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| | California University of Science and Medicine SCHOOL OF MEDICINE | Policy Number: | FA-01C |
| Subject: | GUIDELINES ON FACULTY APPOINTMENT AND PROMOTION (APPENDIX OF FA-01 - FACULTY HANDBOOK: BYLAWS OF THE FACULTY) | Formulated: | 02/19/2016 |
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**Purpose**: Provide guidelines for faculty appointment and promotion at California University of Science and Medicine - School of Medicine (CUSM-SOM).

**Scope:** Faculty of the School of Medicine.

# Table of Contents

# Preamble

Faculty members of the California University of Science and Medicine - School of Medicine (CUSM-SOM) are qualified through their education, training, experience, continuing professional development, and scholarly productivity. The Faculty provide the leadership and support necessary to attain the institution's educational, research, and service goals.

This policy provides guidelines to faculty governance committees and institutional officials to evaluate the contribution of the Faculty to the School and evaluate scholarly and outstanding contributions that may have impact within the School and beyond. These guidelines also provide a tool for tailoring and evaluating individual faculty development activities. As such they should be used by Department Chairs for developing mentoring activities and by faculty themselves to obtain information about activities that are valued by the School. In addition, these guidelines should be available to the Faculty and it is the responsibility of the Department Chair and their faculty to use these guidelines to determine the expectations of the department regarding promotion. This is particularly important to faculty whose responsibilities may be performed outside his/her home department.

References to these Guidelines are contained in sections of the Faculty Handbook. As components of the Bylaws of the Faculty, the same procedures for updating and approving the Bylaws apply to these Guidelines.

# Section 1. Demonstration of Faculty Qualifications

The intent of this section is to describe the evidence that is evaluated and assessed when a faculty member is considered for a given academic rank. Documentation will be required for contributions in five domains:

1) **Research/Scholarship**

2) **Teaching**

3) **Service**

4) **Health Care Delivery**

5) **Equity, Diversity & Inclusion**

## 1.i: Research/Scholarship Domain

**Research/Scholarship Description**:

Research involves an organized system of measurement, observation and comparison.
Scholarly activity, of which research is a part, includes work that is disseminated publicly, judged by one's peers to be creative or innovative and has impact within its field. All scientific research conducted at medical schools and teaching hospitals ultimately aims to improve health and ability. Activities that qualify as research include basic science research, clinical research, translational research and clinical trials, care delivery research, and education research.

Scholarship may include contributions to the scholarly work of multidisciplinary and interdisciplinary teams. In such cases, the specific contributions of the individual to the work must be clear, substantial, and supported by statements of the individual's role and intellectual contributions to the work. While indices of scholarly activity may differ by discipline and by rank, evidence of achievement is listed below.

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**Scholarship in Basic Sciences**
often called fundamental or bench research—provides the foundation of knowledge for the applied science that follows. This type of research encompasses familiar scientific disciplines such as biochemistry, microbiology, physiology, and pharmacology, and their interplay, and involves laboratory studies with cell cultures, animal studies or physiological experiments. Basic science also increasingly extends to behavioral and social sciences as well, which have no less profound relevance for medicine and health.

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**Scholarship in Translational Research**
The field of investigation focused on understanding the scientific and operational principles underlying each step of the translational process

Translational research includes: the process of making discoveries in the research laboratory or in preclinical studies that will have an impact on human health and may lead to the development of studies in preclinical studies that will have an impact on human health and may lead to the development of studies in humans; the process of applying discoveries generated during research in

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the laboratory, and in preclinical studies, to the development of trials and studies in humans and research aimed at enhancing the adoption of best practices in the community. Cost-effectiveness of prevention and treatment strategies is also an important part of translational science.

## Scholarship in Clinical Research

NIH defines human clinical research as research with human subjects that is: (1) Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, or (d) development of new technologies. (2) Epidemiologic and behavioral studies. (3) Outcomes research and health services research.

## Scholarship in Education

Educational scholarship, like other types of scholarship, also involves an organized system of measurement and observation, and subsequent dissemination of the results in peer- reviewed venues, on topics such as curriculum development, advising/mentoring, assessment of learners, and education administration and leadership. Teaching excellence is not, by itself, educational scholarship.

**Scholarly Approach to Education** includes:

1) **Professional Development**
2) **Reflective Educational Practice**
3) **Structured Educational Planning**

A scholarly approach to education requires application of sound principles, systematic planning, and use of "best practices" from the literature or recognized experts. A scholarly educator engages in reflective practice, using feedback and evaluation data to improve his/her work. Qualitative evaluation is optimal for this area of activity.

**Professional Development:**
- Educational degree-granting program, e.g. PhD, EdD, MSEd, MEd, in Education.
- Major educational professional development program.
- Educational conference or workshop devoted to education.
  Completion of at least 75% of the Annual Faculty Development Curriculum Series on medical education, research/scholarship, clinical service, leadership & diversity.

**Examples**:
- *Faculty attends a nationally recognized program for educator development.*
- *Junior faculty attends curriculum at professional meetings to build educational skills.*
- *Junior faculty member co-teaches workshops with senior faculty to develop presentation skills.*

**Reflective educational practice**:
- Narrative comments from educator about strategies to improve practice.
  Analysis of data from program evaluations leads to improvement over time.

**Examples**:
- *Course director who uses evaluative input from multiple sources to improve the course each year.*
- *Mentor who modifies mentoring methods based on a careful assessment of mentees' outcomes and feedback.*
- *An educator who collates lessons learned from his submissions of journal articles and shares these with fellows.*

| **Structured educational planning**: <ul><li>Systematic planning of educational activities, e.g. around learning objectives.</li><li>Rigorous evaluation of teaching and curriculum.</li><li>Well conceptualized educational research.</li><li>Application of Glassick's Criteria to educational planning and evaluation.<ul><li>*Clear goals*</li><li>*Adequate preparation*</li><li>*Appropriate methods*</li><li>*Significant results*</li><li>*Effective communications*</li><li>*Reflective critique*</li></ul></li></ul> | **Examples**: <ul><li>*Residency program director who consults with assessment experts to improve evaluation tools.*</li><li>*Course director who reviews the literature each year to update information and guide development of improved teaching methods.*</li></ul> |
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## Evaluation of Scholarship and Research Productivity

Evaluation of Scholarship is evaluated by the quality and quantity of a body of scholarly work and the depth and breadth of impact of the scholarship. The quality, quantity, and impact of scholarly work should be judged in the context of the field or discipline. The impact of scholarship may be assessed by measures of the influence of the work on a discipline, practice or community, including statements from evaluators. The impact of the scholarship (local, regional, national, international) and the academic reputation of a Faculty Member is expected to expand with academic rank

The quality of publications, the consistency of productivity, and the number of publications is all factors which will be considered. Considerations in judging the quality of scholarly work include whether the journals are refereed, and the role of the candidate in the execution of a project. Invited book chapters in textbooks and other publications deemed to be scholarly quality will be considered. Educational research from the analysis of teaching and learning data in the School's data repository, or teaching and learning methods developed at the School, that are peer-reviewed and published, are encouraged and valued by the School. While indices of productivity in publications and presentations may differ by discipline and by rank, evidence of achievement include:

| Productivity Measure | Impact Metric | Examples |
|---|---|---|
| **Peer Reviewed Publications** | <ul><li>Placement in author list (first, second or last author).</li><li>Impact factor of journal and/or frequent citations.</li><li>Peer-reviewed electronic publications on MedEdPORTAL or other educational libraries.</li></ul> | <ul><li>*Residency program director who publishes articles on a new curriculum and its impact on resident performance.*</li><li>*Clerkship director who publishes novel assessment tools on MedEdPORTAL that are frequently accessed by peer.*</li><li>*Professor who measures, interprets, and writes articles about the effects of mentoring on fellows' developing communication skills.*</li></ul> |

| Productivity Measure | Impact Metric | Examples |
|---|---|---|
| **Peer reviewed or invited presentations and workshops** | • Presentation Mode (hierarchy: workshop > platform presentation > poster) <br>• Geographic impact: (hierarchy: national/international > regional > local) | • *Submits successful abstracts for presentations at national meetings on educational research.* <br>• *Gives skills-development workshops at other institutions.* <br>• *Contributes web-based cases to a peer reviewed national repository for medical students.* <br>• *Gives presentations at national meetings.* <br>• *A list of research seminars given by the candidate at other institutions provides evidence of research stature.* |
| **Peer reviewed books and chapters** | • Hierarchy of roles: book author > book editor > chapter author <br>• Evidence of book's importance/impact | • *Writes books or chapters that are widely cited and used in teaching programs.* <br>• *Writes review of an emerging educational topic for a conference proceeding.* |
| **Non-peer-reviewed publications or presentations** | • Presentation Mode <br>• Geographic impact <br>• Electronic publications that make excellent use of technology | • *Editorials or Opinion Pieces. Editorials and/or opinion pieces are written by a single author to give their opinion on a topic.* <br>• *Publications in magazines, newspapers* <br>• *Invited speaker* |
| **Educational product dissemination** | • Evidence of wide use by other programs/institutions <br>• Website with evidence of high use <br>Geographic impact: (hierarchy: national/international > regional > local | • *Distributes teaching modules at national workshops and tracks use by other programs.* <br>• *Documents use of her assessment methods and tools at other institutions.* |
| **Research Grants** | • Leadership role (PI or co-PI) <br>• Major contributor role | • *Grant-funded course director who builds new curriculum and evaluates learner and program outcomes* <br>• *Educator who makes major contributions to an NIH grant* |

# 1.ii Teaching Domain

**Description of Teaching for Academic Promotion:**

Teaching activities for academic promotion include active teaching, curriculum design, implementation and/or evaluation and can also include leadership and mentoring activities.

| Type of Activity | Examples |
|---|---|
| **Programs and Courses** | • *Teaching students, residents, clinical fellows, postdoctoral trainees, and/or faculty*<br>• *Courses, programs, flipped classroom, lectures, seminars, small groups, and/or other educational programs*<br>• *Inter-professional education*<br>• *Service-learning, or other community-engaged pedagogy* |
| **Education and Mentoring in Clinical Care** | • *Teaching and mentoring of students, residents, fellows, faculty and/or other healthcare professionals in the healthcare setting*<br>• *Clinical skills education*<br>• *Precepting*<br>• *Morning report and mortality and morbidity conferences*<br>• *Mentoring in hospital and ambulatory settings* |
| **Education and Mentoring on Research** | • *Teaching and mentoring of students, residents, clinical fellows, postdoctoral trainees, staff and/or faculty in research*<br>• *Training in research skills and techniques*<br>• *Community engaged research*<br>• *Journal clubs*<br>• *Service on thesis committees*<br>• *Graduate program membership* |
| **Educational Leadership, Administration and Service** | • *Educational leadership positions*<br>• *Service on internal and external educational committees*<br>• *Course director*<br>• *Residency or fellowship program director or associate director*<br>• *Graduate program director*<br>• *Membership and/or leadership of educational committees and organizations internally or externally*<br>• *Director of faculty development programs* |
| **Educational Product Development** | • *Development of educational materials*<br>    ○ *Resources*<br>    ○ *Curricula*<br>    ○ *Courses*<br>    ○ *Syllabi*<br>• *Web-based educational materials*<br>• *Educational technologies (e.g., simulation)*<br>• *Policy statements*<br>• *Assessment tool*<br>• *Service-learning or other community-engaged pedagogy* |
| **External Educational Activities** | • *Education programs for the profession and public.*<br>• *Continuing medical education (CME programs)*<br>• *Professional development*<br>• *Educational workshop*<br>• *Education of the public, including patient education, community education, and education of policy makers* |

| Type of Activity | Examples |
|---|---|
| **Mentoring** | • *Mentoring students, professional staff or faculty, including, but not limited to, mentoring in CUSM and departmental mentoring programs, and/or external mentoring relationships.*<br>• *Advises on career trajectory and personal development*<br>• *Facilitates engagement with professional networks. While indices of productivity in Mentoring and Advising may differ by discipline and by rank, evidence of achievement include excellence in teaching will be able to document excellence in these areas.  While indices of productivity in Mentoring and Advising may differ by discipline and by rank, evidence of achievement include* |

## Evaluation of Teaching

The evidence to be used in judging teaching performance for all faculty members are listed below. It is expected that those individuals who are being recommended for promotion primarily on the basis of excellence in teaching will be able to document excellence in these areas. While indices of productivity in Mentoring and Advising may differ by discipline and by rank, evidence of achievement include:

| Measure | Examples |
|---|---|
| **The effectiveness of an educator** | • *Teaching Responsibilities: A list of teaching responsibilities, with contact, preparation & committee work hours.*<br>• *Evaluations of teaching by learners*<br>• *Evaluation of teaching by peers*<br>• *Evaluation of teaching by community partners*<br>• *Evaluations of courses and/or programs*<br>• *Students performance:*<br>  ○ *Learner scores on standardized tests*<br>  ○ *Dissemination and impact of courses, curricula, or educational materials*<br>  ○ *Letters from students and/or trainees attesting to educational effectiveness*<br>  ○ *Instructional Material and Methodology:*<br>  ○ *Faculty provide written description of new teaching methods with objectives, indications & benefits to curriculum.*<br>• *Awards for Teaching Excellence:*<br>  ○ *A list of awards received by the candidate for excellence in teaching* |
| **The effectiveness of a mentor** | • *Mentee or advisee number*<br>  ○ *Numbers of mentee or advisee will vary with role and seniority* |
| | • *Quality of mentoring or advising:*<br>  ○ *Mentoring statement reflects careful thought and commitment*<br>  ○ *Mentees' or advisees' letters demonstrate high quality guidance*<br>  ○ *Receipt of a mentoring award* |

## 1.iii: Health Care Delivery Domain

The delivery of high quality health care in a hospital, ambulatory or community setting, which includes the development of diagnostic approaches, therapeutic methods and clinical services; innovations in clinical practice; and the development of programs or approached that improve the safety, quality or efficacy of healthcare delivery.

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**Indicators of excellence in health care delivery include the following:**

- Evidence of peer recognition in the community as a consultant or a primary provider as assessed by patient referrals. The department chair may obtain written documentation from clinical colleagues in the community as a means of documenting recognition.

- Maintenance of board certification.

- Maintain good standing with Faculty Practice Plan

- Participation in Hospital or Institutions' Patient Safety programs

- Leadership or contribution to Quality Improvement Initiatives

- Development, documentation, and evaluation of innovative patient care activities, new techniques and breakthroughs.

- Membership on advisory committees of and consultantships to hospitals and educational, clinical, or other similar institutions.

- Healthcare Delivery Programs of national, state, or local professional organizations which the candidate organized or in which he/she participated.

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# 1.iv: Service Domain

Three types of service considered for Promotion are:

1. Institutional Service
2. Community Service
3. Professional Leadership Service

| Type of Service | Examples |
|---|---|
| **Institutional Service** | • *Administration of a department or other formally organized unit of instruction or clinical or academic service.*<br>• *Active membership on important committees of the department, institution, or professional organization*<br>• *Director of special departmental or interdepartmental training or research programs.*<br>• *Service as a class or student advisor.*<br>• *Member of dept, program, School, or University governing bodies.*<br>• *Member or chair of department, program, School, or University committees.*<br>• *Representative of the department, program, School, or University to outside agencies.*<br>• *Chair of course committees.*<br>• *Participation in the design or delivery of continuing medical education (CME) programs. A list of such programs and the candidate's role and documentation concerning the quality of the candidate's contributions should be submitted.*<br>• *Evidence of being a successful mentor to other faculty members*<br>• *Quality of program leadership or administrative contributions: Committees led have met important needs of the department, institution, or professional organization. Demonstrated high level of performance in committee roles* |
| **Community Service** | • *Participation in institution-based health promotion, wellbeing, and disease prevention that promote the mission of the School.*<br>• *Participation in community activities, outreach or programs to enhance the School's community engagement programs.*<br>• *Membership in community-based organizations (local, regional, national or global) to promote health and wellness, enhance prevention, and promote diversity in the community and/or healthcare professions.*<br>• *Development of materials to educate community members that are accepted for publication.*<br>• *Serving as a board member of a local community organization, nonprofit agency, and/or educational institution.* |
| **Professional Leadership Service** | • *Appointment to Editorial Boards of Professional Journals. Service on editorial boards of professional journals or as peer reviewers of manuscripts provides evidence of the candidate's stature within his/her discipline*<br>• *Service on National Scientific Advisory Boards. Service on study sections for the NIH, NSF, or other national research advisory boards provides evidence of national stature in a research field*<br>• *Appointment or election to leadership positions in local, regional, national or international scientific, professional or academic societies.* |

## 1.v: Equity, Diversity and Inclusion Domain

CUSM values listed in the Bylaws include: Diversity:  Promote, cultivate, and respect ethnic, intellectual, social and cultural diversity of students, faculty and patients in a safe, positive, and nurturing environment.  CUSM Faculty have the opportunity to participate, contribute or lead Equity, Diversity & Inclusion activities.

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**Evidence of Equity, Diversity & Inclusion activities include:**

- Completion of institutional mandatories on the workplace or learning environment such as unconscious bias, sexual harassment, or Imposter syndrome

- Participation in Heritage celebrations or Affinity groups such as Women in Medicine, Latino Healthcare Associations, African American Medical Associations, LGBTQ or Muslim Interest groups

- Membership, leadership or Service in Diversity & Inclusion organizations or committees (institutional, local, regional, national or global)

- Participation in Webinars, seminars, workshops or conferences focused on Equity or Diversity matters

- Presentations or Publications related to health disparities, diversity and inclusion

- Leadership or participation in Diversity projects, programs or outreach such as pipeline programs, Medical Spanish, Global education, Global medicine,

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# Section 2. Faculty Ranks and Standards

## 2.i.  Faculty Ranks and Standards

In agreement with the faculty, the School of Medicine has established the following faculty categories or types:

1. Academic Faculty
   - o   Teaching track
   - o   Research track
   - o   Clinical track
2. Adjunct Faculty
3. Visiting Faculty
4. Emeritus Faculty

Within each category, faculty are classified by rank and discipline.

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|---|
| The standard ranks for **Academic Faculty** are:<br>1.  Instructor<br>2.  Assistant Professor<br>3.  Associate Professor<br>4.  Professor<br><br> e.g. Professor of Medical Education. Associate Professor of Family Medicine |
| The standard ranks for Adjunct Faculty track are also<br>1.  Instructor<br>2.  Assistant Professor<br>3.  Associate Professor<br>4.  Professor<br><br> e.g. Adjunct Professor of Medical Education, or Adjunct Assistant Professor of Medical Education |
| The standard ranks for Visiting Faculty track are also:<br>1.  Instructor<br>2.  Assistant Professor<br>3.  Associate Professor<br>4.  Professor<br><br> e.g. Visiting Professor of Medical Education or Visiting Assistant Professor of Internal Medicine. |
| The ranks for **Emeritus** Professor are<br>1.  Associate Professor<br>2.  Assistant Professor<br>3.  Professor<br><br> e.g. Emeritus Professor of Medical Education |

**Standards for Ranking**

Standards have been defined to evaluate the qualifications and achievements of faculty in each track. Standards are used to evaluate candidates for new appointments and to evaluate existing faculty members.

**New Appointments**

Qualifications for new appointments include degree(s) earned from an accredited institution or degree evaluated by a foreign credential evaluation service, experience in the field of instruction, and professional license if applicable.

**Existing Faculty Appointments**

Faculty in the Academic track are involved in the development, implementation, and evaluation of the medical school curriculum, research and scholarly pursuits, and service (institutional, community, and clinical, where applicable). Faculty in the clinical track primarily provide practical instruction, supervised learning, and application of clinical knowledge. Faculty in the Research track are primary involved in the pursuit of scientific investigation including grant funding, peer review publication and dissemination of new knowledge.

All criteria will be weighed against the current average scholarly, teaching and service activity of the faculty in the department in comparison to national standards as determined by the Rank and Promotion Committee.

# 2.ii: Academic Faculty Teaching Track

The Academic faculty Teaching track focuses on the facilitation of learning and the acquisition of knowledge, skills and behaviors in learners especially students through educational activities as defined in Section 1.2

Some examples of Faculty selecting the Academic Faculty Teaching Track may include:
- Basic Science faculty
- Clinical Skills faculty
- Core Clinical College faculty
- Residency Program Directors
- Clerkship Directors

**Instructor:**
Faculty who have not earned doctoral or equivalent degree (e.g. MD, MBBS, DO, PhD, EdD or equivalent), but have earned master's degree (e.g. MS, MBS, MEd or equivalent).

**Assistant Professor:**
Faculty at this rank have earned a doctoral or equivalent degree. Those who are involved in clinical teaching should normally be board-eligible or -certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

Faculty at this rank should have demonstrated some potential focus on teaching, with a secondary interest in at least one of the other domains of original research/scholarship, service, health care delivery, or equity, diversity & inclusion.

**Associate Professor:**
Faculty at this rank should ordinarily have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank should have demonstrated **continuing and progressive evidence of excellent performance in teaching** and in at least one of the other domains of original research/scholarship, service, health care delivery, or equity, diversity & inclusion.

**Professor:**
Faculty at this rank should ordinarily have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at this rank should have demonstrated continuing exceptional and outstanding evidence in teaching and in at least one of the other domains of original research/scholarship, service, health care delivery, or equity, diversity & inclusion. The faculty should have demonstrated significant innovation in their work.

# 2.iii: Academic Faculty Research Track

The Academic faculty Research track focuses on Investigation: the systematic generation of new knowledge in laboratory, clinical, community and other settings.

Investigation includes basic, translational and clinical research, epidemiology, outcomes and health services research, and biostatistics, as well as research in social sciences, education, ethics, bioinformatics, public health, health policy and health economics.

Investigation includes research conducted by individuals who bring a unique or critical expertise to research within teams ("team science") or within multidisciplinary or interdisciplinary collaborations.

Faculty in the Academic Faculty Research track are evaluated as defined in Section 1,i.

Faculty selecting the Academic Faculty Research Track who have a primary interest and desire in research; initial and adequate scholarly productivity; potential and resources to procure funding may include any faculty including:
- Basic Science faculty,
- Core Clinical College faculty, or
- Clinicians.

**Instructor:**
Faculty who have not earned doctoral degree or equivalent degree (e.g. MD, MBBS, DO, PhD, EdD or equivalent); but have earned master's degree (e.g. MS, MBS, MEd or equivalent).

**Assistant Professor:**
Faculty at this rank have earned a doctoral or degree equivalent degree. Those who are involved in clinical teaching   should normally be board-eligible or -certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

Faculty at this rank should have demonstrated some potential focus on original research/ scholarship, with a secondary interest in at least one of the other domains of teaching, service, health care delivery, or equity, diversity & inclusion.

**Associate Professor:**
Faculty at this rank should ordinarily have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank should have demonstrated continuing and progressive evidence of excellent productivity in original research/scholarship, and in at least one of the other domains of teaching, service, health care delivery, or equity, diversity & inclusion

**Professor:**
Faculty at this rank should ordinarily have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at this rank should have demonstrated continuing evidence of exceptional and outstanding productivity in original research/scholarship, and in at least one of the other domains of teaching, service, health care delivery, or equity, diversity & inclusion. The faculty should have demonstrated significant innovation in their work.

# 2.iv: Academic Faculty Clinical Track

Faculty selecting the Academic Faculty Clinical Track include Clinicians who have completed the required ACGME approved residency training, are board certified or eligible and primarily engage in Health Care Delivery.

**Instructor of Clinical X***:*
Faculty at this rank should have completed an accredited residency program. This rank is normally  reserved for clinical fellows.

Faculty at this rank should demonstrate potential for excellence in health care delivery and associated teaching and scholarly approach to education or/and scholarship productivity.

**Assistant Professor of Clinical X:**
Faculty at this rank are clinicians who should be board-eligible or -certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

**Associate Professor of Clinical X:**
Faculty at this rank should ordinarily have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank should be board certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

Faculty at this rank should have demonstrated evidence of excellent performance in health care delivery, with a secondary interest in at least one of the other domains of teaching, service, original research/scholarship, or equity, diversity & inclusion. In addition, faculty should have demonstrated promise of becoming clinical leaders in their fields and should have attained some recognition at the regional and/or national level.

**Professor of Clinical X:**
Faculty at this rank should ordinarily have completed at least five years as an Associate Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at this rank should be board certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

Faculty at this rank should have demonstrated continuing exceptional in health care delivery, with a secondary interest in at least one of the other domains of teaching, service, original research/scholarship, or equity, diversity & inclusion. The faculty should have demonstrated significant innovation in their work.

# 2.v: Adjunct Faculty Track

Adjunct faculty appointments are used to supplement teaching in a specific field; to facilitate research collaboration with individuals in other units of the School or University, with individuals at other educational or health care institutions, or with scientists employed by industry; or to permit faculty or trainees who are leaving the University to complete ongoing educational or research responsibilities.

Adjuncts may be elected to or appointed to CUSM standing or ad-hoc committees. Adjunct faculty members are not eligible to serve on the CUSM Faculty Executive Council.

All criteria will be weighed against the current average scholarly, teaching and service activity of the faculty in the department as determined by the Rank and Promotion Committee.

**Adjunct Instructor:**
Faculty should have not earned a doctoral degree (e.g. MD, MBBS, DO, PhD, EdD or equivalent) but have earned master's degree (e.g. MS, MBS, MEd or equivalent).

**Adjunct Assistant Professor:**
Faculty at this rank have earned a doctoral or equivalent degree. Those who are involved in clinical teaching should normally be board-eligible or -certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

**Adjunct Associate Professor:**
Faculty at this rank should ordinarily have completed at least five years as an Assistant Professor or equivalent at the time the review for promotion is initiated, although early promotion may be considered. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank should have demonstrated continuing and progressive evidence of excellent productivity in at least two of the domains in original research/scholarship, teaching, service, health care delivery, or equity, diversity & inclusion.

**Adjunct Professor**:
Faculty at this rank should ordinarily have completed at least five years as an Associate Professor or equivalent at the time the review, although early promotion may be considered. This rank signifies an extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at this rank should have demonstrated continuing exceptional and outstanding evidence in at least two of the domains in original research/scholarship, teaching, service, health care delivery, or equity, diversity & inclusion

Examples of Adjunct Faculty Titles: Adjunct Instructor of Medical Education, Adjunct Assistant Professor of Medical Education, Adjunct Associate Professor of Medical Education, and Adjunct Professor of Medical Education.

# 2.vi: Visiting Faculty Track

Visiting appointments may be permitted for individuals whose ongoing employment responsibilities lie outside the School of Medicine at another institution of higher education. Candidates may be appointed as visiting professors, visiting associate professors, visiting assistant professors, or visiting instructors.

All criteria will be weighed against the current average scholarly, teaching and service activity of the faculty in the department as determined by the Rank and Promotion Committee.

**Visiting Instructor:**
Faculty should have not earned a doctoral degree (e.g. MD, MBBS, DO, PhD, EdD or equivalent) but have earned master's degree (e.g. MS, MBS, MEd or equivalent).

**Visiting Assistant Professor:**
Faculty at this rank have earned a doctoral or equivalent degree. Those who are involved in clinical teaching should normally be board-eligible or -certified in their area of expertise and fulfill the credentials required by the healthcare facility where they perform their clinical duties.

**Visiting Associate Professor:**
Faculty at this rank should ordinarily have completed at least five years as an Assistant Professor or equivalent at the time the review, although early promotion may be considered. There is no automatic promotion to the associate professor level based solely on years in rank.

Faculty at this rank should have demonstrated continuing and progressive evidence of excellent productivity in at least two of the domains in original research/scholarship, teaching, service, health care delivery, or equity, diversity & inclusion

**Visiting Professor:**
Faculty at this rank should ordinarily have completed at least five years as an Associate Professor or equivalent at the time the review, although early promotion may be considered. This rank signifies an

extremely high level of professional accomplishment and is not awarded solely based upon years in rank.

Faculty at this rank should have demonstrated continuing exceptional and outstanding evidence in at least two of the domains in original research/scholarship, teaching, service, health care delivery, or equity, diversity & inclusion

**Examples of Visiting Faculty Titles**:
- Visiting Instructor of Medical Education,
- Visiting Assistant Professor of Medical Education,
- Visiting Associate Professor of Medical Education
- Visiting Professor of Medical Education.

## 2.vii. Emeritus professor

Upon appropriate nomination and recommendation by the Dean of the medical school and confirmation by the Rank & Promotion Committee, the title and status of professor emeritus may be conferred upon an eligible member of the CUSM employed faculty upon permanent retirement.

To be eligible for nomination for this honor, the faculty member must
   (1) be employed in good standing at the time of retirement,
   (2) have a current appointment as professor or associate professor, and
   (3) provided exceptional service or meritorious contribution to the institution.

The term "Emeritus" follows the academic rank or title (e.g., Professor Emeritus of Medical Education Department). This is an honorific designation which recognizes and honors contributions. Although this title has no administrative authority, the recipient is granted access to some of the university resources such as email address, facilities, library access and events. CUSM reserves the right to rescind this title if the individual granted emeritus title behaves without integrity or contradictory to the mission and honor code of CUSM

# Section 3. Policy and Procedures for Faculty Appointment, Reappointment, Promotion, Dismissal, and Grievance

## 3.i: Salaried Faculty Recruitment and Appointment Procedure

Department Chairs are responsible for meeting staffing needs through recruitment and budgetary requests. Justifications for anticipated faculty needs will be part of the annual budget request. The academic qualifications and ranks are to be included in the request for additional faculty.

The Department Chair will appoint a faculty member to the School search committee upon receiving authorization to hire new faculty and will request the Office of Human Resources to place appropriate advertisements on job listing sites including the medical school's website. Candidates will be vetted by the search committee and the best applicants will be invited to the campus for an interview. After all prospective candidates have been interviewed or declined an interview, the search committee will forward a list of eligible candidates to the Department Chair. The Department Chair will rank the top three applications and forward this list to the Dean who will decide which of the candidates to which he/she would like to make an offer.

The top candidate will next be considered by the Rank and Promotion Committee. The latter body will propose a suitable faculty track and rank for the candidate and will send written notice to the Dean of their decision. The Dean will present the candidate to the President for approval and may recommend a different track, rank, and/or term of initial appointment (customarily one year). With the President's approval, the Office of Human Resources will draft an offer once the Dean has negotiated the terms of employment with the candidate. The appointment letter will contain the faculty track and rank, job description and responsibilities, term of appointment, salary and percent effort in the department(s), a list of employment benefits, and an authorization to check the candidate's background and credentials (consult the Faculty Handbook for further details).

## 3.ii: Volunteer Faculty Appointment

The Department Chair submits to the Rank and Promotion Committee their recommendation for volunteer faculty appointment along with the candidate's credentials. The Rank and Promotion Committee propose a suitable academic track and rank for the candidate and will send written notice to the Dean of their decision. The Dean will present the candidate to the President for approval and may recommend a different track, rank, and/or term of initial appointment (customarily one year). With the President's approval, the Dean's Office will draft an appointment letter to the candidate containing the terms of appointment and an authorization to check the candidate's background and credentials (consult the Faculty Handbook for further details).

## 3.iii: Adjunct Faculty

Adjunct appointments are granted for a period of one year and are renewable.

## 3.iv: Visiting Faculty

Visiting appointments may be full-time and are typically for one year or less. Written requests to extend appointments beyond one year may be granted under unusual circumstances by the Dean of the medical school. Such requests must specify what contributions the visiting faculty member has made, why an extension is needed, and the provisions that are being made for allocation of space and for payment of any salary.

## 3.v: Joint Appointment

All Faculty have joint appointments in the Department of Medical Education. Faculty with 50% or more effort to the School will have "Medical Education" as an added secondary discipline to their faculty title (for example, Associate Professor of Pediatrics and Medical Education).

## 3.vi: Faculty Reappointment

The decision to renew a faculty appointment is based on the needs of the medical school. Faculty appointments will be renewed upon recommendation of the Department Chair to the Dean and following a review prior to the end of the appointment.

**Each year, faculty update their Faculty Professional Development Plan and discuss it with the Department Chair.** The Plan outlines the faculty member's career goals and activities planned to reach these goals. This planning supports a path for promotion and a timetable. The faculty member and Department Chair will review progress towards these mutually established goals and complete an Annual Review Form including a section for formal feedback from the Department Chair.

**The faculty member's performance and rank will be evaluated annually by the Department Chair.** When the faculty member is under review for renewal of appointment, the department head will provide a written recommendation to the Dean. Upon decanal review to approve or deny renewal of the appointment, an explanatory letter will be sent to the University President for endorsement. The Dean may also return the Department Chair's recommendation for further review. If the President approves the Dean's recommendation
for renewal of appointment, the faculty member is asked to sign a new appointment letter which is also signed by the Department Chair, Dean, and the President. Faculty members are to be notified of non-renewal of appointment at least six (6) months prior to the end of the appointment.

## 3.vii: Faculty Promotion

The faculty member's performance and rank will be evaluated annually by the Department Chair. If the Chair determines the faculty member has met these criteria for promotion (see Section 2), this recommendation will be submitted to the Rank and Promotion Committee along with faculty documentation of productivity (detailed CV with evidence of activities to support the promotion). The Rank and Promotion Committee will review the faculty member's performance and make a recommendation to the Dean who in turn will make a decision and forward that to the President. The final promotion letter will include information on the new academic promotion and any associated changes in job responsibilities, appointment status, or salary (if applicable). It will be signed by the Department Chair, Dean, and President and will also require the faculty member's signature signifying acceptance.

## 3.viii: Faculty Dismissal

A faculty member shall hold his/her position during each appointment period pending behavior consonant with carrying out his/her duties and service and shall not be removed except for cause in a matter consistent with the Statement on Procedural Standards in Faculty Dismissal Proceedings published by the American Association of University Professors. An automatic review process is in place. Upon decanal review to deny renewal of the appointment, an explanatory letter will be sent to the President for endorsement. Faculty members are to be notified of non-renewal of appointment at least six (6) months prior to the end of the appointment.

## 3.ix: Faculty Grievance

The policy and procedures by which faculty members can seek redress of their grievances, if any, are specified in Article VII of the Faculty Handbook: Bylaws of the Faculty.