

**University of Nebraska
College of Medicine
Promotion and Tenure Guidelines¹**

2009-10 Academic Year

Section I: Introduction

The purpose of this document is to specify an application procedure for promotion and tenure, and to provide a set of standards and criteria upon which decisions for promotion and tenure can be based. The mission of the College of Medicine² in a broad sense includes (1) education of undergraduate, allied health, medical and graduate students, and residents; (2) research programs designed to advance medical and scientific understanding of health and disease, as well as advance basic scientific knowledge; (3) provision of comprehensive patient care; and (4) health-related service, including that to the community and the state.

The fulfillment of this mission demands excellence in four areas of professional emphasis: (1) teaching, (2) research and other scholarly activities, (3) patient care, and (4) service (including administration) to the University (including all of its subunits), to peer professionals and to the public.

Whereas the College of Medicine expects its faculty to demonstrate overall excellence in all aspects of its mission, the College recognizes that few faculty members can perform equally in the areas of teaching, research, clinical activity, and service including administration. Nonetheless, teaching is of paramount importance and all faculty are expected to participate. For promotion to associate professor, it is expected that significant achievement will be made in at least two areas of emphasis and competence demonstrated in at least one other area of emphasis. For promotion to full professor, it is expected that the highest level of excellence will be achieved in at least one area of emphasis, with continued achievement in two other areas of emphasis.

The criteria provided in this document are guidelines. It is recognized that not all faculty will fit unified or predefined stereotypes and that each candidate will come forward with a unique blend of activities supporting, in different ratios, the four major missions of the College of Medicine. Diversity is to be expected and encouraged among faculty members. For this reason, criteria for promotion and tenure allow consideration of a variety of different professional areas of emphasis. The College and Departmental Promotion and Tenure Committees must use flexibility in evaluating candidates

¹ The College of Medicine Promotion and Tenure Guidelines are based on the UNMC Guidelines for Submitting Academic Promotion and Tenure Recommendations. The College of Medicine Promotion and Tenure Guidelines relate specifically to College of Medicine academic faculty and are the guidelines utilized by the College of Medicine Committee for Promotions and Continuous Appointment.

² The School of Allied Health Professions is a unit within the administrative structure of the College of Medicine. In the College of Medicine, the Dean is the administrative head; in the School of Allied Health Professions, the Associate Dean is the administrative head. A department chairperson has responsibilities in the College of Medicine which are compatible with the responsibilities of the division directors in the School of Allied Health Professions. Throughout this document, the term "chairperson" is intended to refer to both the chairperson and the division director; whereas "dean" is used to refer to the CEO of both the College and School of Allied Health Professions. The context of the document defines the unit/CEO to which reference is made.

and may depart from the guidelines when necessary; however, reasons for making such departures must be documented and explained clearly. It is a primary responsibility of the candidate, through his or her written narrative(s), and the Chairperson through his or her accompanying letter, to clearly define how the candidate contributes, in the chosen areas of emphasis, to the missions of the College of Medicine.

Section II: Selection of Area of Emphasis

The Department Chair has a responsibility to assist every new faculty appointee in selecting a major area of emphasis. All faculty members need and deserve this counsel as part of their career development. It is recognized that circumstances may make change in professional emphasis necessary. However, this must be carefully considered because frequent deviations may delay achievement of a record of professional excellence.

Each new faculty member will select a primary area of emphasis by agreement with his or her Department Chair. This selection would be compatible with activities required to achieve the long term goal of promotion to full Professor. Teaching, research, or patient care may be selected as a primary emphasis. Service may be a secondary emphasis, but promotion or tenure will not be granted for faculty with a primary emphasis in service.

Section III: Areas of Emphasis Described

A. Teaching. This includes the ability to lead students to think purposefully and critically, to interest students in the broad problems of the subject under study, to exhibit teaching innovation, to construct reliable and valid instruments of evaluation, to interpret the results of learning evaluations impartially, to maintain sound academic standards, and finally to foster professional attitudes within students. It should be recognized that teaching within the College of Medicine may include various formats such as lectures, laboratory interaction, small group instruction, development of instructional materials or innovative methods, or administrative activities such as course organization, development, and direction. Teaching also includes mentoring and supervision of graduate students and post-doctoral fellows/associates. Other aspects of teaching include supervision or mentoring of other faculty; health professionals; and physicians-in-training performing inpatient, outpatient, procedural and laboratory service. Recognition of outstanding performance as a teacher by peers and by students can be a powerful factor in the evaluation process.

B. Research and Other Scholarly Activities. Research can broadly be described as a process of investigation or inquiry that leads to the acquisition of new knowledge. Although research in the medical sciences often focuses on disease processes, it may also address the normal condition. Epidemiology, behavioral sciences, ethics, education, medical physics, basic biology, basic chemistry, information science, and so forth are all suitable areas for research activity. In the study of normal and disease processes, research may be basic (laboratory-based), translational (applied) or clinical (human studies).

Scholarly activities should be interpreted broadly and should not be limited to those activities ordinarily characterized as research. Scholarly activity may also include the synthesis of new ideas, writing textbooks and monographs, and the application of fundamental knowledge to research, technology transfer, software design, website design, or other activities related to information sciences, and the development of innovative teaching methods.

Successful acquisition of extramural funds through peer-reviewed mechanisms or through corporate research programs and publications of results in the peer-reviewed literature are most often used as indicators of the quantity and quality of research. Nevertheless, in the evaluation of scholarly activity, especially that conducted outside the traditional boundaries of research, emphasis should be placed not only on the quantity of the work produced but also on quality of the work and the impact the scholarly activity has on the faculty member's chosen area of study. This scholarly impact may be demonstrated through invitations to chair or organize national symposia, to edit books or provide textbook chapters and through other activities which demonstrate the regional, national and international reputation of the scholar. Of special importance in this regard are letters solicited from individuals outside the UNMC College of Medicine community who are in a position to assess the relative importance of the faculty member's work and his or her status in the academic community.

Faculty members emphasizing research and scholarly activity also are expected to develop a high level of teaching effectiveness.

C. Patient Care. Critical to the success of the College of Medicine is the delivery of patient care. Indeed, the success of the students' clinical education may depend on their association with faculty members who deliver excellent clinical care to patients. Patient care may be categorized as direct (such as within the hospital or various outpatient clinics) or indirect (as provided by specialized tests or procedures). Access to such activities is essential for allied health and medical students and physicians-in-training. In addition, a large part of the environment and resources for teaching and support for new research within the College of Medicine is provided by patient care activities.

Faculty members emphasizing patient care also are expected to develop a high level of teaching effectiveness. For promotion at the level of professor, scholarly communications illustrating the candidate's significant impact in his or her professional community are expected.

D. Service (including Administration) to the University, Peer Professionals, and Public. Administrative activities are important to the overall mission and operation of any college of medicine. The execution of administrative activities may be the primary function of some faculty members. Administrative activities can be performed within the School of Allied Health Professions, the various Departments, the College of Medicine, the Medical Center (campus-wide), the University of Nebraska, The Nebraska Medical Center or the Veterans Administration Hospital, or the UNMC Physicians. In addition to administration, professional service may include direction of local and national/international continuing medical education symposia, scientific workshops, and policy making bodies. A faculty member should demonstrate the ability to cooperate with other professionals involved in service and educational functions. There should be evidence of commitment to continued upgrading of professional knowledge and skills. Other evidence of professional service may take the form of education and leadership of peer professionals. The latter would be indicated by leadership positions in local, state, or national professional associations and societies, consultantships, service on advisory boards, service on editorial boards or as a manuscript reviewer, invited professional lectureships, and so forth. Relevant community or public service, particularly as it relates to the faculty member's professional competence, is encouraged.

Section IV: Process of Application

A. Establishment of a Departmental Advisory Committee for Promotion & Tenure. The College of Medicine expects that, for each Departmental promotion and tenure cycle, a Departmental Advisory Committee will be established to oversee the process and assemble the application materials for forwarding to the College of Medicine's Promotion and Tenure Committee for review. It is expected that the committee, appointed by the Department Chairperson, will consist of three or more Departmental faculty at or, preferably, above the candidate's present academic rank.

Membership of tenured faculty on the Departmental Advisory Committee is also to be preferred. Nevertheless, there will be circumstances (e.g., small departments, few persons of full professor rank, or joint appointments) where the desired committee composition is not possible. In such cases, the membership of the Committee may be expanded to include Departmental faculty that are non-tenured or at an academic rank below that of the candidate. In rare instances, it may be useful to have faculty from other College of Medicine Departments serve. The Department Chairperson may not serve on his or her own Departmental Advisory Committee for promotion and tenure. It is recommended that some continuity in the Departmental Advisory Committee be established by utilizing staggered 2-3 year appointments for the members.

B. Responsibilities of the Departmental Advisory Committee. This Committee will assemble a complete file of materials required by the College of Medicine Promotion and Tenure Committee. It is the responsibility of the Chair of the Departmental Advisory Committee to inform each candidate for promotion or tenure that the candidate is responsible for providing the information necessary for assembling a complete portfolio. The Committee or Department Chair will solicit such letters of reference as are required for the promotion or tenure (see Paragraph D (5) of this Section).

When the candidate's promotion or tenure file has been completely assembled (see Paragraph D below), the Committee will meet to review the material and to make a recommendation to the Department Chair. Candidates will be given an opportunity to review their files (minus letters of reference for which waivers of access have been provided) prior to the formal meeting of the Committee to consider the candidate's request for promotion or tenure. Candidates may comment in writing about items in their file. Such written comments will be appended to their promotion and tenure file.

Minutes of the Departmental Advisory Committee meeting must be kept, and they will become a permanent part of the candidate's promotion or tenure file. The minutes must include a brief summary of the discussion, the results of the vote, and, if there is a split vote, the minority opinion must be presented. All these documents are submitted to the Department Chair. The summary of the discussion including the recommendation of the Committee must also be sent to the candidate.

C. Responsibility of the Department Chair. The Department Chair is responsible for identifying individuals eligible for promotion or tenure and for forwarding the completed application for promotion or tenure to the College of Medicine Promotion and Tenure Committee. The material submitted to the Promotion and Tenure Committee must include the minutes of the Departmental Advisory Committee's meeting. The Chair will also include a comprehensive letter of evaluation with his or her recommendation to the College of Medicine's Promotion and Tenure Committee. It is extremely important that the chairperson's letter identify the areas of emphasis in academic endeavor [*1) teaching, 2) research and other scholarly activities, 3) patient care, or 4) service to the University, to peer professionals, and to the public*] upon which the recommendation is based. The letter should address the individual's personal qualities such as integrity, reliability, collegiality, and so forth. Also, the chairperson's letter should contain summaries of teaching evaluations by undergraduate, graduate and professional students, and peer faculty members. If the Chair's recommendation is different from that of the Department's Advisory Committee, the letter must provide a detailed explanation of the reasons for the alternative recommendation.

Each department may assess productivity in all areas using an assessment form prepared annually, reviewed and linked to the annual review of the faculty by the Department Chair. In addition, departments should include in this assessment a methodology/tool to measure the quality and quantity of the teaching activities of faculty members. The Department Chair will use the data from the productivity assessment forms to provide a summary showing individual growth in comparison to the applicant's peer group. This summary should include data for productivity since the last promotion.

As provided for in the UNMC Guidelines for Submitting Academic Promotion and Tenure Recommendations, "A negative decision at the department level may be appealed within the college/institute. . . . An individual wishing to appeal a department-level decision must present his/her arguments in writing to the dean within 15 days after receiving written notification of the department chairperson's decision."

D. Documents. An individual's academic accomplishments must be thoroughly and accurately outlined for the review and decision making process. Documentation of all activities should be outlined in a productivity assessment form which accompanies the individual's curriculum vitae. A faculty member's academic rank will be that of their primary appointment. A faculty member holding an appointment (paid or courtesy) in more than one academic unit of the College of Medicine shall carry his or her primary academic rank to their secondary appointments. However, according to the UNMC Promotion and Tenure Guidelines, separate transmittal forms are required for each appointment.

(1) UNMC Transmittal Form. This form (Appendix A of the UNMC guidelines) provides the cover sheet on which the recommendations of the Chair and the Departmental Promotion and Tenure Committee are indicated. It acts as a summary sheet for all actions in a given promotion or tenure deliberation.

(2) Chairperson's Letter. See Section IV, Paragraph C.

(3) Curriculum Vitae. All candidates for promotion or tenure must submit a current *Curriculum Vitae* in the format specified in B of the UNMC guidelines. Uniformity of cv's will facilitate the review process. Appendix C has been added to the curriculum vitae for purposes of promotion and tenure. (See page 21).

(4) Academic Portfolio. The faculty member under review must prepare a clear and succinct narrative of the highlights and importance of his or her academic accomplishments in a) teaching, b) research and scholarly activities, c) patient care, and d) service to the University, to peer professionals and to the public. This may be done in one narrative but the individual must use the previously mentioned subheadings (a-d) in describing his or her accomplishments. There is no minimum length required but the documents will not be more than 8 pages (2 pages per subheading) in length (8 1/2 x 11 inches, 1" margins).

(5) External Letters of Reference. Applications for promotion to associate or full professor and for tenure must be accompanied by letters of reference from individuals of equal or higher standing who are qualified to critically evaluate the importance of the candidate's work and his or her status in the professional community. A minimum of three (3) letters of reference are required. These letters should not all be from individuals who have mentored or otherwise collaborated with the candidate. Whereas the candidate may suggest the names of individuals who would be qualified to review his or her work, it is required that at least one letter should be from an individual **not identified by the candidate**. This letter should be labeled as such. If necessary, additional names may be solicited from the individuals identified by the candidate.

It is important that letters to external reviewers be sent by the chairperson of the Departmental Advisory Committee for Promotion and Tenure, the departmental chairperson, or the Dean, and not by the candidate. Generally, external reviewers in other universities should have professorial rank at or above that being considered for the candidate. The academic portfolio should include a short description of the qualifications of each reviewer, the relationship of the reviewer to the candidate, and a copy of the letter soliciting a review. The letters soliciting such a review should use neutral language, asking for an evaluation (not a letter of support), and must indicate to the reviewer whether

or not the candidate has waived his or her right of access to letters of reference. These letters should be addressed to the chairperson of the requesting department.

Candidates must determine whether they wish to waive or retain their right of access to letters of reference. A form (Appendix D) indicating the candidate's wishes regarding access to letters of reference must be signed before letters are solicited.

(6) Copies of Publications. Candidates for Promotion should submit copies of not more than five (5) of the most important publications which were printed or accepted for publication since their last promotion. Candidates for Tenure also should submit copies of not more than five (5) of the most important publications.

Section V: Review Process

The Promotion and Tenure Committee of the College of Medicine is a standing committee appointed by the Faculty Council (*Section 4.1.1. of the Structure, Rules and Regulations of the Faculty of the University of Nebraska College of Medicine*). The committee reviews the application materials for each candidate and makes a recommendation to the Dean regarding promotion or tenure. The committee recommendation is also communicated to the candidate's chair. The Dean makes the decision regarding each candidate's application for promotion and tenure and provides a written notification to the candidate and his or her chair of his recommendation. This recommendation is then forwarded to the Chancellor for final review.

Section VI: Request for Reconsideration

The Department Chairperson or the candidate can request a reconsideration of a College of Medicine Promotion and Tenure Committee recommendation. A written request for reconsideration must be submitted to the Dean within five working days after written notification of the recommendation by the Committee. An *ad hoc* committee, appointed by the Dean, will review the request for reconsideration and will forward a recommendation to the Dean within 30 days of the request for reconsideration. Decisions by the Dean to deny promotion or tenure will normally be considered final for that year, with the exception that an individual who alleges that the decision of denial of promotion or tenure was prejudiced or capricious may submit a written appeal to the Chancellor within 15 days after receiving written notification of the Dean's decision.

Section VII: Promotion and Tenure in Different Academic Appointments

It is recognized that all faculty being considered for promotion and tenure using these guidelines hold one of the types of faculty appointments in the College of Medicine authorized by Section 4.4 of the *Bylaws of the Board of Regents* of the University of Nebraska. Specific Term Appointments (Section 4.4.2 of the *Bylaws of the Board of Regents*) are no longer used by the UNMC College of Medicine and have been replaced by the Health Professions Faculty Appointment (Section 4.4.7 of the *Bylaws of the Board of Regents*).

A. Guidelines for Promotion.

The **promotion** component of the Promotion and Tenure Guidelines applies to the following types of appointments:

1. HEALTH PROFESSIONS FACULTY APPOINTMENT. Members of the full-time permanent faculty at the University of Nebraska Medical Center may be employed by a "Health Professions Faculty Appointment" established by the Board of Regents on May 6, 1988 in Section 4.4.7 of the *Bylaws of the Board of Regents*.

Any person serving on a Health Professions Faculty Appointment may make application for promotion and/or tenure. Applications for promotion and tenure will be reviewed in accordance with the University of Nebraska Medical Center standards for promotion and continuous appointment as approved by the Chancellor pursuant to Section 4.5 of the *Bylaws of the Board of Regents*.

2. SPECIAL APPOINTMENTS. Special Appointments are described in Section 4.4.1 of the *Bylaws of the Board of Regents*. Academic-administrative appointments in this category do not lead to the acquisition of tenure. Any person serving on a Special Appointment may make application for promotion according to the Promotion and Tenure Guidelines. Special Appointments include:

a. *Courtesy Appointments*: An appointment in an academic department for an individual who is on an active pay status in some other department or unit of the University of Nebraska.

b. *Adjunct Appointments*: A non-pay appointment in an academic department for an individual who is on a volunteer (non-pay) status and is not on active pay status with any other unit at the University of Nebraska.

c. *Clinical Appointments*: These Special Appointments are described under Section 4.4.1 (9) of the *Bylaws of the Board of Regents* and comprise faculty who are hired, regardless of FTE, for the primary purpose of providing health care with varying responsibility for teaching or research. The "Guidelines for Promotion of Clinical Faculty" (see Section IX, Paragraph A and B) and "Examples of Activities for Promotion of Faculty" (see Section IX, Paragraph C) apply to this type of Special faculty appointment.

d. *Research Appointments*. These Special Appointments are described under Section 4.4.1 (9) of the *Bylaws of the Board of Regents* and comprise faculty whose responsibilities are dedicated to a sponsored research activity.

3. CONTINUOUS APPOINTMENT. Continuous Appointments are described in Section 4.4.3 of the *Bylaws of the Board of Regents*. Faculty who have obtained continuous appointment are eligible for promotion.

The Promotion and Tenure Guidelines allow considerable flexibility for candidates to establish a portfolio of activities that demonstrates an appropriate record of excellence within the educational, research, patient care and service missions of the Medical Center. However, for promotion to Full Professor, the candidate must be able to demonstrate his or her highest level of proficiency in either teaching, research or patient care.

For example, many candidates for promotion to Full Professor in basic science departments will present a portfolio of activities demonstrating internationally recognized excellence in "bench research" combined with locally or regionally noted contributions to the teaching mission and service functions of the Medical Center. A clinician with a similar record of research and service contributions may be less recognized for his or her teaching contributions but considered an excellent clinician with special skills and activities in direction of professional programs. Some clinicians seeking promotion to Full Professor may demonstrate their primary contribution in the area of patient care, supported by a record of scholarly communications, established consultant activities and appropriate professional recognition. Such individuals should have sufficient recognition in the areas of teaching and service to support their consideration. Professorial candidates proposing that teaching excellence be used as their major criteria would be expected to provide a supporting portfolio that shows a variety of regional or national recognitions supported by an appropriate record of scholarly contributions. Secondary criteria may be fulfilled in any of the three remaining areas. The possible combinations of activities are obviously individually variable, therefore a clear presentation and documentation of the rationale for their selection is the responsibility of the candidate and his or her chair.

B. Guidelines for Tenure (Continuous Appointment).

Continuous appointment or tenure is an attainment by a faculty member who has demonstrated the professional and personal qualifications required for acceptance as a permanent faculty member. It is the most significant reward by the University and therefore should be made separately and independently of other reward systems such as promotion and salary increases. Faculty members holding a Health Professions Faculty Appointment, as described in Section 4.4.7 of the *Bylaws of the Board of Regents* of the University of Nebraska, are eligible to be considered for tenure.

A recommendation for tenure will be made only on the basis of demonstrated and documentable academic achievement using the Criteria for Promotion and Tenure in Section IX. of these Guidelines. Evaluation of academic achievements will be made by considering quality of publications, effective teaching, development of new and improved teaching or learning methods, and excellence in the faculty member's field of specialization as demonstrated by recognition of his or her achievements and recommendations by peers not only within the University of Nebraska but also, where practicable and feasible, at other major Universities.

Each recommendation for tenure should emphasize the contribution that the candidate has made to the educational needs of the department or College.

VIII. Post-Tenure Review.

The UNMC guidelines for Post-Tenure Review are included as Section IV. of the "UNMC Guidelines for Submitting Academic Promotion and Tenure Recommendations." Please refer to these guidelines for the post-tenure review process.

However, as indicated by the footnote in Section IV. 2. a. (1) of the UNMC document noted above, each unit (College of Institute) is required to define the standards for substantial and chronic deficiency. Attached as Appendix E to the "College of Medicine Promotion and Tenure Guidelines" is the approved document which defines "substantial and chronic deficiency" for the College of Medicine.

Section IX. Criteria for Promotion and Tenure in the Health Professions Faculty Appointment, and for Promotion in the Continuous Appointment, Courtesy Faculty Appointment*, and Research Faculty Appointment*.

A. *Eligibility:* M.D., Ph.D., or other doctoral level or terminal degree professional who teaches, provides clinical service or performs basic/clinical research in the College of Medicine.

B. Both the general and specific criteria are to be applied in evaluating teaching, research and scholarly activity, patient care, and service. General Criteria in the following Table must be met before Specific Criteria are applied. *Competency in teaching is expected of all faculty at all ranks.* Although there are no exact time requirements, *it is unusual for promotion to occur less than 4 or 5 years after achieving a given rank.* Note that the criteria are cumulative, e.g., a candidate for associate professor must meet the criteria listed for assistant professor plus those listed for associate professor.

Examples of activities for Levels 1, 2, and 3 in the Teaching, Research and Other Scholarly Activity, Patient Care, and Service (no Level 3) areas are described in paragraphs C, D, E, and F of this Section.

	General Criteria	Specific Criteria
Assistant Professor	Demonstrates initial research or clinical competence; board-eligible or board-certified in primary specialty, if applicable; documented at or above average teacher.	Level 1 in any of three areas (Teaching, Research and Other Scholarly Activity, Patient Care)
Associate Professor	Board-certified in subspecialty (if appropriate); independence; leadership; creativity; emerging regional or national reputation.	Level 2 in two areas (Research and Other Scholarly Activity, Patient Care, Teaching), plus Level 1 in a different area.
Professor	Clear evidence of leadership; makes lasting research or clinical contributions appropriate to the mission of the College; enhances prestige of College; established national reputation.	Level 3 in one area (Research and Other Scholarly Activity, Patient Care, Teaching) plus Level 2 in two different areas.
Tenure	Makes continuing valuable contributions to the academic mission of the College.	A minimum of Level 2 in both Research and Other Scholarly Activity, and Teaching; and Level 2 in one other area.

*Courtesy and Faculty Research Appointments are “Special Appointments” and, therefore, do not lead to the acquisition of tenure.

C. Examples of Activities Demonstrating Teaching

Recognition of outstanding performance as a teacher by both peers and students can be a powerful factor in the evaluation process. Because departmental missions are variable and unique, each department has its own procedures to evaluate faculty teaching performance in an objective, fair and rigorous manner. In all cases, however, it is strongly recommended that peer evaluation comprise a significant part of this process. **Further, each department should utilize a standardized methodology to assess the quality and quantity of the teaching activities of the faculty member.**

Multiple activities comparable to the examples shown below will strengthen the application for promotion at each rank.

Level 1 (Whenever possible, these activities should be recognized, by means of peer and/or student evaluations, locally as being competent.)

- Lectures to students, residents, or peers in health professions training programs
- Instructs in laboratory sessions for health science students
- Facilitates Problem Based Learning (PBL) or other small group sessions for health science students
- Presents teaching rounds or patient conferences
- Supervises trainees performing outpatient or inpatient clinical service
- Participates in teaching or supervision of graduate students and/or postdoctoral fellows
- Participates in postgraduate or continuing education courses which serves a local audience

Level 2 (As appropriate, these activities should be recognized, by means of peer and/or student evaluations, locally or regionally as being proficient.)

- Prepares curriculum materials (new courses/cores, syllabus materials, PBL cases, educational software, etc.)
- Writes a chapter for a peer reviewed print or electronic textbook used regionally or nationally
- Supervises or coordinates the teaching by other faculty, fellows, residents, or graduate students (e.g., course or Core Director)
- Develops/directs a postgraduate or continuing education course which serves a regional audience
- Invited to present lectures at the state or regional level
- Invited lecturer at other institutions of higher education (e.g., universities, health professions schools) or research and development facilities or institutes (e.g., NIH, Scripps, Max Planck Institute)
- Develops and participates in the teaching of major portions of a graduate course
- Serves as primary advisor for graduate students pursuing the M.S., M.P.H., or Ph.D. degree, and/or postdoctoral fellow
- Participates on NIH/equivalent training grants
- Receives a local teaching award or is nominated for a University-wide, regional, or national teaching award.

Level 3 – on next page.

Level 3 (These activities should be recognized regionally or nationally as proficient.)

- Editor/author of a textbook adopted for teaching at other institutions
- Develops a course, curricular component, educational software, or evaluation materials which are used regionally or nationally
- Invited to organize and participate with a major role at a regional or national educational meeting
- Supervises a training program which has a regional or national audience
- Principal investigator on NIH/equivalent training grants
- Receives a University-wide, regional, or national teaching award

D. Examples of Activities Demonstrating Research and Other Scholarly Activity

For promotion to the level of associate professor or above, demonstration of continued scholarly productivity illustrating the candidate's significant impact in his or her professional community is expected. The traditional categorization of research, which was often seen as "laboratory or clinically oriented", has been extended in the academic community to include a much more diverse set of activities that better describe a lifetime of learning and scholarship (Ernest Boyer, "*Scholarship Reconsidered - Priorities of the Professoriate*", the Carnegie Foundation for the Advancement of Teaching, Princeton, New Jersey, 1990). This recognition of scholarly diversity describes several important areas: the scholarship of discovery ("traditional research"); the scholarship of integration (new ideas from crossroads of disciplines); the scholarship of application (translation into practice); and, the scholarship of teaching (transforming and extending transmission of knowledge). The University of Nebraska Medical Center supports this more encompassing description of scholarship and encourages each Promotion and Tenure process to consider it. For those candidates whose scholarly activities are outside the traditional boundaries of research, letters of reference will be especially important in assessing the candidate's professional impact. **Publication criteria also must be fulfilled for each rank. Publications may be original scholarly articles in a peer reviewed journal, review articles, case reports or book chapters. Publication criteria are italicized below.**

Multiple activities comparable to the examples shown below will strengthen the application for promotion at each rank.

Level 1

- *Evidence of initial publication success*
- Actively involved in clinical or basic science investigation
- Local presentation of research results (seminars, grand rounds, local scientific programs, and so forth)
- Evidence of application as a principal investigator for research grants or contracts locally or regionally
- Submit disclosure of inventions; file patents

Level 2

- *Evidence of a portfolio of high quality, peer-reviewed and other publications, the number and forum for these publications being appropriate to the field of study*
- Success in obtaining extramural, NIH-defined peer-reviewed grants or contracts; success in obtaining investigator initiated basic/applied research through grants or contracts with pharmaceutical, instrumental or other commercial enterprises
- Success in obtaining extramural peer reviewed support for educational projects and scholarship from entities such as foundations and federal and state agencies
- Evidence of successful development of interdepartmental and/or interdisciplinary collaborative research programs
- Recognition as an *ad hoc* journal reviewer or *ad hoc* member of review committees or study sections; consultant for private sector foundations or corporations
- Presentation of invited or peer-reviewed research results at national or international professional meetings
- Invited to present a research-based seminar regionally or nationally
- Inventions licensed, patents issued

Level 3 – on next page.

Level 3

- *Evidence of a significant portfolio of high quality, peer-reviewed and other publications, the number and forum for these publications being appropriate to the field of study*
- Direction of scholarly activity of other faculty or post-doctoral appointees
- Continued success in obtaining extramural, NIH-defined peer-reviewed* grant or contract funds or investigator initiated basic or applied research through grants or contracts with pharmaceutical, instrumental or other commercial enterprises
- Continued success in obtaining extramural peer reviewed support for educational projects and scholarship from entities such as foundations and federal and state agencies
- Recognition as a journal editorial board member or editor
- Regular member of a special review committee or study section
- Invited to organize and participate in a major national or international scientific meeting
- Acquires FDA approvals; invention has a major impact on state-of-the-art; invention generates University resources
- Consults at the national level (e.g., Board of Scientific Advisors)

*

Including but not limited to NIH, NSF, DOE, VA, AHA, ACS, SBIR, STTR, etc.

E. Examples of Activities Demonstrating Patient Care

Patient care may be direct (such as within the hospital or various outpatient clinics) or indirect (as provided by specialized tests or procedures). It is expected that Departmental criteria for quality and productivity in patient care would be established and achieved at each rank. **For promotion at the level of professor, scholarly communications illustrating the candidate's significant impact in his or her professional community are expected.**

Multiple activities comparable to the examples shown below will strengthen the application for promotion at each rank.

Level 1

- Demonstrates competence and promise of excellence in clinical, diagnostic, procedural or other professional work
- Major participation in clinical or professional program
- Considered a very good clinician or professional as evaluated by students, residents, fellows and faculty
- Consults at local level

Level 2

- Emerging consulting physician or professional at regional level
- Considered an excellent clinician or professional as evaluated by local and regional peers
- Develops and/or directs clinical or professional program
- Known as an excellent clinician with special skills at a regional level
- Devises or implements a new method (diagnosis, therapy, critical pathway or standard, etc.) or procedure
- Officer in local or regional clinical/professional society

Level 3

- Established consultant or attracts patients or clients on a regional, national, or international level
- Devises a new method or procedure which receives national or international recognition
- Contributes significantly to board examination (e.g., board examiner, test preparation) in specialty or subspecialty
- Officer in national or international clinical professional society
- Makes major clinical contributions appropriate to the mission of the College

F. Examples of Activities Demonstrating Service

Service includes, but is not necessarily limited to, activities in the following units and subunits: College of Medicine, School of Allied Health Professions, Eppley Institute for Research in Cancer, Munroe-Meyer Institute, The Nebraska Medical Center, Veterans Hospital, UNMC Physicians, University of Nebraska Medical Center, University of Nebraska System.

Multiple activities comparable to the examples shown below will strengthen the application for promotion at each rank. **Note: There is no Level 3 in this category.**

Level 1

- Demonstrates skills in managing activities or programs
- Serves on committees
- Conducts tests, procedures or data handling in support of a clinical or service laboratory

Level 2

- Independently develops or directs a major program/project/research laboratory
- Oversees, directs and interprets tests, procedures or data handling in support of a clinical or service laboratory
- Oversees a major research project as principal investigator, which involves management of personnel and finances
- Serves as officer in state or local professional society
- Serves as an Assistant or Associate Dean or other Administrative appointment, e.g., Vice or Associate Chairperson of a department
- Consults nationally regarding service-related activities
- Chairs medical subspecialty or professional society committee
- Attracts substantial gifts or endowments to the College of Medicine
- Service as a regular or *ad hoc* member on a national research or clinical review committee
- Serves as officer or major committee member/chair in regional or national professional society
- Chairs a departmental faculty search committee
- Chairs a major committee*
- Performs a service for the community or organizations within the community which are not directly associated with UNMC

* Representative examples of major committees by unit are as follows:

College of Medicine: Promotion and Tenure, Curriculum Committee, Special Task Forces, Search Committees
School of Allied Health Professions: Faculty Board, Associate Dean's Advisory Council, Curriculum Committee
The Nebraska Medical Center: Quality Council, Pharmacy and Therapeutics
Veterans Administration Medical Center: Institutional Review Board, Pharmacy and Therapeutics
UNMC Physicians: Executive Committee, Board of Directors, Finance Committee
UNMC: Faculty Senate, Institutional Review Board, IACUC

Section X: Criteria for Promotion in the Clinical Faculty Appointment

A. *Eligibility:* M.D., Ph.D., or other doctoral level or terminal degree professionals who are hired, regardless of FTE, for the primary purpose of providing health care with varying responsibility for teaching or research.

B. The Criteria for faculty members holding "Clinical" Faculty Appointments are noted below. Both the general and specific criteria are to be applied in evaluating a clinical faculty member for promotion. Although there are no exact time requirements, *it is unusual for promotion to occur less than 4 or 5 years after achieving a given rank.*

Faculty members holding Clinical faculty appointments are required to adhere to the relevant sections of the Promotion and Tenure Guidelines but are not required to provide outside letters of reference or to furnish the written narrative.

Examples of activities for Levels 1, 2, and 3 are described in Paragraph C of this Section.

Rank	General Criteria	Specific Criteria
Clinical Assistant Professor	Demonstrates clinical competence; board-eligible or board-certified in primary specialty, if applicable.	Level 1
Clinical Associate Professor	Board certified in subspecialty (if appropriate); demonstrates leadership potential; emerging reputation for clinical excellence.	Level 2
Clinical Professor	Clear evidence of leadership; enhances prestige of the College; makes lasting clinical contributions appropriate to the mission of the College; established reputation for clinical excellence with scholarly activity.	Level 3

C. Examples of Activities for Promotion of Clinical Faculty

Because the main criteria for advancement are clinically based, and because the clinical criteria used for advancement will vary from specialty to specialty, it is expected that each department will develop its own specific criteria for quality and productivity in patient care. These criteria should be fulfilled for each academic rank.

Level 1

- Demonstrates competence and promise of excellence in clinical, diagnostic, procedural or other professional work
- Actively participates in clinical or professional program
- Considered very good clinician or professional by faculty peers
- Attracts or consults patients or clients locally
- Member on major hospital committees

Level 2

- Contributes to education of peer professionals
- Develops clinical protocol endorsed by organization
- Participates in training of students and residents
- Clinic director or director of other clinical or professional program
- Attracts or consults patients or clients regionally
- Chairs major hospital committees
- Develops new quality management protocol, active in cost containment activities or devises new method or procedure
- Contributes to health-related public service programs

Level 3

- Known regionally or nationally as an expert clinician/professional
- Devises a new method or procedure which receives regional or national recognition
- Organizes educational programs for students or residents
- Officer in clinical/professional society
- Develops and directs health-related public service programs
- Organizes professional educational programs

Section XI: Criteria for Promotion in the Adjunct Faculty Appointment

A. Eligibility: M.D., Ph.D., or other doctoral level or terminal degree professional, on a non-pay status (volunteer), who teaches, provides clinical service or performs basic or clinical research in the College of Medicine

B. The Criteria for faculty members holding "Adjunct" Faculty Appointments are noted below. Both the general and specific criteria are to be applied in evaluating an Adjunct faculty member for promotion. Although there are no exact time requirements, *it is unusual for promotion to occur less than 4 or 5 years after achieving a given rank.*

Faculty members holding Adjunct faculty appointments are required to adhere to the relevant sections of the Promotion and Tenure Guidelines but are not required to provide outside letters of reference or to furnish the written narrative.

Examples of activities for Levels 1, 2, and 3 are described in Paragraphs C, D, E, and F of Section IX.

Rank	General Criteria	Specific Criteria
Adjunct Assistant Professor	Demonstrated clinical competence; board-eligible or board-certified in primary specialty, if applicable; documented at or above average teacher.	Level 1 in one area.
Adjunct Associate Professor	Board-certified in subspecialty (if appropriate); leadership; creativity; history of dedicated service to the institution; makes significant teaching contributions to the College of Medicine.	Level 2 in one area.
Adjunct Professor	Clear evidence of leadership; enhances prestige of College; history of outstanding service to the institution.	Level 3 in one area.

** Clinical (volunteer) appointments that occurred before November 1, 1994 will follow the guidelines for Adjunct (Volunteer) appointments.

Approved by the Faculty Council: July 6, 1995

Approved by the General Faculty: August 16, 1995

Modified for clarity: August 1998

Appendix on Post-Tenure Review Added, Approved by Faculty

Council on April 1, 1999, and by the General Faculty, August 11, 1999

Modified for clarity: August 2000, 2004, 2006, 2007

**UNMC TRANSMITTAL FORM
for
Recommending Promotion and/or Tenure***

Name _____ Degree(s) _____
 Department/Division _____ College/Institute _____
 Initial UNMC Rank _____ Date of Initial Rank _____
 Current Rank _____ Date of Last Promotion _____

Appointment Type: Special _____ Health Professions _____ Continuous _____

Effective Date, if approved, of promotion and/or tenure: **July 1,** _____

Tenure Requested: Yes _____ No _____

Promotion Proposed: Yes _____ No _____ Proposed Rank _____

RECOMMENDATIONS

<u>Department/Division</u>	<u>Promotion</u>	<u>Tenure</u>	<u>Signature</u>
Department Committee	Yes _____ No _____	Yes _____ No _____	_____
Department Chairperson	Yes _____ No _____	Yes _____ No _____	_____

Individual notified in writing on: _____

<u>College/Institute</u>	<u>Promotion</u>	<u>Tenure</u>	<u>Signature</u>
College Committee	Yes _____ No _____	Yes _____ No _____	_____
Dean/Director	Yes _____ No _____	Yes _____ No _____	_____

Individual notified in writing on: _____

<u>Chancellor's Office</u>	<u>Promotion</u>	<u>Tenure</u>	<u>Signature</u>
Chancellor	Yes _____ No _____	Yes _____ No _____	_____

Individual notified in writing on: _____

Dean of College/Institute Director notified in writing on: _____

APPEAL(S) FILED: Yes _____ No _____ (If Yes, Attach all Documentation)

*Faculty members holding appointments (paid or courtesy) in more than one academic unit, must concurrently pursue the documentation and review processes in each department in which promotion is proposed. Separate Transmittal Forms are required.

APPENDIX B
**The University of Nebraska Medical Center
Curriculum Vitae Format**

Name in full

Campus address

Education (indicate years attended¹ and degrees granted)

Post-degree training (include years¹)

Continuing education training (optional)

Academic appointments reverse chronological order, (i.e., list present position first) indicating years²

Certifications and licenses

Grant/contract support in reverse chronological order, (i.e., list present support first) and for each grant supply the following information:

- grant title
- funding agency
- start and end dates
- total dollars (direct cost)
- name of principal investigator and name of co-investigator

Patents (list both those pending and those awarded)

Other appointments or positions not given above (e.g., private practice)²

Consulting positions (academic, government, and industry; also include editorial duties)²

Military service²

Honors and awards

Memberships and offices in professional societies

Committee assignments (list service on departmental, medical staff, college, medical center, and university committees since appointment or last promotion; note year of service and chairs)

Community service

¹ Indicate month and year (i.e., September 2005 to June 2007)

² These items should comprise a complete list of gainful employment since acquisition of the terminal degree. If there are gaps in this chronology, an explanation should be offered.

³ These should include primarily invited presentations at regional, national, and international meetings. Also, invited seminar presentations at institutions outside the University of Nebraska Medical Center should be listed. Presentations associated with voluntary, non-refereed abstracts or preliminary communications also may be included.

APPENDIX B continued . . .

Bibliography

Publications are to be organized under the following headings. Please note that inclusive pagination is required where appropriate.

- a. Articles published in scholarly journals
- b. Articles accepted for publication in scholarly journals (please attach copy of letter of acceptance)
- c. Articles submitted for publication in scholarly journals
- d. Books published (also note books in preparation, submitted, or in press)
- e. Chapters in books
- f. Books or journals edited
- g. Abstracts and preliminary communications (limit to one page of most recent)
- h. Presentations³
- i. Published audiovisual or computer-based educational materials and computer software (video, audio, multimedia slides and video, slides and audio, broadcast, etc.).
- j. Published continuing education materials

APPENDIX C

In support of Teaching Activities, for the last two calendar years, please provide only the following information. Do not provide specific teaching materials, lecture outlines, etc.

- a. Listing of lectures given in team-taught courses (include number of lectures)
- b. Listing of courses for which you were coordinator/supervisor
- c. Listing of courses (course number and name, only) taught by yourself giving the total number of hours involved in course/courses
- d. Information on teaching of Graduate Students, especially as pertains to supervision of thesis and dissertation research
- e. Information on teaching activities related to those in residency training (medical, pharmacy, etc.)
- f. Listing of continuing education lectures/courses given

¹ Indicate month and year (i.e., September 2005 to June 2007)

² These items should comprise a complete list of gainful employment since acquisition of the terminal degree. If there are gaps in this chronology, an explanation should be offered.

³ These should include primarily invited presentations at regional, national, and international meetings. Also, invited seminar presentations at institutions outside the University of Nebraska Medical Center should be listed. Presentations associated with voluntary, non-refereed abstracts or preliminary communications also may be included.

APPENDIX D

The University of Nebraska College of Medicine

Letters of Reference for Faculty Promotion or Tenure
2009-10

Name: _____
(please print or type name)

Department: _____

As you know, recommendation letters reflect the national reputation of the candidate and assist the Promotion and Tenure Committee in discerning the impact of a candidate's contributions. Unbiased letters are important, and are likely to be most credible if you allow them to be confidential. You do have the right to waive or retain your rights to read letters as you indicate below.

Please check one box:

I, _____, waive retain my right to see the letters of recommendation obtained for my promotion or tenure review.

Faculty Signature

Date

APPENDIX E

UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE

Recommendation of the Post-Tenure Review *Ad Hoc* Committee **Definition of “Substantial and Chronic Deficiency”** July 13, 1999

INTRODUCTION

The Board of Regents approved a Post-Tenure Review Policy on February 28, 1998. In compliance with this policy, Section IV. Post-Tenure Review was added to the *University of Nebraska Medical Center Guidelines for Submitting Academic Promotion and Tenure Recommendations*. This Section states that, “The standards for substantial and chronic deficiency shall be determined by the faculty in each unit (College or Institute) and, when approved by the appropriate Dean or Institute Director and the Chancellor, shall become part of its evaluation procedures.” Therefore, Interim Dean Linder appointed an *Ad Hoc* Committee to address this issue.

Committee members: Drs. Peter F. Coccia (Chairman), Pamela K. Carmines, Ira J. Fox, Carl B. Greiner, Lynn Mack-Shipman, James H. Stageman, David J. Steele, and John H. Tinker.

WORKING ASSUMPTIONS

1. Faculty are responsible for teaching, research/scholarship, clinical service (if applicable), and service/administration. A faculty member demonstrating “substantial and chronic deficiency” in performing the activities that initially resulted in the granting of tenure could be subject to a post-tenure review.
2. Clearly defined, circumscribed issues such as personal illness, family leave, or similar events would not be considered in invoking “a substantial and chronic deficiency.” However, if health or family issues persist the faculty member must seek accommodation for the ongoing limitation with specific efforts to accomplish the core functions of the position.
3. The faculty member retains the right to submit an appeal if the rating of “needs improvement” or “unsatisfactory” is assigned in an unfair or capricious manner.
4. The unit administrator has established “areas of emphasis” regarding faculty member’s contributions to teaching, research/scholarship, clinical service (if relevant), and service/administration. It is expected that faculty members may shift areas of emphasis during the course of a career through agreement with the unit administrator.
5. Issues of scientific misconduct and poor compliance in patient care will be resolved through the relevant UNMC policies.
6. Egregious clinical or professional misconduct may be addressed through suspension/termination based on departmental or university guidelines.

DEFINITION OF SUBSTANTIAL AND CHRONIC DEFICIENCY

Substantial – an assessment of one “unsatisfactory” or two “needs improvement” evaluations on the annual Faculty Evaluation and Planning document.

Chronic – the continuation of “substantial” problems in performance into the next annual evaluation.

An important assessment would be that the faculty member is performing at a level below that for which tenure was initially granted.

The unit administrator reviewing a faculty member who has had such a substantial deficiency should provide a written statement of the issues to the faculty member and assist in defining steps necessary for its resolution. Chronicity becomes relevant if the deficiencies are not resolved or moving in the direction of significant resolution by the next review cycle.

TIME LINE (Excerpted from Section IV, *UNMC Guidelines for Submitting Academic Promotion and Tenure Recommendations.*)

- 2a. A faculty member shall be reviewed [required review] in accordance with the post-tenure review process when the faculty member receives, after the fourth year of being on continuous contract:
1. A written annual evaluation from the unit administrator that identifies a substantial and chronic deficiency in the faculty member’s performance and clearly states that if the faculty member does not make substantial, acceptable progress toward remedying the deficiency by the next annual evaluation, a post-tenure review will be initiated; and
 2. Notification deriving from the next annual review that the unit administrator has determined that the substantial and chronic deficiency identified in the previous evaluation has not been remedied, that a post-tenure review is appropriate, and that the Dean or Institute Director concurs. Ordinarily, the faculty member shall be provided notification by June 30 that a review will be scheduled for the following academic year.

TIME LINE EXAMPLE

Annual Evaluations for each fiscal year are usually due to the Dean's Office by April 30.

April 30, 2000 The annual evaluation is considered to demonstrate a "substantial" deficiency.

The unit administrator discusses with the faculty member a plan to remedy the deficiency. The unit administrator clearly states in writing that if the faculty member does not make substantial, acceptable progress toward remedying the deficiency by the next annual evaluation, a post-tenure review may be initiated.

April 30, 2001 If the annual evaluation shows that the deficiency has not been remedied and the unit administrator determines that a post-tenure review is appropriate and that the Dean concurs, then the faculty member will be notified by June 30, 2001 that a post-tenure review will be scheduled for the following academic year, i.e., July 1, 2001 - June 30, 2002.

EXAMPLES OF SUBSTANTIAL PROBLEMS

Teaching:

- A pattern (i.e., in the prior academic year) of refusing to teach.
- A pattern of not preparing relevant materials for class.
- A pattern of canceling lectures without explanation or "not showing."
- Persistent use of inaccurate scientific materials.
- Uncorrected deficiencies identified through peer reviewed assessments.

Research/Scholarship:

- Research efforts are not resulting in publishing information in peer reviewed journals.
- A pattern of not seeking external funding if that is a core responsibility.
- A pattern of not presenting abstracts or lectures at relevant scientific organizations.

Clinical Service:

- A pattern of not cooperating clinically with faculty doing similar work.
- Persistent difficulty in documentation of patient care.
- Unavailability for assigned clinical responsibilities.
- A pattern of not responding to relevant emergencies.
- Practicing beneath the standard of care for the specialty.

Service/Administration:

- Failure to accept committee assignments consistent with one's responsibilities.
- Repetitive inability to perform assigned administrative tasks.

Approved by the Faculty Council, April 1, 1999.

Approved by the General Faculty, August 11, 1999.