

The APT Clarification Committee has provided information contained in the grid below to assist faculty members and department chairs in the preparation of appointment and promotion materials. It is critical that faculty members address the pertinent “required” and “suggested” areas listed below when compiling their personal statements. It is critical that department chairs also address the pertinent “required” and “suggested” areas listed below when preparing their letters.

When a faculty member is being recommended for tenure, it is also important that those individuals providing external letters of recommendation speak to whether the faculty member would be granted tenure at their institution.

Tenure considerations for current MUSC faculty: Justification of a request for awarding of tenure is distinct from a request for appointment/promotion and should be thoughtfully and thoroughly addressed. The MUSC Faculty Handbook states in section 6.04a, criteria for tenure, that “the faculty member must demonstrate competence and promise of long-term usefulness to the missions and programs of the University to be considered for tenure.” Long-term value to the institution is a critical component and should be highlighted by the department chair in the tenure request; this could include specifics related to contributions to the educational, research, and/or clinical missions; contribution to strategic initiatives; international reputation; leadership roles and/or committee involvement; and the like. It is critically important for the department chair to clearly articulate in the packet and letter the reasons tenure should be awarded, emphasize the importance of the individual to the department and institution, and highlight their strong enthusiasm for the tenure request.

Tenure considerations for prospective MUSC faculty appointments: If a faculty recruit has tenure at their current institution, this does not provide an automatic guarantee of tenure at MUSC. The COM APT Committee would review the request for tenure and, if supported by the COM, the University Tenure Committee would then review the request for tenure, with ultimate authority held by university leadership. It is critically important for the department chair requesting tenure for a faculty recruit to clearly articulate in the packet and letter the reasons tenure should be awarded and, if tenure was awarded at the recruit’s previous institution, the department chair should indicate the review process through which tenure was granted. Future long-term value to the institution is a critical component and should be highlighted by the department chair in the tenure request; this could include specifics related to expected contributions to the educational, research, and/or clinical missions; expected contribution to strategic initiatives; international reputation; expected leadership roles and/or committee involvement; and the like. Justification of a request for awarding of tenure is distinct from a request for appointment/promotion and should be thoughtfully and thoroughly addressed.

The term “modified” faculty, as contained in the MUSC Faculty Handbook and therefore used within the COM APT Policy, is an administrative term and is not intended to diminish the importance of the faculty members holding “modified” faculty appointments.

Professional behavior is a requirement for appointment and promotion at all levels. Examples of professional behavior include: treats colleagues, trainees, staff, patients, and others with respect and fairness; committed to honesty and transparency and encourages trust in all interactions; works effectively as a team member who is accountable to others, addresses unprofessional behavior, and is considered fair; understands own limitations and is willing to accept feedback and make needed corrections; sensitive and respectful of diversity including other’s culture, age, gender, ethnicity, sexual orientation, and other identifying characteristics; maintains patient confidentiality, timely completion of notes and evaluations, and accurate professional fee billing; contributes to a culture of safety, including encouraging others to express concerns; unbiased acquisition, evaluation, and reporting of scientific information and adherence to university research regulations; and excellent citizenship.

COM APT Guidelines state the following with respect to letters of recommendation for appointment to Associate Professor or Professor on the Regular Track (Section V.E.9) and promotion to Associate Professor or Professor (Section V.F.9): “[Appointment/Promotion] to Associate Professor or Professor requires a minimum of four letters of recommendation, addressed to the Departmental Chair. Individuals selected to write the minimum four letters should be non-MUSC faculty in the candidate’s field at the academic rank of professor or its equivalent stature. **At least two of these individuals should not be associated with the candidate by having been past mentors/teachers/students/trainees.** The candidate may submit to the Chair or Chair’s designee five names of individuals for letters from which two of the required ones may be selected. However, the Chair or Chair’s designee should select at least two of the four required letters from sources other than the candidates list. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine letter-of-recommendation template (See Appendix 8). The letter should be accompanied by the candidate’s CV and copies of pertinent pages from these guidelines that list the criteria for appointment/promotion to the candidate’s proposed rank.” For clarification purposes, it is important to note that the above statement does not preclude a letter writer having been a co-author on a publication with the individual under consideration for appointment/promotion. Nor does it preclude letters in which the letter writer knows the individual under consideration for appointment/promotion; the guidelines are clear that two of the minimum of four letters must be written by someone “not associated with the candidate by having been past mentors/teachers/students/trainees”, but do not require that the individuals do not know one another. The Chair’s letter might provide clarity/clarification as needed to support that the letters of recommendation are provided by objective parties.

D. V-D - Criteria Matrix Ranks and Tracks

Text in **BLUE**, below, is provided as clarification to the existing College of Medicine APT guidelines.

R=Required S=Suggested

	COM FACULTY RANKS CRITERIA	Academic Investigator	Academic Inv/Ed	Academic Clinician	Clinician Educator	Modified - Clinical	Modified - Research	Academic Investigator Recommendations	Academic Invest/Ed Recommendations:	Academic Clinician Recommendations	Clinician Educator Recommendations	Modified – Clinical Recommendations	Modified – Research Recommendations
	<i>Under exceptional circumstances, promotions may be recommended when the candidate does not meet all of the basic criteria. These will be unusual cases.</i>												
	Professor	Academic Investigator	Academic Inv/Ed	Academic Clinician	Clinician Educator	Modified – Clinical	Modified - Research	Academic Investigator Recommendations	Academic Invest/Ed Recommendations:	Academic Clinician Recommendations	Clinician Educator Recommendations	Modified – Clinical Recommendations	Modified – Research Recommendations
1	Continues to meet all the criteria for Associate Professor with major accomplishments in research, teaching, and/or clinical service	R	R	R	R	R	R	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between four to ten years following appointment as Associate Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.

2	Distinguished career exemplifying scholarship. Excellence & productivity in research, outstanding success as a teacher, and/or outstanding service contributions are required. Involved in teaching activities, including formal lectures, grand rounds, and/or continuing medical education. (Leadership in interprofessional teaching and interdisciplinary research encouraged)*	R*	R*	R*	R*	S	S		Evidence of outstanding success should include E*Value evaluations when available as requested in the Faculty Intramural Teaching Effort Report, Item 15. Evaluations should be obtained from OAE or other appropriate centrally administered source. Demonstration of outstanding, longitudinal/sustained performance and scholarly activity in education that must be documented in the Faculty Intramural Teaching Effort Report.		Evidence of outstanding success should include E*Value evaluations when available as requested in the Faculty Intramural Teaching Effort Report, Item 15. Evaluations should be obtained from OAE or other appropriate centrally administered source. Demonstration of outstanding, longitudinal/sustained performance in education that must be documented in the Faculty Intramural Teaching Effort Report. Excellence as an outstanding teacher and major contributions in clinical care are the primary focus. Examples could include service as a course director, a significant education role in GME or service as a mentor of at least 3 faculty/students. May serve as a CME Activity Director or organize a major conference with at least 10 hours of CME. May serve on a panel for a major national needs assessment and gap analysis or as expert faculty for a comprehensive needs assessment. These activities should have occurred since faculty was promoted to associate professor and should be within the last 5 years. Documentation of these activities is required.	Note that excellence in all of the categories (research, education, service) is not required. Outstanding service contributions, are expected to be the dominant category in the modified clinical track. This includes activities such as building and maintaining a successful clinical practice (evidenced by things such as RVU productivity, patient satisfaction scores, patient evaluations, and/or other evidence of clinical reputation, etc.); medical director of a clinic (or similar clinical activity), regular participation in the educational offerings, such as regular attendance at grand rounds, etc. Also leading initiatives that engage allied health professionals, or community.	Formal teaching not required.
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3	Principal investigator on significant research grants	R	S	S			S	Service as core leader or program project PI should also be considered.	Service as core leader or program project PI should also be considered. Research in education is valued.	PI of investigator initiated industry grant. Site PI of industry grant may qualify if PI is significantly involved in multiple aspects of: study design, implementation, analysis team, writing committee /manuscript preparation). The significant role of the PI in these studies should be addressed in the Department Chair letter. In general, studies in which the investigator has minimal % effort (<5%) do not qualify. Exceptions are VA funding in which % effort is not allowed. PI of institutional grants (ie SCTR grants, pilot awards, etc.) or CDA (except K24/midlevel) would not qualify. Core leader or program project PI should also be considered.	Service as core leader or program project PI may also be considered. Research in education is valued.		Service as core leader or program project PI should also be considered.
4	Co-investigator on research grants.		R	R			R		Funded research related to education would count toward this criterion.		Funded research related to education would count toward this criterion.		
5	Direct involvement in research.	R	R	R	R		R	Research in this category could be expected to include multiple and diverse types of research and may be collaborative in nature. This could include basic research, clinical research, translational research, educational research, outcomes research, and quality improvement research among others.	Research in this category could be expected to include multiple and diverse types of research and may be collaborative in nature. This could include basic research, clinical research, translational research, educational research, outcomes research, and quality improvement research among others.	Research in this category could be expected to include multiple and diverse types of research and may be collaborative in nature. This could include basic research, clinical research, translational research, educational research, outcomes research, and quality improvement research among others.	Research in this category could be expected to include multiple and diverse types of research and may be collaborative in nature. This could include basic research, clinical research, translational research, educational research, outcomes research, and quality improvement research among others.		Research in this category could be expected to include multiple and diverse types of research and may be collaborative in nature. This could include basic research, clinical research, translational research, educational research, outcomes research, and quality improvement research among others.

6	Key individual in training of students, post-graduates and mentorship of junior faculty	R	R	R	R	R	R	<p>“Key” indicates primary and sustained responsibility for trainee/mentee progress. Should be well documented in the Faculty Intramural Teaching Effort Report or other similar document. These activities should have occurred since faculty was promoted to associate professor and should be within the last 5 years. Documentation of these activities is required.</p>	<p>“Key” indicates primary and sustained responsibility for trainee/mentee progress. Should be well documented in the Faculty Intramural Teaching Effort Report or other similar document. These activities should have occurred since faculty was promoted to associate professor and should be within the last 5 years. Documentation of these activities is required.</p>	<p>“Key” indicates primary and sustained responsibility for trainee/mentee progress. Should be well documented in the Faculty Intramural Teaching Effort Report, or other similar document. These activities should have occurred since faculty was promoted to associate professor and should be within the last 5 years. Documentation of these activities is required.</p>	<p>“Key” indicates primary and sustained responsibility for trainee/mentee progress. Should be well documented in the Faculty Intramural Teaching Effort Report or other similar document. These activities should have occurred since faculty was promoted to associate professor and should be within the last 5 years. Documentation of these activities is required.</p>	<p>Based on the clinical expectations of faculty in this track, it is not expected that faculty play a key role. Rather, individuals should be supporting the teaching mission through their activities, including preceptorship. In addition, role in leadership or supervision of a multidisciplinary team of allied health professionals (ie nurses, patient care coordinators, respiratory therapists, etc) would also count towards involvement in training. Training the “community” would also count.</p>	<p>This would include training in the laboratory setting. Formal teaching not required.</p>
7	Serves as Course Director for one or more major courses		R						<p>Institutional equivalents for “Course Director” would include Themes, Elective or Required Courses/Rotations, and Units/Blocks in the Medical and Graduate Curricula. Should be well documented in the Faculty Intramural Teaching Effort Report or other similar document.</p>				
8	Continues to carry a heavy clinical or teaching load		R		R	R			<p>“Heavy” should be explained in the department chair letter and personal statement.</p>		<p>“Heavy” should be explained in the department chair letter and personal statement.</p>	<p>Heavy clinical load is the core requirement of this track. “Heavy” should be explained in the department chair letter and personal statement. It is expected that the definition of heavy will vary based on specialty norms.</p>	

9	Continued publication of reviews, chapters, textbooks, peer reviewed papers, and/or innovative teaching materials (new curricula, educational programs, syllabi, video materials, computer programs, etc.) that influence the science and practice of medicine at the regional & national levels	R	R	R	R	S	R		In addition to the publications noted, we would want to add the words “ <u>development, production, and implementation</u> of new curricula, educational programs.....” Should be well documented and included materials submitted within the Faculty Intramural Teaching Effort Report. Innovative educational materials may also include MED ED portal contributions, web-based curriculum, curriculum for national specialty organizations, patents and the like and needs to be clearly documented.		In addition to the publications noted, we would want to add the words “ <u>development, production, and implementation</u> of new curricula, educational programs.....” Should be well documented and included materials submitted within the Faculty Intramural Teaching Effort Report. Innovative educational materials may also include MED ED portal contributions, web-based curriculum, curriculum for national specialty organizations, patents and the like and needs to be clearly documented.	While only suggested, publications could include case reports, reviews, and book chapters.	Teaching not required.
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10	Continued publication of important and original clinical and/or laboratory investigations with significant authorship.	R		R			R		First, second, last, and corresponding author are uniformly considered to be "significant" authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual's contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines' requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the "significance" attributed to a publication.		First, second, last, and corresponding author are uniformly considered to be "significant" authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual's contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines' requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the "significance" attributed to a publication.	
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11	Publications with significant authorship since promotion to Associate Professor (line 1), and in total (line 2)	≥10 ≥30		≥10 ≥30			≥10 ≥30	First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication. Defined as peer-reviewed publications.		First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication. Defined as peer-reviewed publications.			First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication. Defined as peer-reviewed publications.
12	Publications with authorship since promotion to Associate Professor (line 1), and in total (line 2)		≥5 ≥10		≥5 ≥10				Items must have been accepted for publication. Would include case reports, reviews, and book chapters.		Items must have been accepted for publication. Would include case reports, reviews, and book chapters.		

13	National recognition, as evidenced by election to generalist or specialty societies, service on national committees, study sections, editorial boards, visiting professorships, and/or invitations to speak in CME courses.	R	R	R	R	S	S	Requires some, but not necessarily all of the items listed. Additional evidence includes membership on national task forces, guidelines committees, national awards.	Education-specific items could include invitations to write questions for national credentialing exams (NBME) or serving as an accreditation site visitor, participation in development of national guidelines, invited speaker at national/international meetings (not just CME courses).	Requires some, but not necessarily all of the items listed. Additional evidence includes membership on national task forces, guidelines committees, national awards.	Education-specific items could include invitations to write questions for national credentialing exams (NBME) or serving as an accreditation site visitor, participation in development of national guidelines, invited speaker at national/international meetings (not just CME courses).		
14	Leadership roles in appropriate department, hospital and college		R	R	R	R	S					Role in leadership or supervision of a multidisciplinary team of allied health professionals (ie nurses, patient care coordinators, respiratory therapists, etc.) would count, as would committee leadership.	

	Associate Professor	Academic Investigator	Academic Inv/Ed	Academic Clinician	Clinician Educator	Modified – Clinical	Modified – Research	Academic Investigator Recommendations	Academic Inv/Ed Recommendations	Academic Clinician Recommendations	Clinician Educator Recommendations	Modified – Clinical Recommendations	Modified – Research Recommendations
1	Continues to meet all the criteria for Assistant Professor with a record of achievement in research, teaching, and/or clinical service. (Participation in interprofessional teaching and interdisciplinary research encouraged)*	R*	R*	R*	R*	R	R	Typically, promotion would be expected to occur between three to ten years following appointment as Assistant Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between three to ten years following appointment as Assistant Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Demonstration of achievements and scholarly activity in education must be documented in the Faculty Intramural Teaching Effort Report. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between three to ten years following appointment as Assistant Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between three to ten years following appointment as Assistant Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Demonstration of achievements and scholarly activity in education must be documented in the Faculty Intramural Teaching Effort Report. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between three to ten years following appointment as Assistant Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Professional behavior is a requirement for appointment and promotion at all levels.	Typically, promotion would be expected to occur between three to ten years following appointment as Assistant Professor. Time in rank at previous institutions typically would be included in this calculation. Variation from that timeframe should be explained in detail by both the department chair and the faculty member seeking promotion. Teaching not required. Professional behavior is a requirement for appointment and promotion at all levels.
2	Record of excellence in high quality patient care, teaching and/or research	R	R	R	R	R	R	If teaching evaluations are being included as evidence of excellence in teaching, they should be obtained from OAE or other appropriate centrally administered source, and they should be included in the Faculty Intramural Teaching Effort Report. Extramural teaching would also be considered.	Evidence of excellence and quality should include E*Value evaluations when available as requested in the Faculty Intramural Teaching Effort Report, Item 15. Evaluations should be obtained from OAE or other appropriate centrally administered source. Extramural teaching would also be considered.	If teaching evaluations are being included as evidence of excellence in teaching, they should be obtained from OAE or other appropriate centrally administered source, and they should be included in the Faculty Intramural Teaching Effort Report. Extramural teaching would also be considered.	Evidence of excellence and quality should include E*Value evaluations when available as requested in the Faculty Intramural Teaching Effort Report, Item 15. Evaluations should be obtained from OAE or other appropriate centrally administered source. Extramural teaching would also be considered.		

3	Established independent investigator with major impact in planning/development of research project. Involved in teaching activities, including formal lectures, grand rounds, and/or continuing medical education.	R		R			R	Service as core leader or program project PI should also be considered.		Service as core leader or program project PI should also be considered. This does not necessarily require PI-level funding of R01 at the Associate Professor level. Additional evidence includes being corresponding or senior author on manuscripts.			Teaching not required. This does not necessarily require PI-level funding of R01 at the Associate Professor level. Additional evidence includes being corresponding or senior author on manuscripts
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4	Principal investigator on significant research grants	R		S			S	Service as core leader or program project PI should also be considered.		This does not necessarily require PI-level funding of R01 at the Associate Professor level. Additional evidence of being an independent investigator could include PI of individual K career development award (or equivalent Foundation/Federal award). Core leader or program project PI should also be considered. PI of investigator initiated Industry grant. PI of institutional grants (ie SCTR grants, pilot awards, etc) would not qualify. Site PI of industry grant would qualify if PI is significantly involved in study design, implementation, analysis team and/or writing committee (manuscript preparation). The significant role of the PI in these studies should be addressed in the Department Chair letter. In general, studies in which the investigator has minimal % effort (<5%) do not qualify. Exceptions are VA funding in which % effort is not allowed.		
5	Co-investigator on research grants.		R	R			S		Funded research related to education would count toward this criterion.	Funded research related to education would count toward this criterion.		

6	Local, regional or national grant support for independent research or development of teaching methods, or health care delivery methods, or clinical care systems		S		S		S		Service as core leader or program project PI should also be considered.		Service as core leader or program project PI should also be considered.		Service as core leader or program project PI should also be considered.
7	Peer recognition for research activities including invitations to present work at other universities, workshops and scientific conferences.	R		R			R	Evidence of a regional reputation. Evidence includes invited presentations to regional or national meetings, visiting professorships, evidence of regional or national collaborations (demonstrated by grant funding or publication record).		Evidence of a regional reputation. Evidence includes invited presentations to regional or national meetings, visiting professorships, evidence of regional or national collaborations (demonstrated by grant funding or publication record).			Evidence of a regional reputation. Evidence includes invited presentations to regional or national meetings, visiting professorships, evidence of regional or national collaborations (demonstrated by grant funding or publication record).
8	Direct involvement in research.	R	R	R	R		R	Could include research on educational methods, outcomes and quality improvement.	Could include research on educational methods, outcomes and quality improvement.	Could include research on educational methods, outcomes and quality improvement.	Could include research on educational methods, outcomes and quality improvement, as well as involvement in clinical trials. A significant contribution to many different kinds of research will suffice.		
9	Organization of clinical services to provide a setting for medical education and a data base for clinical research.				R	S					Organization of clinical services to provide a setting for medical education and/or a database for clinical research. A significant contribution to either will suffice.		

10	Active in training of students and/or post-graduates.	R	R	R	R	S	S	Could include large and small group teaching, bedside teaching, and includes UME, GME, and CME. "Active" indicates a record of responsibility that may be primary or shared. Should be well documented in the Faculty Intramural Teaching Effort Report.	Could include large and small group teaching, bedside teaching, and includes UME, GME, and CME. "Active" indicates a record of responsibility that may be primary or shared. Should be well documented in the Faculty Intramural Teaching Effort Report.	Could include large and small group teaching, bedside teaching, and includes UME, GME, and CME. "Active" indicates a record of responsibility that may be primary or shared. Should be well documented in the Faculty Intramural Teaching Effort Report.	Could include large and small group teaching, bedside teaching, and includes UME, GME, and CME. "Active" indicates a record of responsibility that may be primary or shared. Should be well documented in the Faculty Intramural Teaching Effort Report.	Could include large and small group teaching, bedside teaching, and includes UME, GME, and CME.	Could include large and small group teaching, and includes UME, GME, and CME. Could include training in a laboratory setting.
11	Serves as Course Director for one or more major professional courses		S						Institutional equivalents for "Course Director" would include Themes, Elective or Required Courses/Rotations, and Units/Blocks in the Medical and Graduate Curricula. Should be well documented in the Faculty Intramural Teaching Effort Report.				
12	Important contributor to course development or course direction.		R		S				"Important Contributor" would indicate responsibility for a segment requiring expertise or knowledge in a discipline within a course equivalent described in Item 11. UME clerkship, elective rotation and GME rotation, courses would also be included.		"Important contributor" would indicate responsibility for a segment requiring expertise or knowledge in a discipline within a course equivalent described in Item 11. UME clerkship, elective rotation and GME rotation, courses would also be included.		

13	Superior evaluations of teaching by students, residents, peers, course directors, dept. chairs.	S	R	S	R	S		If teaching evaluations are being included as evidence of excellence in teaching, they should be obtained from OAE or other appropriate centrally administered source, and they should be included in the Faculty Intramural Teaching Effort Report. Letters from course directors should also be included in the Teaching Effort Report. Other evidence includes being the recipient of teaching awards.	Evidence of excellence should include E*Value evaluations when available as requested in the Faculty Intramural Teaching Effort Report, Item 15. Evaluations should be obtained from OAE or other appropriate centrally administered source. Duplicates Item 2.	If teaching evaluations are being included as evidence of excellence in teaching, they should be obtained from OAE or other appropriate centrally administered source, and they should be included in the Faculty Intramural Teaching Effort Report. Letters from course directors should also be included in the Teaching Effort Report. Other evidence includes being the recipient of teaching awards.	Evidence of excellence should include E*Value evaluations when available as requested in the Faculty Intramural Teaching Effort Report, Item 15. Evaluations should be obtained from OAE or other appropriate centrally administered source. Duplicates Item 2.		
14	Nominated for or recipient of teaching awards.		S		S				Awards should be documented in the Faculty Intramural Teaching Effort Report, Item 10 to include name, level (university, college, department, division, etc.) and date.		Awards should be documented in the Faculty Intramural Teaching Effort Report, Item 10 to include name, level (university, college, department, division, etc.) and date.		
15	Presentations at national/international meetings.	R	R	R	R		S			Being presenting author of research abstracts (platform or poster) are included. Presenting at national and/or important regional meetings (outside of Charleston) are included. Charleston is often the site of many prominent meetings; however, the invitation to speak should not be based on your geographic location and thus for this requirement you should have some non-Charleston area presentations as well.			

16	Continued publication of reviews, chapters, textbooks, peer reviewed papers, and/or innovative teaching materials (new curricula, educational programs, syllabi, video materials, computer programs, etc.) that influence the science and practice of medicine at the regional & national levels	R	R	R	R		R	In addition to the publications noted, we would want to add the words " <u>development, production, and implementation</u> of new curricula, educational programs..... Should be well documented and included materials submitted within the Faculty Intramural Teaching Effort Report. Would encourage and value educational products that are peer reviewed by groups such as MedEdPortal.	In addition to the publications noted, we would want to add the words " <u>development, production, and implementation</u> of new curricula, educational programs..... Should be well documented and included materials submitted within the Faculty Intramural Teaching Effort Report. Would encourage and value educational products that are peer reviewed by groups such as MedEdPortal.	In addition to the publications noted, we would want to add the words " <u>development, production, and implementation</u> of new curricula, educational programs..... Should be well documented and included materials submitted within the Faculty Intramural Teaching Effort Report. Would encourage and value educational products that are peer reviewed by groups such as MedEdPortal.	In addition to the publications noted, we would want to add the words " <u>development, production, and implementation</u> of new curricula, educational programs..... Should be well documented and included materials submitted within the Faculty Intramural Teaching Effort Report. Would encourage and value educational products that are peer reviewed by groups such as MedEdPortal.		No teaching required
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17	Continued publication of important and original clinical and/or laboratory investigations with significant authorship.	R	R	R			R	First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication.	First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication.	First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication.			First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication.
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18	Total publications with significant authorship since last promotion	≥10		≥10			≥10	First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication.		First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication.		First, second, last, and corresponding author are uniformly considered to be “significant” authorship. Significant authorship can also be justified in other ways; in such cases, there should be detail of the individual’s contribution to the paper included in both the department chair letter and the personal statement, similar to the new NIH biosketch guidelines’ requirement for a description of key contributions (section C) - e.g. under the team science model, the faculty member was a key member of the authorship team. The impact of the journal and/or the article would also influence the “significance” attributed to a publication.
19	Total publications with authorship since last promotion		≥5		≥5			Defined as peer-reviewed publications, case reports, reviews, and book chapters.		Defined as peer-reviewed publications, case reports, reviews, and book chapters.		
20	Development of new teaching materials, such as curricula, educational programs, textbooks, syllabi, computer programs and video tapes		R		R			This duplicates Item 16 above but does include the term “development.” We prefer “ <u>development, production, and implementation</u> ” of teaching materials.....		This duplicates Item 16 above but does include the term “development.” We prefer “ <u>development, production, and implementation</u> ” of teaching materials.....		

21	Established reputation inside and outside local institution as an authority in a clinical specialty or for leadership in primary care			S	R	R				Regional reputation (evidenced by speaking presentations, patient referrals for care, evidence that they are the “go-to person for particular clinical problem (must be documented in letter),	Regional reputation (evidenced by speaking presentations, patient referrals for care, evidence that they are the “go-to person for particular clinical problem (must be documented in letter),		
22	Contributions to committees at department, college, university, community, state, regional, national and international levels	R Univ Level	R Univ Level	R State Level	R State Level	S	S						
23	Leadership role in department and hospital as a section or division head, or program director			S	S								
24	Active involvement in local and national professional organizations	R	R	R	R	S	S	This criterion is not likely to be satisfied by membership alone, but implies service to the organization and profession by taking on some role within, or providing additional service to, the organization, such as committee membership, member of taskforce, or working group, etc.	This criterion is not likely to be satisfied by membership alone, but implies service to the organization and profession by taking on some role within, or providing additional service to, the organization, such as committee membership, member of taskforce, or working group, etc.	This criterion is not likely to be satisfied by membership alone, but implies service to the organization and profession by taking on some role within, or providing additional service to, the organization, such as committee membership, member of taskforce, or working group, etc	This criterion is not likely to be satisfied by membership alone, but implies service to the organization and profession by taking on some role within, or providing additional service to, the organization, such as committee membership, member of taskforce, or working group, etc.		
25	Election to scientific organizations in discipline.	S	S	S	S								

	Assistant Professor	Academic Investigator	Academic Inv/Ed	Academic Clinician	Clinician Educator	Modified – Clinical	Modified – Research	Academic Investigator Recommendations	Academic Inv/Ed Recommendations:	Academic Clinician Recommendations	Clinician Educator Recommendations	Modified – Clinical Recommendations	Modified – Research Recommendations
1	Clear commitment to an academic career in research, teaching and/or clinical care.	R	R	R	R	R	R	As evidenced by documented activity in the CV and Faculty Intramural Teaching Effort Report. Professional behavior is a requirement for appointment and promotion at all levels.	As evidenced by documented activity in the CV and Faculty Intramural Teaching Effort Report. Professional behavior is a requirement for appointment and promotion at all levels.	As evidenced by documented activity in the CV and Faculty Intramural Teaching Effort Report. Professional behavior is a requirement for appointment and promotion at all levels.	As evidenced by documented activity in the CV and Faculty Intramural Teaching Effort Report. Professional behavior is a requirement for appointment and promotion at all levels.	Professional behavior is a requirement for appointment and promotion at all levels.	Teaching not required. Professional behavior is a requirement for appointment and promotion at all levels.
2	Commitment to and potential for performing independent laboratory and/or clinical research.	R	R	R			R						
3	Receipt, active pursuit or development of the skills necessary to apply for local, regional and national grants.	R	R	R			R						
4	Developing skills for directing or contributing to publications related to research, teaching and/or clinical care. (Participation in interprofessional teaching and interdisciplinary research encouraged)*	R*	R*	R*	R*	S	R						Teaching not required.
5	Active in training of students and/or post-graduates.	R	R	R	R	S	S	As evidenced by documented activity in the CV and Faculty Intramural Teaching Effort Report.	As evidenced by documented activity in the CV and Faculty Intramural Teaching Effort Report.	As evidenced by documented activity in the CV and Faculty Intramural Teaching Effort Report.	As evidenced by documented activity in the CV and Faculty Intramural Teaching Effort Report.		
6	Strong interest in teaching.		S			S	S		Document teaching efforts, participation in faculty development in the area of education through symposia, membership as a member of AME, etc.				

7	Contributions as first author on refereed publications.	R	R	S			R						
8	Contributions as author on refereed publications.			R	S		R						
9	Capable of managing most clinical problems in the appropriate discipline, but may seek assistance from senior faculty when dealing with complex problems.			R	R	R							
10	Carry a heavy clinical load				R	R							
11	Establishing recognition through candidacy or membership in appropriate professional and scientific organizations.	R	R	R	R								

	Instructor	Academic Investigator	Academic Inv/Ed	Academic Clinician	Clinician Educator	Modified – Clinical	Modified – Research	Academic Investigator Recommendations	Academic Inv/Ed Recommendations	Academic Clinician Recommendation	Clinician Educator Recommendations	Modified – Clinical Recommendations	Modified – Research Recommendations
1	Completion of educational requirements necessary to enter a career in academic research, teaching and/or clinical care.	R	R	R	R	R	R	Professional behavior is a requirement for appointment and promotion at all levels.	Professional behavior is a requirement for appointment and promotion at all levels.	Professional behavior is a requirement for appointment and promotion at all levels.	Professional behavior is a requirement for appointment and promotion at all levels.	Professional behavior is a requirement for appointment and promotion at all levels.	Professional behavior is a requirement for appointment and promotion at all levels.
2	Aptitude for an academic career based upon recommendations of mentors.	R	R	R	R	R	R						
3	Career goal to function independently in an academic environment as an investigator, teacher, and/or clinician.	R	R	R	R	R	R						
4	Developing experience with preparation of research protocols and grant applications.	R	R	R			R						
5	Demonstrated interest in teaching.	R	R	R	R	S		Document teaching efforts, participation in faculty development in the area of education through symposia, membership as a mentored member of AME, etc.	Document teaching efforts, participation in faculty development in the area of education through symposia, membership as a mentored member of AME, etc.	Document teaching efforts, participation in faculty development in the area of education through symposia, membership as a mentored member of AME, etc.	Document teaching efforts, participation in faculty development in the area of education through symposia, membership as a mentored member of AME, etc.		
6	Early experience with preparation of publications and presentations related to research.	R	R	R			S						
7	Fulfilled educational requirements for certification by appropriate specialty board.			R	R	R							
8	Demonstrated interest in high quality clinical care.				R	R							

