

**Input Requested:** This guide is for all faculty in COM and should reflect the realities of our jobs. As such, if you see things that will not work or have suggestions for additions, e-mail me with the change. The guide is written on paper and not in stone. Help me to edit the next draft into something that better works for all.

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# Insider's Guide to Promotion in UTHSC COM

## Office of Faculty Affairs UTHSC COM

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### Goals of this Guide:

- Clarify the process used in promotion and tenure.
- Clearly and concisely respond to frequently asked questions.
- Identify the benchmarks associated with the Metrics, i.e. introduce the survey tool.

## POLICY

Both the UTHSC Faculty Handbook and the By-Laws to the College of Medicine (COM) contain policies for appointment, promotion and tenure (P & T). The Faculty Handbook has been the long standing guide to the P & T process and a new version is scheduled to be reviewed by the Board of Trustees in 2008. Both old and new versions can be found online at the addresses below. The By-Laws of COM do not conflict with policies in the UTHSC Faculty Handbook, but clarify and add important details which are unique to COM.

The Faculty Handbook contains all UTHSC policy for appointment, promotion and tenure.

This Handbook can be found at:

<http://physio1.uthsc.edu:8080/cocoon/Facsenate/page.handbook.Handbook>

The COM By-Laws, which also contain policies governing appointment, promotion and tenure, can be found at: [http://medicine.uthsc.edu/Acad\\_Affairs/Fac\\_Adm/Bylaws.pdf](http://medicine.uthsc.edu/Acad_Affairs/Fac_Adm/Bylaws.pdf)

## PROCEDURES

### Approximate Timetable of Promotion and Tenure:

Sept - Oct	Prepare documents and obtain letters of recommendation.
Oct - Nov	Department P & T Committee meets.
1 <sup>st</sup> week Dec	Paperwork for P & T is due in the COM Office of Faculty Affairs.
Dec – Feb	COM Appointment, Promotion, and Tenure Committee (CAPT) meets.
1 <sup>st</sup> week Feb	Appeals of negative recommendations are considered by CAPT.
Early March	All CAPT recommendations are presented to the Executive Dean.
March	COM Executive Dean makes P & T recommendations.
April	UTHSC Vice Chancellor and Chancellor review recommendations.
May	President of UT receives summary of recommendations.
Last week June	UT Board of Trustees reviews recommendations and takes action.

**Individual Faculty Member Role in Promotion and Tenure:** Your CV should be formatted as noted in Appendix D in COM By-Laws. Further, additional documents that will be helpful to your promotion and tenure are noted in the FAQ below under “What documentation beyond my CV would be helpful for my promotion?” Typically, you are asked to provide names of faculty that can write a letter of reference for you. Tips on “What makes for effective letters of recommendation for my promotion?” are also below. Finally, if there are specific professional accomplishments that you think are consistent with being awarded promotion and/or tenure, then talk with your Chair/Division Chief to see if they agree. They can highlight those accomplishments in the letter provided by the Chair to CAPT and the Executive Dean. The Chair’s letter on your behalf is a very important, but not the only, support document for your promotion and/or tenure. Make sure your Chair is aware of your particularly noteworthy achievements.

**Department Role in Promotion and Tenure:** Departmental tenured faculty, of equal or greater rank to the one which you are seeking, will make a recommendation to your Chair regarding your promotion and/or tenure. Typically, your achievements or lack of achievements are discussed in a meeting and a vote is taken as to whether or not to support your promotion and/or tenure. A letter is then written to outline the basis of the decision and a copy is sent to the Chair which is forwarded with your promotion/tenure package to the CAPT and, subsequently, the Executive Dean of COM.

**Chair's Role in Promotion and Tenure:** The Chair, with your input, is responsible for assignment of faculty % effort to the various UTHSC missions. It is important for your promotion and tenure that the defined % efforts accurately reflect your efforts. Sit down and talk to your Chair/Division Chief if the assigned % efforts does not match what you are spending your time doing.

Your Chair also writes a letter either supporting or not supporting your promotion and/or tenure. This letter begins to be written the day you start at a new rank. A good way to ensure your entire record is fairly considered is to use the annual review with your Chair/Division Chief as a venue to present a clear picture of how you meet or exceeded their expectations from the previous year, and to make sure you are clear on their expectations in the coming year. If this happens on a yearly basis, then when promotion and/or tenure come around the Chair letter should write itself based on past annual reviews. In the event you have not had particularly useful interactions with your Chair/Division Chief on a yearly basis, then meet with your Chair/Division Chief prior to their writing your letter of recommendation for promotion and/or tenure to clarify your achievements both verbally and by providing a written bullet list.

**Role of COM Appointment, Promotion and Tenure (CAPT) Committee:** CAPT meetings are run in a similar way to NIH study sections. You are assigned a Primary, Secondary and Reader Reviewer. For the Primary Reviewer, a CAPT member with an MD is assigned to review and present MD's, while a CAPT member with a PhD is assigned to review and present PhDs. The Primary Reviewer is charged with critically pre-reviewing all aspects of your promotion and/or tenure, and presenting to the CAPT committee a brief overview of your career and the merit or lack of merit concerning your accomplishments. The Secondary reviewer is also required to critically pre-review all aspects of your promotion and tenure, and during the CAPT meeting will concur or disagree with the pros and cons of your achievements presented by the Primary Reviewer. The Reader is charged with carefully pre-reviewing all the candidate's documents, and actively participating in the discussion of your promotion/tenure. Non-assigned CAPT members are expected to be familiar with your materials.

After the CAPT meeting discussion and vote on your promotion and/or tenure, the outcome of the vote and a summary of the discussion is provided to your Departmental Chair. If desired, an Appeal can be filed to CAPT or the Executive Dean of COM by your Chair. Typically, an Appeal to CAPT is made when information was missing or misread. An Appeal directly to the Executive Dean occurs when all the factual information is agreed upon, but the interpretation of what those facts add up to is disputed. CAPT sets aside a specific meeting to hear Appeals. During that time new materials provided by the Chair, candidate or other sources are discussed. In early March, all recommendations by CAPT are passed on to the Executive Dean of COM. CAPT is advisory to the Executive Dean. However, historically, the Dean concurs with 80-90% of the recommendations made by the CAPT committee.

CAPT members take your promotion and/or tenure decision seriously. Many hours are spent reviewing each dossier. HOWEVER, CAPT decisions are based on your documentation. Poor or incomplete documentation are likely the leading causes of initial negative recommendations.

**Administration Role in Promotion and Tenure:** Your P & T package is next reviewed by the Executive Dean of COM who will concur or overturn the CAPT recommendation. Negative recommendations by the Dean lead to a letter of notification sent to the faculty member's home. This letter also provides information on the right to Appeal to the Vice Chancellor – the next stop for promotion/tenure packages. After making an independent judgment, the Vice Chancellor passes along recommendations to the Chancellor. The Chancellor reviews recommendations and puts forward all positive recommendations to the President of UT. Positive recommendations go from the President's office to be acted on by the UT Board of Trustees. It is rare, but not unknown, for the Vice Chancellor or Chancellor to overturn recommendations by the Executive Dean of COM. It is highly unusual, but not outside policy, for the UT President or Board of Trustees to overturn a recommendation by the UTHSC Chancellor.

## FREQUENTLY ASKED QUESTIONS (FAQs)

Policy regarding criteria for promotion, letters of recommendation, and formatting of your CV can be found in the COM By-Laws and the UTHSC Faculty Handbook (web addresses given above).

Below are questions frequently asked of the COM Office of Faculty Affairs. This section also provides important tips on what the CAPT committee has found to be helpful in being able to positively recommend faculty for promotion and/or tenure. The response to these FAQs and the Metrics are guides and not policy/rules.

**FAQ 1. Are there hard and fast requirements for promotion?** Yes and no. No, in that a deficiency can be counterbalanced by superiority in another area. However, some deficiencies are very hard to overcome. There are 4 crucial benchmarks you should make sure you fulfill. (1.) Reaching the minimum number of publications (Table 1) is typically considered necessary. (2.) Financial expectations need to be met. This includes reaching RVU or productivity targets for clinical faculty, and having sufficient and sustained grant funding for faculty primarily involved in research. (3.) You need to meet or exceed expectations in the mission that you have the highest % effort. (4.) For promotion to full Professor, the demonstration of a national/international reputation is essential.

**FAQ 2. What is the difference between being granted tenure and promotion to Associate Professor?** Tenure is granted based on your value to UTHSC COM. This is determined by whether or not 1) you have done a good job in your assigned academic roles throughout your tenure track period, i.e. you have established a track record of academic success; 2) you have shown promise of continued growth and success in these roles, i.e. this success is likely to continue; and 3) you have contributed to programs/activities that are likely to be needed at UTHSC for the foreseeable future; the latter requires an alignment between your academic strengths and department needs since tenure is department-based.

Promotion to Associate Professor is granted based on meeting or exceeding expectations in multiple benchmarks of the missions. For examples, reaching a certain publication level, being recognized as one of our outstanding educators, or meeting clinical productivity goals.

**FAQ 3. What is meant by “Up or out in 7”?** Typically, the tenure probationary period is 7 years at UTHSC. Thus, late in the 6th year of your tenure clock, we begin considering you for tenure. The process ends at the **start** of your 7<sup>th</sup> year with the UT Board of Trustees. The UT Board of Trustees is the body empowered to actually grant tenure. If tenure is not granted by the Board at the start of your 7<sup>th</sup> year, then you have 1 year to relocate before your non-renewable contract with UT expires.

Extension on the 7 year time clock is granted for various reasons, such as prolonged ill-health of self or close family; an extension cannot be granted after a negative tenure decision. Further information on this can be found in the COM By-Laws.

**FAQ 4. Is it possible to be granted tenure early?** It is possible, but you must have an exceptional record and show promise of continuing that level of productivity. For examples you might have a series of stellar publications or exceptional grant funding, or developed an innovative approach to diagnosis, treatment or prevention of disease that influences care regionally. Early tenure is infrequently granted because it is difficult to demonstrate a history of fulfilling or exceeding expectations in a short timeframe.

**FAQ 5. Is “early” promotion possible?** Yes. You are ready for promotion when you consistently fulfill the benchmarks set by your Chair and COM. Thus, “early” promotion when referring to years in rank no longer is an impediment to promotion in COM. However, be mindful that to demonstrate you are consistently fulfilling the benchmarks year after year does take time.

**FAQ 6. How are quantity and quality of patient care determined?** Meeting the department/division set goals in RVU and charges are needed to “meet expectations”. If your department/division does not have set goals, then the average RVU/FTE for AAMC University Hospital based and the average charges / FTE for MGMA (Medical Group Management Assoc) private practice based values for physicians in your area will be used.

COM uses the extent to which you receive referrals as one way to assess the quality of your clinical care. Further, your use and role in disseminating a new surgical procedure and cutting edge diagnosis or treatments, speaks to the quality and reputation of your clinical abilities. A strong clinical reputation is also evident when that faculty is said to be the “go-to” physician for a disease/procedure in the region.

**FAQ 7. How is national reputation as a clinician, scientist, or educator assessed?** Promotion to Professor requires you be able to demonstrate a national or international reputation. This is established by your activities such as giving invited lectureships outside UTHSC, leading symposia, membership on grant review sections, editorial board appointments, developing a now accepted surgical technique or clinical protocol, and by comments made in your external letters of recommendation.

**FAQ 8. What are COM expectations of extramural funding?** Faculty with greater than 50% scholarly activity should have extramural support equal or greater than an average yearly NIH R01 grant (direct cost ~200K/yr). This support can come from a single grant or the sum of multiple grants. Grants “count” from virtually any extramural source (NIH, NSF, HERSA, Foundations, and Industry). Further, it is expected for faculty with a predominate focus in research to demonstrate the ability to renew extramural grants or be able to consistently secure research funds.

It is also expected that if you are a research-committed faculty you will be the principal investigator (PI) or co-PI on R01-like grants, or a Project Director for a Program Project. Alternatively, research-committed faculty may serve primarily in a collaborator role on a number of grants. As such, the sum of the total effort designated on grants in which you are a collaborator will be considered. Thus, if the mutually agreed upon % effort for scholarly activity/research in your annual review is 50%, then the sum effort from collaborations on various grants should be 50% or greater to meet expectations of COM. Finally, COM recognizes that some faculty play a critical support role on grants or contracts in which they have no designated % effort. To document your critical role on grants or contracts, ask your Chair to note this in their letter of recommendation and obtain letters from the PI of those grants/contracts indicating how crucial your participation is/was to that successful effort.

If you have less than 50% effort in scholarly activity, then less extramural funding and a lesser role on grants, i.e. consultant, will meet expectations.

**FAQ 9. What do I need to know about authorship on publications?** If you have greater than 50% effort in scholarly activity you are expected to be leading research efforts and, as such, be the senior (last) author on publications. However, CAPT recognizes that first author and corresponding author designation frequently, but not always, indicate leadership in a study. Further, in some disciplines (i.e. bioinformatics) significant contributions are made and recognized through a non-first or non-senior authorship.

While in rank at UTHSC you are expected to list UTHSC as the institution where the research was done. Faculty publications which list a different affiliation are not considered when determining numbers of publications obtained while you were in rank. The one exception to this is when you are on a short tenure clock (5 years instead of 7) due to time as an Assistant Professor for 1-2 years at another institution. Publications during your 1-2 years as an Assistant Professor at another institution plus publications from your UTHSC years will be considered for promotion and tenure.

It should be noted, the practice of continuing to publish with a past mentor suggests that you are not making a name or niche for yourself. This is especially the case when there is no time gap in publishing

with the mentor from your Postdoctoral or Fellowship training to beginning your Assistant Professor appointment.

If research independence is likely to be an issue with your promotion, ask your Chair to include a statement noting the reason for a limited number of senior authorships or continued listing of past mentors as authors.

**FAQ 10. Are Ph.D.s in clinical departments subjected to different criteria for promotion?** Criteria for PhDs in clinical departments are as stringent as in the basic science departments. However, COM realizes these investigators are more likely to be engaged in clinical studies as part of a large research team. As such, excellence may be achieved by a slightly different approach as demonstrated by authorships in publications and grant sources. Further, COM recognizes that our Ph.D. Clinical Psychologists can have significant patient care responsibilities. These will be recognized in proportion to their designated % effort in patient care. Concomitant with increasing effort in patient care, a decrease in scholarly activity/research expectations will occur.

**FAQ 11. What do I need to know about quantity and quality of publications?** Minimum publications required for promotion are given in the revised UTHSC Faculty Handbook (reprinted below).

Track	Assistant to Associate Prof	Associate Prof to Full Prof
Non-tenure (clinicians, teachers)	2	5
Non-tenure (researchers)	5	10
Tenure	5	10

Within the COM these minimum publications must be in **peer-reviewed** journals. Your articles should be accessible in the NIH PubMed (<http://www.ncbi.nlm.nih.gov/PubMed/>) database. COM recognizes a few peer-reviewed journals are not in PubMed (i.e. respected online journals), and this will not negatively affect your promotion and/or tenure.

COM uses journal Impact Factor (such as found at <http://www.bioscience.org/services/impact15.htm>) as a way to help weigh the quality of publications for promotion. For example, a record of publication in journals such as Cell (Impact Factor of ~40) or New England Journal of Medicine (Impact Factor ~22) exceeds expectations while publications in journals with an Impact factor of < 1.0 do not meet the expectations of COM. COM recognizes some well respected journals are on-line and do not have a published Impact Factor (i.e. MedEdPortal).

Another factor which indicates publication quality is numbers of citations per given publication. Citation indices such as Scopus (<http://www.scopus.com/scopus/home.url>) are used to determine if your publications, greater than 3 years old, are being read and cited by your peers. For example, a series of publications from 2000-2003 with citations numbers in the hundreds versus 0-1 citations exceeds versus does not meet expectations, respectively. Again CAPT realizes on-line journals do not appear in citation indices. If this is a concern for you, ask the expert faculty writing a letter of recommendation for you to comment on the quality of your publications.

**FAQ 12. Are the publication requirements for non-tenure track faculty different?** Yes, the minimum number of publications for promotion is reduced for clinicians or teachers on the non-tenure track (Table 1). Further, non-tenure track also “counts” both peer-reviewed publications and scholarly works such as textbook chapters, monographs etc toward the minimum requirement. However, newspaper and magazine articles are not considered “publications”, but fall under the category of “Other Scholarly Activity” in the metrics/benchmarks. Please note, multiple editions (different year or different

language) of the same textbook chapter count only once toward reaching the minimum publication number unless significantly revised between editions.

**FAQ 13. What is the advantage to the non-tenure track?** The non-tenure track expectations regarding publications are reduced and more flexible than the tenure track (see above). Hence, a more rapid promotion is possible. Further, non-tenure track faculty are required to fulfill only 2 of the 4 missions of the university whereas tenure track faculty must have % effort in 3 of the 4 mission.

**FAQ 14: What are the criteria for promotion of volunteer clinical faculty?** Volunteer clinical faculty will be promoted based on the same criteria as non-tenure track faculty with one exception. As such, volunteer faculty must provide high-quality patient care, as judged by peers and excel in teaching activities. Further, the faculty must have achieved regional or national recognition to be considered for promotion to Associate or Full Professor, respectively. The minimum number of publications and acceptability of non-peer formats (i.e. book chapters, monographs, etc) are criteria identical to that of the non-tenure track (FAQs 12 & 13). In addition, and unique to the volunteer track, publication criteria can be fulfilled by 7 years of superlative service to COM for promotion to the rank of Associate Professor.

**FAQ 15. What documentation beyond my CV would be helpful for my promotion?** Positive recommendations are based on thorough documentation. Although your up-to-date CV has quite a bit of information in it, you need to make sure you fully document the quantity and quality of your professional activities. If the information in the suggested additional documents below does not appear in your CV, then add them to the back of your CV when you submit it for consideration of promotion and/or tenure.

1. Table Defining Clinical Activities - Create a table that lists sites of activity, hours, numbers of patients, numbers of procedures, and RVU. Briefly describe your clinical activity and responsibilities.
2. Table Defining Educational Activities - Create a table including numbers of hours taught, identify format (rounds, laboratory instructions, didactic lectures, and seminar), type of trainees (students, residents or fellows), and number of trainees.
3. Student Evaluations - Include a summary with sample comments from student evaluations from courses or residents/fellows you taught.
4. Statement Identifying Innovation - Describe novel ways you have influenced practice, improved the quality of medical care, reorganized a practice, or done analyses of health care delivery or cost-effectiveness. Describe development of new clinical procedures now accepted and used. Describe innovations in teaching such as development of new course/curriculum, videos, or other instructional materials and methods.
5. Table with Scores and History on Recently Applied for Grants - These are for grants that did not make the cut. A pattern of improving scores, close to the pay-line scores, and aggressive pursuit in applying for multiple grants can demonstrate you are working to get on track.
6. Table to Quantify Mentoring Ability – Create a table with name's of trainees, years you mentored them, briefly list their accomplishments while under your mentorship, and their current position.
7. Annual Evaluations - Frequently your annual evaluations contain information summarized by your Chair that support a position of meeting or exceeding expectations on a yearly basis. As such, consider including copies of the last 3 years of your annual evaluations.
8. Table of Invited Talks – Such a table helps quantify your recognition as an expert. This table should list title of talk, when, where, and who the talk was given to.

**FAQ 16. What makes for effective letters of recommendation for my promotion?** For your promotion you need 2-4 letters of recommendation written by faculty at UT or other institutions (details appear in COM By-Laws Appendix E). More letters than 4 are accepted. Typically, the faculty candidate and Chair together decide who will be asked to write letters on your behalf. Although COM policy allows

letters from UTHSC faculty, letters with a clear conflict of interest are not effective for your promotion. Common examples of this conflict include faculty who are co-investigators on active grants, past mentors, current practice partners, faculty you have published within the last 3 years, or members of your department/division. However, CAPT recognizes this conflict is sometimes unavoidable, i.e. assessment of your teaching by a course director in your department. A truly effective letter of recommendation comes from a non-UTHSC faculty who has an “**arm’s length**” relationship with you. Thus, faculty you have interacted with at national meetings or symposia in your exact area of expertise, or someone who has asked you to write a review in your area of expertise should be considered. Finally, choose carefully as all letters of recommendation received by your department are forward to CAPT and the Dean.

**FAQ 17. How can I get effective career advice in a timely manner?** A Mentoring Committee can help you identify the steps and point you towards the right tools to reach your professional goals including promotion/tenure. Frequently Mentor Committee members are willing to read and critique your grants. Committee membership is best set through consultation with your Chair. Some faculty think of a Mentoring Committee as unhelpful. This may be true if you know everything there was to know about your profession and have all the tools necessary to exceed expectations.

**FAQ 18. What role does my Center Director have in my promotion?** If you are associated with a Center, it is important to get a letter of reference from the Director that outlines your contributions to the Center. Many of the Centers have faculty which set up a specific service for university-wide use. Center Directors can best speak to how successful you were in setting up that service, level of use, number of grants and publications that would not have been possible without the service you created/provided. Further, the Center concept hinges on pulling faculty together in a certain area such that synergy of ideas can occur. Center directors can best speak to the role you played in those collaborative efforts.

**FAQ 19. If I am predominantly an Educator, as defined by % effort, will I ever make full Professor?** Yes, but you must show that you have obtained a national reputation as an Educator and/or were exceptionally innovative in your teaching. Things that contribute to your recognition are a publication record on educational issues, being asked to present on your innovations in education at national meetings, or serving on national committees which create guidelines for curriculum. Other factors, such as consistently receiving teaching or course director awards are also important.

**FAQ 20. Is all teaching considered the same?** No, teaching 10 students in a seminar class is not the same as teaching 160 medical students in a didactic lecture. Teaching with 10% designated effort in a time and labor intensive Gross Anatomy dissection lab is not the same as teaching a couple small groups. Further, teaching at the bedside requires a different skill set than lecture teaching. All of this is taken into consideration when you are assessed for your teaching ability.

With regard to which group of students you are teaching, you are equally credited for teaching graduate versus medical students, or COM students versus, for example, dental students.

**FAQ 21. Why doesn't % effort on my reappointment letter equal % effort on my promotion letter from my Chair?** For basic science faculty the % effort on the reappointment letter should match the % effort designated in your promotion package. For clinical faculty any difference in the 2 sets of numbers are necessary to insure **fair** clinical compensation based on % effort in the reappointment letter, and **fair** consideration of teaching efforts based on % effort given for promotion. Essentially, for reappointment letter purposes bedside teaching is considered part of your clinical duty, while for promotion bedside teaching is part of your teaching duty.

So for example, a given clinician might have a reappointment letter of:

- 10% formal education (classroom and small group teaching only),
- 78% composite clinical care (clinical care including bedside teaching of students and GME),
- 10% scholarly activity,
- 2% service.

For purposes of promotion, this same individual may have a % effort distribution of:

- 40% composite education (classroom and bedside teaching),
- 48% isolated clinical care (clinical care without trainees),
- 10% scholarly activity,
- 2% service.

**FAQ 22. What is an effective appeal strategy if I receive a negative recommendation for promotion/tenure?** If your Chair or you receive a letter indicating a negative recommendation has been made by CAPT or the Executive Dean of COM, then you may appeal this recommendation. Directions on the mechanism of appeal will be given in the letter. HOW you appeal should be based on providing additional information that is directly related to the reason given by CAPT for a negative recommendation. For example, if the letter states your record is not consistent with scholarly activity in the rank you hope to obtain, then address each item in the survey tool related to scholarly activity (page 12 of this document). A letter can be sent to CAPT for an appeal, or sent directly to the Executive Dean. Always feel free to contact the Associate Dean for Faculty Affairs in the COM to discuss your options of who to appeal to and how to appeal.

**FAQ 23. What if there are intangibles the Metrics do not capture for my promotion/tenure?** Metrics cannot take into account inspired or promising but not yet realized science and medicine. There are many intangibles numbers cannot measure. Consider Jonas Salk, MD, who took 8 years to come up with a successful polio vaccine. A typical tenure clock is 7 years at UTHSC. Further, after the vaccine was proven successful, he refused to patent or profit from the vaccine. Obtaining patents is one criteria of The Metrics. COM will never rely solely on the number crunched out from The Metrics for promotion / tenure.

**Assigning % Effort:** The designation of what you are supposed to be doing with your time is important for the consideration of your promotion. Your distribution of effort is defined by your Chair.

Definitions:

% Patient (also called Isolated Clinical) is % effort in clinical activity in the absence of trainees.

% Composite Education is % effort in both classroom teaching to trainees, i.e. lectures, journal club, small group conferences, **and** bedside training to medical students, residents and fellows

Below are the **typical** examples of distribution of % effort and how that relates to your promotion.

<b>Table 2: Tenure Track / Tenured Faculty</b> – You must fulfill 3 of 4 missions, and 2 missions must be Education and Scholarly Activity with a minimum of 10% effort in each.		
<b>Focus</b>	<b>Typical % Effort</b>	<b>Descriptive Information</b>
<b>A.</b> Clinician – Patient Care	<ul style="list-style-type: none"> <li>• 80% patient</li> <li>• 10% scholarly activity</li> <li>• 10% composite education</li> <li>• 0% service</li> </ul>	<ul style="list-style-type: none"> <li>• focus of promotion is on clinical volume, productivity and reputation</li> <li>• physicians at the forefront of a unique procedure and/or those who work at one of our “east” clinics fall into this group</li> </ul>
<b>B.</b> Clinician – Educator (tenure track)	<ul style="list-style-type: none"> <li>• 48% patient</li> <li>• 10% scholarly activity</li> <li>• 40% composite education</li> <li>• 2% service</li> </ul>	<ul style="list-style-type: none"> <li>• focus of promotion is on clinical productivity and reputation, and fulfilling the educational mission</li> <li>• scholarly activity relates to improvements in education process/curriculum</li> <li>• physicians working at the MED are typically in this group</li> </ul>
<b>C.</b> Clinician – Investigator	<ul style="list-style-type: none"> <li>• 40% patient</li> <li>• 40% scholarly activity</li> <li>• 10% composite education</li> <li>• 10% service</li> </ul>	<ul style="list-style-type: none"> <li>• focus of promotion is balanced between patient care and research</li> <li>• included are those engaged in clinical trials/team based clinical and translational research</li> </ul>
<b>D.</b> Researcher	-M.D.- <ul style="list-style-type: none"> <li>• 20% patient</li> <li>• 65% scholarly activity</li> <li>• 10% composite education</li> <li>• 5% service</li> </ul> -Ph.D.- <ul style="list-style-type: none"> <li>• 0% patient</li> <li>• 75% scholarly activity</li> <li>• 20% teaching</li> <li>• 5% service</li> </ul>	<ul style="list-style-type: none"> <li>• focus of promotion is on typical measures of research such as grants and publications</li> </ul>
<b>E.</b> Educator - Researcher (tenure track)	<ul style="list-style-type: none"> <li>• 0% patient</li> <li>• 20% scholarly activity</li> <li>• 70% teaching</li> <li>• 10% service</li> </ul>	<ul style="list-style-type: none"> <li>• focus of promotion is on teaching and course directorships</li> <li>• scholarly activity relates to improvements in education process/curriculum</li> </ul>

<b>Table 3. Non- Tenure Faculty</b> – You must fulfill 2 of 4 missions and effort in any given assigned mission must be at least 10%.		
<b>Focus</b>	<b>Typical % Effort</b>	<b>Descriptive Information</b>
<b>F.</b> Clinician – Educator	<ul style="list-style-type: none"> <li>• 60% patient</li> <li>• 40% composite education</li> </ul>	<ul style="list-style-type: none"> <li>• focus of promotion is on clinical volume, productivity, clinical reputation, and fulfilling the educational mission</li> </ul>
<b>G.</b> Research – Educator	<ul style="list-style-type: none"> <li>• 90% scholarly activity</li> <li>• 10% teaching</li> </ul>	<ul style="list-style-type: none"> <li>• focus of promotion is on typical measures of research such as grants and publications</li> </ul>

## Assessing Faculty Contributions: *The Metrics*

**Overview:** The metrics and accompanying survey tool can be used on a yearly basis to your advantage to clearly identify your contribution to COM missions. During your annual review go over with your Chair/Division Chief how you think you are progressing with regard to the various benchmarks outlined in the survey tool. For promotion, your Departmental Promotion and Tenure committee and your Chair will submit the completed survey to CAPT to be reviewed for accuracy based on documentation provided (i.e. CV, annual review, etc). The “final” calculated score is the minimum number needed to suggest you are an appropriate candidate for promotion. **However, this “final” score is but one indicator of your suitability for promotion.**

The “final” calculated score value and its application to promotion is defined in the UTHSC Faculty Handbook (summarized below).

- a. For promotion to Assistant Professor, the candidate must accumulate a total of 3.5 points if he/she does not have a clinical practice and 4.0 points if he/she has practice responsibilities.
- b. For promotion to Associate Professor, the accumulation of a minimum of 6 points is required from new/continuing activities since appointment or last promotion.
- c. For promotion to Professor, the accumulation of a minimum of 7.5 points is required from new/continuing activities since appointment or last promotion.

**Instructions:** To use this survey, check off all characteristics that apply for each category in each mission for the faculty candidate under consideration for promotion. After checking off all applicable characteristics, go to page 15 to calculate a “final” metric score.

Additional Considerations:

- The purpose of this survey is to insure that all aspects of a faculty member's contributions are clearly documented and conveyed to the diverse group of people, MD and Ph.D., that is charged with considering that faculty member for promotion.
- No one faculty member is expected to meet all expectations in all missions and categories.
- **These metric characteristics are guidelines, not absolute standards or policy/rules.** They are not all inclusive, nor sufficient for promotion. They are an indicator of suitability for promotion.
- When considering if a nominee is below, meeting, or exceeding expectations the comparison to be made is to faculty currently holding the rank being requested.
- Intangibles that may move faculty from a 2 (meets expectations) to a 3 (exceeds expectations) in a given category/mission include such things as:
  1. A faculty member who is a team player or catalyst for intra- and interdepartmental and/or inter-institutional interactions, collaborations or ventures at a level above and beyond the average faculty
  2. A faculty member whose spirit, optimistic outlook and/or interpersonal interactions energize and enhance the activities and attitude of their colleagues; i.e., yielding a situation where the whole is greater than the sum of the parts
  3. A faculty member who consistently volunteers or takes on teaching, scholarly, clinical and/or service duties while meeting/exceeding expectations in maintaining their normal scope of activities

**COMPOSITE TEACHING: check (✓) all those applicable**

**Faculty Candidate** \_\_\_\_\_

**Department** \_\_\_\_\_

**A. Teaching Director**

<p><b>1 (Below Expectations)</b>                  ___ did a below average job as Director of Course, Clerkship, Residency or Fellowship training</p>	<p><b>2 (Meets Expectations)</b>                  ___ did a good job as Director of Course, Clerkship, Residency or Fellowship training                  ___ was Associate Director of Course, Clerkship, Residency or Fellowship</p>	<p><b>3 (Exceeds Expectations)</b>                  ___ did an exceptional job as Director of Course, Clerkship, Residency or Fellowship training                  ___ maintained more than 1 Directorships of Course, Clerkship, Residency or Fellowship training</p>
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**B. Other Teaching Duties**

<p><b>1 (Below Expectations)</b>                  ___ refused to assume additional lecture hours or clerkship/GME responsibilities yet below the department/division average in lecture hours                  ___ refused to accept mentoring responsibilities as is consistent with department/division averages                  ___ failed to appear at scheduled teaching / mentoring obligations</p>	<p><b>2 (Meets Expectations)</b>                  ___ number of lecture hours or clerkship/GME efforts were consistent with average of the same of comparable department/division                  ___ consistently mentored trainees                  ___ served on thesis or research oversight committees                  ___ current or past trainees have done well / progressed appropriately</p>	<p><b>3 (Exceeds Expectations)</b>                  ___ lecture hours or clerkship/GME efforts were &gt;25% above the average of the same or comparable department /division                  ___ number of mentored trainees was significantly greater than the faculty average for the same of comparable department/division                  ___ served on multiple thesis committees beyond that of a typical faculty member                  ___ current/past students or trainees have excelled and/or received faculty positions or awards</p>
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**C. Acknowledged Excellence in Teaching**

<p><b>1 (Below Expectations)</b>                  ___ consistently received poor reviews in evaluations                  ___ consistently received poor reviews from Director of teaching/training program</p>	<p><b>2 (Meets Expectations)</b>                  ___ student/trainee evaluations note a job well done                  ___ consensus among Faculty and Director of teaching program of a job well done</p>	<p><b>3 (Exceeds Expectations)</b>                  ___ received multiple teaching awards                  ___ consistently received outstanding student/trainee evaluations                  ___ consistently received outstanding review by Director of program</p>
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**D. Innovation in Teaching**

<p><b>1 (Below Expectations)</b>                  ___ used out-of-date information                  ___ material disorganized and presented in an uninteresting fashion                  ___ lacked clear objectives in training/lectures                  ___ ignored questions and requests for added help                  ___ lectures were duplication of book or other single source                  ___ exams were arbitrary in material tested                  ___ (other, describe below)</p>	<p><b>2 (Meets Expectations)</b>                  ___ well organized and interesting presentations                  ___ used appropriate multi-media technology                  ___ assessed and updated materials at reasonable intervals                  ___ provided help / answered questions in a professional fashion                  ___ objectives were stated and adhered to                  ___ gave handouts and/or online access to materials from lectures, i.e. graphs, images, or bullet points                  ___ exams tested the objectives and material presented</p>	<p><b>3 (Exceeds Expectations)</b>                  ___ developed and implemented curriculum for new course or clinical rotation                  ___ annually upgraded material based on board scores, standards set by professional organizations, emerging concepts                  ___ created student, residency or fellowship manuals for standard practice in division or department                  ___ introduced novel and useful teaching tool(s) that require significant effort by faculty, i.e. DVD or web based tutorial.                  ___ developed simulations or standardized patients and/ or implemented their use                  ___ consistently sought out trainees that were struggling and provided additional instruction                  ___ published or presented at national meeting on innovative teaching                  ___ (other, describe below)</p>
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**Scholarly Activity: check (✓) all those applicable**

**Faculty Candidate** \_\_\_\_\_

**Department** \_\_\_\_\_

**A. Publications**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> fell short of the minimum number of peer-reviewed publications for promotion (see Table 1) during time in current rank <input type="checkbox"/> typically published in lower quality journals <input type="checkbox"/> limited number of citations for published work greater than 3 years old (see Scopus)	<input type="checkbox"/> obtained the minimum number of peer-reviewed publications for promotion (see Table 1) during the time in current rank <input type="checkbox"/> typically published in mid- to high- level journals as evidenced by a journal Impact Factor greater than 1.0 or other measure of importance of the journal to the field <input type="checkbox"/> had $\geq 2$ citations for the majority of publications greater than 3 years old (see Scopus database) <input type="checkbox"/> authored at least 2 unique chapters or review articles <input type="checkbox"/> edited a textbook	<input type="checkbox"/> has double the minimum number of peer-reviewed publications for promotion (see Table 1) during time in current rank <input type="checkbox"/> published, more than once, in extremely high impact journals, i.e. >8 <input type="checkbox"/> publications were cited with an impressive level of frequency (see Scopus) <input type="checkbox"/> authored greater than 5 chapters or reviews <input type="checkbox"/> edited textbooks

**B. Extramural Funding**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> did not obtain funding consistent with %effort. For example, a faculty with >50% research effort not having extramural grant(s) <input type="checkbox"/> ignored grant deadlines and comments in past reviews <input type="checkbox"/> for faculty with >50% research effort, did not obtain principal investigator (PI) or co-PI status <input type="checkbox"/> unable to sustain extramural funding <input type="checkbox"/> did not submit grant application	<input type="checkbox"/> maintained funding consistent with designated % effort. Typically, faculty with >50% effort in research should have a R01-like funding (~200K/yr direct) while a faculty member with 10% research effort might collaborate on a grant or have limited industry support <input type="checkbox"/> responded in a timely and appropriate manner to grant reviews <input type="checkbox"/> for faculty with > 50% research effort, principal investigator status in extramural funding and/or consistently is designating 50% time on extramural grants <input type="checkbox"/> co-investigator or collaborator on multiple grants with different investigators <input type="checkbox"/> demonstrated ability to competitively renew extramural funding <input type="checkbox"/> co-investigator or collaborator on grants, or mentor/sponsor for K08 or similar training grants	<input type="checkbox"/> consistently maintained multiple R01-like grant funding as principal investigator <input type="checkbox"/> program project/center director <input type="checkbox"/> received awards for excellence in funding (Davits award) <input type="checkbox"/> consistently designating >75% time on extramural grants <input type="checkbox"/> consistently maintained R01-like grant funding and PI/Director on a training, core, or major equipment grant

**C. Other Scholarly Activities**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> limited other scholarly activity or quality of those activities	<input type="checkbox"/> developed local practice guidelines <input type="checkbox"/> authored articles for the lay press or patient brochures <input type="checkbox"/> submitted abstracts or articles <input type="checkbox"/> obtained patent <input type="checkbox"/> gave at least 2 invited lectures over the time in current rank <input type="checkbox"/> gave at least 2 presentations at regional / national / international meetings <input type="checkbox"/> featured presentation at grand rounds for another UT department or outside UT <input type="checkbox"/> collaborated/published with faculty from UTHSC and other institutions <input type="checkbox"/> organized and contributed to journal clubs or noon conferences	<input type="checkbox"/> participated in national guideline setting panels <input type="checkbox"/> frequently invited to comment in national press on area of expertise <input type="checkbox"/> successfully took patent to production / application stage <input type="checkbox"/> gave plenary lecture at national or international meeting in area of expertise <input type="checkbox"/> collaborated/published with outstanding nationally or internationally recognized investigators <input type="checkbox"/> gave >5 invited lectures or presentation outside UT

**Patient Care: check (✓) all those applicable**

**Faculty Candidate** \_\_\_\_\_

**Department** \_\_\_\_\_

**A. Productivity/Patient Load/Scheduling:**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> fell short by 25% or more of the department/division set goal or AAMC average for RVU / FTE <input type="checkbox"/> fell short by 25% or more of the department/division set goal or MGMA average for charges / FTE <input type="checkbox"/> fell short by 25% or more of the department/division set goal for numbers of procedures <input type="checkbox"/> fell short by 25% or more of the department/division set goal for numbers of clinics / week <input type="checkbox"/> fell short by 25% or more of the department/division set goal for numbers of patients seen <input type="checkbox"/> consistently late in completion of reports / medical records	<input type="checkbox"/> met the department/division set goal for RVU / FTE or, if not set, the AAMC University Hospital based average RVU / FTE value for that discipline <input type="checkbox"/> met the department/division set goal for charges / FTE or, if not set, the MGMA (Medical Group Management Assoc) private practice median for physicians in that discipline <input type="checkbox"/> met the department/division set goal for numbers of procedures <input type="checkbox"/> met the department/division set goal for numbers of clinics / week <input type="checkbox"/> met the department/division set goal for numbers of patients seen <input type="checkbox"/> completed reports / medical records in a timely fashion	<input type="checkbox"/> exceeded by 25% or more the department/division set goal or AAMC average in RVU / FTE <input type="checkbox"/> exceeded by 25% or more the department/division set goal or MGMA average in charges / FTE <input type="checkbox"/> exceeded by 25% or more the department/division set goal for numbers of procedures <input type="checkbox"/> exceeded by 25% or more the department/division set goal for numbers of clinics / week <input type="checkbox"/> exceeded by 25% or more the department/division set goal for numbers of patients seen

**B. Quality of Care/Patient Satisfaction/ Reputation as Clinician**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> received consistent negative reviews on standardized evaluations carried out in the practice setting <input type="checkbox"/> receive frequent complaints from patients or parents of patients <input type="checkbox"/> received negative evaluations from local peers and other health care providers <input type="checkbox"/> received minimum number of referrals	<input type="checkbox"/> met expectations on standardized evaluations carried out in the practice setting <input type="checkbox"/> received positive evaluations from local peers and other health care providers <input type="checkbox"/> received referrals both locally and regionally that are consistent in number with average for department / division <input type="checkbox"/> played a role in development and local implementation of practice guidelines for care or to prevent medical errors <input type="checkbox"/> used and disseminated new surgical procedure, cutting edge diagnosis, treatment or prevention approach	<input type="checkbox"/> exceeded expectations on standardized evaluations carried out in the practice setting <input type="checkbox"/> received frequent compliments from patients <input type="checkbox"/> received outstanding evaluations from peers and other health care providers <input type="checkbox"/> received referrals from across a large, multi-state region <input type="checkbox"/> participated in clinical national guideline setting panels or protocol writing panels <input type="checkbox"/> key role in development of innovative approach to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care regionally or nationally <input type="checkbox"/> gave plenary lectures at national and international meetings <input type="checkbox"/> participated in national boards

**C. Professional Recertification/Enhancement of Knowledge Base**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> was unable to obtain or allowed lapse in board certification / licensure <input type="checkbox"/> disciplined by state board, local medical society or hospital	<input type="checkbox"/> acquired and maintained board certification / licensure <input type="checkbox"/> consistently participated in continuing education and special training programs	<input type="checkbox"/> demonstrated ability to translate continuing education and special training programs into working knowledge and usable procedures <input type="checkbox"/> received physician recognition award from AMA or other medical society for quantity/quality of completed CME

**Service/Outreach: check (✓) all those applicable**

**Faculty Candidate** \_\_\_\_\_

**Department** \_\_\_\_\_

**A. Institutional Service**

<p><b>1 (Below Expectations)</b></p> <p>___ provided limited service to UTHSC beyond assigned patient care, teaching, or research duties</p> <p>___ other (please list)</p>	<p><b>2 (Meets Expectations)</b></p> <p>___ was a member on more than 1 UTHSC (depart, college, or campus-wide) or hospital committees</p> <p>___ provided unique service to faculty at UTHSC (i.e. pathology lab, or transgenic or molecular core facility)</p> <p>___ organized education or seminar series</p> <p>___ played a role in trainee or faculty recruitment</p> <p>___ mentored junior faculty</p> <p>___ other (please list)</p>	<p><b>3 (Exceeds Expectations)</b></p> <p>___ chaired UTHSC committee, or had above average commitment on UTHSC or hospital committee(s)</p> <p>___ provided outstanding service as Head/Director of a service core at UTHSC</p> <p>___ chaired multiple faculty recruitment / searches</p> <p>___ other (please list)</p>
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**B. Professional Service**

<p><b>1 (Below Expectations)</b></p> <p>___ provided limited service to local, state or national organizations, granting institutions, or journals</p> <p>___ other (please list)</p>	<p><b>2 (Meets Expectations)</b></p> <p>___ participated in local, state or national organizations or societies</p> <p>___ reviewed for professional journals</p> <p>___ ad hoc reviewed for extramural granting institutions</p> <p>___ other (please list)</p>	<p><b>3 (Exceeds Expectations)</b></p> <p>___ organized or held an appointed position in local, state or national organization or society</p> <p>___ editorial board member</p> <p>___ standing member or chair of review panel for extramural grants (i.e. NIH study section)</p> <p>___ organized meeting or symposia</p> <p>___ served on Editorial Boards</p> <p>___ reviewed greater than 6 articles / yr for journals</p> <p>___ role as medical or scientific expert for local, state or federal government needs</p> <p>___ other (please list)</p>
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**C. Community Service/Outreach**

<p><b>1 (Below Expectations)</b></p> <p>___ provided limited profession-related community service or outreach</p>	<p><b>2 (Meets Expectations)</b></p> <p>___ participated in community health initiatives</p> <p>___ gave health-related presentations to local groups</p> <p>___ participated in K-12 activities in area schools (i.e. health fairs, science fair)</p> <p>___ provided research/training/teaching opportunities to community high school or undergraduate students/teachers or other local groups</p> <p>___ other (please list)</p>	<p><b>3 (Exceeds Expectations)</b></p> <p>___ organized community health initiatives</p> <p>___ provided clinical service in community settings (i.e. Church Health Center)</p> <p>___ established K-12 program on health or science issues</p> <p>___ established programs providing research/training/teaching opportunities to community high school or undergraduate students/teachers or other local groups</p> <p>___ other (please list)</p>
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### Point System Calculation

1. Check off all appropriate items/characteristics with respect to the 4 missions on previous pages.
2. Identify for a given mission category (a given boxed area on previous pages) if the majority of checked items fall in the 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> column. If the majority of checks are, for example, in the 2<sup>nd</sup> column, then record a 2 on this sheet for that category. A majority of checks in the 1<sup>st</sup> column on the previous pages should be recorded as a 1 on this page for that category, while a majority of checks in the 3<sup>rd</sup> column are recorded as a 3 for that category on this page. Please note, it is necessary to make sure the portfolio clearly documents evidence for score assignments, especially for those in the 1 and 3 categories.
3. Enter relative effort for each mission, i.e. 50% effort is recorded as a relative value of 0.50. Relative efforts should add up to 1, i.e. [line 1 + line 3 + line 5 + line 7] should equal 1.00.
4. Complete calculation in 2<sup>nd</sup> box on this page.

#### Gathering the Numbers:

Relative Effort in **Composite Teaching** = \_\_\_\_\_ ←line 1

- A. Teaching Director .....Score = \_\_\_\_\_
- B. Other Teaching Duties .....Score = \_\_\_\_\_
- C. Acknowledged Excellence in Teaching .....Score = \_\_\_\_\_
- D. Innovation in Teaching.....Score = \_\_\_\_\_

Sum of 3 of the 4 Categories (not to exceed 9) = \_\_\_\_\_ ←line 2

Relative Effort in **Scholarly Activity**= \_\_\_\_\_ ←line 3

- A. Publications .....Score = \_\_\_\_\_
- B. Extramural Funding.....Score = \_\_\_\_\_
- C. Other Scholarly Activity.....Score = \_\_\_\_\_

Sum of 3 Categories (not to exceed 9) = \_\_\_\_\_ ←line 4

Relative Effort in **Patient Care**= \_\_\_\_\_ ←line 5

- A. Productivity/Patient Load/Scheduling.....Score = \_\_\_\_\_
- B. Quality of Care/Patient Satisfaction/ Reputation as Clinician.....Score = \_\_\_\_\_
- C. Professional Recertification/Enhancement of Knowledge Base...Score = \_\_\_\_\_

Sum of 3 Categories (not to exceed 9)= \_\_\_\_\_ ←line 6

Relative Effort in **Service/Outreach**= \_\_\_\_\_ ←line 7

- A. Institutional Service.....Score = \_\_\_\_\_
- B. Professional Service.....Score = \_\_\_\_\_
- C. Community Service/Outreach.....Score = \_\_\_\_\_

Sum of 3 Categories (not to exceed 9)= \_\_\_\_\_ ←line 8

#### Calculation:

Relative Effort in Teaching x Sum of Teaching Categories.....= \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ ←line 9  
line 1 line 2

Relative Effort in Scholarly Activity x Sum of Scholarly Activity Categories .....= \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ ←line 10  
line 3 line 4

Relative Effort in Patient Care x Sum of Patient Care Categories.....= \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ ←line 11  
line 5 line 6

Relative Effort in Service/Outreach x Sum of Service/Outreach Categories .....= \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ ←line 12  
line 7 line 8

Total (lines 9+10+11+12) = \_\_\_\_\_

**EXAMPLE PAGE A OF USING THE SURVEY TOOL WITH METRICS:**

**Example:** Dr X is being nominated for promotion from Assistant Professor to Associate Professor. Her % effort distribution is 40% Composite Education, 10% Scholarly Activity, 48% Patient Care, 2% Service. Her Chair submits the following completed survey tool for consideration by CAPT and the Executive Dean.

**COMPOSITE TEACHING: check (✓) all those applicable**

**Faculty Candidate** DR X  
**Department** Medicine

**A. Teaching Director**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> did a below average job as Director of Course, Clerkship, Residency or Fellowship training	<input type="checkbox"/> did a good job as Director of Course, Clerkship, Residency or Fellowship training <input type="checkbox"/> was Associate Director of Course, Clerkship, Residency or Fellowship	<input type="checkbox"/> did an exceptional job as Director of Course, Clerkship, Residency or Fellowship training <input type="checkbox"/> maintained more than 1 Directorships of Course, Clerkship, Residency or Fellowship training

**B. Other Teaching Duties**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> refused to assume additional lecture hours or clerkship/GME responsibilities yet below the department/division average in lecture hours <input type="checkbox"/> refused to accept mentoring responsibilities as is consistent with department/division averages <input type="checkbox"/> failed to appear at scheduled teaching / mentoring obligations	<input checked="" type="checkbox"/> number of lecture hours or clerkship/GME efforts were consistent with average of the same of comparable department/division <input checked="" type="checkbox"/> consistently mentored trainees <input checked="" type="checkbox"/> served on thesis or research oversight committees <input type="checkbox"/> current or past trainees have done well / progressed appropriately	<input type="checkbox"/> lecture hours or clerkship/GME efforts were >25% above the average of the same or comparable department /division <input checked="" type="checkbox"/> number of mentored trainees was significantly greater than the faculty average for the same of comparable department/division <input type="checkbox"/> served on multiple thesis committees beyond that of a typical faculty member <input type="checkbox"/> current/past students or trainees have excelled and/or received faculty positions or awards

**C. Acknowledged Excellence in Teaching**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> consistently received poor reviews in evaluations <input type="checkbox"/> consistently received poor reviews from Director of teaching/training program	<input checked="" type="checkbox"/> student/trainee evaluations note a job well done <input checked="" type="checkbox"/> consensus among Faculty and Director of teaching program of a job well done	<input type="checkbox"/> received multiple teaching awards <input type="checkbox"/> consistently received outstanding student/trainee evaluations <input type="checkbox"/> consistently received outstanding review by Director of program

**D. Innovation in Teaching**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> used out-of-date information <input type="checkbox"/> material disorganized and presented in an uninteresting fashion <input checked="" type="checkbox"/> lacked clear objectives in training/lectures <input type="checkbox"/> ignored questions and requests for added help <input type="checkbox"/> lectures were duplication of book or other single source <input type="checkbox"/> exams were arbitrary in material tested <input type="checkbox"/> (other, describe below)	<input checked="" type="checkbox"/> well organized and interesting presentations <input type="checkbox"/> used appropriate multi-media technology <input type="checkbox"/> assessed and updated materials at reasonable intervals <input checked="" type="checkbox"/> provided help / answered questions in a professional fashion <input type="checkbox"/> objectives were stated and adhered to <input checked="" type="checkbox"/> gave handouts and/or online access to materials from lectures, i.e. graphs, images, or bullet points <input type="checkbox"/> exams tested the objectives and material presented	<input type="checkbox"/> developed and implemented curriculum for new course or clinical rotation <input type="checkbox"/> annually upgraded material based on board scores, standards set by professional organizations, emerging concepts <input type="checkbox"/> created student, residency or fellowship manuals for standard practice in division or department <input type="checkbox"/> introduced novel and useful teaching tool(s) that require significant effort by faculty, i.e. DVD or web based tutorial. <input type="checkbox"/> developed simulations or standardized patients and/ or implemented their use <input type="checkbox"/> consistently sought out trainees that were struggling and provided additional instruction <input type="checkbox"/> published or presented at national meeting on innovative teaching <input type="checkbox"/> (other, describe below)

**Summary of Scoring for Composite Teaching for Dr X:**

- A. Not a course/clerkship Director so not scored**
- B. Average of 2**
- C. Average of 2**
- D. Average of 2**

**EXAMPLE PAGE B OF USING THE SURVEY TOOL WITH METRICS:**

Scholarly Activity: check (✓) all those applicable

Faculty Candidate      Dr X       
 Department      Medicine     

**A. Publications**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> fell short of the minimum number of peer-reviewed publications for promotion (see Table 1) during time in current rank <input type="checkbox"/> typically published in lower quality journals <input type="checkbox"/> limited number of citations for published work greater than 3 years old (see Scopus)	<input checked="" type="checkbox"/> obtained the minimum number of peer-reviewed publications for promotion (see Table 1) during the time in current rank <input checked="" type="checkbox"/> typically published in mid- to high- level journals as evidenced by a journal Impact Factor greater than 1.0 or other measure of importance of the journal to the field <input checked="" type="checkbox"/> had $\geq 2$ citations for the majority of publications greater than 3 years old (see Scopus database) <input type="checkbox"/> authored at least 2 unique chapters or review articles <input type="checkbox"/> edited a textbook	<input type="checkbox"/> has double the minimum number of peer-reviewed publications for promotion (see Table 1) during time in current rank <input type="checkbox"/> published in extremely high impact journals, i.e. >8 <input type="checkbox"/> publications were cited with an impressive level of frequency (see Scopus) <input type="checkbox"/> authored greater than 5 chapters or reviews <input type="checkbox"/> edited textbooks

**B. Extramural Funding**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> did not obtain funding consistent with %effort. For example, a faculty with >50% research effort having extramural grant(s) <input type="checkbox"/> ignored grant deadlines and comments in past reviews <input type="checkbox"/> for faculty with >50% research effort, did not obtain principal investigator (PI) or co-PI status <input type="checkbox"/> unable to sustain extramural funding <input type="checkbox"/> did not submit grant application	<input checked="" type="checkbox"/> maintained funding consistent with designated % effort. Typically, faculty with >50% effort in research should have a R01-like funding (~200K/yr direct) while a faculty member with 10% research effort might collaborate on a grant or have limited industry support <input type="checkbox"/> responded in a timely and appropriate manner to grant reviews <input type="checkbox"/> for faculty with > 50% research effort, principal investigator status in extramural funding and/or consistently is designating 50% time on extramural grants <input checked="" type="checkbox"/> co-investigator or collaborator on multiple grants with different investigators <input type="checkbox"/> demonstrated ability to competitively renew extramural funding <input type="checkbox"/> co-investigator or collaborator on grants, or mentor/sponsor for K08 or similar training grants	<input type="checkbox"/> consistently maintained multiple R01-like grant funding as principal investigator <input type="checkbox"/> program project/center director <input type="checkbox"/> received awards for excellence in funding (Davits award) <input type="checkbox"/> consistently designating >75% time on extramural grants <input type="checkbox"/> consistently maintained R01-like grant funding and PI/Director on a training, core, or major equipment grant

**C. Other Scholarly Activities**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> limited other scholarly activity or quality of those activities	<input type="checkbox"/> developed local practice guidelines <input checked="" type="checkbox"/> authored articles for the lay press or patient brochures <input type="checkbox"/> submitted abstracts or articles <input type="checkbox"/> obtained patent <input checked="" type="checkbox"/> gave at least 2 invited lectures over the time in current rank <input type="checkbox"/> gave at least 2 presentations at regional / national / international meetings <input checked="" type="checkbox"/> featured presentation at grand rounds for another UT department or outside UT <input checked="" type="checkbox"/> collaborated/published with faculty from UTHSC and other institutions <input checked="" type="checkbox"/> organized and contributed to journal clubs or noon conferences	<input checked="" type="checkbox"/> participated in national guideline setting panels <input type="checkbox"/> frequently invited to comment in national press on area of expertise <input type="checkbox"/> successfully took patent to production / application stage <input checked="" type="checkbox"/> gave plenary lecture at national or international meeting in area of expertise <input type="checkbox"/> collaborated/published with outstanding nationally or internationally recognized investigators <input type="checkbox"/> gave >5 invited lectures or presentation outside UT

**Summary of Scoring for Scholarly Activity for Dr X:**

**A. Average of 2**

**B. Average of 2;** Was a consultant on a pharmaceutical company grant. This is meeting expectations for a faculty member with 10% effort in scholarly activity.

**C. Average of 2**

**EXAMPLE PAGE C OF USING THE SURVEY TOOL WITH METRICS:**

Patient Care: check (✓) all those applicable

Faculty Candidate Dr X  
 Department Medicine

**A. Productivity/Patient Load/Scheduling:**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> fell short by 25% or more of the department/division set goal or AAMC average for RVU / FTE	<input type="checkbox"/> met the department/division set goal for RVU / FTE or, if not set, the AAMC University Hospital based average RVU / FTE value for that discipline	<input type="checkbox"/> exceeded by 25% or more the department/division set goal or AAMC average in RVU / FTE
<input type="checkbox"/> fell short by 25% or more of the department/division set goal or MGMA average for charges / FTE	<input type="checkbox"/> met the department/division set goal for charges / FTE or, if not set, the MGMA (Medical Group Management Assoc) private practice median for physicians in that discipline	<input type="checkbox"/> exceeded by 25% or more the department/division set goal or MGMA average in charges / FTE
<input type="checkbox"/> fell short by 25% or more of the department/division set goal for numbers of procedures	<input type="checkbox"/> met the department/division set goal for numbers of procedures	<input type="checkbox"/> exceeded by 25% or more the department/division set goal for numbers of procedures
<input type="checkbox"/> fell short by 25% or more of the department/division set goal for numbers of clinics / week	<input checked="" type="checkbox"/> met the department/division set goal for numbers of clinics / week	<input type="checkbox"/> exceeded by 25% or more the department/division set goal for numbers of clinics / week
<input type="checkbox"/> fell short by 25% or more of the department/division set goal for numbers of patients seen	<input checked="" type="checkbox"/> met the department/division set goal for numbers of patients seen	<input type="checkbox"/> exceeded by 25% or more the department/division set goal for numbers of patients seen
<input type="checkbox"/> consistently late in completion of reports / medical records	<input checked="" type="checkbox"/> completed reports / medical records in a timely fashion	

**B. Quality of Care/Patient Satisfaction/ Reputation as Clinician**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> received consistent negative reviews on standardized evaluations carried out in the practice setting	<input type="checkbox"/> met expectations on standardized evaluations carried out in the practice setting	<input type="checkbox"/> exceeded expectations on standardized evaluations carried out in the practice setting
<input type="checkbox"/> receive frequent complaints from patients or parents of patients	<input checked="" type="checkbox"/> received positive evaluations from local peers and other health care providers	<input checked="" type="checkbox"/> received frequent compliments from patients
<input type="checkbox"/> received negative evaluations from local peers and other health care providers	<input checked="" type="checkbox"/> received referrals both locally and regionally that are consistent in number with average for department / division	<input type="checkbox"/> received outstanding evaluations from peers and other health care providers
<input type="checkbox"/> received minimum number of referrals	<input type="checkbox"/> played a role in development and local implementation of practice guidelines for care or to prevent medical errors	<input type="checkbox"/> received referrals from across a large, multi-state region
	<input type="checkbox"/> used and disseminated new surgical procedure, cutting edge diagnosis, treatment or prevention approach	<input type="checkbox"/> participated in clinical national guideline setting panels or protocol writing panels
		<input type="checkbox"/> key role in development of innovative approach to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care regionally or nationally
		<input type="checkbox"/> gave plenary lectures at national and international meetings
		<input type="checkbox"/> participated in national boards

**C. Professional Recertification/Enhancement of Knowledge Base**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> was unable to obtain or allowed lapse in board certification / licensure	<input checked="" type="checkbox"/> acquired and maintained board certification / licensure	<input type="checkbox"/> demonstrated ability to translate continuing education and special training programs into working knowledge and usable procedures
<input type="checkbox"/> disciplined by state board, local medical society or hospital	<input checked="" type="checkbox"/> consistently participated in continuing education and special training programs	<input type="checkbox"/> received physician recognition award from AMA or other medical society for quantity/quality of completed CME

**Summary of Scoring for Patient Care for Dr X:**

**A. Average of 2**

**B. Average of 2**

**C. Average of 2**

**EXAMPLE PAGE C OF USING THE SURVEY TOOL WITH METRICS:**

Service/Outreach: check (✓) all those applicable

Faculty Candidate Dr X  
 Department Medicine

**A. Institutional Service**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> provided limited service to UTHSC beyond assigned patient care, teaching, or research duties <input type="checkbox"/> other (please list)	<input checked="" type="checkbox"/> was a member on more than 1 UTHSC (depart, college, or campus-wide) or hospital committees <input type="checkbox"/> provided unique service to faculty at UTHSC (i.e. pathology lab, or transgenic or molecular core facility) <input type="checkbox"/> organized education or seminar series <input checked="" type="checkbox"/> played a role in trainee or faculty recruitment <input checked="" type="checkbox"/> mentored junior faculty <input type="checkbox"/> other (please list)	<input type="checkbox"/> chaired UTHSC committee, or had above average commitment on UTHSC or hospital committee(s) <input type="checkbox"/> provided outstanding service as Head/Director of a service core at UTHSC <input type="checkbox"/> chaired multiple faculty recruitment / searches <input type="checkbox"/> other (please list)

**B. Professional Service**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> provided limited service to local, state or national organizations, granting institutions, or journals <input type="checkbox"/> other (please list)	<input type="checkbox"/> participated in local, state or national organizations or societies <input checked="" type="checkbox"/> reviewed for professional journals <input type="checkbox"/> ad hoc reviewed for extramural granting institutions <input type="checkbox"/> other (please list)	<input type="checkbox"/> organized or held an appointed position in local, state or national organization or society <input type="checkbox"/> editorial board member <input type="checkbox"/> standing member or chair of review panel for extramural grants (i.e. NIH study section) <input type="checkbox"/> organized meeting or symposia <input type="checkbox"/> served on Editorial Boards <input type="checkbox"/> reviewed greater than 6 articles / yr for journals <input type="checkbox"/> role as medical or scientific expert for local, state or federal government needs <input type="checkbox"/> other (please list)

**C. Community Service/Outreach**

1 (Below Expectations)	2 (Meets Expectations)	3 (Exceeds Expectations)
<input type="checkbox"/> provided limited profession-related community service or outreach	<input checked="" type="checkbox"/> participated in community health initiatives <input type="checkbox"/> gave health-related presentations to local groups <input type="checkbox"/> participated in K-12 activities in area schools (i.e. health fairs, science fair) <input type="checkbox"/> provided research/training/teaching opportunities to community high school or undergraduate students/teachers or other local groups <input type="checkbox"/> other (please list)	<input type="checkbox"/> organized community health initiatives <input type="checkbox"/> provided clinical service in community settings (i.e. Church Health Center) <input type="checkbox"/> established K-12 program on health or science issues <input type="checkbox"/> established programs providing research/training/teaching opportunities to community high school or undergraduate students/teachers or other local groups <input type="checkbox"/> other (please list)

**Summary of Scoring for Service for Dr X:**

**A. Average of 2**

**B. Average of 2**

**C. Average of 2**

**EXAMPLE PAGE D, final page, OF USING THE SURVEY TOOL WITH METRICS:**

**Point System Calculation for Dr X**

**Gathering the Numbers:**

Relative Effort in **Composite Education** = 0.40 ←line 1  
 A. Teaching Director .....Score =           
 B. Other Teaching Duties .....Score = 2  
 C. Acknowledged Excellence in Teaching .....Score = 2  
 D. Innovation in Teaching.....Score = 2  
 Sum of 3 of the 4 Categories (not to exceed 9) = 6 ←line 2

Relative Effort in **Scholarly Activity**= 0.10 ←line 3  
 A. Publications .....Score = 2  
 B. Extramural Funding.....Score = 2  
 C. Other Scholarly Activity.....Score = 2  
 Sum of 3 Categories (not to exceed 9) = 6 ←line 4

Relative Effort in **Patient Care**= 0.48 ←line 5  
 A. Productivity/Patient Load/Scheduling.....Score = 2  
 B. Quality of Care/Patient Satisfaction/ Reputation as Clinician.....Score = 2  
 C. Professional Recertification/Enhancement of Knowledge Base...Score = 2  
 Sum of 3 Categories (not to exceed 9)= 6 ←line 6

Relative Effort in **Service/Outreach**= 0.02 ←line 7  
 A. Institutional Service.....Score = 2  
 B. Professional Service.....Score = 2  
 C. Community Service/Outreach.....Score = 2  
 Sum of 3 Categories (not to exceed 9)= 6 ←line 8

**Calculation:**

Relative Effort in Teaching x Sum of Teaching Categories.....= 0.40 x 6 = 2.40 ←line 9  
line 1 line 2  
 Relative Effort in Scholarly Activity x Sum of Scholarly Activity Categories .....= 0.10 x 6 = 0.60 ←line 10  
line 3 line 4  
 Relative Effort in Patient Care x Sum of Patient Care Categories.....= 0.48 x 6 = 2.88 ←line 11  
line 5 line 6  
 Relative Effort in Service/Outreach x Sum of Service/Outreach Categories .....= 0.02 x 6 = 0.12 ←line 12  
line 7 line 8  
 Total (lines 9+10+11+12) = 6

For promotion to Associate Professor, the accumulation of a minimum of 6 points is required from new/continuing activities since appointment or last promotion.

Dr X made the 6 point minimum criteria to be promoted to Associate Professor using the metrics. HOWEVER, Dr X missed her target RVU and charges/FTE (example page C, section A). Additional questions, such as by how much did she miss, why did she miss, and comments by her Chair, will be carefully considered by CAPT and the Dean. Promotion to Associate Professor is looking likely (she was not marked at 25% below RVU and charges), but is not a sure thing for Dr X.