

UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL

DEPARTMENT OF SURGERY

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 Surgery, 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. Goals and expectations for annual review of tenured faculty

II. MISSION STATEMENT

- A. Mission, Vision, and Goals of the Department of Surgery:

Vision

To be the preeminent Department of Surgery in Minnesota serving patients of the world where ground breaking research and exceptional training come together to produce the unrivaled care we demand for our loved ones.

Mission

The University of Minnesota Department of Surgery is driven to deliver:

- Clinical excellence
- Compassionate patient care
- Pioneering research
- Education of surgical leaders

Core Values

- Patient First
 - Clinical excellence
 - Treating patients as if they are our families
 - Have the right skills to take care of our patients
- Professionalism
 - Valuing everyone for their contributions
 - Integrity
 - Teamwork
 - Commitment to teaching and learning at every level
- Innovation and Discovery
 - Research that advances patient care
- Personal Balance
 - Balancing private and professional lives

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. This rank requires board eligibility, certification, or equivalent in the appropriate specialty and evidence of scholarship, teaching, and applied medical science/service as demonstrated by the above-listed standards.

B. ANNUAL APPRAISALS OF PROBATIONARY FACULTY

1. Process

The overall process for Annual Review of Probationary Faculty in the Department of Surgery is in compliance with Section 7.2 of the Board of Regents Policy: *Faculty Tenure*. The Department of Surgery accepts and subscribes to the statement on Criteria and Standards for Tenure of Faculty in the University of Minnesota Medical School with specific standards specific to the department described below in this departmental 7.12 Statement.

The Department of Surgery Promotion and Tenure Committee, appointed by the Department Chair, reviews probationary faculty annually and makes recommendations for continuation of appointment including promotion and tenure to the Division Chiefs and Departmental Chair. Tenured faculty will meet annually to review and discuss each probationary faculty member's performance relative to the 7.12 Statement.

Faculty progress will be reviewed with the Department Chair annually as part of the divisional progress report. The results of this evaluation will be used to prepare a University of Minnesota (UM) Form 12. On an annual basis, the tenured faculty also meets to review the prepared Form 12 draft and consider the candidate's progress towards tenure and continuation as a member of the probationary faculty. A vote is recorded regarding both progress and continuation of the appointment. Comments are solicited in that meeting and provided to the chair of the department, along with the vote of the faculty; the overall decision of the faculty is also included in the UM Form 12. If a faculty member has extended the probationary period, this must be noted on the UM Form 12 during the annual review. This report will be reviewed with the candidate by the Department Chair, providing ongoing assessment of the candidate's progress toward tenure. The candidate and Department Chair sign the UM Form 12 and it is routed to the dean of the Medical School and to the senior vice president for academic affairs and provost.

2. Criteria

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

IV. CRITERIA FOR TENURE

Criteria for Tenure - Department of Surgery

The Department of Surgery accepts and subscribes to the statement on Criteria and Standards for Tenure of Faculty at the University of Minnesota Medical School, as described in Part 1. Medical School Preamble, with the following standards specific to the department.

Faculty appointed in the History of Medicine faculty should refer to the separate Appendix for History of Medicine criteria.

A. TEACHING

Distinction in teaching for the granting of tenure should include scholarly work in education. This must include participation and leadership in scholarly educational activities within the Department of Surgery's education programs, and may include participation in national surgery education activities. These teaching activities may occur in a variety of educational settings: grand rounds, core curriculum, specialty or site-specific seminars and conferences, weekend courses, research lab tutorials, online courses, simulations centers, hospital and clinic rounds, as well as the operating room. The focus on teaching may be of medical students, residents, and/or practicing health professionals.

Teaching effectiveness may be evaluated using written assessments by students, by peer evaluation of performance and teaching materials, by evidence of progress in skills, and by documentation of impact of teaching on students and/or patient outcomes. Work products can include written materials used in teaching, syllabi, curricular materials and other discipline-specific products.

B. RESEARCH / SCHOLARSHIP

Assessment of distinction in research may be based upon one or more of the following:

1. Scientific Publications

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.

There are not a specified number of publications that define a threshold of achievement for demonstration of distinction in this attribute. Generally it is anticipated that highly recognized, high quality research is documented in journals that achieve distinction and influence in our discipline. Quality of publications is therefore more critical to this judgment than quantity. Outstanding peer-reviewed journals selected for publication should be of the highest impact for the area of investigation or documentation represented in the communication of results.

In circumstances where publication results from the mutual efforts of an interdisciplinary team, the respective roles of the leadership team in generation of publications should be described in annotations to the candidate's bibliography. The work should be scholarly, creative, of high quality and significance, whether focused on laboratory endeavors, clinical investigation, or analysis of clinical observation and experience.

For the Department of Surgery, given the scope of areas of expertise, a comprehensive list of acceptable publications would not be feasible for inclusion in this document. All publications cited in the Index Medicus and key basic science publications are acceptable.

2. Evidence of independent research or significant contribution to interdisciplinary or collaborative research including recognition as a co-principal investigator on interdisciplinary projects. Evidence should include statements of peer evaluators on

the creativity and significance of the candidate's contributions to a collaborative research project and/or recognition as a project leader. Evidence as the first or senior author on multi-authored publications and/or documentation of major, substantial contributions by the candidate to the collaborative project of publication.

3. External Research Funding

Identification of the candidate as the principal investigator or a major collaborator on peer-reviewed, funded research grants or contracts.

Candidates are expected to demonstrate distinction in research by achieving a national reputation in their area of expertise. A critical indicator of this reputation is the receipt of external, peer-reviewed funding. A candidate should be the recipient of a grant(s) or contract(s) from a national or regional granting agency that utilizes scientific peer review as the primary basis for awards. The candidate may hold the designation of Principal Investigator for such research funding; alternatively the candidate may be a member of an interdisciplinary team sharing mutual responsibility for the research endeavor. In this circumstance, the documentation of the candidate's research funding must contain a clear description of the roles of the co-Investigators and explication of the significance of the candidate's contributions to the intellectual content of the research. Examples of granting agencies include, but are not necessarily limited to:

National Institutes of Health, Public Health Service, National Science Foundation, or similar federal granting agency;
American Heart Association (unit or affiliate)
American Cancer Society (unit or affiliate)
American Diabetes Association (unit or affiliate)
Juvenile Diabetes Association (unit or affiliate)
National Kidney Foundation (unit or affiliate)
Bureau of Veterans Affairs
American College of Surgeons
Society for Surgery of the Alimentary Tract
American Society of Transplant Surgeons

4. Generation of New Knowledge Resulting in Technology Transfer

In addition to research publication, achievement of funding, and other acknowledgements of scholarship as noted above, technology transfer is also an academic work product deserving of consideration as an additional criterion in evaluating individual tenure cases. This includes product development, patents, and successful movement of scientific discovery to application for use in medical care.

5. Invitations to serve on study sections, national policy boards, national or international editorial boards, and invited participation in discipline-related symposia, meetings, and seminars. While this attribute will not be used as the most important criterion for tenure, invited participation in scientific gatherings is an additional means for providing evidence for the emergence of a scientific reputation. Faculty members should be invited by national and international scientific organizations to participate in symposia and meetings and should be invited to give seminars before peers in institutions both nationally and internationally. Candidates may also serve as reviewers for scientific submissions to

national meetings as an additional demonstration of their established reputation for excellence in their area of research.

6. Publication in professional monographs, reviews or books is part of the scholarly activities expected of a faculty member but cannot be considered as the sole criterion for tenure.

C. CLINICAL SERVICE

Applied medical science, while not a primary criterion for tenure, will be taken into consideration in making decisions on tenure. Tenure-track/tenured faculty whose responsibilities include clinical patient care are expected to spend significant time in applied medical science. Participation and competence can be demonstrated by, but not necessarily limited to:

1. Recognition by peers and students as a health care professional committed to quality patient care or related patient service;
2. Excellent reputation as an authority in a surgical specialty at the local, regional, and/or national level;
3. Regular effort devoted to surgical care activities;
4. Participation in projects to monitor clinical outcomes;
5. Participation in quality improvement program development.

D. SERVICE

Service, although not a primary criterion for tenure, will be taken into consideration in making decisions on tenure. Performance or service, however exemplary, may not substitute for the primary criteria of teaching, scholarship, and applied medical science. Service is demonstrated by:

1. Active participation on committees at the departmental, hospital, Medical School, AHC, or University level;
2. Active participation in local, regional, national, and international professional organizations;
3. Participation in division and sections, including programmatic management;
4. Outreach programs such as local and rural community service related to teaching and applied medical science as appropriate.

V. CRITERIA AND STANDARDS FOR PROMOTION IN FACULTY RANK

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

If a faculty member has a joint appointment in another department and is being considered for promotion, the Department of Surgery will contact the other department(s) to obtain their assessment and record of vote on the proposed promotion. (See the *Procedures for Reviewing faculty for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* for details about joint appointments of faculty across departments.)

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 with tenure are those stated for consideration of tenure appointment as described by the University of Minnesota Medical School and Section IV of this document.

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 of the *Faculty Tenure* policy, and the specific criteria and standards for promotion to Associate Professor (same as for tenure) as stated by the Medical School and Department. Faculty are expected to support and foster all aspects of the academic mission of the Department of Surgery including teaching, research and scholarship, applied medical science (when applicable), and service.

C. TO PROFESSOR

The *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* requires 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.

The standards and criteria for appointment or promotion to the rank of Professor with tenure are those stated by the University of Minnesota Medical School and University of Minnesota Board of Regents Policy: *Faculty Tenure* with respect to performance and accomplishments in teaching and research. Faculty are expected to support and foster all aspects of the academic mission of the Department of Surgery including teaching, research and scholarship, applied medical science (when applicable), and service. Specific criteria for consideration for the Professor rank may include, but are not necessarily limited to:

1. Continued, sustained scholarly contributions after promotion to Associate Professor as demonstrated by first or senior authored publications in high quality professional peer-reviewed publications. Individuals at this level are expected to have a substantial quantity of publications, with the expectation that there will be a larger contribution as senior author since appointment or promotion to the rank of Associate Professor;
2. Evidence of continued excellence in teaching as evidenced by participation and commitment to departmental teaching conferences, student and peer evaluations, and innovations in teaching or assessment, and education scholarship.
3. Evidence of national and international reputation including active participation and/or leadership roles signifying excellence in teaching, research, scholarship and applied medical science in national and international professional societies;
4. Evidence of sustained administrative and leadership on committees at the departmental, hospital, Medical School, AHC, or University level
5. Continuing substantial contributions in patient care, if applicable, and service activities including national reputation and recognition;
6. Evidence that the candidate supports, mentors and fosters the academic development of those within his/her professional sphere including colleagues, junior faculty, fellows, residents, and students. Promotes and supports diversity hiring and initiatives within the scope of their position.
7. Letters from nationally and internationally recognized individuals evaluating the candidate's contributions to the field.
8. Creating and sustaining a culture that fosters diversity.

9. Distinction in clinical sciences manifested by election to and holding office in distinguished societies, recognition locally, nationally, or internationally as an expert.
10. Evidence of leadership in division and sections, including programmatic management.

VI. ANNUAL REVIEW OF TENURED FACULTY

The Department of Surgery utilizes the process for Post-Tenure review defined by Part 3. Annual Review of Tenured Faculty. Faculty members in the Department of Surgery are expected to continuously maintain contributions to all aspects of professional responsibility in teaching, research/scholarship/creative activity, applied medical science, and service. To ensure this continuing progress, annual reviews of achievement will be undertaken to evaluate the contributions of the faculty member to the mission of the Department and the Medical School.

A. Annual-Review of Tenured Faculty

Annually, each tenured and continuing faculty member will complete a self-assessment, reviewing achievements for the previous year and setting new professional goals. This is reviewed with their Division Chief who presents their assessment of the faculty member's continuing progress to the Department Chair at the Division Annual Review. In most cases the faculty member, Division Chief, and Department Chair will agree that professional contributions continue to meet mutual expectations.

Tenured faculty members holding a secondary joint appointment in the Department of Surgery will submit a copy of their annual review prepared in their home Department to the Department of Surgery faculty for annual review.

In addition to the annual review process, all tenured faculty members will be reviewed every three years on a rotating basis by a peer-review committee elected by the tenured faculty of the Department to determine if, based on their annual review documents, they have fulfilled expectations as noted below in Section VI-E

Moreover, if the annual review suggests significant professional deficits that are substantially below the goals and expectations of the Department for the performance of a tenured faculty member, the Department Chair will ask for immediate further review of the faculty member by the elected peer review committee.

B. Departmental Annual Post-Tenure Review Committee

To conduct this review, the Department will elect tenured members to serve as a Post-Tenure Review Committee for the faculty. The Department of Surgery Post-Tenure Review Committee will be elected from the tenured faculty; three at each rank (Associate and Full) for a total of six members. The committee will not include the Department Chair, Vice Chairs, or the Departmental promotion and tenure committee chair. The faculty members elected will serve three-year terms. This will begin with a rotation with two initial members having a one-year term, two initial members having a two-year term and two initial members having a three-year term. Following the election, the committee will choose a chair from the members.

C. Procedures After Identification of Performance Below Expectation

When deficient performance is identified in a post-tenure review, the Department will facilitate the identification of options to better align the faculty member's work with the goals and mission of the Department and the Medical School

If the Post-Tenure Review Committee identifies that a faculty member's performance is substantially below the goals and expectations of the Department and the Medical School at either the routine every 3-year review or at a review requested by the Department Chair, they will send a letter to the faculty member, stating that finding. The letter will be signed both by the Department Chair and by the chair of the committee, specifying the deficiencies, and will set a time period during which the faculty member should address the identified problems (minimum time allotted for performance improvement will be one year from the date of the letter, which may occur after the annual performance review.) Both the Department Chair and the elected committee will work with the faculty member to improve performance during that time, assisting in review of a professional development plan to be developed by the faculty member, the Division Chief, and the Department Chair.

D. Follow-up Review

At the end of the specified time, both the Department Chair and the elected faculty review committee will again review the performance. If they again find that performance is substantially below the goals and expectations of the Department, they will ask the Dean of the Medical School to initiate a special review. To do so, they will send a letter to the Dean and to the faculty member, setting out their findings with a copy of the documents they have reviewed. Section 7a.3 of the *Faculty Tenure* policy outlines the further procedures for special peer review, including the recommendations that may result from that review.

E. Criteria for Review of Tenured Faculty

The goals and expectations of tenured faculty members in the Department of Surgery are guided by the Board of Regents Policy: *Faculty Tenure*, the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*, and the mission statements of the Medical School and the Department of Surgery. Each of these statements emphasizes the triad of Research, Education and Service that comprise the faculty functions. All faculty members are expected to contribute to each of the three elements of the triad, taking into account different stages of faculty development. Furthermore, it is recognized that not all faculty members have equal strengths - strengths in one element of the triad may balance a weakness in another one. Finally, all tenured faculty members are expected to foster the development of Assistant Professors. Full Professors, in addition, are expected to foster 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 pro-active and positive – it seeks to improve faculty members' performance and to identify potential faculty members' weaknesses at an early stage. If weaknesses are apparent, the goal is to develop a plan for limiting these weaknesses to enhance the faculty member's effectiveness towards the Department of Surgery's mission.

The specific criteria for performance evaluation in the Department include:

TEACHING

1. Outstanding:

- a. National leadership in shaping the curriculum within a discipline.
 - b. Author or editor of new education media (e.g., textbook, video, computer software) that are distributed nationally.
 - c. Leader in the development of a new program or revitalization of an existing program.
 - d. Principal investigator in the acquisition or renewal of a training grant.
 - e. Receipt of a teaching award.
 - f. Outstanding teaching as defined by course evaluations by students and peers.
 - g. Director of a continuing education meeting conference or symposia, professional school course, didactic course in a graduate program, or undergraduate course.
2. Satisfactory
 - a. Lecturer in one or more courses with satisfactory performance based on course evaluations by students and peers.
 - b. Member of examination committee(s) for graduate students.
 - c. Member of committees that impact education at the University.
 - d. Mentor of research residents.
 - e. Advisor of Ph.D. and/or M.S. degree candidate(s).
 - f. Evidence of participation in medical student, resident, and/or fellow teaching (includes formal conference attendance and participation, ward rounds, small group teaching sessions, medical student lectures, research conferences, online education, simulation, and symposia hosted or conducted by the department).
 - g. Teaching competence – based upon evaluation data submitted by students, residents and others.
 3. Unsatisfactory
Activity does not meet at least one of the above criteria under the satisfactory or outstanding category each year.

RESEARCH/SCHOLARSHIP

1. Outstanding
 - a. First or senior author of a research publication in journals of very high quality (e.g., *Nature*, *Science*, *Cell*, *Nature Medicine*).
 - b. Organize a symposium/workshop that is presented at a prominent national or international meeting.
 - c. Delivery of a plenary talk or named lectureship at a prominent national or international meeting.
 - d. Principal investigator in the acquisition of new research funds that contribute to a program that extends beyond the research of an individual's laboratory (e.g., a program project grant, center grant (local or national, shared grant), principal investigator in the renewal of such funds).
 - e. Recipient of multiple NIH grants, Merit Award, or career development award (e.g. Howard Hughes Investigator, NIH K award).
2. Satisfactory
 - a. Publications in peer-reviewed journals; first or senior author preferred.
 - b. Principal investigator of a national research grant (NIH/DOD), in addition

- to foundation grants and industry awards.
 - c. Organize a local symposium, speaker in a national symposium.
 - d. Meeting presentations at local, regional, national, and/or international conferences.
 - e. Invited lectureship.
3. Unsatisfactory
Activity does not meet at least one of the above criteria under the satisfactory or outstanding category each year.

SERVICE

1. Outstanding
- a. Acquisition of major funding for an outreach program.
 - c. Chair of major committee (University-wide, Medical School).
 - d. Editor or member of an editorial board of a peer-reviewed journal.
 - e. Chair or member of an NIH Study Section or chair of a national committee.
2. Satisfactory
- a. Member of a major committee (University-wide, hospital, Medical School).
 - b. Chair or member of a departmental or graduate program committee.
 - c. Organizer of or contributor to an outreach program.
 - d. Regular attendance and active participation in morbidity and mortality conference, grand rounds, and specialty conferences.
 - e. Service compliance and status of hospital privileges.
 - f. Clinical activities.
 - g. Collegial interaction with faculty, administrative personnel, and staff.
3. Unsatisfactory
Activity does not meet at least one of the above criteria under the satisfactory or outstanding category each year.

VII. PROCEDURES

A. VOTE

1. A vote will be taken for decisions to 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 department will conduct a self study of the departmental 7.12 Statement at least every five years.

History:

Voted on and approved by the Surgery Faculty, February 28, 2013

Approved by the Senior Vice President for Academic Affairs and Provost, March 1, 2013

APPENDIX A:

APPLICATION TO HISTORIANS OF MEDICINE

A. Teaching

Teaching by academic historians is usually conducted in formal classes and seminars and through the advising of graduate students as well as through the informal mentoring of graduate students. Team-teaching is rare. In most cases a single instructor is responsible for an entire semester course or seminar. In this program we also offer some lectures in undergraduate medical school classes and supervise research projects by third- and fourth-year medical students in HMED 7500 (Historical Research for Medical Students).

In academic history departments, particularly in small programs like this one that offer both undergraduate service classes and a graduate program, teaching occupies most of a faculty member's time during the academic year. For this reason, a faculty member's performance in teaching and advising ordinarily weighs heavily in decisions concerning promotion and tenure. Judging teaching effectiveness is a complex matter. The most effective teacher is not necessarily the most popular. The effective teacher is one who presents the best synthesis of current scholarship, challenges student assumptions and careless thinking, encourages creativity and intellectual independence, and has a lasting influence on students' intellectual and professional growth. For these reasons three sources of information should be used in judging teaching effectiveness and quality: student surveys taken at the end of classes, peer evaluations of teaching by members of this program and from other academic departments, and assessment by former graduate students.

The following are the educational activities in which competence and accomplishments in teaching can be demonstrated:

1. The initiation, design and successful offering of a new and regularly offered course or seminar for which the candidate is the sole instructor.
2. The revising and successful offering of an existing regularly scheduled class or seminar.
3. The offering of an existing course or seminar with distinction.
4. Distinction in advising of graduate students in the History of Medicine Program or in other graduate programs in the University.
5. Advising students to the completion of a degree.

B. Research/Scholarship

Research and publication by academic historians are done almost entirely solo. Text books and anthologies are often collectively written, but research outside of specialties such as historical demography is almost always conducted and published by individual scholars.

1. Scholarly Publications

The most important scholarly product for an academic historian is a historical monograph published by a prominent university press. The production of such a book is usually considered sufficient evidence of scholarly productivity and promise for promotion to Associate Professor and the granting of tenure. It is possible to meet the standards for promotion and tenure on the strength of published articles alone, but in that case there should be a substantial body of important articles which demonstrate fruitful research approaches and fresh historical insight. The editing of special issues of scholarly journals or of an anthology is also taken as evidence of scholarly productivity, although it is not as strong evidence as the production of a scholarly monograph.

Peer-reviewed journals that are recognized as outstanding and appropriate to the discipline of history of medicine include, but are not necessarily limited to:

- *American Historical Review*
- *British Journal of the History of Science*
- *Bulletin of the History of Medicine*
- *Canadian Bulletin of Medical History*
- *Early Science and Medicine*
- *History and Philosophy of the Life Sciences*
- *Isis*
- *Journal of American History*
- *Journal of Historical Geography*
- *Journal of the History of Ideas*
- *Journal of the History of Medicine and Allied Sciences*
- *Journal of the History of the Neurosciences*
- *Medical History*
- *Perspectives in Biology and Medicine*
- *Science Studies*
- *Social History*
- *Social History of Medicine*
- *Studies in the History of Medicine and Science*
- *Studies in the History of Science, Technology, and Medicine*
- *Transactions and Studies of the College of Physicians of Philadelphia*
- *Yale Journal of Biology and Medicine*

2. External Research Funding

Sources of funding for research in the humanities are limited in number, and the size of individual grants is in general quite small. If junior faculty obtain major external research support, it is significant evidence of the quality and importance of their research program. Their failure to obtain such support should not, of itself, be a reason for not granting tenure. Senior faculty may compete for the grants open to all scholars in the humanities and the social sciences such as the Fulbright Fellowships, and the Guggenheim Fellowships. More appropriate sources of research grants for multiple years for faculty in the history of medicine are:

National Library of Medicine, N.I.H.
National Endowment for the Humanities
American Council of Learned Societies

Additional research support for travel or short-term support is available from:

American Philosophical Society
Rockefeller Archives
Welcome Trust

3. Publications in professional monographs, reviews, and other books

Chapters in peer-reviewed collections of studies and essays by a quality press are important sources of evidence of scholarly productivity and should be given weight similar to articles in peer-reviewed journals.

4. Service as an editor or member of the editorial board of a reputable journal or monograph

Examples of appropriate journals include, but are not necessarily limited to those listed under scholarly publications above.

Editing of a collection of essays or an anthology should be taken as evidence of scholarship, but it should not be weighed as heavily as a solo-authored monograph.

5. Invitations to participate in discipline-related symposia, meetings, and seminars

Invited presentations at international, national and regional meetings of historians or historians of science and medicine are evidence of scholarly productivity and of peer recognition of a scholar's work. They should enter into decisions about promotion and tenure.

C. Applied Medical Science/Service

1. Applied Medical Science

A historian of medicine, unless also medically qualified, cannot contribute to applied medical science.

2. Service to the university and the discipline may be demonstrated by:

- a. Active participation and/or leadership on committees or special faculty projects at the program, medical school, Academic Health Center, or university level.
- b. Active participation and/or leadership in local, regional, national and international professional organizations.
- c. Outreach programs such as lectures to local medical or historical societies, presentations at local schools, participation in the Minnesota History Day competition.

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 REVIEW

1. 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

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