UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE GUIDELINES FOR FACULTY APPOINTMENT AND PROMOTION

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DEFINITIONS

Pathway: a conceptual framework for describing a faculty member's scholarly accomplishments, contributions, and career progression. Some faculty may have careers that overlap or extend beyond these pathways. Pathways *should not be seen as limiting silos*; and therefore, accomplishments from more than one pathway may apply for promotion.

Publication-Equivalent Scholarly Products: scholarly products that generally fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program) virtual educational materials, creation of assessment tools (e.g. OSCE), etc.

Scholarship: the systematic and progressive accumulation of knowledge which leads to the competent mastery of an area of study. As defined by Weiser**, scholarship is creative intellectual work that is validated by peers and communicated. It is understood that individual activities are not scholarship; rather, scholarship results from a set of activities with clear goals, involving adequate preparation and appropriate methods. Scholarship culminates in a product with significant results accompanied by effective presentation, dissemination, and reflective critique.

Scholarship of Education: a unique form of teaching that involves sustained depth of knowledge and commitment resulting in a product such as an original peer reviewed publication or publication-equivalent scholarly product. For example, teaching a lecture represents the *activity of teaching*. However, developing a multi-modular course, creating the curriculum, serving as course director, and disseminating that product externally to others is the *product* resulting from the *activity* of teaching, and this is *scholarship of education.*

Scholarship of Service: a unique form of service that involves sustained depth of commitment and results in a product, such as an original peer reviewed publication or publication equivalent scholarly product. The Scholarship of Service should be envisioned as a series of longitudinal actions toward a defined endpoint and resulting in a product.

For example, the *activity* of volunteering time at a community clinic is the *activity of service*. However, developing and defining a service activity, and then disseminating the written blueprint that can be built upon by others, is the *product* resulting from the *activity* of service, or the *scholarship of service* – a Publication-Equivalent Scholarly Product. While the *activity* of service is necessary for promotion for all faculty, the *scholarship of service* is equivalent to the scholarship of education and research when faculty are being considered for promotion. The scholarship of service may find various outlets for dissemination, such as local newspapers, national media outlets, social media, educational websites or podcasts.

Teaching: imparting knowledge and can be conceptualized in a number of different ways: clinically (at the bedside, on the wards, in the operating room, and clinic), scientifically (at the bench and in the laboratory), and/or traditionally (in the classroom, small group, or recitation). Contemporary teaching practices include: in-person and virtual format, simulation, use of standardized patients, 3D printing models, etc. The UPSOM strives to create a diverse, equitable and inclusive teaching environment, which requires all faculty members to contribute to the growth and success of persons within the academic sphere, including those traditionally underrepresented in medicine. All faculty members are required to teach; and individuals who do not teach may not be promoted. Teaching also includes mentoring, coaching, evaluating, precepting, and supervising students across the learning continuum (middle or high school, undergraduate, graduate, or medical students, research fellows/scholars, post-docs, clinical residents/fellows, and junior faculty).

Service: participation in activities both internal and external to the University. All faculty are required to engage in service; and, individuals who do not participate in service may not be promoted. Internal service includes work for one's Division/Department and the School of Medicine to further the tripartite mission of education, clinical care, and research (e.g. committee work and other administrative activities). External service includes work within the community and professional societies (e.g. serving on study sections, reviewing/editing for journals, serving on committees/boards, impactful community work). Excellent clinical care, along with any noteworthy clinical accomplishments (i.e. Award for Commitment and Excellence in Services (ACES)) are acknowledged as service. Both internal and external service meets the requirement for promotion.

INTRODUCTION

The University of Pittsburgh Appointment and Tenure Policy* sets forth the principles upon which faculty appointments and promotions are based. The criteria and guidelines, contained in this document, supplement and amplify University policies. Of note, individual Departments within the School may elect to establish more rigorous expectations for appointment and promotion.

The academic ranks for faculty are **Instructor**, **Assistant Professor, Associate Professor, and Professor**. Titles may stand without prefix; or, with the prefixes **Visiting, Adjunct, Research, and Clinical** that may be applied at all levels of rank. **Visiting** status is used for those individuals who are appointed on a temporary basis, usually for no more than one year. **Research** status is given to those faculty whose principal academic function is a collaborative and/or supportive role in investigation. **Adjunct** status is given to medical school faculty whose primary appointment is outside of the University. **Clinical** status is granted to volunteer affiliated faculty who contribute predominantly to clinical care and/or serve as a preceptor of students and trainees.

The criteria for tenured and appointment stream promotions and appointments are described in this document. At the time of appointment, individuals should be designated as **tenured, tenure stream, or appointment stream.** Faculty at the ranks of Instructor and Assistant Professor without prefix are appointed in the tenure stream or appointment stream. Tenure is conferred according to the guidelines of the University of Pittsburgh Faculty Handbook and results in the obligations and responsibilities of tenure. Tenure decisions may be independent of decisions to appoint and promote.

Faculty at the University of Pittsburgh School of Medicine must demonstrate continued **scholarship**, defined as “creative intellectual work that is validated by peers and communicated.” ** All faculty are expected to demonstrate sustained scholarship and contribution to the mission of the organization by excellence in **teaching, contributions to knowledge/investigation, and service**.

Teaching: All faculty are required to teach; and, individuals who do not teach may not be promoted. Teaching is defined as imparting knowledge and this can be performed clinically (at the bedside, on the wards, in the operating room, and clinic), scientifically (at the bench and in the laboratory), and/or traditionally (in the classroom, small group, or recitation). Contemporary teaching practices include: in-person and virtual format, simulation, use of standardized patients, 3D printing models, etc. In addition, this includes mentoring, coaching, evaluating, precepting, supervising, and advising middle or high school, undergraduate, graduate, or medical students, research fellows/scholars, post-docs, clinical residents/fellows, and junior faculty members, with a special emphasis on those from groups traditionally underrepresented in science and medicine.

Excellence in teaching is documented by learner and peer evaluations, prizes and awards, and by the success and accomplishments of mentees (e.g. residency/fellow matching, positions in academia, grants and leadership positions, learner outcomes). Special consideration will be given to faculty members who promote diversity and inclusion by dedicating time and effort to mentoring individuals from populations that are underrepresented within biomedical sciences and medicine. Such mentoring is expected to address barriers that are unique to the special population, such as might arise from stigma, social bias, or physical disability. Activities supporting diversity, equity, and inclusion may be separately highlighted in a faculty's portfolio for appointment and/or promotion.

Of special note, some faculty may participate in a unique and distinct form of teaching or education, defined as **Scholarship in Education**. Scholarship in Education may be considered equal in value to investigative scholarship and requires a sustained depth of commitment that generally results in peer reviewed original **publications or publication equivalent scholarly products.** Publication equivalent scholarly products generally fulfill the following criteria: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. For example, teaching a lecture is the *activity of teaching*. However, developing a multi-modular course, creating the curriculum and curricular materials, being the course director, and disseminating that product externally to others (e.g. on-line to your society, etc.) is the *product* resulting from the *activity* of teaching – the **Scholarship of Education** – a Publication Equivalent Scholarly Product. In exceptional circumstances, which are clearly documented, teaching and Scholarship in Education can be a major criterion for tenure.

Contributions to Knowledge/Investigation: All faculty must demonstrate the capacity for incremental growth as a scholar and member of their profession. Faculty should demonstrate progression in attaining scholarly eminence in their professional field as evidenced by meaningful contributions, peer reviewed original **publications, or publication equivalent scholarly products**.

Service: All faculty must participate in the activity of service. Service includes activities both internal and external to the University. Internal service includes work for one's Division/Department and the School of Medicine to further the tripartite mission of education, clinical care, and research (e.g. committee work and other administrative activities). External service includes work within the community and professional societies (e.g. serving on study sections, reviewing/editing for journals, serving on committees/boards, impactful community work). Excellent clinical care, along with any noteworthy clinical accomplishments (e.g. Award for Commitment and Excellence in Services (ACES)) are acknowledged as service. Both internal and external service is acknowledged as meeting the requirement for promotion.

The COVID-19 pandemic provided an example of how external service to our community improved the overall health and well-being of the population and what is

possible when Boyer's model of scholarship (discovery, integration, application, and teaching) is executed. The development of the vaccine represents the scholarship of discovery. Vaccine education and dissemination is the scholarship of integration and application; and, without this service, the vaccine has no effect on public health.

Some kinds of external service to our communities may be disproportionately performed by women and groups typically underrepresented in medicine (black, indigenous, and people of color). This disproportionate work may create a "tax" that is present for some within our academic communities and not others. Understanding and recognizing this type of service work allows for a more holistic review of a faculty's portfolio for promotion.

Of special note, some faculty may participate in a unique and distinct form of service, defined as the **Scholarship of Service**. Scholarship of Service may be considered equal in value to the Scholarship of Education and Discovery and requires a sustained depth of commitment that results in a product. This product will often be a **publication equivalent scholarly product.** Publication equivalent scholarly products are scholarship that generally fulfills the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. For example, the *activity* of volunteering time at a community clinic is the *activity of service*. However, for the individual(s) that started a service activity, developed, defined, lead the activity, and then disseminated the written blueprint that can be built upon by others, that is the *product* resulting from the *activity* of service, or the **Scholarship of Service** – a Publication Equivalent Scholarly Product.

Pathways: Each faculty member should develop very early, in conjunction with their academic mentor(s), a portfolio of scholarly contributions, according to the talents and aspirations of the faculty member and the needs of the department and the School of Medicine. A faculty member's scholarly contributions are described within one of the pathways or conceptual frameworks, described within this document.

At the time an individual is proposed for appointment or promotion, evidence of scholarship must be made available to the appropriate committee. It is the responsibility of the candidate, and the department chair making the nomination, to prepare and present this evidence. Time in rank is not a sufficient criterion in itself for promotion.

The Pathways intentionally make a distinction between Investigator-Educator (scientist) and Clinician-Investigator (clinician-scientist). While the bar for appointment/promotion is detailed within these guidelines, differential consideration should be given to those who are encumbered with clinical responsibilities in addition to their research. When interpreting and applying these guidelines in portfolio evaluation of those clinician-scientists, the added clinical responsibilities, and percent effort, should be weighed against those scientists without such obligations. In addition, clinical accomplishments and contributions should be weighed in portfolio evaluation and contribute to promotion.

*May 16, 1978; amended October 18, 1979; May 14, 1980; February 13, 1985

** Conrad J. Weiser. The value system of a university – rethinking scholarship. College of Agricultural Sciences, Oregon State University, Corvallis, OR

PATHWAYS

A **Pathway** is a conceptual framework for describing a faculty member's scholarly accomplishments, contributions, and career progression. Some faculty may have careers that overlap or extend beyond these pathways. The pathways, as delineated below, *should not be seen as limiting silos*; and, accomplishments from more than one pathway may apply for promotion.

All non-prefix pathways may lead to the appointment and promotion within the **Tenure** track.

Investigator-Educator Pathway

Faculty who seek appointment or promotion as an Investigator-Educator generally dedicate most of their effort to research and/or education. A significant portion of their effort is devoted to educating the next generation of investigators by teaching graduate students and/or medical students and supervising postdoctoral fellows and other researchers. Some Investigator-Educators, whose primary focus is teaching, may demonstrate Scholarship in Education. Scholarship in Education is a unique form of teaching or education that must demonstrate sustained depth and commitment and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), etc.

Clinician-Investigator Pathway

Faculty who seek appointment or promotion as a Clinician-Investigator generally devote significant amounts of their effort to both the clinical programs of the Health System and the research programs of the School of Medicine. Clinician-Investigators are engaged in patient care, clinical service functions, and basic science, translational, and/or clinical research.

Clinician-Educator Pathway

Faculty who seek appointment or promotion as a Clinician-Educator generally devote significant amounts of their effort to both the clinical programs of the Health System and the educational programs of the School of Medicine and beyond (e.g. Schools of Health Sciences, national medical specialty societies, etc.). Clinician-Educators are distinguished teachers who demonstrate Scholarship in Education, which organizes, imparts, and evaluates/assesses knowledge associated with clinical care.

Clinician-Leader Pathway

Faculty who seek appointment or promotion as a Clinician-Leader generally devote a significant percent of their effort to both the clinical programs of the Health System and leadership, administrative, and/or service activities of the UPSOM, University, health system, health plan, clinical/hospital operations, and/or the community. Clinician-Leaders often demonstrate the Scholarship of Service, which organizes, imparts, and evaluates/assesses knowledge associated with leadership and/or service to others.

TENURE

Purposes of Tenure

Academic tenure is a status accorded to members of the University faculty who have demonstrated high ability and achievement in their dedication to the growth of human knowledge. Tenure is intended to assure the University that there will be continuity in its experienced faculty and in the functions for which they are responsible. The University encourages independence of mind and freedom of inquiry. Conferral of tenure constitutes recognition by the University that a person so identified is qualified by achievements and contributions to knowledge and dissemination of knowledge as to be ranked among the accomplished in their field engaged in scholarly endeavors: research, teaching, clinical innovation, service, and/or other creative intellectual activities of other kinds.

Obligations and Responsibilities of Tenure

The primary responsibilities of the tenured faculty are effective teaching, service and scholarship throughout their careers, which advance their fields of learning. Those who accept the rights and privileges of tenured appointment owe it to their colleagues to defend independence and freedom of mind in their field of competence.

The primary requirement for tenure is an outstanding record of sustained independent scholarship. Scholarship is the systematic and progressive accumulation of knowledge which leads to competent mastery of an academic study and the acquisition of the minutiae of knowledge in that special field. As defined by Weiser**, scholarship is creative intellectual work that is validated by peers and communicated. All candidates for tenure in the School of Medicine should have demonstrated significant accomplishment in scholarly endeavors.

Conferral of Tenure

The primary requirement for tenure is an outstanding record of sustained independent scholarship that results in the faculty becoming identified among the worthiest top scholars and leaders in their field. Furthermore, a faculty scholar may be worthy of tenure if they are critical to a process or function of some aspect of the School of Medicine (e.g. critical team scientist). Independent scholarship must provide compelling promise of a continued trajectory of creativity and the resources to sustain it. This scholarship should be impactful on the practice of medicine or education, provide understanding into the mechanisms of biological systems, improve health care delivery, provide new insight into the pathology of disease, development/growth of new programs, and/or commercialize research into entrepreneurial success. Another requisite for tenure is demonstrated skill in, and dedication to, teaching. The candidate should demonstrate proficiency and the desire to maintain teaching effectiveness and show capacity for continuing growth as a teacher. It is implicit that excellence in teaching includes being a model of professional conduct for students, colleagues, and patients. The quality and quantity of a candidate's teaching must be confirmed by their supporting documentation. Service, clinical, and

administrative contributions by a faculty member should be weighed into any decision regarding tenure.

Special consideration may be given to candidates who have previously attained the status of Tenure at comparable universities. Often, these faculty are accomplished senior scholars with national reputations who are being recruited to the School of Medicine because of their expertise, past accomplishments, and potential unique contributions to the University and Health System. In some instances, these individuals, having attained the status of Tenure at a prior institution, may have careers that have evolved such that a significant portion of their sustained trajectory of scholarly contribution arise from mentoring, program building, service, administration, and leadership, rather than a narrow focus on their individual program of scholarship.

Tenure may be held only by associate professors and professors. Tenure shall be held by a faculty member only in the school or at the regional campus where the tenure is granted. Once it has been awarded, tenure is obligatory for the University, optional with the faculty member. Tenure does not apply to administrative positions, which may be terminable at any time.

Length of Tenure Stream Service Prior to the Conferral of Tenure

The total number of years that faculty members of the School of Medicine may serve in the tenure stream shall not exceed *ten* when entering the stream as an instructor or assistant professor. If a person has served for *ten* years in the tenure stream, either they must be promoted to associate professor with tenure or professor with tenure, or their service in the tenure stream must be terminated. Notification of termination must be made prior to the end of the *ninth* year in the tenure stream. Faculty in the tenure stream shall have annual evaluations to document their progress and suitability for a tenure recommendation. In addition, a comprehensive mid-course review shall be conducted no later than the end of the *fifth* year of service in the tenure stream (School of Medicine Policy “Mid-Course Review of Tenure Candidates”). The maximum allowable duration of service in the tenure stream shall be independent of previous service at another college or university.

Initial appointments at the rank of associate professor or professor shall be for a probationary period of *four* years. The award of tenure may take place at any time during the probationary period. If tenure is not to be awarded, notification of termination must be made prior to the end of the *third* year in the tenure stream.

Terms of Appointment in the Tenure Stream

The terms of appointment of faculty members in the tenure stream below the rank of associate professor and professor may be for one, two, or three years. When a decision is made not to renew an appointment, the faculty member on a first one-year appointment shall be notified in writing no later than March 15; on a second or subsequent consecutive one-year appointment by December 15; by December 15 of the second year of a two-year appointment; and twelve months prior to the end of a three year appointment.

A year of appointment in the tenure stream is recognized if the appointment became

effective on or before December 31. In cases where the appointment became effective January 1 or later, the remainder of the academic year is disregarded for this purpose, and the next academic year is counted as the first year of appointment in the tenure stream.

Leaves of absence do not interrupt tenure stream status but may prolong the maximum allowable period in the tenure stream. When a tenure stream faculty member is granted a leave of absence, the official letter of notification from the Provost may state that the period of service has been extended and that the leave will not be counted as a part of the period of service. The minimum extension and period of non-counted service will be one academic term or semester, even though the leave was for a shorter period.

A faculty member who becomes a parent by birth or adoption can request that the year in which parenthood occurs not count towards the mandatory tenure review.

CRITERIA FOR TENURE

An individual may not demonstrate all of the objective criteria below; however, they should demonstrate substantial achievements in the majority of them.

- Tenure may be held only by associate professors and professors
- Sustained originality, independence, leadership, and continued productivity in scholarly activity
- High quality scholarship
- A member of the University Community critical to the scholarship of the School of Medicine (i.e. team science)
- Compelling promise of continued trajectory of creativity
- Continuing resources to sustain scholarship. For those faculty whose scholarship is of investigation, the resources to sustain that scholarship is funding; and, this is most often federal and/or peer reviewed. For those faculty whose scholarship is of service, clinical innovation, and/or education, extramural funding is not necessarily required to sustain that particular scholarship.
- Scholarship that is impactful on the field of study (i.e. medicine, medical education, clinical care, mechanisms of biological system, health care delivery, pathology of disease, development/growth of new programs, commercialization of research into entrepreneurial success)
- Skilled in, and dedicated to, high quality effective teaching as evidenced by supporting documentation
- Record of robust service to the Department, School of Medicine, University, and/or community
- Model of professional conduct and good citizenship within the University, School of Medicine, and Department
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

GUIDELINES FOR APPOINTMENT AND PROMOTION

CRITERIA
APPOINTMENT AS INSTRUCTOR AND ASSISTANT PROFESSOR
PROMOTION TO ASSISTANT PROFESSOR
(In the tenure stream or the appointment stream)

Instructor

The instructor should have earned a doctoral degree, the highest appropriate professional degree, or provide evidence that they are successfully pursuing such a degree and expects to receive it within a reasonable time. In some technical fields, professional experience may bear considerable weight. Reappointment depends upon satisfactory scholarly progress and a demonstrated interest in, and ability to pursue, an academic career.

Assistant Professor

An assistant professor should have demonstrated teaching ability, experience in advanced study and research, or professional experience of a kind which would enable them to make an academic contribution. The assistant professor should possess a doctoral or appropriate professional degree. They should exhibit promise of originality and excellence in some field of scholarship and should have demonstrated ability in guiding and advising students. To be appointed or promoted to an assistant professorship, a person should have the potential for promotion to associate professor.

CRITERIA
APPOINTMENT AS ASSOCIATE PROFESSOR WITH TENURE
PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
CONFERRAL OF TENURE AS ASSOCIATE PROFESSOR

ASSOCIATE PROFESSOR
Generally, the associate professor will have served a minimum of 5 years as an assistant professor. An associate professor should possess a doctoral or appropriate professional degree. Time in rank is not a sole criterion for promotion. Examples of objective criteria of excellence follow. An individual may not demonstrate all the objective criteria provided for any given pathway; however, they should demonstrate substantial achievements in a greater part of them.

The main criteria that must be achieved for the rank of associate professor include creation of a strong body of impactful scholarship, a local, regional, and developing national reputation, effectiveness as a teacher, and service. The promotions committee recognizes the highly individualized nature of faculty careers and the inherent limitations in any single criterion of scholarly excellence; and, therefore makes a holistic assessment of a faculty member's achievements.

Investigator-Educator Pathway
Faculty who seek appointment or promotion as an Investigator-Educator generally dedicate most of their effort as researchers and/or educators and have developed significant independence. A significant portion of their effort is devoted to educating the next generation of investigators by teaching graduate students and/or medical students and supervising postdoctoral fellows and other researchers. Some Investigator-Educators, whose primary focus is teaching, may demonstrate Scholarship in Education. Scholarship in Education is a unique form of teaching or education that must demonstrate sustained depth and commitment and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Originality, independence, leadership, and continuing productivity in investigative and/or educational scholarly activity
- Record of peer reviewed, original publications in important journals, typically more than 15 (however, the actual number may range widely based upon significance, quality, and type of article), with evidence of significant contribution (e.g. first or senior author on a substantial proportion of publications, or essential contribution as in team science). More important than the number of publications is the expectation that the scholarship has substantially impacted the field. Some Investigator-Educators, whose primary focus is teaching, may submit Publication Equivalent Scholarly Products in addition to traditional journal publications.
- Evidence of high impact scholarship – determined by H-index, number of citations, documented in referee letters, etc.
- 3-5 noteworthy publications

- Consistent and continuing resources to sustain scholarship. For those faculty whose scholarship is of investigation, the resources to sustain that scholarship is funding that is most often federal and/or peer reviewed. For those faculty whose scholarship is of education, extramural funding may not be required to sustain scholarship.
- Consistent research theme and goals
- Local, regional, and developing national reputation: evidenced by invited lectures and professorships, membership in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Authorship of reviews and book chapters
- Publication of textbooks and/or handbooks as author
- Record of programmatic responsibilities and contributions
- Evidence of innovative contributions, new methodologies, techniques, devices, diagnostic tools, university competitions, industry sponsored research, SBIR/STTR grants, etc.
- Membership on study sections and other scientific advisory panels
- Scholarly excellence in entrepreneurship (appropriately managed Conflict of Interest) as documented by successful funding, authorship of patent disclosures, patent applications, copyrights, or other intellectual property and the commercialization of research into options, license, or new company formation
- Essential contribution to team science – such as leaders of core facilities or statisticians who make significant contributions
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Investigator Pathway

Faculty who seek appointment or promotion as a Clinician-Investigator generally devote significant amounts of their effort to both the clinical programs of the Health System and the research programs of the School of Medicine. Clinician-Investigators are engaged in patient care, clinical service functions, and basic science, translational, or clinical research. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Originality, independence, leadership, and continuing productivity in investigative scholarly activity
- Record of peer reviewed original publications in important journals, typically more than 15 (however, the actual number may range widely based upon significance, quality, and type of article), with evidence of significant contribution (e.g. first or senior author on a substantial proportion of publications, or essential contribution as in team science). More important than the number of publications is the expectation that the scholarship has substantially impacted the field.
- Evidence of high impact scholarship – determined by H-index, number of citations, documented in referee letters, etc.
- 3-5 noteworthy publications

- Consistent and continuing resources to sustain scholarship. For those faculty whose scholarship is of investigation, funding may be from federal, foundations, medical associations, medical societies, industry, government entities, and other sources. In select cases, the scholarly themes do not require significant funding to be successful and so external funding may not be present. For those faculty whose scholarship is of clinical innovation, extramural funding may not be required to sustain scholarship.
- Consistent research theme and goals
- Local, regional, and developing national reputation, evidenced by invited lectures and professorships, membership in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Authorship of reviews and book chapters
- Publication of textbooks and/or handbooks as author
- Record of programmatic responsibilities and contributions
- Participation in clinical trials
- Evidence of innovative contributions, new methodologies, techniques, devices, diagnostic tools, university competitions/awards, industry sponsored research, SBIR/STTR grants, etc.
- Development and/or leadership of clinical programs
- Membership on study sections and other scientific advisory panels
- Scholarly excellence in entrepreneurship (appropriately managed Conflict of Interest) as documented by successful funding, authorship of patent disclosures, patent applications, copyrights, or other intellectual property and the commercialization of research into options, license, or new company formation
- Essential contribution to team science – such as leaders of core facilities or statisticians who make significant contributions
- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Educator Pathway

Faculty who seek appointment or promotion as a Clinician-Educator generally devote significant amounts of their effort to both the clinical programs of the Health System and the educational programs of the School or Medicine. Clinician-Educators demonstrate Scholarship in Education. Scholarship in Education is a unique form of teaching or education that must demonstrate sustained depth and commitment and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Originality, independence, leadership, and continued productivity in the scholarship of education
- Evidence of innovation by creation and dissemination (by publication, AAMC MedEd Portal, etc.) of new educational activities, programs, curricula or products
- Record of scholarly contributions to knowledge, typically more than 15 peer reviewed original publications or publication equivalent scholarly products; however, the actual number may range widely based upon significance and quality. More important than the number of scholarly products is the expectation that the scholarship has substantially impacted the field.
- Consistent and continuing resources to sustain scholarship. For those faculty whose scholarship is of education, extramural funding may not be required to sustain scholarship.
- Local, regional, and developing national reputation, evidenced by invited lectures and professorships, membership in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Significant programmatic level contributions to the School of Medicine or departmental educational mission
- Participation in the creation, design, organization, and teaching of symposia, panels, workshops or courses
- Leadership roles in medical education (e.g. Program Director, Course Director, Associate Program Director, etc.)
- Authorship of reviews and book chapters
- Authorship of teaching materials for patients and lay publications
- Publication of textbooks or handbooks as authors
- Membership in scientific educational organizations
- Participation in the development and presentation of Continuing Medical Education (CME)
- Development of teaching materials such as videos, computer programs, websites, podcasts, etc.
- Development of clinical guidelines used by hospitals, or clinics
- Development of clinical programs
- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Leader Pathway

Faculty who seek appointment or promotion as a Clinician-Leader generally devote a significant percent of their effort to both the clinical programs of the Health System and leadership, administrative, and/or service activities of the Health System, Health Plan, clinical/hospital operations, and/or the community. Clinician-Leaders often demonstrate the Scholarship of Service, which organizes, imparts, and evaluates/assesses the knowledge associated with leadership and/or service to others and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Originality, independence, leadership, and continued productivity in the scholarship of service
- Evidence of innovation by creation and dissemination (by publication, AAMC MedEd Portal, etc.) of new educational activities, programs, curricula or products
- Record of scholarly contributions to knowledge, typically 15 peer reviewed original publications or publication equivalent scholarly products; however, the actual number may range widely based upon significance and quality
- Consistent and continuing resources to sustain scholarship. For those faculty whose scholarship is of education, extramural funding may not be required to sustain scholarship.
- Local, regional, and developing national reputation, evidenced by invited lectures and professorships, membership in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Programmatic and administrative responsibilities and accomplishments
- Demonstration of clinical leadership
- Evidence of innovation through new activities, community-based projects, etc.
- Development of clinical guidelines used by hospitals or clinics
- Leadership of safety – quality improvement initiatives
- Leadership in Diversity, Equity, and Inclusion Programs
- Development and oversight of clinical programs or service lines
- Development and oversight of community service or community-based health initiatives focused on improving population and/or public health
- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, leadership, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

CRITERIA
APPOINTMENT AS PROFESSOR WITH TENURE
PROMOTION TO PROFESSOR WITH TENURE
CONFERRAL OF TENURE AS PROFESSOR

PROFESSOR
Most individuals will have served 5 to 7 years as associate professor. The rank of professor recognizes the attainment of authoritative knowledge and reputation in a recognized field of learning and the achievement of effective teaching skills. The professor should have attained superior stature in their field through scholarship, professional practice, and leadership in professional and learned organizations.

Time in rank is not a sole criterion for promotion. Examples of objective criteria of excellence follow. An individual faculty may not demonstrate all the objective criteria provided for any given pathway; however, they should demonstrate substantial achievements in a greater part of them.

The main criteria that must be achieved for promotion to professor include creation of a strong body of impactful scholarship, a national and developing international reputation, effectiveness as a teacher, and service. The promotions committee recognizes the highly individualized nature of faculty careers and the inherent limitations in any single criterion of scholarly excellence; and, therefore makes a holistic assessment of a faculty member's achievements.

Professors must demonstrate a sustained trajectory of contribution and career progression with increasing responsibilities and accomplishments over time, ranking among the foremost leaders in their field.

Investigator-Educator Pathway
Faculty who seek appointment or promotion as an Investigator-Educator generally dedicate most of their effort as independent researchers and/or educators. A significant portion of their effort is devoted to educating the next generation of investigators by teaching graduate students and/or medical students and supervising postdoctoral fellows and other researchers. Some Investigator-Educators, whose primary focus is teaching, may demonstrate Scholarship in Education. Scholarship in Education is a unique form of teaching or education that must demonstrate sustained depth and commitment and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Originality, independence, leadership, and continuing productivity in investigative and/or educational scholarly activity
- Record of peer reviewed original publications in important journals, typically more than 40 (however, the actual number may range widely based upon significance, quality, and type of article), with evidence of significant contribution (e.g. first or senior author on a substantial proportion of

manuscripts, or essential contribution as in team science). More important than the number of publications is the expectation that the scholarship has substantially impacted the field. Some Investigator-Educators, whose primary focus is teaching, may submit Publication Equivalent Scholarly Products in place of traditional journal publications.

- Evidence of high impact scholarship – determined by H-index, number of times cited, documented in referee letters, etc.
- 7-10 noteworthy publications
- Consistent and continuing resources to sustain scholarship. For those faculty whose scholarship is of discovery/research, the resources to sustain that scholarship is funding that is most often federal and/or peer reviewed. For those faculty whose scholarship is of education, extramural funding may not be required to sustain scholarship.
- Consistent research theme and goals
- National and international reputation: evidenced by invited lectures and professorships, leadership in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Authorship of reviews and book chapters
- Publication of textbooks or handbooks as author and/or editor
- Record of programmatic responsibilities and contributions
- Evidence of innovative contributions, new methodologies, techniques, devices, diagnostic tools, university competitions/awards, industry sponsored research, SBIR/STTR grants, etc.
- Membership on study sections and other scientific advisory panels
- Scholarly excellence in entrepreneurship (appropriately managed Conflict of Interest) as documented by successful funding, authorship of patent disclosures, patent applications, copyrights, or other intellectual property and the commercialization of research into options, license, or new company formation
- Essential contribution to team science – such as leaders of core facilities or statisticians who make significant contributions
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Investigator Pathway

Faculty who seek appointment or promotion as a Clinician-Investigator generally devote significant amounts of their effort to both the clinical programs of the health system and the research programs of the School of Medicine. Clinician-Investigators are engaged in patient care, clinical service functions, and basic science, translational, or clinical research. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Originality, independence, leadership, and continuing productivity in investigative scholarly activity
- Record of peer reviewed original publications in important journals, typically more than 40 (however, the actual number may range widely based upon significance, quality, and type of article), with evidence of significant contribution (e.g. first or senior author on a substantial proportion of manuscripts, or essential contribution as in team science). More important than the number of publications is the expectation that the scholarship has substantially impacted the field.
- Evidence of high impact scholarship – determined by H-index, number of citations, documented in referee letters, etc.
- 7-10 noteworthy publications
- Consistent and continuing resources to sustain scholarship. For those faculty whose scholarship is of investigation, funding may be from federal, foundations, medical associations, medical societies, industry, government entities, and other sources. In select cases, the scholarly themes do not require significant funding to be successful and so external funding may not be present. For those faculty whose scholarship is of clinical innovation, extramural funding may not be required to sustain scholarship.
- Consistent research theme and goals
- National and international reputation, evidenced by invited lectures and professorships, leadership roles in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Authorship of reviews and book chapters
- Publication of textbooks and handbooks as author and/or editor
- Record of programmatic responsibilities and contributions
- Participation and leadership in clinical trials
- Evidence of innovative contributions, new methodologies, techniques, devices, diagnostic tools, university competitions/awards, industry sponsored research, SBIR/STTR grants, etc.
- Development and/or leadership in clinical programs
- Membership on study sections and other scientific advisory panels
- Scholarly excellence in entrepreneurship (appropriately managed Conflict of Interest) as documented by authorship of patent disclosures, patent applications, copyrights, or other intellectual property and the commercialization of research into options, license, or new company formation
- Essential contribution to team science – such as leaders of core facilities or statisticians who make significant contributions
- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University,
- and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Educator Pathway

Faculty who seek appointment or promotion as a Clinician-Educator generally devote significant amounts of their effort to both the clinical programs of the Health System and the educational programs of the School or Medicine. Clinician-Educators demonstrate Scholarship in Education. Scholarship in Education is a unique form of teaching or education that must demonstrate sustained depth and commitment and results in peer reviewed, original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Originality, independence, leadership, and continued productivity in the scholarship of education
- Evidence of innovation by creation and dissemination (by publication, AAMC MedEd Portal, etc.) of new educational activities, programs, curricula or products
- Record of scholarly contributions to knowledge, typically more than 30 original peer-reviewed publications or publication equivalent scholarly products; however, the actual number may range widely based upon significance and quality. More important than the number of scholarly products is the expectation that the scholarship has substantially impacted the field.
- Consistent and continuing resources to sustain scholarship. For those faculty whose scholarship is of education, extramural funding may not be required to sustain scholarship.
- National and international reputation, evidenced by invited lectures and professorships, leadership roles in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Significant programmatic level contributions to the School of Medicine or Departmental educational mission
- Leadership in the creation, design, organization, and teaching of symposia, panels, workshops or courses
- Leadership roles in medical education (e.g. Program Director, Course Director, Associate Program Director, etc.)
- Authorship of reviews and chapters
- Authorship of teaching materials for patients and lay publications
- Publication of textbooks or handbooks as author and/or editor
- Leadership in scientific educational organizations
- Leadership in the development and presentation of CME
- Development of teaching materials such as videos, computer programs, websites, podcasts, etc.
- Development of clinical guidelines used by hospitals, or clinics
- Development and/or leadership in clinical programs
- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University,

and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Leader Pathway

Faculty who seek appointment or promotion as a Clinician-Leader generally devote a significant percent of their effort to both the clinical programs of the Health System and leadership, administrative, and/or service activities of the Health System, Health Plan, clinical/hospital operations, and/or the community. Clinician-Leaders often demonstrate the Scholarship of Service, which organizes, imparts, and evaluates/assesses the knowledge associated with leadership and/or service to others and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuels, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Originality, independence, leadership, and continued productivity in the scholarship of service
- Evidence of innovation by creation and dissemination (by publication, AAMC MedEd Portal, etc.) of new educational activities, programs, curricula or products
- Record of scholarly contributions to knowledge, typically 30 peer reviewed original publications or publication equivalent scholarly products; however, the actual number may range widely based upon significance and quality. More important than the number of scholarly products is the expectation that the scholarship has substantially impacted the field
- Consistent and continuing resources to sustain scholarship. For those faculty whose scholarship is of education, extramural funding may not necessarily be required to sustain scholarship.
- National and international reputation, evidenced by invited lectures and professorships, membership in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Significant programmatic and administrative responsibilities and accomplishments
- Demonstration of clinical leadership
- Evidence of innovation through new activities, community-based projects, etc.
- Development of clinical guidelines used by hospitals or clinics
- Leadership of safety – quality improvement initiatives
- Leadership in Diversity, Equity, and Inclusion Programs
- Development and oversight of clinical programs or service lines
- Development and oversight of community service or community-based health initiatives focused on improving population and/or public health

- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

CRITERIA
APPOINTMENT AS ASSOCIATE PROFESSOR IN THE APPOINTMENT STREAM
PROMOTION TO ASSOCIATE PROFESSOR IN THE APPOINTMENT STREAM

ASSOCIATE PROFESSOR

Generally, the associate professor will have served a minimum of 5 years as an assistant professor. An associate professor should possess a doctoral or appropriate professional degree. Time in rank is not a sole criterion for promotion. Examples of objective criteria of excellence follow. An individual faculty may not demonstrate all the objective criteria provided for any given Pathway; however, they should demonstrate substantial achievements in a greater part of them.

The main criteria that must be achieved for promotion to associate professor include creation of a strong body of impactful scholarship, a local, regional, and developing national reputation, effectiveness as a teacher, and service. The promotions committee recognizes the highly individualized nature of faculty careers and the inherent limitations in any single criterion of scholarly excellence; and, therefore makes a holistic assessment of a faculty member's achievements.

Investigator-Educator Pathway

Faculty who seek appointment or promotion as an Investigator-Educator generally dedicate most of their effort as researchers and/or educators. A significant portion of their effort is devoted to educating the next generation of investigators by teaching graduate students and/or medical students and supervising postdoctoral fellows and other researchers. Some Investigator-Educators, whose primary focus is teaching, may demonstrate Scholarship in Education. Scholarship in Education is a unique form of teaching or education that must demonstrate sustained depth and commitment and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Record of peer reviewed original publications in journals, typically 15 (however, the actual number may range widely based upon significance, quality, and type of article), with evidence of contribution. Some Investigator-Educators, whose primary focus is teaching, may submit Publication Equivalent Scholarly Products in place of traditional journal publications.
- Resources to support investigation. For those faculty whose scholarship is of education, extramural funding may not necessarily be required to sustain scholarship.
- Local, regional, and developing national reputation, evidenced by invited lectures and professorships, membership and leadership roles in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia

- Authorship of reviews and book chapters
- Record of programmatic responsibilities and contributions
- Evidence of innovative contributions, new methodologies, techniques, devices, diagnostic tools, university competitions/awards, industry sponsored research, SBIR/STTR grants, etc.
- Scholarly excellence in entrepreneurship (appropriately managed Conflict of Interest) as documented by successful funding, authorship of patent disclosures, patent applications, copyrights, or other intellectual property and the commercialization of research into options, license, or new company formation
- Contribution to team science
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Investigator Pathway

Faculty who seek appointment or promotion as a Clinician-Investigator generally devote significant amounts of their effort to both the clinical programs of the Health System and the research programs of the School of Medicine. Clinician-Investigators are engaged in patient care, clinical service functions, and basic science, translational, or clinical research. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Record of peer reviewed original publications in journals, typically 15 (however, the actual number may range widely based upon significance, quality, and type of article), with evidence of contribution.
- Resources to support investigation. For those faculty whose scholarship is of clinical innovation, extramural funding may not necessarily be required to sustain scholarship.
- Local, regional, and developing national reputation, evidenced by invited lectures and professorships, membership in professional societies, service
- on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Authorship of reviews and book chapters
- Record of programmatic responsibilities and contributions
- Participation in clinical trials
- Evidence of innovative contributions, new methodologies, techniques, devices, diagnostic tools, university competitions/awards, industry sponsored research, SBIR/STTR grants, etc.
- Development of clinical programs
- Scholarly excellence in entrepreneurship (without Conflict of Interest) as documented by successful funding, authorship of patent disclosures, patent applications, copyrights, or other intellectual property and the commercialization of research into options, license, or new company formation

- Contribution to team science
- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Educator Pathway

Faculty who seek appointment or promotion as a Clinician-Educator generally devote significant amounts of their effort to both the clinical programs of the Health System and the educational programs of the School or Medicine. Clinician-Educators demonstrate Scholarship in Education. Scholarship in Education is a unique form of teaching or education that must demonstrate sustained depth and commitment and results in peer-reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Record of scholarly contributions to knowledge, typically 10 peer reviewed original publications or publication equivalent scholarly products; however, the actual number may range widely based upon significance and quality
- Evidence of innovation by creation and dissemination (by publication, AAMC MedEd Portal, etc.) of new educational activities, programs, curricula or products
- Local, regional, and developing national reputation, evidenced by invited lectures and professorships, membership in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Programmatic level contributions to the School of Medicine or Departmental educational mission
- Leadership roles in medical education (e.g. Program Director, Course Director, Associate Program Director, etc.)
- Authorship of reviews and book chapters
- Authorship of teaching materials for patients and lay publications
- Membership in scientific educational organizations
- Teaching of symposia, panels, workshops, or courses
- Development and presentation of CME
- Development of teaching materials such as videos, computer programs, websites, podcasts, etc.
- Development of clinical guidelines used by hospitals, or clinics
- Development of clinical programs
- Record of high-quality patient care

- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Leader Pathway

Faculty who seek appointment or promotion as a Clinician-Leader generally devote a significant percent of their effort to both the clinical programs of the Health System and leadership, administrative, and/or service activities of the Health System, Health Plan, clinical/hospital operations, and/or the community. Clinician-Leaders often demonstrate the Scholarship of Service, which organizes, imparts, and evaluates/assesses the knowledge associated with leadership and/or service to others and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Record of scholarly contributions to knowledge, typically 10 peer reviewed original publications or publication equivalent scholarly products; however, the actual number may range widely based upon significance and quality
- Local, regional, and developing national reputation, evidenced by invited lectures and professorships, membership in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Programmatic and administrative responsibilities and accomplishments
- Demonstration of clinical leadership
- Evidence of innovation through new activities, community-based projects, etc.
- Development of clinical guidelines used by hospitals or clinics
- Leadership of safety – quality improvement initiatives
- Leadership in Diversity, Equity, and Inclusion Programs
- Development and oversight of clinical programs or service lines
- Development and oversight of community service or community-based health initiatives focused on improving population and/or public health
- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds

- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

CRITERIA
APPOINTMENT AS PROFESSOR IN THE
APPOINTMENT STREAM
PROMOTION TO PROFESSOR IN THE APPOINTMENT
STREAM

PROFESSOR

Most individuals will have served 5 to 7 years as Associate Professor. The rank of professor recognizes the attainment of authoritative knowledge and reputation in a recognized field of learning and the achievement of effective teaching skills. The professor should have attained superior stature in their field through scholarship, professional practice, and leadership in professional and learned organizations.

Time in rank is not a sole criterion for promotion. Examples of objective criteria of excellence follow. An individual faculty may not demonstrate all the objective criteria provided for any given Pathway; however, they should demonstrate substantial achievements in a greater part of them.

The main criteria that must be achieved for promotion to professor include creation of a strong body of impactful scholarship, national and developing international reputation, effectiveness as a teacher, and service. The promotions committee recognizes the highly

individualized nature of faculty careers and the inherent limitations in any single criterion of scholarly excellence; and, therefore makes a holistic assessment of a faculty members achievements.

Professors must demonstrate a sustained trajectory of contribution and career progression with increasing responsibilities and accomplishments over time, ranking among the foremost leaders in their field.

Investigator-Educator Pathway

Faculty who seek appointment or promotion as an Investigator-Educator generally dedicate most of their effort as researchers and/or educators. A significant portion of their effort is devoted to educating the next generation of investigators by teaching graduate students and/or medical students and supervising postdoctoral fellows and other researchers. Some Investigator-Educators, whose primary focus is teaching, may demonstrate Scholarship in Education. Scholarship in Education is a unique form of teaching or education that must demonstrate sustained depth and commitment and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Record of peer reviewed original publications in journals, typically 30 (however, the actual number may range widely based upon significance, quality, and type of article), with evidence of contribution. Some Investigator-

Educators, whose primary focus is teaching, may submit Publication Equivalent Scholarly Products in place of traditional journal publications.

- Resources to support investigation. For those faculty whose scholarship is of education, extramural funding may not be required to sustain scholarship.
- National and international reputation evidenced by invited lectures and professorships, leadership roles in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences or symposia
- Authorship of reviews, book chapters, and/or textbooks
- Record of programmatic responsibilities and contributions
- Evidence of innovative contributions, new methodologies, techniques, devices,
- diagnostic tools, university competitions/awards, industry sponsored research, SBIR/STTR grants, etc.
- Scholarly excellence in entrepreneurship (appropriately managed Conflict of Interest) as documented by successful funding, authorship of patent disclosures, patent applications, copyrights, or other intellectual property and the commercialization of research into options, license, or new company formation
- Contribution to team science
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Investigator Pathway

Faculty who seek appointment or promotion as a Clinician-Investigator generally devote significant amounts of their effort to both the clinical programs of the Health System and the research programs of the School of Medicine. Clinician-Investigators are engaged in patient care, clinical service functions, and basic science, translational, or clinical research. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Record of peer reviewed original publications in journals, typically 30 (however, the actual number may range widely based upon significance, quality, and type of article), with evidence of contribution.
- Resources to support investigation. For those faculty whose scholarship is of clinical innovation, extramural funding may not be required to sustain scholarship.
- National and international reputation evidenced by invited lectures and professorships, leadership roles in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Authorship of reviews, book chapters, and/or textbooks
- Record of programmatic responsibilities and contributions
- Participation and leadership in clinical trials
- Evidence of innovative contributions, new methodologies, techniques,

devices, diagnostic tools, university competitions/awards, industry sponsored research, SBIR/STTR grants, etc.
- Development and leadership in clinical programs
- Scholarly excellence in entrepreneurship (without Conflict of Interest) as documented by successful funding, authorship of patent disclosures, patent applications, copyrights, or other intellectual property and the commercialization of research into options, license, or new company formation
- Contribution to team science
- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Educator Pathway

Faculty who seek appointment or promotion as a Clinician-Educator generally devote significant amounts of their effort to both the clinical programs of the Health System and the educational programs of the School or Medicine. Clinician-Educators demonstrate Scholarship in Education. Scholarship in Education is a unique form of teaching or education that must demonstrate sustained depth and commitment and results in peer-reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Record of scholarly contributions to knowledge, typically 20 peer reviewed, original publications or publication equivalent scholarly products; however, the actual number may range widely based upon significance and quality
- National and international reputation evidenced by invited lectures and professorships, leadership roles in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Evidence of innovation by creation and dissemination (by publication, AAMC MedEd Portal, etc.) of new educational activities, programs, curricula or products
- Significant programmatic level contributions to the School of Medicine or Departmental educational mission
- Creation, design, organization, and teaching of symposia, panels, workshops, or courses
- Leadership roles in medical education (e.g. Program Director, Course Director, Associate Program Director, etc.)

- Authorship of reviews and book chapters
- Authorship of teaching materials for patients and lay publications
- Publication of textbooks or handbooks
- Leadership in scientific educational organizations
- Leadership in the development and presentation of CME
- Development of teaching materials such as videos, computer programs, websites, podcasts, etc.
- Development of clinical guidelines used by hospitals, or clinics
- Development and/or leadership of clinical programs
- Record of high-quality patient care
- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinician-Leader Pathway

Faculty who seek appointment or promotion as a Clinician-Leader generally devote a significant percent of their effort to both the clinical programs of the Health System and leadership, administrative, and/or service activities of the Health System, Health Plan, clinical/hospital operations, and/or the community. Clinician-Leaders often demonstrate the Scholarship of Service, which organizes, imparts, and evaluates/assesses the knowledge associated with leadership and/or service to others and results in peer reviewed original publications or publication equivalent scholarly products that fulfill the following criteria of being: 1) disseminated, 2) peer reviewed, 3) able to be applied by and built upon by others. Examples could include: Clinical Practice Guidelines, Curricula, Laboratory Manuals, Textbooks, Book Chapters, enduring symposia, enduring service products (e.g. Street Medicine Program), virtual educational materials, creation of assessment tools (e.g. OSCE), etc. Examples of objective evidence of excellence in this pathway include the following; and, every individual need not meet every criterion.

- Record of scholarly contributions to knowledge, typically 20 peer reviewed original publications or publication equivalent scholarly products; however, the actual number may range widely based upon significance and quality
- National and international reputation evidenced by invited lectures and professorships, leadership roles in professional societies, service on editorial boards or as a reviewer, invited papers, organizing conferences and symposia
- Programmatic and administrative leadership roles with demonstrated responsibilities and accomplishments
- Leadership roles within the hospital, Health System, or Health Plan
- Evidence of innovation through new activities, community-based projects, etc.
- Development of clinical guidelines used by hospitals or clinics
- Leadership of safety – quality improvement initiatives
- Development and oversight of clinical programs, service lines
- Leadership in Diversity, Equity, and Inclusion Programs
- Development and oversight of community service/health initiatives focused on population and public health
- Record of high-quality patient care

- Record of high-quality teaching as documented by learner and peer evaluations and educational outcomes
- Record of robust service to the Department, School of Medicine, University, and/or community
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

FACULTY TITLES WITH VISITING PREFIX

The School of Medicine recognizes that some faculty members may receive a temporary appointment. This Visiting appointment is usually for not more than one academic year.

FACULTY TITLES WITH ADJUNCT PREFIX

The School of Medicine recognizes that some faculty members whose primary appointment is outside an academic unit of the University of Pittsburgh may receive an adjunct appointment. These faculty often participate in collaborative projects within the University of Pittsburgh. No salary or benefits are provided to adjunct faculty.

FACULTY TITLES WITH RESEARCH PREFIX

RESEARCH PREFIX

The School of Medicine recognizes that some faculty members contribute substantially to the mission of the University, primarily through scholarly investigation and research. These faculty are best evaluated using metrics commensurate with their specific roles rather than those used in the usual tenure and appointment stream tracks.

Individuals who seek the faculty title with the “Research” prefix generally spend greater than 90 percent of their effort in scientific investigation. Faculty with the “Research” prefix choose to contribute to the academic mission primarily by *collaboration* on research projects and in *supportive* roles to a Principal Investigator’s research group. Faculty with the “Research” prefix may participate in educational activities of the School of Medicine; however, they are not expected to have regular teaching or service responsibilities external to their research group.

These individuals provide valued collaboration in research programs but in most instances are not principal investigators on grants, nor are they expected to be first or corresponding authors on most publications. Faculty positions with the “Research” prefix are different from that of the *non-faculty* position of staff scientist (*refer to Human Resources for staff job classifications*).

CRITERIA
APPOINTMENT AS RESEARCH INSTRUCTOR AND RESEARCH ASSISTANT PROFESSOR
PROMOTION TO RESEARCH ASSISTANT PROFESSOR

Research Instructor
The research instructor should have earned a doctoral degree, the highest appropriate professional degree, or provide evidence that they are successfully pursuing such a degree and expects to receive it within a reasonable time. The appointment to Research Instructor usually represents a transitional appointment, generally lasting no more than 2-3 years. Reappointment depends upon satisfactory scholarly progress and a demonstrated interest in, and ability to pursue, an academic career.

Common activities include:

- Serves as an important member of a principal investigator's research group
- Develops specialized expertise that is incorporated into the research group's endeavors
- Serves as a resource for other members of the research group
- Trains group members in experimental techniques
- Assists group members in interpretation of data and in articulating research questions
- May assist in the preparation of manuscripts, review articles, book chapters, and grant proposals
- Makes research presentations at group meetings and scientific conferences

Research Assistant Professor
A research assistant professor should have demonstrated substantial experience in advanced study and research. They should possess a doctoral or appropriate professional degree. They should exhibit promise of excellence in research. For appointment, typically they will have published five or more articles in peer reviewed journals and will have made research presentations at scientific meetings. The Research Assistant Professor should demonstrate active interest in advancing their career by attending local and national scientific meetings.

Common activities include:

- Serves as an important member of a principal investigator's research group by providing intellectual input into research design and progress
- Exercises specialized expertise that is incorporated into the research group's endeavors
- Has responsibility for at least one project or sub-project that integrates with the research group's portfolio, including articulating the problem, developing the research plan and budget, conducting the research, interpreting the results, and preparing manuscripts
- Is encouraged to apply for both internal and external sources of research funding that complements the research group's portfolio

- Serves as a resource for other members of the research group
- Trains group members on specialized experimental techniques
- Assists group members in interpretation of data and in articulating research questions
- Assists in the preparation of manuscripts, review articles, book chapters, and grant proposals
- Makes research presentations at group meetings and scientific conferences
- Participates in or initiates research collaborations between the PI and other internal or external investigators

CRITERIA
APPOINTMENT AS RESEARCH ASSOCIATE PROFESSOR OR RESEARCH PROFESSOR
PROMOTION TO RESEARCH ASSOCIATE PROFESSOR OR RESEARCH PROFESSOR

Research Associate Professor
Generally, will have served a minimum of 5 years as a research assistant professor. Time in rank at the research assistant professor level is not, of itself, adequate for consideration for promotion. A research associate professor should possess a doctoral or appropriate professional degree and have substantial experience in research. The faculty should show a capacity for continued growth as a scientist, scholar, and member of their profession. They also should have progressed in developing research skills, being identified as a core member of a research team and attaining eminence in an area of investigation.

Examples of objective evidence of investigative achievement for research associate professor include the following; and, every individual need not meet every criterion:

- Demonstration of excellence in research with consistent theme and goals
- Record of scholarly original publications in peer reviewed journals, typically 15 or more (however the actual number may range widely based upon significance, quality, and type of article). Status as first or senior author is not required.
- Record of research presentations at scientific meetings
- Authorship of reviews, chapters, and/or book chapters
- Supportive and collaborative role in obtaining funding, including intellectual contribution; may also have obtained independent funding, however this is not required
- Local, regional and developing national reputation: evidenced by letters, invited lectures, membership in professional societies, service on editorial boards or as a manuscript or grant reviewer

Research Professor

Generally, will have served a minimum of 5 to 7 years as a research associate professor. The rank of research professor recognizes the attainment of authoritative knowledge, skills, and reputation in a recognized field of investigation. The faculty member should have attained superior stature in their field through research and scholarship. They will have achieved expertise in writing and leadership in professional and learned organizations, as well as having exceeded the standards described for ranks shown above.

Time in rank at the research associate professor level is not, of itself, adequate for consideration for promotion. Individuals considered for appointment or promotion to Research Professor must demonstrate achievement in scholarly investigation.

Examples of objective evidence of investigative achievement for research professor include the following; and, every individual need not meet every criterion:

- Demonstration of excellence in research with consistent theme and goals
- Record of scholarly original publications in peer reviewed journals, typically 30 or more (however the actual number may range widely based upon significance, quality, and type of article). Status as first or senior author is not required.
- Record of substantial research presentations at scientific meetings
- Authorship of reviews, chapters, book chapters, and/or textbooks
- Supportive and collaborative role in obtaining funding, including intellectual contribution; may also have obtained independent funding, however this is not required
- National and developing international reputation: evidenced by letters, invited lectures, membership in professional societies, service on editorial boards or as a manuscript reviewer
- Recognition and demonstration of being an essential member of the research team, providing critical leadership in laboratory function, and supporting the overall cohesion of the research team
- Membership on editorial boards of scientific publications
- Leadership roles in scientific organizations
- Membership on study sections and other scientific advisory panels

FACULTY TITLES WITH CLINICAL PREFIX

CLINICAL PREFIX

Individuals who seek a faculty appointment with the “Clinical” prefix generally spend greater than 90 percent of their effort in clinical care, and often in the community setting, at non-core teaching sites, away from the academic medical center. Faculty with the “Clinical” prefix choose to contribute to the academic mission by imparting knowledge - clinically at the bedside, on the wards, in the operating room, and clinic. They participate in scholarly activity and the education of medical students, residents, and fellows.

In addition, faculty with a “Clinical” prefix participate in the service activities of their Department and School of Medicine, such as: participation in committee work, clinical research trials, and other administrative activities. In addition, these faculty members may participate in community service or health initiatives.

“Clinical” prefix faculty are granted “voluntary” appointments which are without University salary, benefits, or employment status.

Clinical Instructor

The instructor should have earned a doctoral degree or the highest appropriate professional degree. Initial appointment at the rank of clinical instructor is appropriate for a faculty member who has completed post-graduate training; and, reappointment depends upon satisfactory scholarly progress and a demonstrated interest in, and ability to pursue, an academic career.

Clinical Assistant Professor

The clinical assistant professor should possess a doctorate or appropriate professional degree and have demonstrated teaching ability and provision of service to the School of Medicine. The faculty should exhibit promise of excellence in some field connected with medicine and should have demonstrated ability in guiding and advising students.

CRITERIA
APPOINTMENT AS OR PROMOTION TO CLINICAL ASSOCIATE PROFESSOR
APPOINTMENT AS OR PROMOTION TO CLINICAL PROFESSOR

Clinical Associate Professor
Generally, the clinical associate professor will have served a minimum of 5 years as a Clinical Assistant Professor. Time in rank at the clinical assistant professor level is not, of itself, adequate for consideration for promotion.

The clinical associate professor is one who should possess a doctorate or appropriate professional degree and have substantial experience in teaching and the ability for continuing growth as a teacher, scholar, and member of their profession.

Demonstration of incremental achievement since initial appointment or last promotion must be demonstrated for promotion. Examples of objective evidence of achievement for clinical associate professor include the following; and, every individual need not meet every criterion:

- Active contribution to the academic mission of the School of Medicine
- Sustained teaching of medical students, residents, and fellows
- Teaching of symposia, panels, workshops, or courses
- Development of teaching materials such as videos, computer programs, websites, podcasts, etc.
- Record of high-quality teaching as documented by learner and peer evaluations
- Mentoring, coaching, evaluating, precepting, advising, and supervising medical students, residents, fellows, staff, and junior faculty
- Evidence of scholarship by creation and dissemination (by publication, AAMC MedEd Portal, etc.) of new educational activities, programs, curricula or products
- Record of scholarly contributions to knowledge by publication or publication equivalent scholarly products
- Membership in scholarly organizations
- Authorship of reviews or book chapters
- Authorship of teaching materials for patients and lay publications
- Development of community service projects designed to improve the health of the community served
- Participation in clinical programs or community service programs
- Record of high-quality clinical care
- Development of clinical guidelines used by hospitals, offices or clinics
- Participation in safety and/or quality improvement initiatives
- Record of robust service to the Department, School of Medicine, University, and/or the community
- Programmatic and administrative responsibilities and accomplishments
- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

Clinical Professor

Generally, the clinical professor will have served 5-7 years as clinical associate professor. Time in rank at the clinical associate professor level is not, of itself, adequate for consideration for promotion. The rank of clinical professor recognizes the attainment of authoritative knowledge and reputation in a recognized field of learning and the achievement of effective teaching skills. Clinical professors must have achieved recognition as outstanding teachers, clinicians, or administrators who demonstrate leadership in education, clinical program development, and/or community service programs that serve the academic mission of the Department and the School of Medicine.

Clinical professors demonstrate a sustained trajectory of contribution and career progression with increasing responsibilities and accomplishments over time.

Demonstration of incremental achievement since initial appointment or last promotion must be demonstrated for promotion. Criteria for promotion to clinical professor include the following; however, every individual need not meet every criterion:

- Active contribution to the academic mission of the School of Medicine
- Sustained teaching of medical students, residents, and fellows
- Development and teaching of symposia, panels, workshops, or courses
- Leadership in the development and presentation of CME
- Development of teaching materials such as videos, computer programs, websites, podcasts, etc.
- Record of high-quality teaching as documented by learner and peer evaluations
- Mentoring, coaching, evaluating, precepting, advising, and supervising medical students, residents, fellows, staff, and junior faculty
- Evidence of scholarship by creation and dissemination (by publication, AAMC MedEd Portal, etc.) of new educational activities, programs, curricula or products
- Record of scholarly contributions to knowledge by publication or publication equivalent scholarly products
- Leadership and substantial presentation and participation at scholarly organizations
- Authorship of reviews, book chapters, or textbooks
- Authorship of teaching materials for patients and lay publications
- Development and oversight of community service/health initiatives focused on population and public health
- Record of high-quality clinical care
- Development of clinical guidelines used by hospitals, offices or clinics
- Leadership of safety and/or quality improvement initiatives
- Record of robust service to the Department, School of Medicine, University, and/or community through service on department, hospital, School of Medicine, or University committees
- Programmatic and administrative leadership responsibilities and accomplishments
- National and international reputation evidenced by invited lectures and professorships, leadership roles in professional societies, service on editorial

boards or as a reviewer, invited papers

- Awards, Honors, and Prizes for research, teaching, and/or service
- Mentoring of students and trainees at all levels and especially those from underrepresented and disadvantaged backgrounds
- Demonstrated commitment to supporting and increasing diversity and inclusion within our University

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