service to College of Medicine, UK HealthCare and University of Kentucky committees
 2. Member of regional or national Society committees or regional networks
 3. Outreach programs to schools
 4. Interaction with community groups
 5. Letters or other documented measures of patient and referring physician satisfaction that demonstrate excellence above general expectations
 6. Letters of reference from department chair, division chief, colleagues in the faculty member’s department, referring physicians, and colleagues in other departments. If necessary, explanation by the department chairman of specific assignments or practice restraints that may purposely or situationally localize the practice
- 4. Non-clinical service / Administration –**
- a. Continuing evidence and peer recognition as administrative and clinical physician at regional levels as attested to by colleagues, mentors or peers.
 - b. Provide significant demonstrable contributions to clinical services and patient care administration in surgery as attested to by faculty and colleagues.
 - c. Continuing evidence of participation in extra-departmental clinical rounds and conferences presenting surgery findings and their significance in the care of patient as attested to by colleagues, mentors or peers.
 - d. Continuing evidence of excellence as a clinician role model in the teaching of outside physicians and residents on the administration of care based on surgery results as attested to by colleagues, peers and staff.

- e. Service on Departmental, College of Medicine and/or Hospital committees as assigned.

5. Professional Development –

- a. Demonstrated continuing professional development in surgery as evidenced by an active role in relevant professional and academic societies and organizations.

C. Associate Professor to Professor

In addition to the above, overall evidence will include the opinions of colleagues and administrators that the individual is outstanding and has earned national recognition as evidenced by effective performance in all major areas of responsibility and excellence in at least two additional areas, including either instruction or research/scholarly activities. This rank is recognition of attainment rather than years of experience or length of appointment.

1. Instruction –

- a. Exemplary teaching experience at level of Associate Professor
- b. Basic science faculty should be qualified to sponsor a Ph.D. student and chair a doctoral dissertation committee.
- c. Graduate student supervision
- d. Evidence of teaching or communicating publicly with clinicians/learners based on the niche or area of expertise (example, talks to College of Medicine, regional partners, community physicians, etc.)
- e. Evidence of “mentorship” in area of expertise (example, listing of mentees, etc.)
- f. Factors considered should include the following where appropriate:
 - 1. Teaching load
 - 2. Development of new courses
 - 3. Development of syllabus material
 - 4. Student sponsorship
 - 5. Resident training
 - 6. Courses taken to improve teaching effectiveness
 - 7. Student evaluations

2. Research –

- a. Evidence of continued/renewed funding
- b. Publications in peer-reviewed journals
- c. Presentation of research at regional, national and international scientific meetings.
- d. Evidence of substantial professional academic status and leadership on a national level.
- e. Participation in clinical trials as an investigator.
- f. Participation on NIH, DOD, NCI or other study sections
- g. Requests to review manuscripts in areas of expertise
- h. Participation as a journal editor and/or editorial board member

3. Clinical Service

- a. Provide significant demonstrable contributions to patient care as an expert in surgery as attested to by colleagues and peers.
- b. Development of national or international reputation for excellence in clinical practice as attested to by faculty and colleagues qualified in the field and quality assurance audits within the department.
- c. Generation of wRVUs in relationship to benchmark effort

4. Non-clinical Service / Administration

- a. Continuing evidence of excellence and peer recognition at national or international levels as attested to by colleagues, mentors or peers.
- b. Provide significant demonstrable contributions to clinical services and patient care administration in surgery as attested to by faculty and colleagues.
- c. Continuing evidence of participation in outside clinical department rounds and conferences presenting surgery findings and their significance in the care of patients as attested to by colleagues, mentors or peers.
- d. Service on Departmental, College of Medicine, Hospital and/or University committees as assigned.

5. Professional Development

- a. Demonstrated continuing professional development in surgery as evidenced by a significant and active role in relevant professional and academic societies and organizations.
- b. Evidence of established and recognized reputation in the specialty area by participation in professional scientific organizations on a national and perhaps international level.

Criteria for Promotion – Special Title Series (Tenure eligible)

Minimum experience suggested:

- a. Terminal degree
- b. Board certification (American Board certification or certification in the country of their training) if a provider of clinical care

Each faculty member will be evaluated based on his/her assignment, environment, and distribution of effort (DOE).

A. Instructor to Assistant Professor

1. Instruction –

- a. Potential for excellence in teaching of medical students, residents, fellows, continuing medical education attendees, and peers as demonstrated by student, resident and peer evaluations.
- b. Demonstrated satisfactory teaching through evaluations of previous institutions or positions.
- c. Demonstration of clinical knowledge through syllabi, video and audio learning aids, computer-based material, and/or professional communications to physicians and hospital staff.
- d. Commitment to develop educational and curricular activities that interface with his/her area of responsibility.

2. Research (Scholarly Activities)–

- a. Potential for successful collaborative research, participation in clinical trials, or creative work supported through funded grants and reported in peer-reviewed journals at local level.
- b. Commitment to developing research excellence at the local level, as exhibited by training, publications of papers or abstracts, reviews or other venues in the discipline as attested to by colleagues, mentors or peers.
- c. Commitment to the development and application of original materials or other methods are additional measures of scholarly activity.
- d. Should be qualified to serve on a doctoral dissertation committee.

3. Service (Direct Patient Care) –

- a. Clinical competence as demonstrated by opinions sought from other surgical faculty and colleagues qualified in the field and quality assurance audits within the department and division.

4. Non-clinical service / Administration

- a. Demonstrated successful experience in the administration of surgery including interaction with physicians and staff as attested to by colleagues, mentors or peers.
- b. Demonstrated satisfactory performance as a supervisor of surgery staff as attested to by colleagues, mentors or peers.

- c. Service on Department committees as assigned.

5. Professional Development –

- a. Potential for excellence in continuing professional development in surgery as attested to by colleagues, mentors or peers.
- b. Potential for professional recognition and scientific competence in specialty areas as evidenced by participation or membership in professional scientific organizations on a regional level.

B. Assistant Professor to Associate Professor

In addition to meeting the criteria for Assistant Professor, appointment or promotion to the rank of Associate Professor shall require demonstration of continued achievement and regional or national recognition as a leader in administration, patient care, teaching, service, academic, and research endeavors.

1. Instruction

- a. Proven excellence as a teacher and practitioner of surgery as demonstrated by evaluations by trainees working with the faculty member in a clinical teaching setting.
- b. Demonstrated excellence in teaching and outstanding abilities to communicate with students, faculty and administrators.
- c. Evaluations of satisfactory or above by chairperson and peer review
- d. Factors considered should include the following where appropriate:
 - 1. Teaching load
 - 2. Development of new courses
 - 3. Development of syllabus material
 - 4. Student sponsorship
 - 5. Resident training
 - 6. Courses taken to improve teaching effectiveness
 - 7. Student evaluations

2. Research (Scholarly Activities)–

- a. Documentation of productive involvement or participation in scholarly activities, such as clinical studies, development of clinical techniques, educational and program development, or development of clinical practice guidelines, for example.
- b. Evidence of substantial professional academic status and leadership on a regional or national level.

3. Service (Direct Patient Care) –

- a. Provide significant demonstrable contributions to patient care as an expert in surgery as attested to by colleagues and peers.
- b. Development of regional or national reputation for excellence in clinical practice as attested to by faculty and colleagues qualified in the field and quality assurance audits within the department.

- c. Generation of wRVUs in relationship to benchmark effort

4. Non-clinical Service /Administration –

- a. Continuing evidence and peer recognition as administrative and clinical physician at regional or national levels as attested to by colleagues, mentors or peers.
- b. Provide significant demonstrable contributions to clinical services and patient care administration in surgery as attested to by faculty and colleagues.
- c. Continuing evidence of participation in outside clinical department rounds and conferences presenting surgery findings and their significance to the care of patients as attested to by colleagues, mentors or peers.
- d. Continuing evidence of excellence as a clinician role model in the teaching of physicians and residents on the administration of care as attested to by colleagues, peers and staff.
- e. Service on Departmental, College of Medicine and/or Hospital committees as assigned.

5. Professional Development –

- a. Demonstrated continuing professional development in surgery as evidenced by an active role in relevant professional and academic societies.
- b. Evidence of established and recognized reputation in the specialty area by participation in professional scientific organizations on a regional and perhaps national basis.

C. Associate Professor to Professor

In addition to meeting the criteria for Associate Professor, appointment or promotion to the rank of professor shall require demonstration of continued achievement and national recognition as a leader in administration, patient care, teaching, service, academic, and research endeavors.

1. Instruction –

- a. Excellence in teaching of medical students, residents, fellows, continuing medical education attendees, and peers as demonstrated by student, resident and peer evaluations.
- b. Demonstrated excellent teaching through evaluations of previous institutions or positions.
- c. Participation in department educational activities.
- d. Development of educational and curricular activities that interface with his/her area of responsibility

2. Research (Scholarly Activity) -

- a. Successful collaborative research.
- b. Excellence at the national level as exhibited by ongoing activities in the faculty member's primary area of emphasis or discipline training.

- c. Commitment to scholarly activity as evidenced by peer-reviewed publications, book chapters, and other requested works.
 - d. Presentation of research at regional, national and international scientific meetings.
 - e. Evidence of substantial professional academic status and leadership on a national level.
 - f. Participation on NIH, DOD, NCI or other study sections
 - g. Requests to review manuscripts in areas of expertise
 - h. Participation as a journal editor and/or editorial board member
- 3. Service (Direct Patient Care) –**
- a. Clinical competence as demonstrated by opinions sought from other surgical faculty and colleagues qualified in the field and quality assurance audits within the department and division.
- 4. Non-clinical Service / Administration–**
- a. Demonstrated successful experience in the administration of surgery including interaction with physicians and staff as attested to by colleagues, mentors or peers.
 - b. Demonstrated satisfactory performance as a supervisor of surgery staff as attested to by colleagues, mentors or peers.
 - c. Service on Department, College, and University committees as assigned.
- 5. Professional Development –**
- a. Excellence in continuing professional development in surgery as attested to by colleagues, mentors or peers.
 - b. Professional recognition and scientific competence in specialty areas as evidenced by participation or membership in professional scientific organizations on a national level.

Criteria for Promotion – Research Title Series (Non-tenure eligible)

Minimum experience suggested:

- a. Terminal degree

The standards identified here represent types of evidence that will be considered in a promotion and tenure review for faculty serving the Research Title Series. Productivity in the areas of research, teaching, and service should be consistent with identified percentage allocations for activities in a faculty member's Distribution of Effort (DOE) document.

A. Instructor to Assistant Professor

1. Instruction –

- a. Participation in department educational activities.
- b. Capable of providing instruction to laboratory and other research staff.
- c. Receipt of departmental awards for teaching excellence.

2. Research (Scholarly Activity) –

- a. Commitment to developing a successful collaborative research program or creative activity. Activities may include development of applications and proposals, either funded or unfunded; project management; and production of a final report.
- b. Commitment to developing research excellence at the regional level, as exhibited by training, publications of papers or abstracts, reviews or other venues in the discipline as attested to by colleagues, mentors or peers.
- c. Commitment to the development and application of original curriculum, video materials or other methods are additional items which can be considered as scholarly activity.

3. Non-clinical Service / Administration

- a. Service on Departmental committees as assigned.

4. Professional Development–

- a. Professional recognition and scientific competence in specialty areas as evidenced by participation or membership in professional scientific organizations at regional level.

B. Assistant Professor to Associate Professor

In addition to meeting the criteria for Assistant Professor, appointment or promotion to the rank of Associate Professor shall require demonstration of continued achievement and regional or national recognition as a leader in administration, teaching, service, academic, and research endeavors.

1. Instruction –

- a. Participation in department educational activities.

- b. Provides instruction to laboratory and research staff, medical students, and residents.
- c. Invitations to speak and conduct workshops.
- d. Teaching awards, nominations, and recognition.

2. Research (Scholarly Activity) –

- a. Successful collaborative research or creative work supported through external contracts, grants or other funds and reported in peer-reviewed journals.
- b. Research excellence at the regional or national level, as exhibited by training, publications of papers or abstracts, reviews or other venues in the discipline as attested to by colleagues, mentors or peers.
- c. Dissemination of work with professional peers through presentations at professional conferences or through other recognized forums.
- d. Co-authoring with students and/or residents.

3. Non-clinical Service / Administration

- a. Service on Departmental and/or College committees as assigned.

4. Professional Development–

- a. Professional recognition and scientific competence in specialty areas as evidenced by participation or membership in professional scientific organizations at regional level.

C. Associate Professor to Professor

In addition to meeting the criteria for Associate Professor, appointment or promotion to the rank of Professor shall require sustained excellence in all areas of research and a national and/or international reputation.

1. Instruction –

- a. Participation in department educational activities.
- b. Provides instruction to laboratory and research staff, medical students, and residents.
- c. Supervision of post-doctoral fellows.
- d. Serve as advisor on dissertation or thesis committee.

2. Research (Scholarly Activity) –

- a. Evidence of ability to initiate and maintain a successful independent or collaborative program of research or creative activity supported through external contracts, grants or other funds.
- b. Research excellence at the regional or national level, as exhibited by publications of papers in high impact peer-reviewed journals, with faculty member as first or senior author.
- c. Participation as an ad hoc reviewer on NIH (or comparable funding body) study sections.
- d. Invited presentations in area of expertise.

3. Non-clinical Service / Administration

- a. Service on Departmental, College, or University committees, as assigned.
- b. Member of journal Editorial Boards.
- c. Reviewing manuscripts for refereed journals.
Serving as a discussant or critic in sessions at conferences and meetings of professional associations.

4. Professional Development–

- a. Professional recognition and scientific competence in specialty areas as evidenced by participation or membership in professional scientific organizations at national level.

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