

UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL

DEPARTMENT OF REHABILITATION MEDICINE

7.12 STATEMENT

Statements Required By Section 7.12 of the Board of Regents Policy: *Faculty Tenure*

PART 1. MEDICAL SCHOOL PREAMBLE

I. INTRODUCTORY STATEMENT

This document describes the specific criteria and standards which will be used to evaluate whether candidates from the Medical School meet the general criteria for tenure in Section 7.11 and for promotion to professor in Section 9.2 of the Board of Regents Policy: *Faculty Tenure*. All candidates for promotion and/or tenure in the Medical School are evaluated with the criteria and standards in this preamble. In addition, each department in the Medical School has its own 7.12 Statement (Part II of this document) that further delineates the criteria for promotion and/or tenure within that individual unit. For a complete perspective, the reader is advised to review Sections 7 and 9 in their entirety. Section 7.11 is printed in IV: Criteria for Tenure (see below); Section 9.2 is printed in V.C Promotion to Professor. This preamble contains Criteria and Standards pertaining to:

- A. Appointment
- B. Awarding of indefinite tenure
- C. Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor
- D. The process for the annual appraisal of probationary and tenured faculty

The criteria, standards, and procedures are applied without regard to race, religion, color, sex, national origin, handicap, age, veteran status or sexual orientation.

The Medical School issues annually to each department, for distribution and information to faculty members, a set of instructions, memoranda, and other documents, giving detailed information on the procedures to be followed in the preparation and consideration of each proposal for tenure and/or promotion in rank. The pertinent documents are identified as exhibits enclosed with a cover memorandum from the Dean.

The Medical School 7.12 and Departmental 7.12 Statements are reviewed and approved by the dean of the Medical School and the senior vice president for academic affairs and provost.

The relevant University documents regarding criteria for tenure and/or promotion and the procedures for implementing these criteria are:

- University of Minnesota Board of Regents Policy: *Faculty Tenure*
- *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure Track and Tenured Faculty*

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-Principal Investigators and interdisciplinary collaboration on major funding proposals as well.

III. APPOINTMENT AND ANNUAL APPRAISALS OF PROBATIONARY FACULTY

A. APPOINTMENT

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 (MD or equivalent, or Ph.D.)
- b. Board eligibility or certification (if applicable - clinical specialties)
- c. Demonstrated ability in teaching
- d. Demonstrated involvement in high-quality research which has been accepted for publication or is published in peer-reviewed national or international journals
- e. Documentation of competence in the skills of communication, including effective communication in teaching students and in oral and written presentations of research

Each department may add specialty-specific criteria for appointment, in their Departmental 7.12 Statement.

2. Associate Professor and Professor

- a. The criteria and standards for appointment at the rank of Associate Professor are those stated for awarding of tenure.
- b. The criteria and standards for appointment at the rank of Professor are those stated for promotion to this rank.

In addition, for clinically active faculty, it is expected that for appointment at the rank of Associate Professor or Professor they will have achieved appropriate Board Certification in the specific field where they are practicing.

3. Secondary Appointments

The appointment home for a faculty member is always in the primary department (the tenure home is the University of Minnesota). Joint and/or secondary appointment requests will be made by the secondary department with the support of the primary department in the form of a request letter(s) signed by both department heads, addressed to the Associate Dean for Faculty Affairs in the Medical School. In the case that the appointment being requested is at the Associate Professor or Professor level, the secondary department may conduct a faculty vote by written ballot, based on the proposed collaborative activity in the secondary department for the faculty member. The results of the vote should be reported at the time of the request for appointment.

B. ANNUAL APPRAISALS OF PROBATIONARY FACULTY

In fulfillment of Sections 7.11 and 7.12 and in accord with Section 7.2 of the Board of Regents Policy: *Faculty Tenure*; “the tenured faculty of each academic unit annually reviews the progress of each probationary faculty member toward satisfaction of the criteria for receiving tenure. The head of the unit prepares a written summary of that review and discusses the candidate’s progress with the candidate, giving a copy of the report to the candidate.”

All tenure-track faculty will undergo an annual review each academic year. An academic year is defined in Section 5.3 in the Board of Regents Policy: *Faculty Tenure*. Annual appraisals in the Medical School and its departments comply with the procedures described in *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*. Each department will outline the specific process and criteria for annual appraisals, but at the very least will include a review by the tenured faculty of the department and an annual conference with the Department Head. These procedures are provided for by Sections 16.3, 7.4, and 7.61 of the Board of Regents Policy: *Faculty Tenure*.

The annual review of probationary faculty will be recorded on the *University of Minnesota (UM) Form 12* and will reflect the faculty member's performance relative to the 7.12 Statement. A record of the vote by the tenured faculty for continuation or recommendation for promotion and/or tenure will be included on the *UM Form 12*, if a vote was taken. (This vote on annual reviews is optional). Each department will determine, and so state in their departmental 7.12 Statement, whether or not such a vote will be taken. If such an annual vote is taken in any department, a 2/3 majority of eligible voting faculty is required for continuation of the probationary appointment. A motion for termination also requires a 2/3 majority of eligible voting faculty for action to be taken. A record of the vote, either for continuation or termination, must be included on the *UM Form 12*. If a faculty member has extended his or her probationary period according to Section 5.5 of the Board of Regents Policy: *Faculty Tenure*, this must be noted on the *UM Form 12* during the annual review.

The department head will meet annually with each probationary faculty member to review his/her completed *UM Form 12*. The department head and faculty member will sign the completed *President's Form 12*. The *UM Form 12* is forwarded to the dean for review, comment, and signoff.

The *UM Form 12* is then forwarded to the senior vice president for academic affairs and provost (SVPP) for review, comment, and signoff. A copy is kept in the SVPP Office. The signed *UM Form 12* will be kept in the probationary faculty member's tenure file and will become a part of the dossier.

For faculty members with joint and/or secondary appointments in another Medical School or University Department, annual reviews will be carried out according to the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*. For a candidate who has an appointment in more than one unit, the candidate's offer letter will specify how the candidate will be evaluated annually and at the time of the tenure and/or promotion decision, including which unit's 7.12 statement will be used as the basis for evaluation and which unit's votes of tenured faculty will be counted or reported for the second level of review in the Medical School. The primary unit will receive input from the secondary unit on performance of responsibilities specific to that unit prior to each annual review and decision on promotion and tenure.

IV. CRITERIA FOR TENURE

Section 7.11 of the Board of Regents Policy: *Faculty Tenure* states:

7.11 General Criteria. *What the University of Minnesota seeks above all in its faculty members is intellectual distinction and academic integrity. The basis for awarding indefinite tenure to the candidates possessing these qualities is the determination that each has established and is likely to continue to develop a distinguished record of academic achievement that is the foundation for a national or international reputation or both [FN 2]. This determination is reached through a qualitative evaluation of the candidate's record of scholarly research or other creative work, teaching, and service [FN 3]. The relative importance of these criteria may vary in different academic units, but each of the criteria must be considered in every decision [FN 4]. Demonstrated scholarly or other creative achievement and teaching effectiveness must be given primary emphasis; service alone cannot qualify the candidate for tenure. Interdisciplinary work, public engagement, international activities and initiatives, attention to questions of diversity, technology transfer, and other special kinds of professional activity by the candidate should be considered when applicable. The awarding of indefinite tenure presupposes that the candidate's record shows strong promise of his or her achieving promotion to professor.*

[FN 2] "Academic achievement" includes teaching as well as scholarly research and other creative work. The definition and relative weight of the factors may vary with the mission of the individual campus.

[FN 3] The persons responsible and the process for making this determination are described in subsections 7.3 through 7.6.

"Scholarly research" must include significant publications and, as appropriate, the development and dissemination by other means of new knowledge, technology, or scientific procedures resulting in innovative products, practices, and ideas of significance and value to society.

"Other creative work" refers to all forms of creative production across a wide range of disciplines, including, but not limited to, visual and performing arts, design, architecture of structures and environments, writing, media, and other modes of expression.

"Teaching" is not limited to classroom instruction. It includes extension and outreach education, and other forms of communicating knowledge to both registered University students and persons in the extended community, as well as supervising, mentoring, and advising students.

"Service" may be professional or institutional. Professional service, based on one's academic expertise, is that provided to the profession, to the University, or to the local, state, national, or international community. Institutional service may be administrative, committee, and related contributions to one's department or college, or the University. All faculty members are expected to engage in service activities, but only modest institutional service should be expected of probationary faculty.

[FN 4] Indefinite tenure may be granted at any time the candidate has satisfied the requirements. A probationary appointment must be terminated when the appointee fails to satisfy the criteria in the last year of probationary service and may be terminated earlier if the appointee is not making satisfactory progress within that period toward meeting the criteria.

A recommendation for tenure is made when an eligible faculty member has fulfilled the General Criteria for tenure, as stated in Section 7.11, and the standards stated by the Medical School and the department. Candidates must be evaluated for tenure during their mandatory decision year at the latest. The mandatory decision year occurs during the sixth probationary year for tenure-track faculty in the basic science departments, and in the ninth year for tenure-track faculty in clinical departments.

When distinction in research has greater weight in the decision to award tenure, the candidate must also show, at a minimum, evidence of competence in teaching. When distinction in teaching has the greater weight in the decision to award tenure, the candidate must also show, at a minimum, evidence of competence in research. Distinction in research requires documented evidence of high-level, independent scholarly effort. Distinction in teaching requires documented evidence of innovation and effectiveness in teaching, which have attracted national recognition.

Probationary faculty can extend their maximum period of probationary service, by one year for each occurrence of circumstances as described in Section 5.5 of the Board of Regents Policy: *Faculty Tenure*. In the case of childbirth, adoption, or foster placement of a child, a probationary faculty member must notify the department head, the dean of the Medical School and the senior vice president for academic affairs and provost of this circumstance using University of Minnesota Form UM 1764 and the extension of the probationary period is automatic. In the case of caregiver responsibilities or personal illness or injury, the probationary faculty member must receive the approval of the senior vice president for academic affairs and provost using University of Minnesota Form UM 1765. No probationary period may be extended for more than three years. (See the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* for more details.)

A. TEACHING

Distinction in teaching for the granting of tenure must include scholarly work in education. Evidence of the generation of new methods of pedagogy with national recognition by peers (AAMC, ACE) and impact on educational programs nationally is required. Activities may occur in a variety of educational settings and formats, including: didactic presentations, lectures, seminars, conferences, tutorials, laboratories, case discussions, grand rounds, hospital and clinic rounds, patient care, surgical and other procedures, and

continuing education. Competence in teaching requires participation in appropriate courses with satisfactory learner evaluations.

Assessment of distinction in teaching and advising students is based upon:

1. Innovative contributions to the field of medical education which have been adopted for use by other institutions and are recognized by peers as scholarly contributions.
2. Review of course(s) taught, directed, or developed; a list of students and degree candidates for whom the faculty member has served as academic adviser.
3. Evidence of teaching excellence at the undergraduate, graduate, and/or post-doctoral levels, evaluated by the written statements and/or compiled ratings of students.
4. Written statements by the Head of the Department, academic peers, and others familiar with the candidate's performance in teaching and educational scholarship.
5. Accumulation of above forms of evidence on teaching competence and excellence over a sustained period of time.

Assessment of competence in teaching is based upon:

1. Learner and/or peer evaluations.

B. RESEARCH/SCHOLARSHIP

Assessment of distinction in research is based upon the following:

1. A review of the candidate's scientific publications, particularly those in national or international peer-reviewed journals. Evidence is sought that the work is scholarly, creative, and of high quality and significance, whether focused on laboratory endeavors, clinical investigations, or analysis or synthesis of clinical observations and experience.
2. Independence of research accomplishments or significant contribution to interdisciplinary or collaborative research. Evidence of independence or significant contribution to interdisciplinary or collaborative research may include:
 - a. Naming of the candidate as the first or senior author on multi-authored journal articles and/or documentation of major, substantial contributions by the candidate to the collaborative project and publication.
 - b. Statements of peer evaluators on the creativity and significance of the candidate's contributions to a collaborative research project and/or to multi-authored publications.
 - c. Identification of the candidate as the principal investigator or a major collaborator on peer-reviewed, funded research grants or contracts
 - d. Invitations/nominations to serve on study sections, national policy boards, editorial boards, etc.
3. External research funding from federal and other national granting agencies which sponsor programs in biomedical and other scientific research subject to peer review.
4. Significant original contributions based on clinical observations resulting in new therapies or techniques which impact the practice of medicine.

Assessment of competence in research is based upon:

1. Evidence of significant discipline-related publications, including reports of clinical investigations, identification through case reports of new syndromes or treatments, and descriptions of new techniques.
2. Participation in invited scientific and clinical symposia, meetings and lectures.
3. Letters from authorities in the candidate's clinical discipline assessing his/her contributions to the discipline.

C. CLINICAL SERVICE (if applicable)

Clinical Service expectations in decisions for tenure and promotion to Associate Professor include enjoying an excellent reputation inside and outside the Twin Cities area as an authority in a clinical specialty, as

demonstrated by patient referrals from outside the area, invited visiting lectureships, and memberships in professional societies.

D. SERVICE

In the Medical School service contributions are an integral part of the academic unit. Such service can be used to demonstrate an additional area of strength for the recommendation of tenure. Examples of service contributions include:

1. Participation in discipline-specific regional and national organizations.
2. Service to the Department, School, or University on governance-related or policy making committees.
3. Service to the community, State, and public engagement.

V. CRITERIA AND STANDARDS FOR PROMOTION IN FACULTY RANK

A. ASSISTANT PROFESSOR

In the Medical School, the entry level rank for faculty is at the Assistant Professor level. It is therefore anticipated that there will be no promotions to this rank.

B. TO ASSOCIATE PROFESSOR

The general criteria and standards for promotion to the rank of Associate Professor are those stated for consideration of tenure (see IV above).

In addition, for clinically active faculty, it is expected that they will have achieved appropriate Board Certification in the specific field where they are practicing.

A recommendation for promotion to Associate Professor is made when an eligible faculty member has fulfilled the general criteria applicable to tenure, as stated in Section 7.11, and the specific criteria and standards for promotion to Associate Professor as stated by the Medical School and the Department. It is also an expectation of the University and the Medical School that all faculty promoted to associate professor with tenure are on a trajectory that will result in them achieving the rank of full Professor.

C. TO PROFESSOR

A recommendation for promotion to Professor is based on criteria set by the Medical School and the Department in accord with Section 9.2 of the Board of Regents Policy: *Faculty Tenure*

9.2 Criteria for Promotion to Professor. *The basis for promotion to the rank of professor is the determination that each candidate has (1) demonstrated the intellectual distinction and academic integrity expected of all faculty members, (2) added substantially to an already distinguished record of academic achievement, and (3) established the national or international reputation (or both) ordinarily resulting from such distinction and achievement [FN 7]. This determination is reached through a qualitative evaluation of the candidate's record of scholarly research or other creative work, teaching, and service [FN 8]. The relative importance of these criteria may vary in different academic units, but each of the criteria must be considered in every decision. Interdisciplinary work, public engagement, international activities and initiatives, attention to questions of diversity, technology transfer, and other special kinds of professional activity by the candidate should be considered when applicable. But the primary emphasis must be on demonstrated scholarly or other creative achievement and on teaching effectiveness, and service alone cannot qualify the candidate for promotion.*

[FN 7] "Academic achievement" includes teaching as well as scholarly research and other creative work. The definition and relative weight of the factors may vary with the mission of the individual

campus. Not being promoted to the rank of professor will not in itself result in special post-tenure review of a tenured associate professor.

[FN 8] The persons responsible for this determination are the full professors in the unit who are eligible to vote. The outcome of the vote is either promotion to the rank of professor or continuation in rank as an associate professor. The procedures for voting are identical to those outlined in Section 7.4 for the granting of indefinite tenure, the nondisclosure of grounds for the decision (Section 7.5), and the review of recommendations (Section 7.6). In addition, a petition to the Judicial Committee for review of a recommendation of continuation in rank as an associate professor follows the procedures specified in Section 7.7 for decisions about promotion to associate professor and conferral of indefinite tenure.

Promotion to Professor is not based on time in rank, but on an increasing record of accomplishments. During the period as an Associate Professor, the candidate will have continued to develop his or her already distinguished record in teaching, research, and service and added substantially to the record that was the basis for the promotion to the rank of Associate Professor. The candidate must have achieved a national and international reputation in her or his area of expertise and be recognized as a leader and a mentor.

The proposal of a candidate for Professor will present evidence of additional significant academic, scientific, scholarly, and professional achievements such as:

1. The establishment of a training program for pre- and/or post-doctoral fellows in a specific discipline.
2. Election to prestigious scientific and/or professional organizations which recognize excellence and significant academic contributions.
3. Letters from authorities attesting to the candidate's acknowledged national or international reputation and recognition of leadership in his/her field; letters from prominent senior faculty members at other universities assessing the candidate's qualifications for promotion to the rank of Professor.
4. Nationally recognized leadership roles in the profession or the institution.
5. Evidence of effective mentoring of junior faculty, fellows, and M.D. and Ph.D. trainees.
6. Creating and sustaining a culture that fosters diversity.
7. Ongoing record of peer-reviewed publications.
8. Ongoing record of funding for research or scholarship (if applicable).
9. Ongoing excellence in clinical activity (if applicable).

VI. ANNUAL REVIEW OF TENURED FACULTY

In accordance with Section 7a of the Board of Regents Policy: *Faculty Tenure* and the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*, each Medical School department will annually conduct a review of each tenured faculty member. The specific Departmental process for annual review and review criteria (i.e. the goals and expectations for continued performance by tenured faculty) will be described in the Departmental 7.12 Statement Part 2.

The Medical School procedures for annual review of tenured faculty are provided in Part 3 of the document (Annual Review of Tenured Faculty).

VII. VOTING PROCEDURES

- A. Promotion and tenure decisions in the Medical School require a positive vote by two-thirds of all eligible voting faculty members on the question to recommend affirmatively for promotion and/or tenure.

- B. Decisions to terminate the contract of a probationary faculty member also require a vote by two-thirds of all eligible voting faculty members in support of the motion to terminate the appointment.
- C. Tenured faculty are eligible to vote on the awarding of tenure to probationary faculty. Tenured faculty holding appropriate rank are eligible to vote on recommendations for promotion of candidates.

VIII. PROCESS FOR UPDATING THIS 7.12 STATEMENT

The Medical School will review its 7.12 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 tenured and tenure-track faculty will be invited to review and give input on the statement, and approval will be obtained through a majority vote of the tenured and tenure-track faculty, in conjunction with approval of their departmental criteria, with the approval date noted on the document.

History of Revisions (approved by vote of the Faculty):

Original Document: Date unknown

Revision: April 15, 1993

Revision: July 2, 2009

Revision Approved by Medical School Faculty: June 21, 2012

Approved by Senior Vice President for Academic Affairs and Provost: June 22, 2012

PART 2. DEPARTMENTAL ADDENDUM

I. INTRODUCTORY STATEMENT

This document describes the specific criteria and standards which will be used to evaluate whether faculty in the Department of Rehabilitation Medicine, both in the basic and clinical sciences, meet the general criteria in Section 7.11 of the Board of Regents Policy: *Faculty Tenure*, as defined for this Department. It also provides the specific criteria and standards that will be used to evaluate associate professors for promotion to professor according to Section 9.2 of the *Faculty Tenure* policy.

This document contains the Department's Criteria and Standards pertaining to:

- A. Award of indefinite tenure
- B. Promotion from assistant professor to associate professor and from associate professor to professor
- C. The departmental process for the annual appraisal of probationary and tenured faculty
- D. The goals and expectations for the annual review of tenured faculty

II. MISSION STATEMENT

The **mission** of Department of Rehabilitation Medicine (PMR) is to 1) conduct research that promotes health in all people and recovery of function in people disabled by disease or injury, 2) educate and train physiatrists and physical therapists to become skilled clinicians and rehabilitation science graduate students to become skilled researchers and academicians, 3) provide clinical service to people in need, and 4) provide outreach and public service to enhance the community, the nation and the world.

This mission is based on the **philosophy** that the combined discipline of physical medicine and rehabilitation is crucial to the well being of people both in preventing disease and injury and in recovering from them. The university environment is ideally suited for our training mission as this culture is very diverse and the intellectual exchange between academic disciplines promotes the betterment of all. Thus, PMR places high value on interdisciplinary collaboration. The university culture also affords numerous avenues for faculty development and, as one example, PMR strongly endorses mentorship from experienced faculty to guide new faculty. PMR recognizes that the University of Minnesota is a top-tier research university and so we ambitiously embrace the challenge of continually generating new knowledge. Furthermore, we recognize the need to develop the next generation of scholars and so we continually seek to advance our Ph.D. program in Rehabilitation Science. We place high value on quality teaching to prepare residents, fellows, and students to be highly skilled academically, clinically and ethically. Finally, we recognize the ever-increasing globalization of society and the opportunity and responsibility to contribute our scholarly expertise beyond traditional boundaries to improve the world at large.

The **goals** of the Department of Rehabilitation Medicine are to:

- 1) recruit and educate high caliber medical residents and physical therapy students toward creative, efficient, and effective clinical practice to improve the health and well-being of the state, nation, and world.
- 2) recruit and educate rehabilitation science graduate students to fulfill the need for rehabilitation researchers and faculty.

- 3) conduct and disseminate scholarly knowledge and discovery through numerous quality publications in highly respected scientific journals and national and/or international presentations.
- 4) derive extramural funding to fulfill goal #3.
- 5) mentor new faculty to be successful teachers and researchers.
- 6) instill in faculty the expectation that all tenure track faculty will progress to the level of full professor.
- 7) provide academic or clinical consultation and leadership to the state, nation and world.
- 8) instill and promote interdisciplinary collaboration among faculty throughout the university .

III. APPOINTMENT AND ANNUAL APPRAISALS OF PROBATIONARY FACULTY

A. APPOINTMENT OF PROBATIONARY FACULTY

Tenured and tenure-track appointments require pre-approval by the Dean of the Medical School to initiate a search. Faculty hired with tenure are subject to approval by the Senior Vice President for Academic Affairs and Provost of the University of Minnesota. A candidate for appointment to assistant professor must have demonstrated ability and involvement in structured courses or patient practice-oriented teaching, be capable of performing independent or collaborative research/scholarship, and of publishing his/her own or collaborative research studies.

B. ANNUAL APPRAISALS OF PROBATIONARY FACULTY

1. Process

Mentoring: The Program Director assigns a Mentoring Committee to each probationary faculty member. The committees are composed of two or three tenured faculty members (associate and full professors). Committees meet with probationary faculty members regularly to promote career development, monitor their progress and help new faculty members with tasks such as grant writing, manuscript submission, laboratory management and teaching preparation.

Review: The Annual Review of Probationary Faculty in the Department of Rehabilitation Medicine is in compliance with Section 7.2 of the Board of Regents Policy: *Faculty Tenure and the Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*. All faculty on the tenure track shall be reviewed annually during their probationary period by the Promotion and Tenure Committee of the Department of Rehabilitation Medicine. In addition to retaining a copy for comparative review in coming years, a copy of this yearly review will be given to the faculty member and to the faculty member's Program Director.

When initiating and considering final review for proposals for tenure and/or promotion in rank, the Department of Rehabilitation Medicine follows the procedures of the Medical School and the University, the same documents that guide the annual review of probationary faculty.

All faculty proposed for tenure and promotion shall have their credentials reviewed and voted upon by all tenured faculty members in the Department of Rehabilitation Medicine in

the decision year. Prior to this meeting the members of the Committee will be provided with copies of the promotion package and all referee letters.

2. Criteria

The criteria for satisfactory performance to be used for the annual review in the Department of Rehabilitation Medicine are the same as with the appropriate criteria for rank, as defined in this 7.12 Statement.

IV. CRITERIA FOR TENURE

The Department of Rehabilitation Medicine accepts and subscribes to the criteria and standards for tenure of faculty at the University of Minnesota Medical School, as described in Part 1. Medical School Preamble, and has developed these specifics to clarify the criteria as they should be applied to faculty of the Department of Rehabilitation Medicine. The Department of Rehabilitation Medicine subscribes to the belief that tenure be awarded based on an individual's demonstrated ability to contribute significantly to the University missions of teaching, research, and service. The primary criteria for judging this potential are a history of effective teaching, professional scholarship, funding, service contributions, and distinction in the field.

The University of Minnesota is a research university. The faculty expects candidates for promotion and tenure to demonstrate strength in at least three of the four areas listed below (one of which must be Research and Scholarly Activity). Exceptions may be considered, based on unusual isolated strength in either *Research and Scholarly Activity* or *Funding and External Support*.

A. TEACHING

Teaching is an encompassing process that may take many forms and occurs in a variety of settings. It includes didactic courses (lectures/laboratory/seminar); preceptorships, clinics, laboratories, advising and committee work on scholarly projects, thesis and dissertation, and non-research based conference, workshop or other continuing education.

Evaluation of teaching should consider multiple sources of information, and assess both affective and cognitive outcomes. Excellence and strength in teaching is demonstrated by in-depth knowledge in the area of teaching responsibility, and by sustained excellence in sharing this knowledge and developing students' abilities to develop their own knowledge base. The following are educational activities in which excellence and accomplishments in teaching can be demonstrated:

- 1) Peer review and external evaluation in the form of written evaluation by co-instructors, internal and external peers, Department Head and Director of the Program;
- 2) Student review of teaching, focus group comments, student letters;
- 3) Community recognition of teaching excellence;
- 4) Publication of books, book chapters, monographs, and articles presenting non-data based work that enlighten and educate the community beyond the classroom; and development of instructional materials;
- 5). Production and dissemination of teaching materials. National dissemination of teaching materials is more highly valued than internal use;
- 6) Professional/University/Student teaching awards or honors demonstrating scholarly in-depth knowledge in an area of teaching responsibility;
- 7) Recognition by peers outside the University in the form of awards or honors;

- 8) Development of innovative educational programs;
- 9) Involvement in curriculum development and implementation; and
- 10) Performance of graduates on nationally administered licensing examinations referenced to the subject material taught by the faculty member.

B. RESEARCH / SCHOLARSHIP

The purpose of research is to advance knowledge, thinking and care in the health professions and sciences. A candidate's independent research and scholarly activities are major considerations in granting tenure and promotion. In reviewing a candidate's record of research and scholarly activities, the faculty of the Department of Rehabilitation Medicine adhere to the following principles:

- 1) A candidate's work should demonstrate a focused line of research with clear progress in a question/questions contributing to the body of knowledge. This research may be qualitative, quantitative, or theoretical in nature.
- 2) Independent research productivity must be demonstrated, but effective collaboration with others is also valued.
- 3) Both quality and quantity of research and scholarly activities are considered.
- 4) A candidate should disseminate research findings via venues that reach the greatest numbers of the target audience.
- 5) The highest consideration is given to original data-driven, peer-review publications in high impact journals.
- 6) Oral presentation of research findings should reach the largest audience possible. To that end, presentations at large national and/or international scientific meetings are more strongly considered than are regional or local presentations. Proceedings from these presentations are considered non-refereed publications.
- 7) Candidates are expected to participate in national and/or international scientific symposia and meetings. Invitations to give seminars, workshops, and institutes at other institutions both nationally and internationally are valued, but cannot serve as the sole criterion for tenure or promotion. In addition, there are a variety of values and weights that can be applied to invited and referee presentations at professional and scientific meetings. The Department of Rehabilitation Medicine will review each individual instance to determine its relative weight.
- 8) Written work that lacks systematic analysis or original data (e.g., case studies and expert reviews) are less valued than are works that offer new contributions to the readers. Such expert work is more valued when published in refereed journals than in non-refereed journals.
- 9) Monographs and book chapters are considered according to the individual strength of the venue. (e.g., prominent text contributions weigh more than monographs with smaller impact).
- 10) National editorial, board membership, or special reviewer/counterpoint authorship is considered part of scholarly effort as this work entails lengthy contribution specifically using the candidate's research acumen.
- 11) Peers' national recognition of research activities (e.g., research related honors and awards) offer an additional measure of a candidate's research contributions.

Scholarly activities of a faculty member will be evaluated according to the following standards:

- 1) The individual should have made the beginnings of important scholarly contribution to the

field, be an independent scholar, and be respected as a growing authority by peers in the field.

- 2) Candidates should have an ongoing productive research program, independent of their mentored graduate work, as documented by generally 2 research-based articles published/year or accepted by high quality peer-reviewed journals. The Department of Rehabilitation Medicine is a diverse department in terms of professions and research focus. Table 1 offers examples of some of the premier journals related to the current areas of focus. Some of these journals have relatively small impact scores compared with those devoted to medical specialties. The factor that should be used when evaluating publications should be the ability of a journal to reach the targeted population of readers. By example, a piece of research that refines a technique might be best placed in a journal that is specifically read by large numbers of researchers in the field, even if that journal has a lower impact score than another journal. Recognizing that new faculty (and new journals) are likely to broaden this list, each candidate will prepare an analysis of the journals in which they publish, indicating their circulation, impact on the targeted readership, and other measures of quality. One indication of this may be the numbers of citations already found to the candidate's published work.
- 3) All authorship positions are valued, which reflects the increasing importance of interdisciplinary research to Rehabilitation Medicine, the Medical School, the AHC and to the communities we serve. The role a candidate has in an interdisciplinary project is the basis for evaluation. Examples of interdisciplinary work are:
 - a. Conducting interdisciplinary and interprofessional research that addresses problems that require the contributions of several disciplines—and cannot be fully addressed within any one department or discipline
 - b. Service as a member (e.g., PI, co-PI, Investigator) on an interdisciplinary research team.
 - c. Providing critical input that improves team-based scientific inquiry, evidenced by documented mentoring, grant participation, co-authorship.

The value of independence and candidate role in interdisciplinary work is judged within the context of making distinct identifiable contributions to a larger interdisciplinary picture, being first author on some of the publications, receiving local and national attribution for expertise in particular aspects of an interdisciplinary work, and serving on policy or editorial boards related to the place one has on an interdisciplinary team or line of research.

- 4) During the probationary period, a candidate must be the recipient of a grant(s) or contract(s) with designation as Principal Investigator (PI), a major collaborator, or other similar title, from a national or regional granting agency that customarily utilizes scientific peer review as the primary basis for awards. It should be recognized that interdisciplinary and interprofessional scholarship is highly valued even though this work may lead to fewer first authored papers or Principal Investigator designations for the faculty person being evaluated. While it is desirable to have funding at the time a candidate goes up for promotion, it is not considered absolutely essential in the decision year for tenure and/or promotion. However, the department faculty when reviewing the candidate must make the judgment that the independent research career of the candidate is on a trajectory to achieve the rank of full professor in accordance with Section 7.11 of the *Faculty Tenure* policy.

Table 1 Examples of Variety of Esteemed Journals Appropriate for Publication across Disciplines in Rehabilitation Medicine

Professional Journals	Interdisciplinary Journals	Topic Specific Journals	Diagnosis Specific Journals
Physical Therapy	J of Hand Therapy	J of Neuroscience	Arthritis Care & Research
J of Orthopaedic and Sports Physical Therapy	Archives of Physical Med and Rehabilitation	J of Biomechanics	Arthritis & Rheumatism
American J of Occupational Therapy	American J of Physical Med and Rehabilitation	Clinical Biomechanics	Stroke
Occupational Therapy	J of Gerontology	J of Applied Physiology	Foot and Ankle International
J of Research	J of Neurorehabilitation	Annals of Neurology	Neuromuscular Disorders
J Neuro Phys Therapy	J of Allied Health	Neurology	J of Shoulder & Elbow Surgery
International	Developmental Medicine and Child Neurology	Brain	Multiple Sclerosis
Australian J of Occupational Therapy	International J of Rehabilitation Research	Experimental Brain Res	
Canadian J of Occupational Therapy.	Clinical Rehabilitation	Muscle & Nerve	
		Spine	
		Human Brain Mapping	
		Am J Physiology	

Funding and External Support:

A candidate for tenure should demonstrate the ability to support his/her chosen line of research. Though internal funding may help initiate a research program, alone it is not sufficient to warrant tenure and promotion to Associate Professor. In addition, the Department of Rehabilitation Medicine weighs competitive grants more heavily than it does non-competitive funding.

A candidate is expected to:

- Be Principal Investigator or Co-Investigator of grant(s) and/or contract(s) from regional, state, or national agencies which use rigorous peer review as the primary basis for award. Candidates at times join the faculty of the Department of Rehabilitation Medicine without post-doctoral experience. It is, therefore, understood that mentored awards may offer the strongest method of constructing an independent line of research. Granting agencies include, but are not limited to:
 - Federal sources (NIH, DOD, DOE)
 - State and National Foundations (Multiple Sclerosis Society, Arthritis Foundation, American Heart Association).
- Gain large enough funds to permit the candidate to investigate his/her question in a powerful and scientifically rigorous manner.
- Produce a record of authorship based on results of the received grant(s) and/or contract(s), furthering the candidate's research program.

C. CLINICAL SERVICE (if applicable)

When applicable, clinical service expectations demonstrating an excellent reputation in the clinical specialty may be demonstrated through patient referral patterns, feedback from patients, evidence of clinical outcomes, visiting lectureships, memberships in professional societies and participation and administrative and leadership groups related to the medical specialty.

D. SERVICE

Service is an area of evaluation for both tenure and promotion to the rank of Associate Professor. Service activities may include consulting, committee involvement, work on special projects, or filling a leadership role in a professional or scientific organization. Contributions are judged potentially relevant when the faculty member is acting as a professional. Evaluation of a candidate's service is based on documentation of the activity that reflects both the importance and quality of the candidate's contributions. It may include letters of reference or written evaluations by peers and by committee chairpersons or others in charge of such activities.

Like research and teaching, service has a number of aspects and may take a variety of forms. It includes:

- 1) Service to the academic unit and the University;
- 2) Discipline-related community activities; and
- 3) Service to professional associations or special interest organizations relating to the discipline.
- 4) Although service as a general reviewer for journals, monographs, or other publications is considered service, acting as a journal Editor, Member of an Editorial Board, or special reviewer/counterpoint author is generally considered to cross between service and scholarly work, as it presumes more lengthy efforts at writing and greater research expertise on the part of the candidate. Such efforts alone are not acceptable evidence of scholarly achievement, but they do add to the overall strength of a candidate's dossier.
- 5) Administration. Candidates with at least half of their time assigned to administrative roles and responsibilities will have their administrative record and contributions weighed more heavily during review than is typical service. Candidates with heavy administrative responsibilities are still required to demonstrate strength in research and funding

V. CRITERIA AND STANDARDS FOR PROMOTION IN FACULTY RANK

Promotion decisions in the Department of Rehabilitation Medicine require a positive vote by two-thirds of all faculty members eligible to vote on the question to affirmatively recommend for promotion. Eligible members include faculty at the proposed rank and above voting for promotion; and faculty with tenure voting for tenure.

If a faculty member has a joint appointment in another department and is being considered for promotion, the Department of Rehabilitation Medicine will contact the other department(s) to obtain their assessment and record of vote on the proposed promotion.

A. ASSISTANT PROFESSOR

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

B. TO ASSOCIATE PROFESSOR

The criteria and standards for promotion to the rank of Associate Professor in the Department of Rehabilitation Medicine are those stated for consideration of tenure (see IV above). A recommendation for promotion to Associate Professor is made when an eligible faculty member has fulfilled the general criteria applicable to tenure.

C. TO PROFESSOR

The *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* require that the tenured faculty of departments review and provide feedback to tenured associate professors every four years regarding their progress toward promotion to the rank of professor.

Promotion to Professor will be recommended based on an individual's sustained record of significant contribution to the University missions of teaching, research, clinical service (if applicable) and institutional/professional service and to the established national and/or international reputation of the individual. The faculty member must have added substantially to the already distinguished record that they established to be tenured. The proposal of a candidate for Professor will also present evidence of effective mentoring of junior faculty and/or predocs and postdocs and attention to creating and sustaining a culture that enhances diversity, evidenced through training of mentees across different genders, ages, racial/ethnic background, physical ability, etc. Nationally and/or internationally recognized leadership roles in the profession or the institution are also important to consider.

The primary criteria for judging this record are:

- a history of excellent teaching as demonstrated by 1) student and peer evaluations, 2) creation of innovative curriculum materials that have been peer-reviewed and adopted by other leaders in the field, and/or 3) strong record of invited presentations at national and/or international meetings/institutions.
- laudable professional scholarship as demonstrated by ongoing publication in peer reviewed journals and garnering of competitive external funding on a regular basis to support such scholarly work
- strong mentorship skills of junior faculty as reflected in highly recognized accomplishments by the candidates mentees and sustaining a culture that fosters diversity
- recognition as an expert in clinical service (if applicable), evidenced by invited presentations, patient referrals, national and/or international leadership positions in area of clinical expertise, letters from recognized experts in the field
- ongoing national and/or international leadership through service on prestigious grant review panels, accreditation review panels, and professional committees
- national and/or international distinction in the field, as reflected by prestigious awards and letters of support from distinguished leaders in the field

The Department supports the Medical School criteria for promotion and has developed these specifics to clarify the criteria as they should be applied to faculty of the Department of Rehabilitation Medicine.

Candidates for promotion to Professor must demonstrate strength in at least three of the four areas listed in Section IV (one of which must be Research and Scholarly Activity). Exceptions may be considered, based on unusual isolated strength in either *Research and Scholarly Activity* or *Funding and External Support*. In the situation of a new appointee, evidence of analogous contributions at a comparable institution are required.

VI. ANNUAL REVIEW OF TENURED FACULTY

The goals and expectations of tenured faculty members in the Department of Rehabilitation Medicine are guided by the Board of Regents Policy: *Faculty Tenure*, the *Procedures for Reviewing Candidates for Tenure and/or Promotion*, and the mission statements of the Medical School and of the Department of Rehabilitation Medicine. Each of these statements emphasizes the core areas of Research, Education, and Service that form faculty functions. All faculty are expected to contribute to each core area, with consideration given to the different stages of development across faculty. Furthermore, as not all faculty members have equal strengths – outstanding performance in one core area may balance for lesser performance in another. Finally, all tenured faculty members are expected to promote the development of Assistant Professors and, likewise, Full Professors are expected to promote the continued development of Associate Professors.

The principal goal of an annual review is to ensure continuation of high caliber performance following the granting of tenure. Thus the aim of the review is to improve faculty members' performance and to identify faculty members' potential weaknesses at an early stage. When deficiencies become recognized, a plan will be formulated to correct those deficiencies before they become a detriment to an individual's effectiveness.

The expectations of tenured faculty for teaching, research, and service in the Department of Rehabilitation Medicine are below. Five levels of performance and the associated expectations or characteristics of each level are shown. The Department Head (or designee) will use these in analyzing the performance of each tenured faculty. It is expected that tenured faculty will continue to perform at levels 1, 2 or 3 in at least two of the three areas and one area must be Research/Scholarship. Performance at level 4 will invoke remedial efforts. Performance at level 5 will invoke action as outlined in the Medical School's Policy of **ANNUAL REVIEW OF TENURED FACULTY (section 1.H)**.

Teaching:

1. OUTSTANDING

- a. developing new courses in professional program or PhD program
- b. >4.5 student ratings on course evaluations averaged across all teaching performance
- c. consistent and exceptionally strong comments from students on teaching
- d. advising multiple predocs or postdocs
- e. regularly serving on PhD/MS examination committees
- f. national teaching awards

2. EXCELLENT

- a. upgrading teaching content within existing courses
- b. >4.0 student ratings on course evaluations of teaching performance
- c. consistent and strong comments from students on teaching
- d. advising multiple predocs or postdocs
- e. regularly serving on PhD/MS examination committees
- f. regional or local teaching awards

3. MEETS EXPECTATIONS

- a. upgrading teaching content within existing courses
- b. >3.0 on course evaluations of teaching performance
- c. moderate comments from students on teaching
- d. occasionally advising predocs or postdocs
- e. occasionally serving on PhD/MS examination committees

4. marginally below expectations

- a. minimal effort to upgrade teaching content to be current within existing courses
- b. <3.0 on course evaluations of teaching performance
- c. pattern of negative student comments that are addressed minimally
- d. rarely advising predocs or postdocs
- e. rarely serving on PhD/MS examination committees

5. substantially below expectations

- a. no effort to upgrade teaching
- b. <2.0 on course evaluations of teaching performance
- c. pattern of negative student comments that are unaddressed
- d. no advising predocs or postdocs
- e. no serving on PhD/MS examination committees

Research/Scholarship

1. outstanding

- a. multiple publications as ~~first or senior author~~ in prestigious peer-reviewed journals
- b. PI on multiple prestigious external grants
- c. regular invited presentations and/or research presentations at national and/or international meetings

2. excellent

- a. multiple publications as ~~first or senior author~~ in peer-reviewed journals
- b. PI on multiple external grants
- c. regular invited presentations and/or research presentations at national and/or international meetings

3. meets expectations

- a. occasional publications as ~~first or senior author~~ in peer-reviewed journals
- b. PI on single external grant or multiple internal grants
- e. occasional invited presentations and/or research presentations at national and/or international meetings

4. marginally below expectations

- a. Rare publications in peer-reviewed journals ~~only as secondary author, not first or senior~~
- b. occasional efforts as PI to win internal and external grants but without success
- c. rare invited presentations and/or research presentations at national and/or international meetings

5. SUBSTANTIALLY BELOW EXPECTATIONS

- a. no publications in peer-reviewed journals
- b. no effort to pursue internal or external grants
- c. no invited presentations and/or research presentations at national and/or international meetings

Clinical Service (if applicable)

1. OUTSTANDING

- a. large patient referral base locally, regionally, nationally and/or internationally
- b. large number of invited presentations locally, regionally, nationally and/or internationally
- c. exceptional letters of support from recognized experts nationally and/or internationally

2. EXCELLENT

- a. large patient referral base locally and regionally
- b. large number of invited presentations locally and regionally
- c. strong letters of support from recognized experts nationally and/or internationally

3. MEETS EXPECTATIONS

- a. large patient referral base locally
- b. occasional invited presentations
- c. satisfactory letters of support from recognized experts nationally and/or internationally

4. MARGINALLY BELOW EXPECTATIONS

- a. minimal patient referral base
- b. rare invited presentations
- c. weak letters of support from recognized experts nationally and/or internationally

5. SUBSTANTIALLY BELOW EXPECTATIONS

- a. no patient referral base
- b. no invited presentations
- c. letters of no support from recognized experts nationally and/or internationally

Institutional/Professional Service

1. OUTSTANDING

- a. sharing of equipment/lab facilities
- b. exceptional mentorship,
- c. reliable internal committee service as chair
- d. elected to external professional leadership position
- e. member of editorial board, NIH study section, accreditation commission, etc.
- f. keynote speaker at prominent meeting

2. EXCELLENT

- a. sharing of equipment/lab facilities
- b. exceptional mentorship,

- c. reliable internal committee service as chair
- d. elected to external professional leadership position
- e. member of editorial board, NIH study section, accreditation commission, etc

3. MEETS EXPECTATIONS

- a. sharing of equipment/lab facilities
- b. satisfactory mentorship,
- c. reliable internal committee service
- d. elected to external professional leadership position

4. marginally below expectations

- a. rare contributions to the overall advancement of the department/school/university through internal service
- b. rare contributions to the overall advancement of the discipline through external service

5. Substantially below expectations

- a. no contributions to the overall advancement of the department/school/university through internal service
- b. no contribution to the overall advancement of the discipline through external service

VII. PROCEDURES

A. VOTE

1. A vote will be taken for decisions to continue recommend a candidate for promotion and/or tenure. Such a vote will require a 2/3 majority for the motion to pass.
2. A vote will be taken for all decisions to terminate the contract of a probationary faculty member. Such a vote will require a 2/3 majority for the motion to pass.

VIII. PROCESS FOR UPDATING 7.12 STATEMENT

The 7.12 Statement for the Department of Rehabilitation Medicine will be reviewed every 5 years, or more frequently as needed. Revisions will be made by an appointed PMR Promotions and Tenure Subcommittee. All departmental faculty will be invited to review and give input on the statement, and approval will be obtained through a vote by PMR faculty, with the approval date noted on the document.

History:

Approved by Physical Medicine and Rehabilitation Faculty: January 25, 2013

Approved by Senior Vice President for Academic Affairs and Provost: January 28, 2013

Revised to incorporate department name change approved on June 28, 2016

PART 3. ANNUAL REVIEW OF TENURED FACULTY**A. ANNUAL REVIEW**

All tenured faculty must undergo an annual review each year. This process is key in allowing the faculty member and the department to assess individual progress. It also helps to protect the faculty member, the department, and the School, in case of any misunderstanding or conflict that may arise. For any questions about this process, please call the Office of Faculty Affairs and/or the Vice Provost for Faculty and Academic Affairs.

1. During the spring of each academic year, all department heads will schedule an annual review conference with each tenured faculty member. This responsibility may be delegated to Division Chiefs, Departmental Review Committee, Center Directors or other designee. All reviews must receive final approval and signature from the Department Head.
2. Prior to this conference the individual faculty member will provide the requisite information, as well as an updated curriculum vitae, following the department's annual review reporting format.
3. Annual reviews may be carried out in the format preferred by each department but must, at a minimum, be compliant with the rules detailed in the Board of Regents Policy: *Faculty Tenure*, Section 7a, and the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*.
4. The annual review documentation should include:
 - a. Accomplishments of the previous year, particularly in relation to goals set for the year.
 - b. Detailed accomplishments in each domain relevant to the faculty member (as applicable: teaching, research and/or scholarship, service, and clinical activity (if applicable)):
 - i. Evaluation of quality and quantity of teaching, attitude towards learners, knowledge of subject matter, and specific contributions to continuing education.
 - ii. Evaluation of research and/or scholarly activity including current projects, grants applied for or funded, publications, and papers presented or submitted.
 - iii. Evaluation of service.
 - iv. Evaluation of clinical activity (when applicable), including volume of patients served, breadth of referrals, incorporation of patient care into teaching program, activity in local and national professional organizations.
 - c. Percentage of effort in each domain, to be updated annually.
 - d. Agreed upon goals for the upcoming year.
 - e. Plans for subsequent years with specific recognition of outstanding accomplishments and plans to maintain high performance level.
5. The Annual Review conference should emphasize frank discussion concerning the faculty member's past and present performance in given areas of responsibility, noting progress in achieving previously established goals and objectives. In particular, it is important to frame the evaluation in the context of the proposed distribution of responsibilities in the four domains of Teaching, Research/Scholarship, Service, and Clinical Activity (if applicable). If the faculty member is working towards promotion, the Department Head and the faculty member should

ensure that year-by-year progress, consistent with the Departmental 7.12 Statement, has been appropriate to date and specific goals for the coming year should be agreed upon.

Pursuant to the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure Track and Tenured Faculty*, each department's tenured faculty shall review their tenured associate professors at a minimum of every four years regarding their progress toward achieving the rank of professor. This review is based upon the criteria for promotion to professor in the department 7.12 statement. This four-year progress review can be part of the annual review process.

6. Following the Annual Review conference, the Department Head or designee will complete the Medical School Annual Review Form, summarizing the conference and stating the agreed upon goals for the upcoming year. The Medical School Annual Review Form must be signed by the faculty member, the evaluator (if applicable), and the Department Head.
7. For faculty members who have met the goals and expectations for tenured faculty for the department, according to the department 7.12 statement, the signed Medical School Annual Review Form is sent to office of Associate Dean for Faculty Affairs who signs on behalf of the Dean. The review form will be handled confidentially by the Dean and the Associate Dean and will assist them in supporting recommendations for promotion, special recognition, or salary adjustments.
8. If the department head or designee finds that the tenured faculty member's performance is below that of the goals and expectations of the department as specified in the 7.12 statement, then the case is referred to a committee of elected, tenured faculty members in the department. If that committee concurs with the judgment of the department head, then both the department head and the committee formulate a detailed written Faculty Improvement Plan for the faculty member. The letter from the department head and the elected committee must identify the ending date for the period of performance improvement and must request that the faculty member provide a report at that time describing his or her progress towards meeting the goals and expectations of the department.

The department head and the committee chair should make reasonable efforts to meet with the faculty member to discuss the plan for meeting the goals and expectations of the unit. The faculty member may request modification of the plan from the department head and the committee but may not at this stage file a complaint with the Senate Judicial Committee.

At the end of the time period specified for performance improvement, the faculty member under review must provide a report describing his or her progress toward meeting the goals and expectations of the department. The department head and the elected committee of tenured faculty will then review the progress that the faculty member has made regarding the recommendations as specified in the report from the faculty member.

This process above may be repeated for a second year if the faculty member has failed to complete the initial plan.

B. SPECIAL PEER REVIEW1. Initiation

In compliance with Section 7a.3 of the Board of Regents Policy: *Faculty Tenure*, a Special Peer Review may be requested by the department head and the departmental review committee of elected, tenured faculty members following the unsuccessful completion of a Faculty Improvement Plan as described in Section A.8 above.

2. The Medical School Dean will be notified and asked to initiate a Special Review. The Dean must first review the file independently to determine that the faculty member falls below the department's goals and expectations and has not successfully completed the Faculty Improvement Plan. S/he determines that special peer review is warranted.

3. The *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* describe details of the process for the special peer review. Some of these are highlighted below but the reader is referred to the *Procedures* and the *Faculty Tenure* policy for a complete perspective. All of the steps in the *Procedures* and subsection 7a.3 of the *Faculty Tenure* policy must be followed even if they are not described in this document.

4. Review Panel

A Special Review Panel composed of tenured members at the same rank or above the rank of the faculty member under review:

- i. Members are elected independently for each Special Review, by the tenured faculty of the department.
- ii. Members (5) include:
 1. 1 member appointed by the faculty member being reviewed.
 2. 4 members elected from a slate of candidates nominated by department head and the tenured faculty.
- iii. Members may be in the department or outside, if appropriate – case by case. If the faculty member has a secondary appointment in another department, that department should be represented on the committee.
- iv. Members should not be the same as any previous review committee for that faculty member

5. Special Review materials include:

- a. Department head and previous Review Committee statement(s) requesting Special Review.
- b. Annual review with goals and effort distribution (at least 5 years if available).
- c. Previous recommendations for faculty development and outcomes (Performance Improvement Plans).
- d. Personal statement by the faculty member.
- e. Current annotated curriculum vitae.
- f. Teaching evaluations.
- g. Reprints.
- h. Supporting documentation, including, but not limited to, letters of acceptance for articles in press, and acknowledgement by journal or funding agency of manuscript or proposal receipt.

- i. Any other relevant documentation.
6. Review Criteria and Methodology
- a. The main focuses of the Special Review are the area(s) of deficiency identified in previous review(s).
 - b. Due process procedures, as defined in University documents, will be applied to address disagreements at different levels of the review and to offer protection for academic freedom.
 - c. Faculty members undergoing review may examine any material in their file at any time in the review process
 - d. Faculty member's performance will be evaluated as either:
 - i. Satisfactory: meeting department and/or Medical School goals and expectations for tenured faculty members.
 - ii. Unsatisfactory: not meeting department and/or Medical School goals and expectations for tenured faculty members.
 - e. The actions that the Panel may recommend, listed in section 7a.3 of the Board of Regents Policy: *Faculty Tenure*, include:
 - i. Terminate review if the Panel finds that the faculty member's performance meets the goals and expectations of the department.
 - ii. Alter allocation of effort if the Panel determines that the faculty member's strengths are not being fully utilized: it might suggest that the allocation of effort between teaching, research, and service be altered so as to maximize the faculty member's contributions to the University.
 - iii. Suggested improvements: if the faculty member's performance is likely to be improved by specific steps, and that process can adequately be monitored by further regular Annual Reviews, the Panel may suggest that those steps be taken and remit the case to the Annual Review process.
 - iv. Salary reduction if the faculty member's performance has declined in such a way as no longer to warrant the base salary that is attached to the position, the Panel may recommend a reduction in base salary of up to 10% (see Board of Regents Policy: *Tenure Faculty* for complete details).
 - v. Dismissal: if the faculty member's performance has fallen below the standard of the Board of Regents Policy: *Faculty Tenure* Section 10.21(a), "sustained refusal or failure to perform reasonably assigned duties adequately," the Panel can recommend the commencement of proceedings for termination of appointment, or involuntary leave of absence (see details below).
 - vi. The Panel may also recommend a combination of these measures.
 - f. The recommendations of the Panel will be implemented by the Department, the Dean's Office or other administrative body, as appropriate, depending on the specific recommendation.

History of Revisions (approved by vote of the Faculty):

Original Document: Date unknown

Approved by Medical School Faculty: June 21, 2012

Approved by Senior Vice President for Academic Affairs and Provost: June 22, 2012