

Guide to Academic Appointments and Promotions on the “at CUMC” Track

OFFICE OF FACULTY PROFESSIONAL
DEVELOPMENT AND ENGAGEMENT



COLUMBIA

COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

ACADEMIC APPOINTMENTS AND PROMOTION AT CUIMC

Columbia University Irving Medical Center expects faculty distinction in each of the core mission elements that define excellence as an academic health center:

- Research that includes the most basic discovery to the broadest population-based interventions.
- Innovative education that attracts top students and trainees and that lays the foundations for lifelong learning.
- Clinical care/public health intervention that offers extraordinary care to patients and improves the health of populations.

Each of these mission elements has multiple dimensions, which singly or in combination might form the focus for faculty careers.

The academic track system creates a framework for faculty and academic units to define, recognize and reward work done by the faculty at the four health sciences schools. Because scholarly products may vary by the academic area of focus, the system defines scholarly products expected from faculty, as well as measures of recognition of faculty accomplishments that lead to promotion in academic rank for each area of focus.

Faculty tracks include:

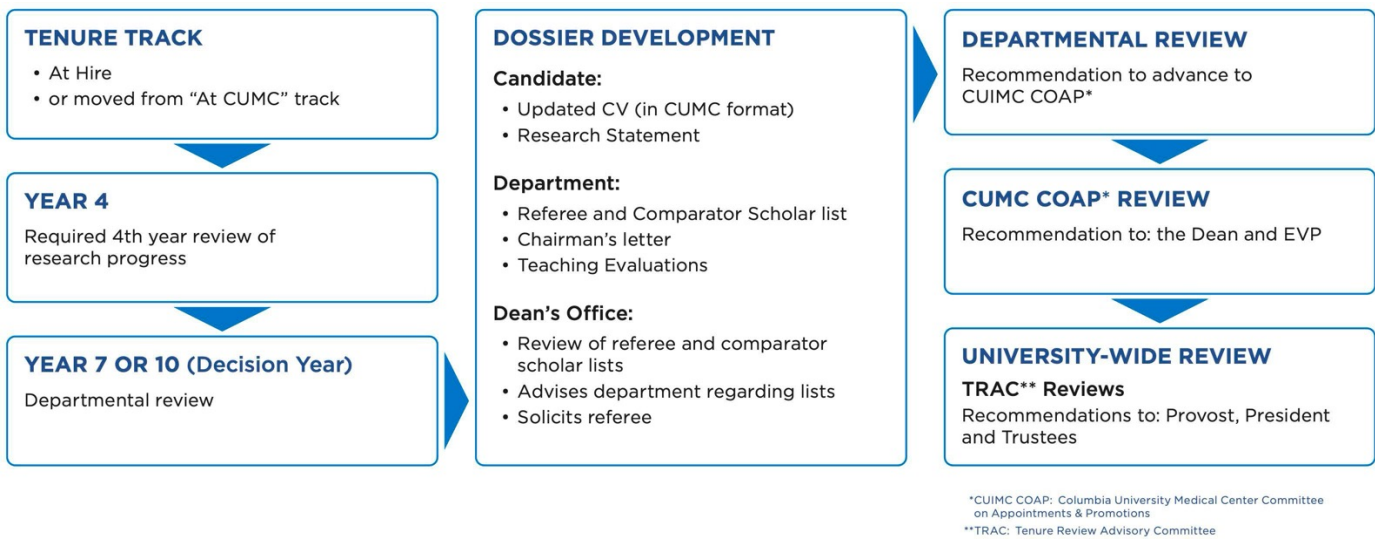
- Tenure-track
- “at CUMC” Track
- Part-time Pathways

CRITERIA FOR ACADEMIC ADVANCEMENT

Tenure/Tenure Track

Description	A university wide title which requires research productivity which is imaginative, creative and which substantively advances the discipline of the faculty member. The area of research must be of the highest priority to the university and places the individual amongst the top 5-10 scholar leaders within his/her discipline.
Scholarly Products Expected**	• Consistent and incremental publication of novel research findings in journals of highest impact. • Invited honorific lectureships. • Distinguished honors awarded by election and/or peer review. • Consistent and incremental peer reviewed research support.
Metrics for Evaluation	• Quantity and quality of publications. • Impact of research productivity as assessed by the impact factor of the journals in which research is published. • Invited presentations or visiting professorships at important scientific forums. • Producing exceptional original research, by acknowledged leaders of the discipline who possess national/international reputations for excellence by external evaluation. • Consistent and incremental peer-reviewed grant funding support for research, which grows pragmatically. • Distinguished honors or prizes by election and/or peer review.
Educational Portfolio	• Research mentorship of post docs, graduate students. • Didactic lectures in courses. • Graduate course leadership. • Other educational activities as appropriate.

Promotion Process for Tenure-Track Faculty



8 YEAR CLOCK

Basic Scientists, Non-Clinical MD Faculty

Tenure process should start mid-year of the 6th year. Tenure review completed by May 31st of 7th year.

11 YEAR CLOCK

Clinician Scientists Doing at Least 20% Clinical Work

Tenure process should start mid-year of 9th year. Tenure review completed by May 31st of 10th year.

GUIDE FOR PROMOTION OF FACULTY WITH THE “AT CUMC” TITLE

INTRODUCTION

This document provides our full-time faculty in the “At CUMC” track, and their departments, with information about the steps needed when considering promotion. The document should:

- Serve as a framework for describing what data should be assembled for the promotion process.
- Provide guidance and suggestions on how faculty can work towards the preparation of their promotion dossier. Specifically, information is provided to faculty to help optimize the organization of the dossier and the description of their qualitative and quantitative academic achievements and contributions.
- Help faculty and departmental leadership to think strategically about their career development plans well before consideration for promotion.

Advancement in rank is marked by evidence of progressive growth in the following:

- Achievements and recognition within the faculty member’s most significant area(s) of focus.
- Growth in reputation as appropriate to the faculty member’s area(s) of focus.
- Notable and important internal contributions essential to CUIMC schools.
- Institutional, community, local, regional, national, and international service and/or academic citizenship.

Please note: Academic citizenship in the absence of excellence in one or more areas of academic focus would not be sufficient for academic advancement. Navigating the promotion process generally requires four considerations:

- a. Readiness for promotion.
- b. Determining what area(s) of focus provide the strongest examples of the faculty member’s academic contributions.
- c. Assessment of what elements may need to be better developed or documented.
- d. Preparation of the required documents.

Resources and Support:

VP&S’s Apgar Academy for Educators and/or the Academy of Clinical Excellence may provide resources and or counsel in preparation for promotion. In addition, the Vice Dean for Academic Affairs may provide information to guide faculty.

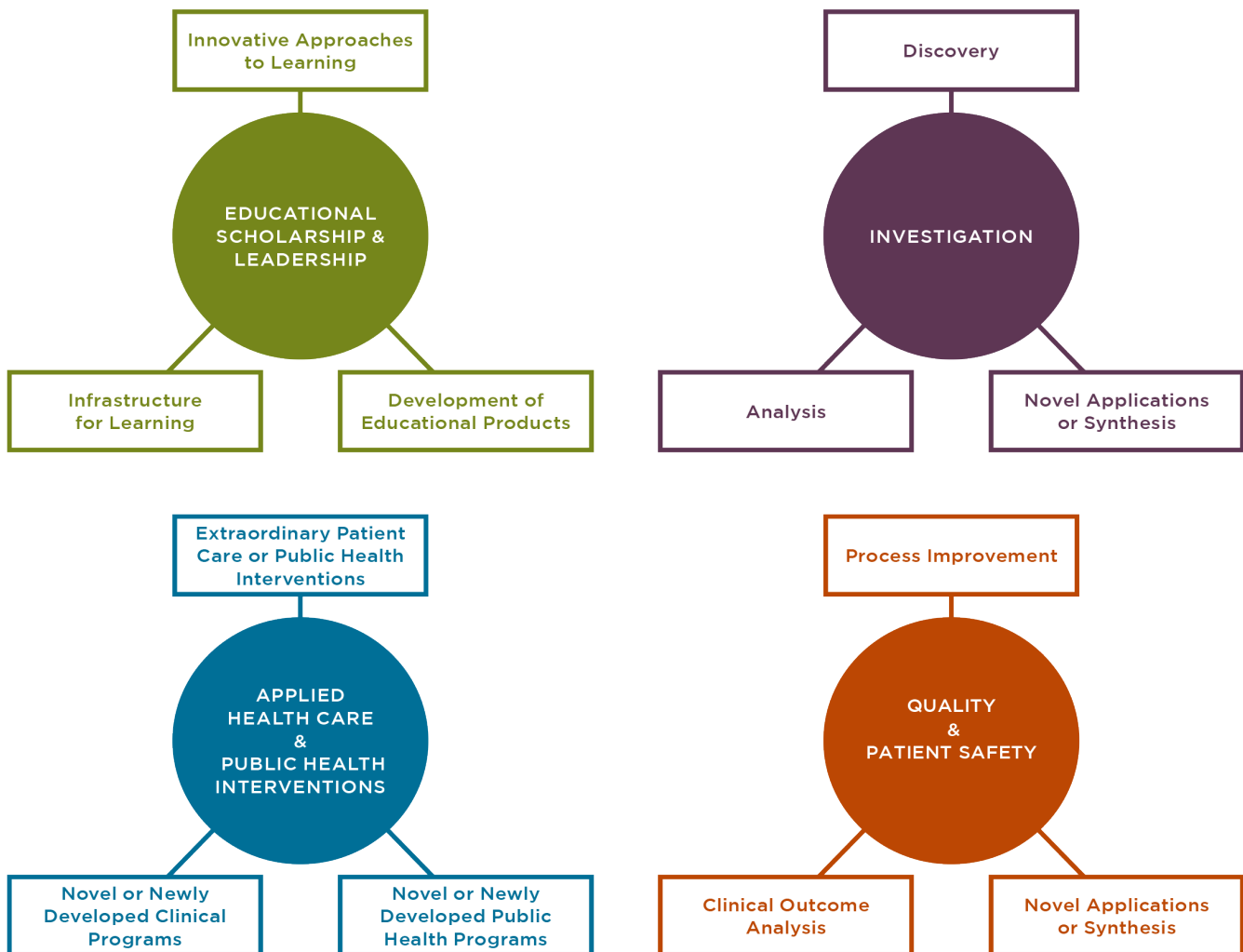
For additional information, please consult the Office of Academic Affairs website at: cuimc.columbia.edu/about-us/explore-cuimc/academic-affairs/faculty-academic-tracks/appointment-promotion-and-tenure-materials-and-resources

Areas of Focus on the “at CUMC” Title Track

All faculty with an “at CUMC” title should have at least one major area of focus among the four possible areas noted below and may have one or two other areas of focus to which they may contribute. Full-time faculty will benefit from understanding the process of promotion and the opportunities to define the quality and impact of their academic contributions, including community-based activities and contributions, in each area of focus that contributes towards their promotion:

- **Applied health care and public health interventions;** comprising the scholarly application of health science knowledge in practice, program development, or public health interventions.
- **Educational Scholarship/Leadership;** includes the transmission of the principles and practices of health sciences using principles and theories relevant to adult learning and the development of scholarly products that support these activities and their dissemination.
- **Investigation;** which may span basic, clinical, or public health science discoveries, synthesis of existing knowledge, implementation, and dissemination science and/or new applications of existing knowledge.
- **Quality and Patient Safety;** which includes impactful work in quality improvement and/or patient safety activities, teaching, and/or research.

Figure 1: The Areas of Focus on the “at CUMC” Title Track



Although the evidence to support promotion will vary depending upon the area(s) of focus, qualitative excellence is expected. In some areas of focus, such as investigation, national and/or international recognition of research contributions are the standard measures of accomplishment. In applied healthcare or public health practice, internal or external program development, clinical initiatives or external recognition based upon clinical expertise or leadership may be appropriate standards for promotion. For educational scholarship and leadership, innovation or implementation of internally or externally recognized innovative educational programs, or substantive institutional contributions may be appropriate accomplishments for advancement.

Many faculty make substantial contributions outside of a single area of academic focus. These activities are often of outstanding quality and importance, but are quantitatively less than work in faculty's primary area of focus. Nonetheless, these significant activities will supplement accomplishments in the main area(s) of focus, allowing the sum total of an individual's achievements to be considered in the evaluation for promotion.

At the time of promotion, all faculty contributions in total are considered. For example, outstanding educators may also be expert clinicians, or active clinicians might also contribute to important clinical research. A faculty academic profile might be thought of as the area under a curve, with some faculty filling the area with work in only one area of focus and others filling the area with work in more than one area of focus.

Evaluation of scholarly productivity: One of the key aspects of the evaluation for promotion is that contributions and achievements can be assessed through perceived quality, impact and innovation of scholarly products and accomplishments. Scholarly products, their dissemination and measures will vary according to the area of focus and individual field.

A faculty member need not have examples of every type of scholarly product appropriate to the area of focus in their portfolio, but examples selected should be of sufficient quality to support an evaluation of quality and impact in the academic focus, and should be quantitatively appropriate to the academic rank and distribution of overall effort.

Promotion to the rank of "Associate Professor at CUMC" compared to promotion to "Professor at CUMC" requires substantially different levels of accomplishment, recognition, and impact. Faculty promoted to Associate Professor should have a strong regional (e.g., NYC, NY state, tri-state, community) and in some cases, an emerging national reputation in the major area of focus. Reputation is defined as the ability of faculty at this level to be acknowledged by peers inside and outside of CUIMC as experts in their area(s) of focus. In contrast, promotion to the rank of Professor at CUMC should be marked by substantially more external recognition through more substantial quality and quantity of scholarly contributions and impact. Promotion to Professor requires national and international recognition of contributions within the area(s) of focus. Faculty at this rank should be widely acknowledged by peers inside and outside of CUIMC as exceptional within their area of focus.

Educational contributions are required for all faculty. The type and quantity will vary with the academic area(s) of focus and may occur in many settings. Educational contributions should be broader and more robust when the academic area of focus is educational scholarship and leadership. Evaluative data should be provided when available departments should consolidate evaluations so that only evaluations of the candidate are included in the dossier.

Framework for the Promotion Process

Planning for academic advancement should begin at the time of appointment when the faculty member and departmental leadership jointly decide on the area(s) of focus that will be the concentration of the faculty member. The annual review process assists the faculty and department leadership with the measurement of progression to promotion.

The process of promotion has clearly delineated steps, which include specific responsibilities for the faculty member, their department, and their CUIMC school’s committee on appointments and promotions (COAP). Each school has a committee on appointments and promotion (COAP) to consider “At CUMC” faculty appointments and promotions. School COAP committees consider each area of focus and the sum of accomplishments in all four of areas of focus.

Please consult the [CUIMC Office of Academic Affairs](#) for [COAP guidelines](#)/more information.

Collectively, these steps require both faculty and departmental processes (see process diagram below).

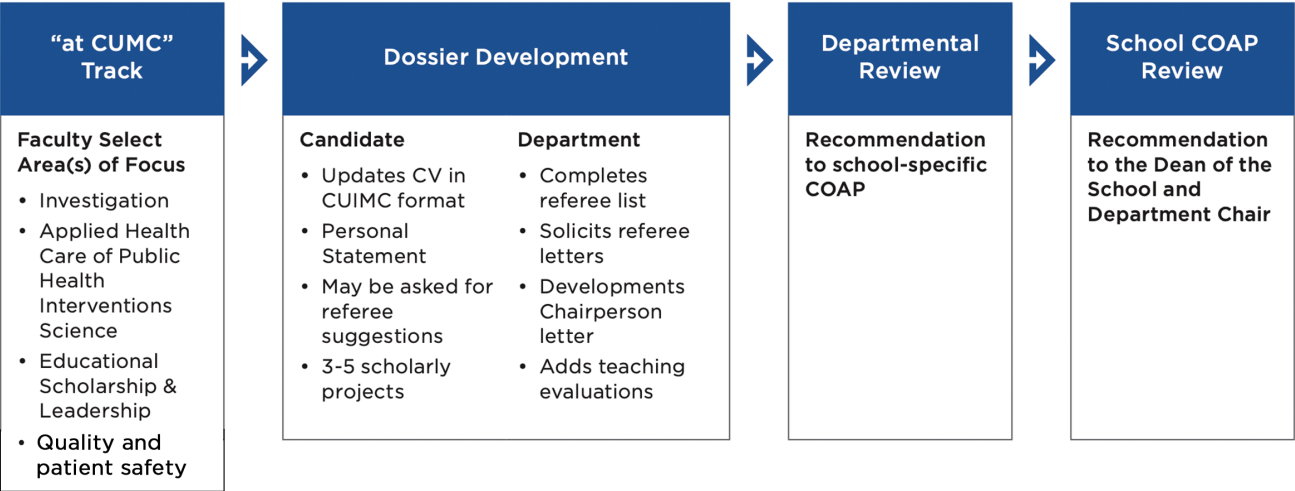
Promotion Dossier Development:

1. The process starts with the individual faculty member identifying their area(s) of focus, reviewing and updating their CUIMC CV ([cuimc.columbia.edu/about-us/explore-cuimc/academic-affairs/faculty-academic-tracks/appointment-promotion-and-tenure-materials-and-resources](#)), writing a personal statement and then collaborating, as per the department, to develop a list of referees who can evaluate their work.
2. The referee list is reviewed and completed by the department (see guidelines below), and referee letters are solicited by the department.
3. The department chairperson writes a letter describing why the faculty member should be advanced in rank.
4. Teaching evaluations may be provided by either the department and/include electronic evaluations or letters from advisees/mentees.
5. Scholarly products chosen by the candidate in collaboration with mentors or department leaders are included.

Departmental Review:

The promotion dossier is referred first for departmental review by their committee on promotions and appointments (COAP). A departmental review of the dossier provides for departmental assessment of promotion readiness of the candidate. If the committee and department’s chair recommend the faculty member for promotion, that dossier, in addition to a formal letter from the chair, is forwarded to the School COAP committee for consideration. These materials are described in detail below:

Figure 2: The Promotion Process for Faculty with the “At CUMC” Title



Organizing the Promotion Dossier, Including Qualitative Metrics

A faculty dossier for consideration for promotion provides the documentation of the quantitative and qualitative value of a faculty member's academic contributions. For example, academic productivity may include accomplishments in one, two or all four areas of focus. Promotion dossiers should define and illustrate the quality, impact, and diversity of the contributions of the candidate to CUIMC and beyond.

1. The CUIMC CV

The CV is a chronological list of academic activities that should also outline the accomplishments overall to reflect excellence, innovation and enduring impact within CUIMC, the community, the region, national, and international domains. The CUIMC CV requires a specific format to be followed, and is available at cuimc.columbia.edu/about-us/explore-cuimc/academic-affairs/faculty-academic-tracks/appointment-promotion-and-tenure-materials-and-resources

Evaluable quality, impact and dissemination of academic activities and scholarly products may be clarified by selective, concise annotation of the CV. It should be annotated such that honors, awards, achievements and contributions for all relevant areas of focus are readily apparent to reviewers, both internal and external. Noting accomplishments/impact since the most recent appointment or promotion (if applicable) can be helpful in documenting continuing productivity.

2. Department Chair Letter

Letters from the department chair(s) should address the faculty member's accomplishment within their area(s) of focus, considering accomplishments, impact, importance to the department, special strengths or abilities, and teaching evaluations. Faculty with appointments in more than one department would need a chair's letter from each of those departments or a joint letter signed by all chairs.

3. Personal Statement

A personal statement is required by departments as part of the promotion package. A personal statement, limited to 2-3 pages, should explain the accomplishments that the candidate has made in each of the relevant areas of focus. Candidates should summarize accomplishments by area of focus and consider quantity, quality, significance, and impact. Where possible, metrics of accomplishments are useful, as are qualitative assessments of innovation and impact. Statements should also provide a sense of direction to help in the evaluation of future potential.

The statement should describe both past and ongoing scholarly and educational activities within the area(s) of focus in which the faculty member makes the most important academic contributions. Clarifying accomplishments since the most recent promotion (if applicable) demonstrates ongoing productivity. These activities should reflect and potentially integrate the content of each area of academic focus contained within the CV in a narrative form.

The personal statement allows the candidate to articulate future goals as well, particularly as they are likely to contribute to one's current or emerging reputation as a member of influence within one or more academic communities. Although the CV provides a chronological record, the personal statement provides a narrative from the candidate's perspective of the key contributions by area of focus. Input from mentors, colleagues and/or supervisors can be useful in drafting a personal statement. More information about personal statements is available on our **website** (cuimc.columbia.edu/about-us/explore-cuimc/academic-affairs/faculty-academic-tracks/appointment-promotion-and-tenure-materials-and-resources).

Points to be covered:

- a. Describe the main area(s) of focus and the themes that flow through their work.
- b. Describe any special education and/or training they have obtained: clinical, education, research, leadership.
- c. Describe your professional accomplishments, leadership and impact by area(s) of focus and how these aspects fit together. Briefly describing the context of their accomplishments could help to convey the importance of their achievements.
- d. Describe their teaching and mentorship activities and any associated recognition/ awards for these roles.
- e. Describe other important educational activities and impact on learners as well as the quantity and quality and evaluation of sustained contribution(s).
- f. Describe ongoing/planned projects that showcase the themes of your work.
- g. Describe your future short- and long-term goals.

Area-specific considerations for content of the personal statement:

- **Applied Healthcare/Clinical care/Public health:**

The personal statement could include areas of special clinical expertise, program development/ implementation, quality improvement activities accompanied, when available, by qualitative and/or quantitative assessment of key process and/or outcome measures for patients or other target groups (e.g., community members or health care teams), dissemination of care paradigms, and clinical evaluation data about your performance, role(s) on clinical/ quality committees, honors and leadership roles, as well as clinical scholarship.

- **Educational Leadership and Scholarship:**

The personal statement should include the major accomplishments that the candidate has made in the educational sphere, including educational leadership roles held, innovations they have introduced and accomplishments associated with specific roles and responsibilities in education. The statement also should include overall teaching philosophy or pedagogical approach in these roles, description of the faculty member's primary goals and roles as an educator, contributions within these roles, and how they envision shaping medical education at local (e.g., CUIMC, NYP Hospital) and/or beyond to community-based or regional, national or international medical or health education. The statement should describe the growth in scope as well as variety of educational activities. It should articulate the quality, quantity, scholarly approach (application of the literature and best practices models) and scholarship (dissemination, adoption by others and peer-review) related to these endeavors. These criteria are illustrative, and not all criteria must be met.

Accomplishments could include sustained development of curricular/instructional materials, effective and measured improvements to training programs and courses, professional education development (e.g., certificate course), and print or electronic media of enduring educational materials. Qualitative and/or quantitative evaluative evidence should be included, e.g., teaching evaluations, peer-reviewed publications and/or presentations and/or other types of evidence of impact. Materials to help faculty consider and describe educational activity is available, such as an educator or teaching/leadership portfolios, that is no more than three pages.

- **Investigation:**

The personal statement should emphasize the impact of the candidate's research roles. The context and description of the impact of key findings; detail any practice changes that resulted from research findings; innovative models that were used or shared with others, etc. External research support should be mentioned, along with the candidate's role on the project.

- **Quality and Patient Safety:**

The personal statement should emphasize the impact of the candidate's role(s) on quality and patient safety, description and impact of process changes, new workflows or other system improvements, when possible, qualitative and/or quantitative assessment of outcomes.

- **Administrative Leadership Roles:**

The personal statement should also include any substantial contributions faculty make outside of their area(s) of focus. These activities are often recognized by peers and leaders as outstanding and high impact contributions inside and/or outside the institution. They may include leadership roles within the department, Columbia University, hospital, or in professional societies (e.g. service to Committee on Appointments and Promotions (COAP), leadership roles in faculty affairs, climate and engagement, professionalism, mentorship, wellness, compliance, etc.). Such roles may also include professional consultative roles, advocacy roles, and appointments to regional, national, and/or international committees, administrative, or governmental advisory boards and others related to roles or the areas of focus.

4. Academic Accomplishments and/or Scholarly Products

Identification of 3-5 products and/or accomplishments is required that are appropriate for the proposed academic rank and area(s) of focus (see section C below). Products should demonstrate 3 qualities:

1. Quality recognized by peers
2. Enduring impact
3. Dissemination at local, regional or national levels (depending on rank)

The type of products selected will vary with the area of focus and with academic rank. A faculty member need not have examples of every type of evidence in their dossier, but a sample that supports quality and impact in the area(s) of academic focus and is quantitatively appropriate to the academic rank should be included. The following types of academic accomplishments are particularly important and may be annotated.

5. Teaching and Educational Activities

Teaching and educational activities are required for all faculty promotion, and could include:

- Direct teaching, in any setting with receipt of learner evaluations.
- Mentorship, advising, counseling.
- Development of educational syllabi, assessment tools, or other curricular development tools in print or media.

Teaching evaluations are required from CUIMC (and previous institutions, if relevant) across the spectrum of learners including outside lectures, students, trainees, professional and the public.

- Evaluations may be submitted in the form of standardized forms and/or letters from former mentees, trainees or advisees, as appropriate.
 - Letters should be collected by departments rather than by the faculty member seeking promotion.
- Evaluations using standardized forms should be obtained from multiple learners, and if possible, obtained from multiple periods of time.
- For faculty in the Educational Leadership and Scholarship area of focus, more extensive teaching evaluations are generally required from across a spectrum of educational activities.

6. Referee Letters

Letters recommending promotion should come from at least 10 (and no more than 15) referees.

Referees should be asked to specifically comment on quality and enduring impact of the faculty member's work in the area(s) of focus and the candidate's regional and/or national reputation.

Letters are solicited and collected by the candidate's department. A standardized template for solicitation of referee letters to be used by departments is available online.

Table 1 delineates the required sources and distribution of referee letters, by rank and primary area of focus. The remaining referee letters might be from depts. other than the candidate's at CUIMC or from external institutions.

Sources of referee letters (Table 1):

- A minimum number of referees must be from outside of Columbia.
- If a candidate has moved to CUIMC from another academic institution within the prior 4 years:
 - Referees from within their prior institution would be considered as from their home institution.
 - Referees from within their prior institution's home department would be considered as from their home department.
- If the referee is from outside of academics, their position should be equivalent to or higher in title and scope of responsibilities than the rank to which the applicant is applying (e.g., Executive Director).
 - Outside organizations may include health-focused foundations, service-oriented organizations or governmental agencies, but would not include for-profit biomedical organizations.
- May include the candidate's collaborators over the preceding five years (limited to maximum of two letters).

Table 1: Referee Letters for the “At CUMC” Title Track

	Investigator	Applied Health	Education	Quality and Patient Safety
Associate Professor	Emerging regional reputation At least 5 letters from outside CU CUIMC referees: no more than 3 from within the faculty’s home department	Expertise beyond dept. (CUIMC & emerging regional) At least 3 letters from outside CU CUIMC referees: no more than 3 from within the faculty’s home department	Expertise beyond dept. (CUIMC & emerging regional) At least 3 letters from outside CU CUIMC referees: no more than 3 from within the faculty’s home department	Expertise beyond dept. (CUIMC & emerging regional) At least 3 letters from outside CU CUIMC referees: no more than 3 from within the faculty’s home department
Professor	National/International reputation At least 5 letters from outside CU CUIMC referees: no more than 3 from within the faculty’s home department	National presence (participation at national level in discipline) At least 4 letters from outside CU CUIMC referees: no more than 3 from within the faculty’s home department	National educational presence At least 4 letters from outside CU CUIMC referees: no more than 3 from within the faculty’s home department	National presence (participation at national level in discipline) At least 4 letters from outside CU CUIMC referees: no more than 3 from within the faculty’s home department

Academic Accomplishments and Scholarly Products by Areas of Focus

These lists are intended to be thorough but may not be all-encompassing as very unique activities may not be captured.

Applied Healthcare/Clinical Care/Public Health

The scholarship of application of clinical or public health sciences consists of the interaction between knowledge and its practical use, shifting theory to practice and practice to theory. Translation of evidence to practice are examples of the scholarship of applied health sciences and public health sciences. This emphasizes the scholarly application of knowledge in three domains:

- Providing care
- Developing/implementing clinical programs
- Developing/implementing clinical programs used by others

Demonstration of academic accomplishments may include:

- a. Recognition of expertise in specific areas of clinical or public health.
- b. Program development/implementation or quality improvement.
- c. Key process or outcome measures for populations or patients, health care providers, community members/partners or other target groups.
- d. Dissemination of clinical care or public health paradigms.
- e. Clinical evaluation data about your performance (e.g., quantitative data or perceived changes to improved access, QI and/or patient safety).
- f. Leadership role(s) on clinical/ quality/community health/professionalism/healthcare access committees.
- g. Clinical distinction relevant to innovative patient or community-based programs.
- h. Membership in the Academy of Clinical Excellence (ACE) or in the Academy of Community and Public Service.
- i. Membership in external professional groups where invitation or selection is required.
- j. Work on policies and/or the development of programs that address representation imbalances in medicine and biomedical research.
- k. Engagement in the community at large to encourage biomedical science careers in underrepresented

populations, to expand access to quality care and improve health literacy, and/or to promote broadening healthcare access.

Scholarly products and academic accomplishments are important to document. Scholarly products are broadly defined as specific academic accomplishments which demonstrate peer recognition, that are disseminated and of enduring value (four above). These might include:

- a. Scholarship may include:
 - Guidelines (e.g., by expert group/committee), reviews, quality assurance, quality improvement (QA/QI).
 - Awards/grants for clinical or public health programs.
 - Clinical trial development, patient recruitment, leadership of trial site.
 - Publications such as clinical (e.g., case reports), reviews, treatment guidelines, and chapters in textbooks or monographs.
 - Publications, including case reports, expert consensus statements, policy statements, and recognition of the impact on practice, paradigms, and patient or population outcomes.
 - Invited presentations or symposia at professional meetings or grand rounds, especially those outside of the medical school, department or division or external to CUIMC.
 - Contributions to policy papers, best practice guidelines, and legislative endeavors.
- b. Establishment or implementation of system-based programs that result in enhancement of patient care. These programs should include quantitative and/or qualitative process or outcome metrics to demonstrate change in the scope and/or nature of practice or problem-solving:
 - a. Development and/or implementation of new clinical programs and innovation in areas that are valued by patients and/or colleagues and recognized as important, e.g., a novel, highly specialized, or interdisciplinary program or approach to patient care.
 - b. Evaluation of new or expanded programs may be assessed based on number patient visits or satisfaction, external funding, NYP Hospital support or recognition by leadership, peers or the community(ies) served.
 - c. Programs that improve quality assurance and quality improvement (QA/QI) or patient safety.
 - d. Initiatives to improve patient access (e.g., telemedicine) or the usability of and impact of electronic medical records.
 - e. Initiatives focused on ameliorating gaps in clinical care outcomes among our local, regional, and/or national patient populations.
- c. Appointment to division chief and other internal leadership roles (i.e., departmental or hospital-based) and demonstration of academic accomplishments in that role.
- d. Peer recognition as a health care professional delivering high-quality care, health equity, and/or related patient services.
 - a. e.g., evidence for an excellent reputation as an authority, or exemplary clinical leadership in a clinical area within CUIMC, the region, and/or nationally. Measures could be the assessment of:
 - Clinical acumen or authority generally or in specific area(s), diverse content, metrics and equity outcomes.
 - Clinical impact or leadership from unique service, interdisciplinary, innovation.
 - Disseminating novel approach/treatment/procedure.
 - Leadership in team building for the organization or provision of care or interventions.
 - External peer recognition at regional or national levels, e.g., invited committee or leadership roles in professional societies, or invitations to give expert presentations at external professional or community-based venues.
 - Community-based participatory work (research, education, and clinical care) and its impact focused on enhancing inclusion.
- e. Excellence in the scholarship of practice, as well as publications and invited presentations which demonstrate both dissemination and peer evaluation. Content usually includes peer-reviewed data and expertise, and may be in the form of invited presentations (e.g., Grand Rounds, CME presentations), clinical practice guidelines, seminars, digital media, simulations, small group activities with peer-reviewed data, and internal benchmarking.
 - Invited lectures, demonstrations, workshops, or panel discussions regarding clinical care
- f. Service to a community, such as the CUIMC community, public service, or community health activities in local, regional, national, or global contexts could include:

- Programmatic activities for improved population health status or health information.
- Participation or leading outreach to the general public, patients, and providers
- Leadership in model of engagement and involvement with community partners.
- Educating and mentoring pre-professionals in biomedical sciences.
- Writings for the lay public in magazines, newspapers, newsletters, and websites on issues related to health.

Additional products *may include*:

- a. Practice or policy development:
 - Innovative public health program with evidence of impact.
 - Innovative clinical program/influence on clinical practice with evidence of impact.
 - Innovative treatment program with evidence of impact.
 - Public health policy/interventions development.
- b. Innovations in health professions education, the pathways within careers and along the continuum. Global programs for health or public health, with peer recognition through qualitative and/or quantitative evaluation:
 - Development, implementation, and evaluation of public health interventions.
 - Provide education/prevention/care to underserved populations globally.
 - Strengthening local capacity to provide quality healthcare.
 - Recognition of academic accomplishments may be documented through the health impact, numbers of people served, peer or community recognition, external funding, or expanding collaborations.

Educational Scholarship and Leadership:

Those with a focus in educational scholarship and leadership would have impact, including leadership, innovation and accomplishment associated with specific roles and responsibilities in education. In this area, leadership roles and positive teaching evaluations are essential. This area of scholarship emphasizes the interdependence of theory, research, and practice in three related domains:

- Direct involvement/innovation in the process of promoting learning.
- Support of infrastructure needed for learning.
- Development of products used by others in learning.

Academic domains that may demonstrate excellence, experience, and evidence of leadership and engagement in areas of medical education may include:

- a. Direct teaching.
- b. Precepting or supervising.
- c. Instructional development and curricular design.
- d. Advising and mentorship.
- e. Educational administration.
- f. Educational research collaboration, or publication.
- g. Development of educational theory or practice.
- h. Performance assessments.
- i. Leadership role(s) on education/community health/Well-being/professionalism/interprofessional health education, and learning environment committees.
- j. Development and Management of Service Learning initiatives.
- k. Membership in the VP&S Apgar Academy of Medical Educators or Academy of Community and Public Service.
- l. Membership in an external professional group in education requiring invitation or selection.

The value of individual faculty accomplishments within the domains of the educator area of focus vary. Evidence of quantity tends to be countable units such as contact hours, number of learners, numbers of pages, number of citations, number of downloads/page views and so forth. Evidence of quality tends to be based on learner or peer perceptions of process (i.e., learner ratings of teaching) and/or outcomes (e.g., student test scores, student skills assessments, successful transitions (match results, mentee accomplishments)). Evidence of scholarship is based on peer review and subsequent inclusion of the methods and/or outputs into a 'shared understanding' within meaningful communities of practice. These communities can be local (e.g., local residency program directors),

regional (e.g., geographically based subgroups within a professional society), national or international (interest group within a professional society). Evidence of successful mentorship can include letters of support from prior mentees and notable mentee accomplishments that stemmed from the mentorship.

Academic activities might include:

Involvement in the process of learning, support of the infrastructure needed for learning, or development of novel ways to provide educational products used for learning, such as:

- Teaching in courses for, precepting, or mentoring of students, trainees (residents, fellows), or faculty.
- Preparing or administering knowledge or performance assessments.
- Course or conference development and leadership at CUIMC or nationally.
- Curricular development and leadership at CUIMC or nationally.
- Educational research.
- Key roles in the development and dissemination of innovative methodologies or materials for reaching or assessment that have impact at internal, regional, national, or international levels.
- Key roles focused on educational guidelines, policy, or practice.
- Educational leadership or service for institutional, local, regional, national, or international venues, e.g., in VP&S or NYP training programs, community or school-based programs
- Visiting lectureships.
- Leadership on education governance committees and task forces.
- Involvement on local, regional, or national committees that set curriculum and competency guidelines/standards.
- Awards for teaching, mentoring, or other education-related achievement.
- Participation in the development or delivery of programs in academic development for communities of underserved or historically marginalized learners.
- Providing training/education on improving teaching or assessment skills.

Scholarly achievements or products could include the development, and qualitative and/or quantitative evaluation of educational tools used for learning, documentation of educational investigation or innovation or development of the theory or infrastructure of teaching and learning. Products could be in print, electronic, or simulation formats with recognizable quality and enduring impact:

- Development of new curricular or instructional materials, improvements to training programs and courses, professional education development (e.g., certificate course), educational materials, case or simulation scenarios, image libraries, novel education methodology or assessment tools, new curricular offerings, course syllabi, teaching demonstration materials in print or in electronic formats, presentations at educational forums, instructional videos, laboratory manuals, web-based resources for training and education.
- Presentation of work at peer-reviewed professional meetings.
- Publications related to education, including innovations in teaching methods, chapters in textbooks or monographs.
- Peer-reviewed writing for professional or lay public audiences in healthcare websites or other available venues on issues related to healthcare.

Investigation:

Evidence for this area of focus should emphasize discovery and the generation of new knowledge, analysis, synthesis and/or novel applications of existing knowledge, as well as positioning knowledge within larger, interdisciplinary contexts.

Academic activities would be focused on: peer-reviewed publications, investigational leadership or contribution through special roles, receipt of competitive funding, recognition of substantial contributions to the field(s), development or use of new technologies or approaches

Research may be in any discipline related to health sciences, including but not limited to:

- a. Laboratory research.
- b. Clinical and translational research.
- c. Population- or community-based research.
- d. Health services/Policy/Economics.
- e. Health or broadening healthcare access, inclusion in services or outcomes, or implementation or

dissemination research.

- f. Biostatistics, Bioinformatics.
- g. Novel applications of existing technologies or treatments.
- h. Multidisciplinary research team membership with a critical, unique role.
- i. Pedagogical research.

Evidence may be demonstrated through:

- a. The *quality* and *quantity* of:
 - Authorship or co-authorship in peer-reviewed papers with substantial contributions associated with certain context or impact of findings.
 - Practice changes that resulted from research findings.
- b. Research accomplishments:
 - Contributions to research field(s) through leadership and/or substantive contributions.
 - Development or utilization of new technologies or approaches.
 - Development of knowledge resulting in new technologies or novel applications.
 - Successful attainment or participation in competitive research support Roles on the project could include research publication in high-impact journal, as lead or senior author or among a team of investigators.

Scholarly products or academic accomplishments could include:

- Authorship or co-authorship in research publications in peer-reviewed journals.
- Leadership or key participation in the development and publication of chapters, reviews, commentaries, professional guidelines, white papers, policy statements or commentaries.
- Attainment of competitive internal or external funding as PI or through other key roles.
- Participation in clinical trials, site PI, registries or other key research, where funding is from government, private or industry sources.
- Technology development.
- Innovative clinical technology or invention or application with evidence of impact.
- Committee leadership or membership for peer review of grants (study sections), manuscripts or abstracts for key meetings, policy development.
- Membership through invitation on expert panels or steering committees.
- Membership on editorial boards, study sections or grant review boards, scientific advisory committees.
- Leadership in professional societies.
- Invited visiting professorships.
- Invited presentations.

Quality and Patient Safety:

Evidence of this area of focus should demonstrate involvement and impact of work in quality improvement and/or patient safety activities, teaching and/or research.

Academic activities may include:

- Documented effectiveness of impact of work, including new workflows, improvement in systems or processes of care.
- Enhanced decision support.
- Improved patient outcomes.
- Evidence of decreased medical errors.
- Demonstration of service on local or national organization committees and/or by meaningful participation on departmental, university, hospital committees.
- Education of patients and the community related to quality and/or patient safety are also considered in this category.

CUIMC Faculty with Other Types of Faculty Appointments

Part-time faculty:

Promotion criteria for part-time faculty: Criteria for advancement in rank of part-time faculty are qualitatively similar to those for full time faculty for each area of focus. However quantitative parameters may vary based on the amount of time dedicated to faculty activities by part-time faculty. Part-time faculty are expected to define their contributions in areas of focus which are qualitatively similar to those for full-time faculty. Of course, quantitative parameters might vary based on the amount of time dedicated to faculty activities by part-time faculty.

Part-time faculty, whether based at the CUIMC campus or at affiliated institutions, have titles that include clinical modifiers. Part-time faculty whose contributions are primarily in Applied Healthcare or Public Health Sciences have the “clinical” prefix title (e.g., Clinical Associate Professor of Medicine). Part-time faculty with significant investigative or educational leadership accomplishments would have the “clinical” suffix title (e.g., Associate Professor of Clinical Medicine).

Professional Officers of Research:

There are three principal grades of professional officers of research:

- Senior research scientists are officers whose qualifications and contributions to their fields of research are equivalent to those of a full professor.
- Research scientists are officers whose qualifications and contributions to their fields of research are equivalent to those of an associate professor.
- Associate research scientists are junior officers whose qualifications and contributions to their fields of research are equivalent to those of an assistant professor.

The procedures for promoting Associate Research Scientists and Research Scientists to the next academic rank are analogous to those used for promoting Assistant and Associate Professors. A total of 10-15 referee letters are required. Of the minimum of 10 referees, at least 6 must be from those who have not collaborated with the individual.