

**UNIVERSITY OF MINNESOTA  
MEDICAL SCHOOL**

**CLINICAL SCHOLAR TRACK STATEMENT  
Promotion Criteria and Standards**

**I. INTRODUCTORY STATEMENT**

This document describes the specific criteria and standards which will be used to evaluate whether faculty meet the general criteria for promotion on the Clinical Scholar Track. Clinical Scholar Track appointments are annually renewable and are not in the tenure stream. Criteria and standards described in this Statement are used for appointment at all ranks and for promotion of faculty on the Clinical Scholar Track. The Clinical ScholarTrack Statement also defines the criteria for annual performance review of faculty at all ranks, and where appropriate, post-promotion review.

This document contains Criteria and Standards pertaining to:

- a) Appointment to the Clinical Scholar track as an Assistant Professor.
- b) Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor
- c) The process for the annual faculty performance review

The criteria, standards and procedures are applied without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

A department may decide, by a vote of over 50% of the faculty, to adopt the Medical School Clinical Scholar Track Statement as their departmental criteria for promotion as written. Alternately, a department can vote on an addendum to supplement the Medical School statement with specific criteria for their department. All addenda must be reviewed and approved by the Medical School Dean's Office.

**II. MISSION STATEMENT**

Committed to innovation and diversity, the Medical School educates physicians, scientists, and health professionals; generates knowledge and treatments; and cares for patients and communities with compassion and respect.

The Medical School strongly encourages and values interdisciplinary work, including scholarship, public engagement, and teaching, as well as interprofessional collaboration in clinical sciences. Concordant with the position of the National Institutes of Health, the Medical School values Co-Investigators and interdisciplinary collaboration on major funding proposals as well.

### **III. APPOINTMENT AND ANNUAL PERFORMANCE REVIEW OF FACULTY**

#### **A. Appointment of Faculty**

Clinical Scholar Track appointments may be made on all University of Minnesota Medical School campuses and affiliated sites, following the processes described in the *Medical School Policy on Faculty Appointments*. Each department may add specialty-specific criteria for appointment in a departmental addendum.

##### 1. Assistant Professor

In the Medical School, the entry level rank for faculty is at the Assistant Professor level. The minimal, general criteria for initial appointment at this rank include:

- a. Possession of a Terminal Degree (M.D. or equivalent and/or Ph.D.)
- b. Board eligibility or certification (if applicable - clinical specialties)
- c. Documentation of competence in the skills of communication, including effective communication with students, colleagues, and patients (if applicable).

##### 2. Associate Professor and Professor

The criteria for appointment as Associate Professor or Professor are the same as the criteria for promotion to the rank and can be found in Sections IV.B. and IV.C.

#### **B. Annual Performance Review of Faculty**

##### 1. Process

All Clinical Scholar Track faculty, at all ranks, undergo an annual performance review. The process for this review is described in the *Medical School Faculty Review Policy: Annual Review*. The department defines the criteria for annual performance review. The head of each department or his/her designee annually reviews the progress of each faculty member. The Department Head prepares a written summary of that review and discusses the faculty member's progress with the faculty member, giving him/her a copy of the report. In considering proposals for promotion in rank, the Medical School and its Departments comply with the procedures described in this Statement (Section V).

The Academic Unit head and (if applicable) departmental faculty meets annually to review and discuss the performance of Clinical Scholar Track Assistant Professor faculty, relative to the Clinical Scholar Statement. The annual review of Clinical Scholar Assistant Professor faculty is recorded on the Medical School Form 12a and reflects the faculty member's performance relative to the Departmental Clinical Scholar Track Statement. A record of the vote is included on the Form 12a, if a vote was taken (optional). The Academic Unit head and faculty member will sign the completed Form 12a. The Form 12a is forwarded to the Associate Dean of Faculty Affairs for review, comment, and signature. The original is sent back to the home department and becomes a part of the faculty member's dossier. A copy of the signed form is kept in the Medical School's Office of Faculty Affairs in the faculty member's personnel file.

## 2. Criteria

The criteria for satisfactory performance for the annual review are the same as those for the appropriate rank, as defined in this Clinical Scholar Track Statement.

# IV. CRITERIA AND STANDARDS FOR PROMOTION IN RANK

## A. To Assistant Professor

Not applicable in the Medical School (entry level rank is Assistant Professor)

## B. To Associate Professor

A recommendation for promotion to Associate Professor is made when an eligible faculty member has a regional reputation as a leader in the field and has fulfilled the specific standards for promotion to Associate Professor as stated by this Clinical Scholar Track Statement. It is also an expectation of the University and the Medical School that all faculty promoted to Associate Professor are on a trajectory that will result in them achieving the rank of full Professor. Time in previous rank does not influence the final decision when considering promotion.

### 1. Teaching

While quantity and type of teaching is highly variable for Clinical Scholar Track faculty, teaching is required for promotion. Evidence of high quality contributions to the teaching of undergraduate, graduate or post-graduate students is required. Examples include but are not limited to:

- a. Development of teaching materials, including new curriculum offerings, education programs, textbooks, syllabi, computer programs, or other media that make a unique contribution to the quality and methods of teaching a given subject in the medical school and/or the university
- b. Contributions toward the teaching of undergraduate students, medical students, residents, fellows, post-graduate students or CME learners, including recognition available from formal peer evaluations, student evaluations or teaching awards
- c. Established as a mentor to students (undergraduate and graduate), residents, post-doctoral associates and fellows
- d. Participation as a mentor in training programs, such as training grants, graduate programs and undergraduate training programs

### 2. Research/Scholarship

Independence of scholarly accomplishments or significant contribution to interdisciplinary or collaborative scholarly endeavors as evidenced by fulfilling criteria "a." and at least one of the other criteria (b.-f.) below:

- a. Publications in peer-reviewed journals. The work must be scholarly, creative, of high quality and have significant impact on the field. The publications may be based on clinical observations, clinical research, translational research, quality improvement, and analysis of data from data bases or the laboratory. Research review articles (either invited or author initiated) and invited book chapters that have a significant impact on the field provide additional documentation of scholarship. The candidate for promotion can be first author,

senior author or have made a documented and substantial contribution to multi-authored journal articles. Statements of peer evaluators on the creativity and/or significance of the candidate's contributions to multi-authored publications support the promotion.

- b. External research funding from granting agencies, foundations, industry sponsors, or other institutions that sponsor programs in biomedical research subject to peer review. The candidate for promotion can serve as a principal investigator (PI), a site PI on a multicenter trial, or a collaborator on peer-reviewed, funded research grants or contracts, provide an essential contribution to interdisciplinary or collaborative research.
- c. Significant original contributions based on laboratory or clinical observations resulting in new diagnostic or therapeutic interventions that influence the practice of medicine.
- d. Development of patented medical products and technology or the development of new technology that through peer-review influence the practice of medicine.
- e. Invited regional presentations in scientific and clinical symposia, meetings and lectures.
- f. Other types of relevant, high quality, non-traditional peer-reviewed scholarship will also be considered.

### 3. Service

Service, although not a primary criterion for advancement, will be taken into consideration in making decisions on promotion. Performance of service, however exemplary, cannot substitute for the primary criteria of scholarship and teaching. Examples of service contributions include:

- a. Service to the Department, School, or University on governance-related or policy making committees
- b. Roles in discipline-specific regional and national organizations
- c. Service to the community or state, and public engagement

### 4. Clinical Service

Clinical Service expectations for promotion to Associate Professor include recognition in the local region as an authority in their clinical specialty, as demonstrated by but not limited to the following:

- a. Patient referrals from outside the area
- b. Evidence of excellent clinical outcomes
- c. Development of patient education materials
- d. Development of decision-making models or materials
- e. Innovations in delivery of care (e.g., inventions, tools)
- f. Participation in appropriate professional societies related to clinical area of expertise
- g. Participation in administrative and leadership groups related to clinical practice or the medical specialty
- h. Awards and honors for clinical accomplishments
- i. Quality improvement initiatives and new models of care delivery
- j. Clinical leadership and program building

Clinical excellence is not defined by revenue metrics. Clinically active faculty are expected to achieve and maintain appropriate Board certification in their particular field.

## C. To Professor

A recommendation for promotion to Professor is made when an eligible faculty member achieves national and/or international visibility of their scholarship; presents evidence of effective mentoring of other faculty members; fosters a culture that enhances diversity; and has made additional academic, scientific, scholarly, and/or professional achievements, which include but are not limited to the following, recognizing that not all standards will apply to all faculty:

### 1. Teaching

While quantity and type of teaching is highly variable for Clinical Scholar Track faculty, teaching is required for promotion to Professor. Continued evidence of high-quality contributions to the teaching of undergraduate, graduate or post-graduate students is required. Examples include but are not limited to those that are listed in section IV.B.1 above.

### 2. Research/Scholarship

Assessment of excellence and leadership in scholarship as evidenced by fulfilling criteria “a.” and “b.” in addition to one of the other criteria below (c.-f.):

- a. Additional publication of peer-review manuscripts with substantive contributions documented.
- b. National reputation as an expert in your field as evidenced by:
  - i. Invitations to present at national meetings
  - ii. Invitations/nominations to serve on grant review committees, national policy boards, editorial boards, etc.
  - iii. Invited visiting lectureships
  - iv. Outstanding reviews by peer evaluators
- c. Independence of research accomplishments or significant contribution to interdisciplinary or collaborative research as evidenced by:
  - i. External research funding from federal and other national granting agencies, foundations, industry sponsors, and institutions that sponsor programs in biomedical research subject to peer review
  - ii. Principal investigator, co-investigator, or a major collaborator on peer-reviewed, funded research grants or contracts, or site PI on a multi-center trial
- d. Senior role on significant original contributions based on laboratory or clinical observations resulting in new diagnostic or therapeutic interventions that influence the practice of medicine.
- e. Development of patented medical products and technology or the development of new technology that through peer-review influence the practice of medicine.
- f. Other types of relevant, high quality, non-traditional peer-reviewed scholarship will also be considered.

### 3. Service

In the Medical School, leadership in service contributions is expected for promotion to Professor. Examples include but are not limited to:

- a. Leadership roles in discipline-specific national organizations, including but not limited to: committee chair, symposium organizer, session chair, grant reviewer, member of editorial board.

- b. Leadership roles in the service to the Department, Medical School, or University on governance-related or policy making committees (e.g.: committee chair).
- c. Evidence of skills in ongoing mentorship for advancing the careers of younger professionals (e.g., continuing mentorship of pre-doctoral students, medical students, and residents, advancement of post-doctoral associates, junior faculty members, and other professional colleagues).
- d. Service to the community, or state, and public engagement.

#### 4. Clinical Service

Clinical Service expectations in decisions for promotion to Professor include recognition at the national level as an authority and a leader in a clinical specialty, as demonstrated by:

- a. Patient referrals from outside the region
- b. Evidence of excellent clinical outcomes
- c. Development of patient education materials
- d. Development of decision-making models or materials
- e. Innovations in delivery of care (e.g., inventions, tools)
- f. Participation in appropriate professional societies related to clinical area of expertise
- g. Participation in administrative and leadership groups related to clinical practice or the medical specialty
- h. Awards and honors for clinical accomplishments
- i. Quality improvement initiatives and new models of care delivery
- j. Clinical Leadership and Program Building

Clinical excellence is not defined by revenue metrics. Clinically active faculty are expected to achieve and maintain appropriate Board certification in their particular field.

#### 5. Mentoring

Additionally, faculty seeking promotion to Professor are expected to provide effective mentoring and/or advising to junior faculty and learners at other levels, in compliance with collegiate and University policies. Mentoring includes activities that advocate for the professional development of learners.

### **V. PROCEDURES**

Promotion in the Medical School requires a positive vote by more than 50% of eligible voting faculty members at the department level on the question to affirmatively recommend for promotion. All full time faculty holding appropriate appointment and rank, including those at affiliated sites, are eligible to vote on recommendations for promotion of candidates in the Clinical Scholar Track. The process for promotion will be the same for all tracks in the Medical School. The promotion dossier will follow the standardized format required by the University.

## **VI. PROCESS FOR UPDATING THIS STATEMENT**

The Medical School will review its Clinical Scholar Track Statement Preamble at least every five years, or more frequently as needed. Revisions will be made by the Associate Dean for Faculty Affairs. The revisions will be presented to the Faculty Advisory Council. All Medical School faculty will be invited to review and give input on the Statement, and approval will be obtained through a simple majority vote of the faculty, in conjunction with approval of their departmental criteria, with the approval date noted on the document.

History:

*Original Document Approved: December 19, 2013*