

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

2021-22 Academic Year

Section I: Introduction

The purpose of this document is to detail 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 Medicine in a broad sense includes (1) education of undergraduate, medical, graduate and allied health 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- and discipline-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 activity, (3) patient care, and (4) service (including administration) to the University and 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 and other scholarly activity, patient care, and service. Nonetheless, **teaching is an area of paramount importance in which 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; alternatively, candidates for Associate Professor will have achieved the highest level of excellence in one area of emphasis and competence in at least two other areas. For promotion to Professor, it is expected that the highest level of excellence will be achieved in at least one area of emphasis, with continued significant 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 that support, in different ratios, the four major missions of the College of Medicine. Diversity is expected and encouraged among faculty members. As a result, criteria for promotion and tenure allow for consideration of a variety of different professional areas of emphasis. The College and Departmental Promotion and Tenure Committees must use flexibility to evaluate candidates and may depart from the guidelines when necessary; however, reasons for such departures must be clearly documented and explained. It is a primary responsibility of the candidate through his or her written narrative(s), and the Chair through his or her accompanying letter, to clearly define how the candidate contributes to the missions of the College of Medicine and has attained specific promotion criteria in the chosen areas of emphasis.

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.

Section II: Selection of Area of Emphasis

The Department Chair (and Division Chief, when applicable) have 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. This selection should be compatible with activities required to achieve the long-term goal of promotion to Professor. Teaching, research and other scholarly activity, or patient care may be selected as a primary emphasis. Service may be a secondary emphasis, but neither promotion nor tenure will be granted for faculty with a primary emphasis in service.

While it is recognized that circumstances may make change in professional emphasis necessary, such changes must be carefully considered because frequent deviations may delay the faculty member's achievement of a record of professional excellence.

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 to foster professional attitudes within students. 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 postdoctoral fellows/associates. Other aspects of teaching include supervision or mentoring of other faculty, health professionals and physicians-in-training as they perform 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. Emphasis should be placed not only on the quantity of educational activities but also on their quality, as well as the impact of these activities on the faculty member's chosen area of study.

B. Research and Other Scholarly Activity

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. Suitable areas of research activity include (but are not limited to) epidemiology, behavioral sciences, ethics, education, medical physics, basic biology, basic chemistry, and information science. In the study of normal and disease processes, research may be basic (laboratory-based), translational (applied) or clinical (human studies).

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

The delivery of patient care is critical to the success of the College of Medicine. 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 medical and allied health students and physicians-in-training. In addition, patient care activities represent a large part of the environment and resources for teaching and support for new research within the College of Medicine.

Faculty members who choose patient care as an emphasis are also expected to develop a high level of teaching effectiveness. For promotion to the level of Professor, scholarly communications that illustrate the candidate's significant impact in his or her professional community are expected.

D. Service (including Administration) to the University, Peer Professionals, and the 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 various Departments, the College of Medicine, UNMC, the University of Nebraska, Nebraska Medicine, Children's Hospital & Medical Center, the VA Nebraska-Western Iowa Health Care System, and 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 also encouraged.

Section IV: Process of Application

A. Establishment of a Departmental Advisory Committee for Promotion & Tenure

The College of Medicine expects that, for each 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 Chair, 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 preferred. Nevertheless, there will be circumstances (e.g., small departments, few persons of 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 some instances, it may be useful to have faculty from other College of Medicine Departments serve. The Department Chair 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- or 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. The Chair of the Departmental Advisory Committee is to inform each candidate for promotion or tenure that it is the candidate's responsibility to provide all the information required for the assembly of a complete portfolio, including a list of individuals who could potentially provide external letters of evaluation. The Committee or Department Chair will solicit such letters of evaluation as required for promotion or tenure (see Section IV.D.5.).

When the candidate's promotion or tenure file has been completely assembled (see Section IV.D.), 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 evaluation for which waivers of access have been provided) prior to the formal meeting of the Committee to consider the 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 and the results of the vote. If there is a split vote, the minority opinion must also be presented. All of 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

It is the Department Chair's responsibility to identify individuals eligible for promotion or tenure and to forward the completed application of the faculty member 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 Chair's letter identify the areas of emphasis in academic endeavor [1) teaching, 2) research and other scholarly activity, 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 also address the individual faculty member's personal qualities such as integrity, reliability, collegiality, and so forth. Additionally, the Chair's letter is to contain summaries of the faculty member's teaching evaluations by undergraduate, graduate, and professional students, **as well as peer faculty members**. If the Chair's recommendation differs from that of the Department's Advisory Committee, the letter must provide a detailed explanation of the reasons for the alternative recommendation.

D. Documents

The academic accomplishments of the candidate for promotion or tenure must be thoroughly and accurately outlined for the review and decision-making process. 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, the UNMC Promotion and Tenure Guidelines require separate transmittal forms each appointment.

1. UNMC Transmittal Form. This form (Appendix A of the UNMC guidelines) provides the cover sheet on which the recommendations of the Department 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. Department Chair's Letter. See Section IV.C.
3. Curriculum Vitae (CV). Each candidate for promotion or tenure must submit a current CV **in the format specified in Appendix B of the UNMC guidelines**. Appendix C should be added to the CV for the purpose of documenting the teaching activities of a candidate for promotion or tenure. Faculty for whom teaching is a **major** area of emphasis are encouraged to develop a more extensive Teaching Portfolio that can be used to help develop their teaching narrative. The Teaching Portfolio may be submitted instead of Appendix C for review by the P&T Review Committee. Recommendations for developing a teaching portfolio are provided at the UNMC Academic Affairs website (<http://www.unmc.edu/academicaffairs/faculty/promotion-tenure.html>).
4. Academic Narrative. The candidate for promotion or tenure 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 activity, 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. **The academic narrative is not meant to reiterate the curriculum vitae.** In addition to a description of previous accomplishments, it is helpful to the Promotion and Tenure Committee for candidates to highlight significant aspects of their career development and those achievements in which they take particular pride. There is no minimum length required but the documents will not be more than 8 pages in length (2 pages per subheading; 8.5" x 11"-page size, 1" margins, minimum 11 pt font size).
5. External Letters of Evaluation. Applications for promotion to Associate Professor, to Professor, and for the awarding of tenure must be accompanied by external letters of evaluation. External reviewers at other universities must have professional ranks at or above that being considered for the candidate and should be 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) and a maximum of six (6) letters of evaluation are required. One or more letters must be from an individual **not identified by the candidate** (and labeled as such)_who has not mentored or otherwise collaborated with the candidate.

Guidance: *The letter(s) from individuals "not identified by the candidate" are especially helpful to the College of Medicine Promotion and Tenure Committee. These letters, requested from academicians who have expertise in the candidate's areas of professional emphasis, can provide an **unbiased** assessment of the candidate's strengths and*

*weaknesses. The requested letters must **not** be from UNMC faculty members. Ideally, the evaluator should assess whether the candidate would be promoted at their institution. An additional two-to-four letters from external reviewers, who may be suggested by the candidate, will ideally comment on different aspects of the candidate's strengths and talents (teaching, research and scholarly activity, patient care, service). Letters that simply reiterate the candidate's CV are not considered helpful to the faculty member's application. When appropriate, assessment of the candidate's promotability at peer institutions is encouraged. One or two letters from other UNMC departments, colleges or institutions indicating the candidate's collaborative activities or important contributions to the enterprise may also be helpful. A letter from the leader of a multidisciplinary team detailing the candidate's unique contributions to the program can also be of significant value. However, be mindful of the fact that submission of an excessive number of letters leads to great redundancy, is not helpful, and represents an imposition of the referees' time. Letters from prior trainees (but not current trainees, due to conflict of interest) may be useful in support of the candidate's teaching activities; such letters may be included with Appendix C or as part of a Teaching Portfolio, but should **not** be part of the "Letters of Evaluation."*

It is important that letters to external reviewers be sent by the Chair of the Departmental Advisory Committee for Promotion and Tenure, the Department Chair, or the Dean (not by the candidate). **The template letter (Appendix E) and the Evaluator Profile Form (Appendix F) are to be used when requesting letters of evaluation.**

6. Candidate's Right to Access Letters of Evaluation. Candidates must determine whether they wish to waive or retain their right of access to letters of evaluation. A form (Appendix D) indicating the Candidate's wishes regarding access to letters of evaluation must be signed before letters are solicited.
7. Copies of Publications. Candidates for promotion should submit copies of not more than five (5) of their most important publications that 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 Department 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.

Conflict of Interest: To ensure objectivity during the promotion and tenure (P&T) process, any conflicts of interest that create an apparent or actual bias by evaluators must be declared and managed. All committee evaluators who have a relationship with the candidate should make that relationship known (e.g., member of same department, current or past collaborator), consistent with University policies and this guideline. A conflict of interest can occur when an evaluating party might realize professional or personal gain or loss based on the outcome of the P&T outcome of a candidate.

If a candidate believes there is a potential or actual conflict of interest between themselves and a P&T committee member, candidate may petition for that committee member to recuse themselves during the promotion and tenure decision of the candidate. These requests should be included in the candidate's Promotion and Tenure application folder. A list of P&T committee members is available from the department chair, which should be passed on to the candidate.

Section VI: Request for Reconsideration

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 Chair's decision."

The Department Chair or the candidate can request 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 considered for promotion and tenure under 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 apply 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 apply for promotion** according to the Promotion and Tenure Guidelines. Special Appointments also include:
 - a. *Part-time Appointments*: These Special Appointments are described under Section 4.4.1 (2) of the *Bylaws of the Board of Regents* and comprise faculty who are hired at less than full-time (1.0 FTE).
 - b. *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. (See Section IV.D. per COM policies.)
 - c. *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.
 - d. *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 Sections X.A. and X.B.) and "Examples of Activities for Promotion of Faculty" (see Section X.C.) apply to this type of Special faculty appointment.
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.

B. General Criteria for Advancement to Each Rank

All criteria for advancement in rank are cumulative -- e.g., a candidate for Associate Professor must meet the criteria listed for Assistant Professor plus those listed for Associate Professor.

Candidates for promotion to each rank below must meet both the general and specific criteria as described in Table 1 (Section IX). General criteria must be met before specific criteria are applied. Examples of activities that can be utilized to demonstrate excellence and productivity in each of the four areas of emphasis (teaching, research and other scholarly activity, patient care, and service) are detailed in Section IX. Generally, Level 1 activities in each area indicate competence and are expected of Assistant Professors, Level 2 activities indicate significant achievement and are those expected of Associate Professors, and Level 3 activities indicate the highest level of excellence and are expected for Professors in their chosen areas of academic endeavor. Three or more activities comparable to the examples provided are required to meet the specific criteria (Level 1, 2 or 3) for each area. Because the possible combinations of activities are individually variable, a clear presentation and documentation of the rationale for their selection is the responsibility of the candidate and his or her Department Chair.

1. Assistant Professor. Individuals being recommended for promotion to this rank should have completed the terminal degree and/or certification(s) that are standard prerequisites for an academic appointment in their discipline. Exceptions to this requirement will be limited to those cases where documented professional accomplishments are sufficient to merit waiver of the standard. Each candidate must demonstrate initial research or clinical competence, be board-eligible or board-certified in his/her primary specialty (if applicable), and be documented at or above average in teaching. Additionally, the candidate must

reach Level 1 in **one** of the three following areas: teaching, research and other scholarly activity, or patient care.

2. Associate Professor. Eligibility for promotion to the rank of Associate Professor is restricted to individuals who have served a minimum of four years at the rank of Assistant Professor, with at least two of these years completed at UNMC, by the effective date of promotion. Most candidates will be promoted to Associate Professor after at least five years at the rank of Assistant Professor. Promotion after four years is possible as a reflection of **exceptional** accomplishments on the part of the candidate. A small number of faculty may remain at the rank of Assistant Professor until retirement.

To be promoted to Associate Professor, an individual must be board certified in his/her subspecialty (if applicable), demonstrate independence, leadership and creativity, and display an emerging regional or national reputation. In addition to these general criteria, each candidate must meet specific criteria for promotion. There are two different pathways through which individuals can meet the specific criteria for promotion to Associate Professor – the *Dual Emphasis* pathway and the *Focused Emphasis* pathway.

- *Dual Emphasis* pathway: Candidates must reach Level 2 in **two** of the following three areas: teaching, research and other scholarly activity, and patient care. They must also maintain competency in a third area, as evidenced by reaching Level 1 in any **one** of the other remaining areas or in service (see Table 1).
- *Focused Emphasis* pathway: Candidates must reach Level 3 in **one** of the following three areas: teaching, research and other scholarly activity, or patient care. They must also demonstrate competency (reach Level 1) in **two** of the other remaining areas or in service (see Table 1).

Each candidate should consult with their Department Chair in determining which of the two pathways to take on the path to the rank of Associate Professor. This choice, as well as the areas of academic endeavor that are of prime importance may vary by discipline and department, as well as by individuals within a unit. The record of accomplishment must document the faculty member's emerging reputation of regional or national scope in the candidate's academic discipline. Professional publications will be an important element to assess regional or national recognition, although other factors will also be considered (e.g. evidence that the candidate is a key member of a scholarly team or plays a key role in supporting the activities of multiple investigators).

3. Professor. Eligibility for promotion to the rank of Professor is restricted to individuals who have served a minimum of four years at the rank of Associate Professor, with at least two of these years completed at UNMC, by the date of promotion. Most candidates will be promoted to Professor after at least five years at the rank of Associate Professor. Promotion after four years is possible as a reflection of **exceptional and sustained** accomplishments in rank on the part of the candidate. Many faculty may remain at the rank of Associate Professor until retirement.

Candidates for Professor must demonstrate clear evidence of leadership, make lasting contributions appropriate to the mission of the College, and enhance the prestige of the College. Further, they must have fully achieved national or international recognition for their contributions to their discipline.

Promotion to this rank should be reserved for those individuals who have a sustained record of the highest level of excellence (Level 3) in at least one area of academic endeavor (teaching, research and other scholarly activity, or patient care). The candidate must also have a record of significant achievement (Level 2) in two of the remaining areas or service (see Table 1). As with promotion to Associate Professor, the area of academic

endeavor that is of prime importance may vary by discipline and department, as well as by individuals within a unit. Professional publications will be an important element in the assessment of national or international recognition, although other factors will be considered (e.g., evidence that the candidate is a key member of a scholarly team or plays a key role in supporting the activities of multiple investigators).

C. 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. Individuals 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 (see 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.

Section VIII. Post-Tenure Review

The UNMC guidelines for Post-Tenure Review are detailed in Section VI. of the *UNMC Guidelines for Submitting Academic Promotion and Tenure Recommendations*. Please refer to those guidelines for the post-tenure review process.

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

Section IX. Criteria for Promotion and Tenure in the Health Professions Faculty Appointment, for Promotion in the Continuous Appointment, and for Promotion of Faculty on Special Appointments² (including Part-Time Appointments)

A. Eligibility

M.D., Ph.D., or other doctoral level or terminal degree professionals who teach, provide clinical service, or perform basic/clinical research in the College of Medicine.

B. Criteria

Both general and specific criteria are to be applied in evaluating teaching, research and scholarly activity, patient care, and service. **The General Criteria provided 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 Associate Professor to occur less than 5 years after achieving the rank of Assistant Professor, or for promotion to Professor to occur less than 5 years after achieving the rank of Associate Professor. 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 areas of Teaching, Research and Other Scholarly Activity, Patient Care, and Service (no Level 3) are provided in Sub-Sections C, D, E, and F of this Section. It is recognized that these areas of professional emphasis frequently overlap in practice, although presented herein as distinct entities.

See next page for

Table 1. Criteria for Promotion and Tenure of faculty with Health Professions, Continuous or Special Appointments.

² Special Appointments do not lead to the acquisition of tenure.

Table 1. Criteria for Promotion and Tenure of faculty with Health Professions, Continuous or Special Appointments.

	General Criteria	Specific Criteria
Assistant Professor	<ul style="list-style-type: none"> • 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 <u>one</u> of the following areas: <ul style="list-style-type: none"> • Teaching • Research & Other Scholarly Activity • Patient Care
Associate Professor	<ul style="list-style-type: none"> • Board-certified in subspecialty (if applicable) • Independence, leadership, creativity • Emerging regional or national reputation 	<p><u>Dual Emphasis pathway:</u> Level 2 in <u>two</u> of the following areas:</p> <ul style="list-style-type: none"> • Teaching • Research & Other Scholarly Activity • Patient Care <p>Plus, Level 1 in <u>one</u> other area (areas listed above or Service)</p> <p style="text-align: center;">OR</p> <p><u>Focused Emphasis pathway:</u> Level 3 in <u>one</u> of the following areas:</p> <ul style="list-style-type: none"> • Teaching • Research & Other Scholarly Activity • Patient Care <p>Plus, Level 1 in <u>two</u> other areas (areas listed above or Service)</p>
Professor	<ul style="list-style-type: none"> • 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 <u>one</u> of the following areas: <ul style="list-style-type: none"> • Teaching • Research & Other Scholarly Activity • Patient Care <p>Plus, Level 2 in <u>two</u> other areas (areas listed above or Service)</p>
Tenure	<ul style="list-style-type: none"> • Makes <u>continuing</u> valuable contributions to the academic mission of the College 	A minimum of Level 2 in the following areas: <ul style="list-style-type: none"> • Teaching • Research & Other Scholarly Activity • Service

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.**

Three or more activities comparable to the examples shown below are required to meet specific criteria at Level 1, 2 or 3.

Note that carrying a significant teaching load and/or receiving excellent student evaluations are Level 1 achievements; Level 2 achievement requires higher level educational contributions or administrative involvement in the educational mission (curriculum development, lecturing outside of the University, serving as a core/course director, etc.); and Level 3 involves educational recognition or activities with a national scope.

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 or the graduate college
- Instructs in laboratory sessions for health science students
- Facilitates Problem Based Learning (PBL) or other small group sessions for health science or graduate 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 in a research laboratory
- Participates in postgraduate or continuing education courses that serve a local audience
- Participates as a mentor in faculty/peer mentoring program
- Completes significant self-improvement activities designed to improve teaching skills

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

- Prepares curriculum materials (develops 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 that 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 students pursuing the M.S., M.P.H., or Ph.D. degree, and/or postdoctoral fellows
- Participates as a mentor on NIH/equivalent training grants

Level 2 continued:

- Receives a departmental teaching award or is nominated for a College of Medicine, University-wide, regional, or national teaching award
- Develops, coordinates, or presents a faculty development program
- Record of effectively mentoring faculty, staff, or students, as evidenced by the success of previous mentees or protégés (publications, tenure-track faculty positions, significant positions in industry)

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 that 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 that has a regional or national audience
- Serves as Principal Investigator on NIH/equivalent training grants
- Receives an award for mentoring students/trainees/faculty
- Receives a College of Medicine, 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 activity resides outside the traditional boundaries of research, letters of evaluation will be especially important in assessing the candidate's professional impact.

Publication criteria must be fulfilled for each rank. Publications may be original scholarly articles in peer-reviewed journals, review articles, case reports or book chapters. *Publication criteria are italicized below.*

Three or more activities comparable to the examples shown below are required to meet specific criteria at Level 1, 2 or 3.

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, etc.)
- Evidence of application as a Principal Investigator for research grants or contracts locally or regionally
- Abstract-based poster or oral presentation of research results at a regional, national or international conference
- Submit disclosure of inventions; file patents
- Co-investigator/collaborator/consultant status on funded grants

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-reviewed³ 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
- Successful development of interdepartmental and/or interdisciplinary collaborative research programs
- Recognition as an *ad hoc* member of review committees or study sections
- Recognition as an *ad hoc* reviewer for journals indexed in the National Library of Medicine Catalog/NCBI database (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>)
- Consultant for private sector foundations or corporations

³ Including but not limited to NIH, NSF, DOE, VA, AHA, ACS, SBIR, STTR, etc.

- **Level 2** continued:
 - Invited symposium talk or plenary lecture at a national/international scientific conference or professional meeting
 - Invited to present a research-based seminar regionally or nationally
 - Inventions licensed; patents issued
 - Site principal investigator in a multi-center trial
 - Director of a core laboratory

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-reviewed³ grants or contracts, or investigator-initiated basic/applied research 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 an editorial board member or editor for journals indexed in the National Library of Medicine Catalog / NCBI database (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>)
- 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)
- Coordinates research at a national level in a multi-center trial

E. Examples of Activities Demonstrating Patient Care

Patient care may be direct (such as within the hospital or 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 to Professor, scholarly communications illustrating the candidate's significant impact in his or her professional community are expected.**

Three or more activities comparable to the examples shown below are required to meet specific criteria at Level 1, 2 or 3.

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 the local level
- Completes significant self-improvement activities designed to improve medical knowledge and clinical skills
- Participates in activities that promote healthcare quality and patient safety

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 a clinical or professional program
- Recognized at a regional level for special clinical or procedural skills
- Devises or implements a new method (diagnosis, therapy, critical pathway or standard, etc.) or procedure
- Officer in local or regional clinical/professional society
- Involvement in healthcare advocacy or community service that shapes public policy or health care at the local or regional level
- Directs or coordinates activities that promote healthcare quality and patient safety
- Regularly assumes greater than average share of clinical duties as measured by patient volume, RVU's, procedure logs, or other measures reflecting clinical productivity

Level 3

- Established consultant or attracts patients or clients on a regional, national, or international level as reflected in letters of evaluation, honors, awards, or institutional evaluation
- Devises a new method or procedure that receives national or international recognition; provides major contribution to national or international guidelines
- 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
- Provides effective leadership at site of clinical practice (e.g., director of clinical service or clinical laboratory, division chief, department chair or head of interdisciplinary healthcare team)
- Provides effective leadership of programs focused on improving healthcare quality or patient safety at a national or international level
- Involved in healthcare advocacy, community service or other activities that shape public policy or health care at the national or international level.

F. Examples of Activities Demonstrating Service

Service includes, but is not necessarily limited to, activities in the following units and subunits: College of Medicine, other UNMC colleges or institutes, Nebraska Medicine, Children's Hospital & Medical Center, VA Nebraska-Western Iowa Health Care System, UNMC Physicians, University of Nebraska System.

Three or more activities comparable to the examples shown below are required to meet specific criteria at Level 2. **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 Chair or Associate Chair 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 committee⁴
- Performs a service for the community or organizations within the community that are not directly associated with UNMC

⁴ Representative examples of major committees by unit are as follows:

College of Medicine: Promotion and Tenure, Curriculum Committee, Special Task Forces, Search Committees
College of Allied Health Professions; Faculty Board, Associate Dean's Advisory Council, Curriculum Committee

Nebraska Medicine: Quality Council, Pharmacy and Therapeutics

VA Nebraska-Western Iowa Health Care System: IACUC, Institutional Review Board, Pharmacy and Therapeutics

Children's Hospital & Medical Center: Quality Council, 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 were hired, regardless of FTE, for the primary purpose of providing health care with varying responsibility for teaching or research. **(Currently not applicable to new appointments)**

B. Criteria

The promotion criteria for faculty members holding Clinical Faculty Appointments are noted in Table 2. Both the General Criteria 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 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 evaluation or to furnish the written narrative.

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

Table 2. Criteria for Promotion of Candidates with Clinical Faculty Appointments

Rank	General Criteria	Specific Criteria
Clinical Assistant Professor	<ul style="list-style-type: none">• Demonstrates clinical competence• Board-eligible or board-certified in primary specialty (if applicable)	Level 1
Clinical Associate Professor	<ul style="list-style-type: none">• Board certified in subspecialty (if appropriate)• Demonstrates leadership potential• Emerging reputation for clinical excellence.	Level 2
Clinical Professor	<ul style="list-style-type: none">• 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
- Serves on major hospital committee(s)

Level 2

- Contributes to education of peer professionals
- Develops a 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 committee(s)
- Develops a new quality management protocol, active in cost containment activities or devises a 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 that 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.⁵

B. Criteria

The promotion criteria for faculty members holding Adjunct Appointments are provided in Table 3. Both the General Criteria and the 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 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 evaluation or to furnish the written narrative.

Examples of activities appropriate for adjunct faculty are included in Sub-Section C of this Section. Additional activities for Levels 1, 2, and 3 can be found in Sub-Section C, D, E, and F of Section IX.

Table 3. Criteria for Promotion in the Adjunct Faculty Appointment

Rank	General Criteria	Specific Criteria
Adjunct Assistant Professor	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Board-certified in subspecialty (if appropriate) • Leadership potential • Creativity • History of dedicated service to the institution • Makes significant teaching contributions to the College of Medicine. 	Level 2 in one area.
Adjunct Professor	<ul style="list-style-type: none"> • Clear evidence of leadership • Enhances prestige of College • History of outstanding service to the institution 	Level 3 in one area.

⁵ Volunteer faculty whose rank includes the prefix of "Clinical" (appointments that occurred before November 1, 1994) must follow the guidelines for Adjunct Faculty Appointments, and the promoted rank will continue to include the "Clinical" prefix.

C. Examples of Activities for Promotion of Adjunct Faculty

Adjunct (volunteer) faculty frequently play a major role in the education of medical students, other health professions students, graduate students, residents and fellows in many departments and programs in the College of Medicine. In addition, Adjunct faculty are frequently involved in local, regional, state-wide, and national service activities that benefit the mission of the College of Medicine, UNMC, and the University of Nebraska.

In assessing the teaching role of the Adjunct faculty member, the duration of involvement, as well as the quantity and quality of the educational contribution, should be considered in assigning the appropriate level.

Multiple activities comparable to the examples shown for Levels 1, 2, and 3 as outlined in Sub-Sections C, D, E, and F of Section IX and those listed below will strengthen the application for promotion at each rank.

Level 1

- Supervises and mentors health professions trainees in private health care offices and clinics
- Serves on departmental, College of Medicine, UNMC, Nebraska Medicine, Children's Hospital & Medical Center, and/or VA Nebraska-Western Iowa Health Care System committees
- Participates in community-based organizations (e.g., American Red Cross, Lions' Eye Bank, Ronald McDonald Children's Charities, American Cancer Society)
- Co-investigator/collaborator/consultant on pharmaceutical/industry grants or contracts
- Considered a very good clinician or professional as evaluated by students, residents, fellows, and faculty
- Participates in teaching or supervision of UNMC graduate students in a research laboratory

Level 2

- Coordinates educational programs in private health care offices and clinics
- Plays a major role or serves as an officer in community-based organizations (e.g., American Red Cross, Lions' Eye Bank, Ronald McDonald Children's Charities, American Cancer Society)
- Participates in regional and national professional societies or medical subspecialty programs
- Receives a teaching award from a sub-specialty division or department
- Site principal investigator on pharmaceutical/industry grants or contracts
- Considered an excellent clinician or professional as evaluated by local and regional peers
- Known as an excellent clinician with special skills at a regional level
- Serves as primary advisor for UNMC graduate students.

Level 3

- Plays a leadership role in regional and national professional societies or medical subspecialty programs
- Invited to organize and participate with a major role at a regional or national educational meeting
- Participates as a member of major advisory groups benefiting UNMC (e.g. UNMC Board of Councilors, The Nebraska Medical Center Board of Directors, Nebraska Medicine Advisory Board, UN Foundation)
- Attracts substantial gifts or endowments to the College of Medicine
- Receives a major College of Medicine teaching award
- Involved in healthcare advocacy, community service and/or other activities that shape public policy or health care at the regional, national, or international level.

APPENDIX A

Transmittal Form for Recommending Promotion and/or Tenure*
 (Please print on yellow paper)

Name: _____ Degree(s): _____
 Department/Division: _____ College: _____
 Initial UNMC Rank: _____ Date of Initial Rank: _____
 Current Rank: _____ Date of Last Promotion: _____
 Appointment Type: Special Health Professions Continuous
 Effective Date of Promotion and/or Tenure (if approved): _____
 Tenure Requested: Yes No
 Promotion Proposed: Yes No Proposed Rank: _____
 Are you petitioning that a Committee Member be recused from your P&T decision process? Yes No
 If yes, which Committee Member? _____

Recommendations

Department/Division	Promotion	Tenure	Signature
Department Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Department Chairperson	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Individual notified in writing on:	_____		

College	Promotion	Tenure	Signature
College Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Dean	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Individual notified in writing on:	_____		

Chancellor's Office	Promotion	Tenure	Signature
Chancellor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Dean of College/Institute Director notified in writing on:	_____		

Appeals

Appeals 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 in 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

Study Sections (list agency, study section title, role, begin and end dates)

Patents (list both those pending and those awarded)

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

Consulting positions² (academic, government, and industry; also include editorial duties for journals indexed in the National Library of Medicine Catalog / NCBI database (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>))

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 years of service¹ and chairs)

¹ Indicate month and year (i.e., September 2006 to June 2008)

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, including dates as defined in footnote 1.

Curriculum Vitae Format (Continued)

Presentations

Organize the list under the following headings:

- a. Invited presentations at regional, national, and international meetings
- b. invited seminar presentations at institutions outside of the University of Nebraska Medical Center.
- c. Presentations associated with voluntary, non-refereed abstracts or preliminary communications (limited to the 5 most significant or recent presentations.)

Community Service/Outreach

Publications

Publications are to be organized in chronological order (old to new) under the following headings. Please note that inclusive pagination is required where appropriate.

- a. Articles published in scholarly journals indexed in the National Library of Medicine Catalog / NCBI database -- <https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. (Avoid including publications in journals considered to be "predatory" (<https://predatoryjournals.com/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 any 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 and important)
- h. Published audiovisual or computer-based educational materials and computer software (video, audio, multimedia slides and video, slides and audio, broadcast, etc. Indicate which have been "peer-reviewed" by hosting site such as MedEd Portal).
- i. Published continuing education materials, on-line courses.

APPENDIX C

TEACHING ACTIVITIES

Documentation in support of Teaching Activities should be provided since the last major review or a minimum of the last two years using the following items as a guide. Examples of teaching activities include classroom teaching, course coordinator or faculty participant, clinical instruction, research supervision, continuing education, interprofessional educational activities, community outreach and educational scholarship (the latter of which has the greatest potential impact for “double-dipping” in teaching and scholarly activity). 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 you 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
- g. Course/lecture/training evaluation materials and outcome assessments

TEACHING PORTFOLIO (optional)

Faculty who have a major teaching role are encouraged to develop a more extensive Teaching Portfolio which can be used to help develop the teaching narrative. In addition, faculty may want to consider including their Teaching Portfolio as a supplement for review by the P&T Review Committee separate from the required documentation.

Information for developing a teaching portfolio is available and detailed on the UNMC Academic Services website: <http://www.unmc.edu/academicsservices>

APPENDIX D

The University of Nebraska College of Medicine

Letters of Evaluation for Faculty Promotion or Tenure
2021-22

Name: _____
(please print or type name)

Department: _____

As you know, evaluation 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 evaluation obtained for my promotion or tenure review.

Faculty Signature

Date

APPENDIX E

Date

Address

RE: Request for letter of evaluation for _____ (fill in blank with either promotion or tenure)
for Dr. _____

Dear _____:

You have been recommended to us as an expert in the field, who could provide an evaluation of our applicant, Dr. _____, who is being recommended for promotion to the rank of _____ in the Department of _____ at the University of Nebraska College of Medicine. (If for tenure, change text.)

Please base your opinion on a review of the applicant's narrative, curriculum vitae and our College of Medicine (COM) promotion guidelines which accompany this correspondence. Your evaluation should provide justification as to whether or not you feel Dr. _____ meets both the "General Criteria" as well as the "Specific Criteria" necessary for promotion (or tenure). With respect to the specific criteria, please indicate the level of achievement in each of the four categories - teaching, research/scholarly activity, patient care and service. Please indicate the level you believe the candidate has attained by ranking each 1 through 3. We would also like to know whether the candidate would meet criteria for promotion at your institution. Enclosed is a copy of the form signed by the faculty member waiving or retaining his/her right to read the external letters of support/reference/evaluation.

Applicant's self-assessment of levels of achievement:

Research/Scholarly Activity	X
Teaching	X
Patient Care	X
Service	X

Address your letter to my attention. Please complete this evaluation by October 1, 2021. Additionally, please complete and sign the evaluator profile form describing your relationship with the candidate. You may scan and email both signed forms to _____@unmc.edu or mail directly to this office. If you are unable to provide the requested information or need additional time/information, please so advise us by email to _____@unmc.edu.

Sincerely,

Professor and Chair
Department of _____

enclosures

APPENDIX F

EVALUATOR PROFILE FORM

(Please return this form with your letter of evaluation)

Evaluator Name: _____

Affiliation: _____

Name of Candidate: _____

Please indicate which of these items describes your relationship to the candidate and your knowledge of his/her work. Check all that apply.

I. Relationship to the candidate and his/her work:

a. Past or present colleague at the same institution
(*e.g., as student, fellow, faculty member*) _____

b. Past/current mentor or mentee _____

c. Past collaborator (*e.g. shared grants, co-authorship
on manuscripts*) _____

d. None of the above _____

II. Knowledge of the candidate's work is based primarily on:

a. His/her publications and CV _____

b. Scientific or educational presentations _____

c. Personal knowledge and discussions _____

d. Joint participation on professional activities/societies
(*e.g., advisory board, study section, etc.*) _____

III. Indicate any professional and personal conflict of interest
and address this in your letter. _____

Signature

Date

APPENDIX G

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 VI. 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.

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.

Post-Tenure Review Document -- Approved by the Faculty Council, April 1, 1999.
Approved by the General Faculty, August 11, 1999.

**University of Nebraska College of Medicine
Promotion and Tenure Guidelines:**

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, 2010, 2011

Approved by the Faculty Council: April 9, 2015

Approved by the General Faculty: May 1, 2015

Approved by the General Faculty: August 2016

Modified for clarity: August 2019

Approved by the Faculty Council: June 11, 2021

Approved by the General Faculty: June 30, 2021