Tenured and tenure-track faculty require evaluation in their designated Area of Excellence and a strong record of accomplishments in all remaining areas of review. Promotion requires a formal review of the candidate’s record of contributions and achievements during the probationary period or time in rank, as applicable.

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

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

**Promotion to Associate Professor:** In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by an 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.

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| **Scholarship:** (e.g., drives the development, dissemination, and/or translation of clinical practice and/or health policy knowledge) | • Peer recognition of works from original research led by the promotion candidate.  
   • Leads the dissemination of knowledge through invited presentations, state of the art reviews, authorship/editorship of textbooks, chapters in standard texts, original research, etc.  
   • 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 Relative Citation Ratio.  
   • 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 promotion candidate’s field.  
   • Creates, launches, and disseminates effective clinical quality improvement with national adoption including protocols for clinical care.  
   • 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. |
| **Service/Leadership:** (Service consists of activities that support the University, our broader society (as either a representative of the University or through the use of relevant expertise), and a faculty member’s profession beyond the scope of that faculty member’s official responsibilities.) | • Is clearly recognized as a leader in the institution.  
   • Participates in and leads national organizations, programs and/or committees.  
   • Assumes leadership roles in professional organizations.  
   • Demonstrates significant contributions and service to the department, institution and/or community that contributes to the greater good of Dell Med or UT Health Austin.  
   • Awards for service/leadership related to clinical expertise from national organizations. |
| **Clinical:** | • Leadership roles in national professional organizations related to clinical expertise, including |
| Established national reputation as a clinical expert as evidenced by reputation, quality metrics and referrals. | Leadership in national courses or programs (e.g. clinical CME programs).  
- Service on national committees developing guidelines and policies for management in area of clinical expertise.  
- Service on national committees evaluating programs in area of clinical expertise.  
- Service as a consultant on issues related to area of clinical expertise.  
- Demonstrates evidence of clinical excellence through quality metrics.  
- Service on editorial boards of recognized scientific journals in area of clinical expertise.  
- Service as a regular peer reviewer to journals in area of clinical expertise.  
- Peer-reviewed funding to support innovations that influence clinical practice nationally.  
- Evidence of national referrals as appropriate for specialty.  
- Development of new clinical approaches and innovation in treatments, procedures, or technologies in specialty that peers have recognized as being superior to previous approaches.  
- Leadership in developing national symposia related to area of clinical expertise.  
- Recognition of sustained involvement in hospital or clinic committees/task forces related to clinical care in area of expertise.  
- Attestation by peers as to the quality of contributions to clinical practice.  
- Documentation of outcome measurement and attainment compared with peers, incorporation of outcomes into clinical care improvement in areas of clinical expertise.  
- Record of invitations from national entities to present topics related to and in recognition of the candidate’s clinical expertise.  
- Awards for clinical excellence from national organizations. |
|---|---|
| Education: (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic.) | Sustained record of accomplishment for developing new educational instruments to be delivered in clinical settings.  
- Establishes and demonstrates leadership in the development, implementation or administration of curricular/instructional materials and activities.  
- Disseminates new curricula and/or educational instruments beyond the institution.  
- Sustained participation in and/or leadership of departmental, school, university, or professional society educational activities.  
- Participates in Peer Observation of Teaching to continuously improve clinical teaching skills.  
- Recognized as an excellent bedside teacher and clinician as provided by learner and peer feedback. Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5).  
- Awards for teaching from sources other than the candidate’s department; may include national organizations. |
**Mentorship:**
(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.)

Mentors are typically assigned to mentees for an extended period of time to impart professional and leadership skills, and are likely to be mentioned in a mentee’s C.V. or training record. Didactic (lecture-based) teaching is not included here.

*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.*

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**Community-facing Scholarship and Practice:**
(Exemplary scholarly contributions to service and community engagement related to improving the health of the community.)

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<th>Leading research that has garnered a national reputation on*:</th>
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<td>• Service on invited or elected national community organizations, committees, boards, NGOs, professional organizations, and/or governing bodies.</td>
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<td>• 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.</td>
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<td>• 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.).</td>
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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 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.

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**Service/Leadership:**
(Service consists of activities that support the University, our broader society (as either a representative of the University or through the use of relevant expertise), and a faculty member’s profession beyond the scope of that faculty member’s official responsibilities.)

- Is clearly recognized as a leader in the institution.
- Assumes leadership roles in professional organizations.
- Participates in and leads national and, in some cases, international organizations, programs and committees.
- Demonstrates significant contributions and service to the department, institution and/or community that contributes to the greater good of Dell Med or UT Health Austin.
- Awards for service/leadership from sources other than the candidate’s department; may include national and, in some cases, international organizations.

**Clinical:**
(Sustained national and emerging international reputation as a clinical expert as evidenced by reputation, quality metrics and referrals.)

- 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).
- Service on national and, in some cases, international committees developing guidelines and policies for management in area of clinical expertise.
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• Awards for teaching from sources other than the candidate’s department; may include national and sometimes international organizations.  
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• 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.  
• Demonstrates excellence in mentoring trainees (junior and mid-career faculty, medical students, residents, and fellows).  
• Awards for mentoring from sources other than the candidate’s department; may include national and, in some cases, international organizations.  
• Letters of support or references from mentees. |
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| Mentorship: (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.)  
Mentors are typically assigned to mentees for an extended period of time to impart professional and leadership skills, and are likely to be mentioned in a mentee’s C.V. or training record. Didactic (lecture-based) teaching is not included here.  
*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.* | • 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.  
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| **Community-facing Scholarship and Practice:** | Leading research that has garnered a national and, in some cases, international reputation on*:  
*Exemplary scholarly contributions to service and community engagement related to improving the health of the community.* |
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*Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda*
EDUCATIONAL LEADERSHIP

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

Promotion to Associate Professor: In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by an 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.

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<td>• 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.</td>
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<td>• 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 Relative Citation Ratio.</td>
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• Evaluations and success of course(s) or program(s) for which candidate was a leader with consistently high ratings (i.e. > 3 of 4 or > 4 of 5).  
• Awards for service/leadership from sources other than the candidate’s department; may include national organizations.  
• Participates in and leads national educational organizations, programs, and/or committees.  
• Assumes leadership roles related to education in professional organizations.  
• Maintenance of accreditation (if applicable).  
• Board certification pass rates (for residents and fellows, where available).  
• Leadership role in national courses related to education.  
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• Service on national committees developing guidelines and policies for education/training programs.  
• Service on national committees evaluating education/training programs or reviewing grant proposals related to education. |
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| Didactic teaching:  
(e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials.) | • Innovation in classroom teaching methods with adoption nationally.  
• Teaching/lecturing nationally about issues related to education.  
• Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5).  
• Participating in Peer Observation of Teaching to continuously improve teaching skills.  
• Awards for didactic teaching from sources other than the candidate’s department; may include national organizations. |
| Clinical Teaching:  
(e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic.) | • Innovation in clinical teaching methods with adoption nationally.  
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Didactic (lecture- | • Number of mentees upon whom the candidate had a major influence and the nature of that influence.  
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• Stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees’ academic role and rank, and their impact. Impact may be assessed through measures such as publications, grant funding, leadership roles, awards.  
• Involvement in national mentoring programs.  
• Awards for mentoring from sources other than the candidate’s department; may include national organizations.  
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*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.


| Community-facing Scholarship and Practice: (Exemplary scholarly contributions to community service, community engagement, and/or community health related to training, mentoring or curricular development) | • Leading research that garners a national reputation that sits at the intersection of education and*:  
  • Programs, policies, and practices aimed at improving health and well-being, including health equity.  
  • Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).  
  • Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.  
  • 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.)  
  • Training, mentoring, or curricular development activities that directly support creative actions, programs, policy initiatives or other innovative activities that measurably improve health in a community (i.e. contributions to practice and/or policies, etc.)  
  • Engagement with community or public health leaders through or related to educational activities.  
  • Quality and quantity of community engagement activities as evidenced by (a) duration (not a single meeting but ongoing collaboration), (b) activities initiated and executed over time, or (c) impact on some process or outcome measure of community health. |

*Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda

Promotion to 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.
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- Sustained participation in and leadership of departmental, school, or university educational activities.
- Maintenance of program accreditation (if applicable).
- Board certification pass rates (for residents and fellows, where available).
- Track record of leadership roles in national and, in some cases, international, courses related to education.
- Track record of service on national and, in some cases, international, committees developing guidelines and policies for education/training programs.
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**Didactic teaching:**
(e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials.)

- Innovation in classroom teaching methods with adoption nationally and, in some cases, internationally.
- Teaching/lecturing nationally and, in some cases, internationally about issues related to education.
- Evaluations from learners and peers consistently high (i.e. > 3.4 of 4 or > 4.5 of 5).
- Participating in Peer Observation of Teaching to continuously improve teaching skills (peers rate their teaching > 4 on a 5-point scale).
- National and sometimes international awards for didactic teaching.

**Clinical Teaching:**
(e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic.)

- Innovation in clinical teaching methods with adoption nationally and, in some cases, internationally.
- Evaluations from learners and peers consistently rated high (i.e. > 3.4 of 4 or > 4.5 of 5).
- Participating in Peer Observation of Teaching to continuously improve teaching skills (peers rate their teaching > 4 on a 5-point scale).
- Awards for clinical teaching from sources other than the candidate’s department; may include national and, in some cases, international awards.

**Mentorship:**
(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.)

Mentors are typically assigned to mentees for an extended period of time to impart professional and leadership skills, and

- 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.
- Demonstrates excellence in mentoring trainees (junior and mid-career faculty, medical students, residents, and fellows).
- Involvement in national and, in some cases, international mentoring programs.
- Awards for mentoring from sources other than the candidate’s department; may include national and, in some cases, international organizations.
- Letters of support or references from mentees.
are likely to be mentioned in a mentee’s C.V. or training record. Didactic (lecture-based) teaching is not included here.

*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.*

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### Community-facing Scholarship and Practice:
(Exemplary scholarly contributions to community service, community engagement, and/or community health related to training, mentoring or curricular development)

<table>
<thead>
<tr>
<th>Leading research that has garnered a national and, in some cases, international reputation that sits at the intersection of education and*:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Programs, policies, and practices aimed at improving health and well-being, including health equity.</td>
</tr>
<tr>
<td>• Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).</td>
</tr>
<tr>
<td>• Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.</td>
</tr>
<tr>
<td>• 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.).</td>
</tr>
<tr>
<td>• 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.).</td>
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<tr>
<td>• Engagement with community or public health leaders as determined by outside reviewers.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
</tbody>
</table>

*Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda*
**INVESTIGATION AND INQUIRY**

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

**Promotion to Associate Professor:** In general, promotion to Associate Professor requires 7 years in rank as Assistant Professor or outstanding achievement with extraordinary reasons for early promotion before 7 years. Developing peer recognition reflected by an 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.

<table>
<thead>
<tr>
<th>Research Domains</th>
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</tr>
</thead>
</table>
| Research: (e.g. conducts original research that significantly advances biomedical science) | • 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.  
• 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.  
• Development of new methods/technologies and/or novel applications of existing methods/technologies.  
• Usually principal investigator on peer-reviewed federal, investigator-initiated industry, and/or foundation grants. This should include a significant record of peer reviewed funding.  
• Invitations to speak nationally, about research.  
• Service on editorial boards of recognized scientific journals.  
• Service as a regular peer reviewer to journals in area of expertise.  
• 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 organizations. |
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.

**Scholarship:** (e.g., drives the development, dissemination, and translation of new knowledge related to health.)

- 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 Relative Citation Ratio that uniquely identifies their publications [https://icite.od.nih.gov/analysis](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 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.
- National awards for research and/or innovation.

**Service/Leadership:** (Service consists of activities that support the University, our broader society (as either a representative of the University or through the use of relevant expertise), and a faculty member’s profession beyond the scope of that faculty member’s official responsibilities.)

- Is clearly recognized as a leader in the institution.
- Membership on institution research-related committees such as the human or animal subjects committee or national research-related committees.
- Faculty oversight role in an institutional research core.
- Role in planning scientific sessions for scientific societies nationally.
- Service on grant review panels and other expert panels related to research area of expertise, particularly at the national level.

**Funding:**

- Demonstrated success obtaining competitive external funding to support their research as a PI, and a strong likelihood of sustained funding at that level.
| **Education:** (e.g., lectures, grand rounds, seminars, tutorials, etc. related to area of research expertise.) | • Development of research-related educational activities, such as courses, workshops, etc.  
• Didactic teaching focused on research and research methods.  
• Participates in Peer Observation of Teaching to continuously improve teaching skills.  
• Recognized as an excellent teacher for research-related subject matter as provided by learner and peer feedback. Evaluations from learners and peers consistently rated high (i.e. > 3 of 4 or > 4 of 5). |
| --- | --- |
| **Mentorship:** (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.) | • Number of mentees upon whom the candidate had a major influence and the nature of that influence.  
• Demonstrates excellence in mentoring of undergraduate, graduate and medical students, and postdoctoral fellows.  
• Stature of mentees upon whom the candidate had a major influence; stature may be assessed by mentees’ publications, funding and research awards and current roles.  
• Awards for mentoring from sources other than the candidate’s department; may include national organizations.  
• Letters of support or references from mentees. |
| Mentors are typically assigned to mentees for an extended period of time to impart professional and leadership skills, and are likely to be mentioned in a mentee’s C.V. or training record. Didactic (lecture-based) teaching is not included here.  
*Simply listing learners to whom the applicant has been exposed does not constitute mentorship.* | |
| **Community-facing Scholarship and Practice:** (Exemplary scholarly contributions to service and community engagement related to improving the health of the community.) | • Leads research that has garnered a national reputation on*:  
• Programs, policies, and practices aimed at improving health and well-being, including health equity.  
• Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).  
• Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.  
• 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.). |
| | |
| 17 |
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.

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<th>Research Domains</th>
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| **Research:** (e.g. sustained record of conducting exceptional research that has a major impact on the field and/or changes clinical practice) | • 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.  
• 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.  
• Development of new methods/technologies and/or novel applications of existing methods/technologies.  
• Usually principal investigator on peer-reviewed federal, investigator-initiated industry, and/or foundation grants. This should include a significant record of peer reviewed funding.  
• Invitations to speak nationally, and increasingly internationally, about research.  
• Service on editorial boards of recognized scientific journals.  
• Service as a regular peer reviewer to journals in area of expertise.  
• Membership on institution research-related committees such as the human or animal subjects committee.  
• 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.

- Role in planning sessions for scientific societies nationally, and increasingly internationally.
- National and, in some cases, international awards for research and/or innovation.
- Membership on steering committees, other study committees, and/or writing groups of national and, in some cases, international 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 and emerging international reputation.

### Scholarship: (e.g., drives the development, dissemination, and translation of new knowledge related to health.)

- 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 Relative Citation Ratio that uniquely identifies their publications [https://icite.od.nih.gov/analysis](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 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.
- National and, in some cases, international awards for research and/or innovation.

### Funding:

- Track record of securing competitive extramural funding to support their research as either co-investigator or PI that supports the research effort in their specific research area and a strong likelihood of sustained funding at that level.

### Service/Leadership: (Service consists of activities that support the University, our broader society (as either a representative of)

- Is clearly recognized as a leader in the institution.
- Membership on institution research-related committees such as the human or animal
subjects committee or national and, in some cases, international research-related committees.
- Faculty oversight role in an institutional research core.
- Leadership roles in planning scientific sessions for scientific societies nationally and, in some cases, internationally.
- Service on grant review panels and other expert panels related to research area of expertise, at the national and, in some cases, international level.

**Education:**

- Development of research-related educational activities, such as courses, workshops, etc.
- Didactic teaching focused on research and research methods.
- Participates in Peer Observation of Teaching to continuously improve teaching skills.
- Recognized as an excellent teacher for research-related subject matter as provided by learner and peer feedback. Evaluations from learners and peers consistently rated high (i.e. > 3.4 of 4 or > 4.5 of 5).
- Invitations to present workshops at national and, in some cases, international professional meetings.
- National and, in some cases, international recognition for teaching through awards.

**Mentorship:**

(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.)

Mentors are typically assigned to mentees for an extended period of time to impart professional and leadership skills, and are likely to be mentioned in a mentee’s C.V. or training record. Didactic (lecture-based) teaching is not included here.

*Simply listing learners to whom the applicant has been exposed does not constitute mentorship*


- 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.
- Demonstrates excellence in mentoring trainees (junior and mid-career faculty, medical students, residents, and fellows).
- Awards for mentoring from sources other than the candidate’s department; may include national and, in some cases, international organizations.
- Letters of support or references from mentees.
| Community-facing Scholarship and Practice: (Exemplary scholarly contributions to service and community engagement related to improving the health of the community.) | • Leads research that has garnered a sustained national and emerging international reputation on*:  
  • Programs, policies, and practices aimed at improving health and well-being, including health equity.  
  • Alignment of systems within the health care enterprise (e.g., shared governance models, data exchange and integration, payment models, etc.).  
  • Policies, laws, and other public and private sector levers aimed at improving health and well-being, including health equity.  
  • 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.)  
  • Peer-reviewed methods for developing, implementing, and evaluating evidence-based community-level interventions/programs; may include methods of community engagement and methods of program evaluation that move beyond pre-post evaluation.  
  • Funding from extramural sources for community programs, policy development or other community or service projects.  

*Adapted from the Robert Wood Johnson Foundation Culture of Health research agenda
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.

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.

<table>
<thead>
<tr>
<th>Service Domains</th>
<th>Examples of Evidence of Achievement</th>
</tr>
</thead>
</table>
| **Academic:** (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) | • Active and consistent participation in division, department, school and/or university committees, task forces or ad hoc advisory groups.  
• Active participation in student advising.  
• Active participation in mentoring.  
• Active participation in departmental, school, and/or university governance committees (e.g., faculty senate).  
• Consistent service through invited/guest lectures or other teaching activities beyond the scope of the faculty member’s official responsibilities. |
| **Professional:** (Professional service pertains to activities supporting the mission of one’s profession that are beyond the scope of the faculty member’s official responsibilities) | • Service on national committees and organizations developing guidelines and policies related to the field or discipline.  
• Invitation or election to leadership roles in national professional organizations.  
• Service on national committees such as NIH study sections, FDA and other expert panels, safety monitoring boards, related to clinical, educational, or research expertise.  
• Service on editorial boards of relevant and recognized journals.  
• Service as a regular peer reviewer to journals in area of expertise.  
• Invitation, election, and/or participation in committees nationally related to the field or discipline.  
• Leadership role in national courses, workshops, or symposia related to the field or discipline. |
| **Clinical Service:** (Clinical service pertains to activities supporting the mission of the health system that are beyond the scope of the faculty member’s official responsibilities) | • Recognition for sustained involvement in hospital, clinic, and/or health system committees.  
• Demonstration of significant service to the hospital, clinic, or health system that contributes to the greater good of the medical school. |
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<th>Service Domains</th>
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</thead>
<tbody>
<tr>
<td><strong>Academic:</strong></td>
<td>• Sustained active participation in division, department, school and/or university committees, task forces or ad hoc advisory groups.</td>
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<tr>
<td></td>
<td>• Sustained active participation in student advising.</td>
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<td></td>
<td>• Sustained active participation in mentoring.</td>
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<td>• Sustained active participation in departmental, school, and/or university governance committees (e.g., faculty senate).</td>
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<tr>
<td><strong>Professional:</strong></td>
<td>• Sustained service on national and, in some cases, international committees and organizations developing guidelines and policies related to the field or discipline.</td>
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</table>
- 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.
- Service on editorial boards of relevant and recognized journals.
- Service as a regular peer reviewer to journals in area of expertise.
- Invitation, election, and/or participation in committees nationally and, in some cases, internationally related to the field or discipline.
- Leadership role in national and, in some cases, international courses, workshops, or symposia related to the field or discipline.

**Clinical Service:** (Clinical service pertains to activities supporting the mission of the health system that are beyond the scope of the faculty member’s official responsibilities)

- Recognition for sustained involvement in hospital, clinic, and/or health system committees.
- Demonstration of significant sustained service to the hospital, clinic, or health system that contributes to the greater good of the medical school.
- Awards for clinical service.

**Community Service:**
(Community service pertains to activities supporting the mission of a community or community-facing organization that are beyond the scope of the faculty member’s official responsibilities, but related to the faculty member’s disciplinary expertise.)

- Sustained service on invited or elected national and, in some cases, international community organizations, committees, boards, NGOs, professional organizations, and governing bodies in a role related to the faculty member’s expertise.

**Administrative Leadership:** (Pertains to leadership roles that advance the mission of the division, department, school and/or university)

- Sustained service in an administrative leadership role.
- Scope and impact of portfolio of work overseen by the position.
- Scope and impact of initiatives undertaken related to the administrative leadership role.