

COMMUNITY FACULTY GUIDELINES FOR PROMOTION

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TABLE OF CONTENTS

- DEFINITION 2
- PREAMBLE 2
- APPOINTMENT AND PROMOTION GUIDELINES..... 2
 - INTRODUCTION..... 2
 - APPOINTMENT CRITERIA..... 3
 - EVALUATION CRITERIA..... 4
 - Summary Table*..... 4
 - Professionalism* 4
 - Clinical Care*..... 5
 - Clinical Evaluation* 5
 - Teaching Evaluations*..... 6
 - Teaching Effectiveness* 6
 - Associate Professor 6
 - Professor 6
 - Administration..... 7
 - Professional Service 7
 - Research/Scholarly Activity 8
 - Other 8
 - Promotion Criteria for Community Faculty* 9
 - Criteria for Promotion to Associate Professor/Professor 9
 - Key Criteria for Appointment and Promotion to Associate Professor 9
 - Key Criteria for Appointment and Promotion to Professor 9
 - Process for Promotion* 10

The Kirk Kerkorian School of Medicine at UNLV's Vision is to deliver high quality innovative education, research, and superb clinical care to meet the health care needs of the growing and diverse population of Nevada.

To support this vision, the Kirk Kerkorian School of Medicine at UNLV is committed to developing strong partnerships with the community. The Community Faculty program is core to this vision. Community Faculty are individuals who volunteer their time to help the medical school in aspects of education, research, community engagement or care of others.

There are several ways candidates can help the school, including research collaboration, student mentorship, and community and committee support. The Community Faculty application provides a list of options for contribution areas.

Definition

Community Faculty are non-tenure track faculty who are not specifically addressed in either Board of Regents or the Nevada System of Higher Education codes or handbook. Nevertheless, Community Faculty typically carry increased teaching loads, heavy service and administrative obligations and/or specialized assignments. In the case of the School of Medicine, Community Faculty typically have either a significant clinical practice component to their duties (Clinical) or a significant research component to their duties (Adjunct).

- Adjunct – A Community Faculty member whose primary contribution is in research, and has a terminal degree, is considered an Adjunct faculty member.
- Clinical– A Community Faculty member whose primary contribution is in clinical services, and has a terminal degree, is considered a Clinical faculty member.
- Service – A Community Faculty member whose primary contribution is in professional service, and does not have a terminal degree, is considered a Service faculty member.

Community Faculty have typically earned terminal degrees and bring both experiential and academic credentials to their positions in the School. Community Faculty may contribute to both the undergraduate and graduate medical education within the School of Medicine, serve on committees and provide service in significant administrative positions.

Preamble

Decisions about the promotion of Community Faculty within the School of Medicine are guided by two basic principles:

- First, a candidate's performance in the areas of clinical practice, teaching, administration/specialized assignments, research, and service will be evaluated primarily in terms of the significance of the work. Significant work is defined by its quality and impact.
- Second, it is the candidate's responsibility to demonstrate the significance of his/her work by using these benchmarks or other direct evidence that clearly reveals its impact. Typically, this is documented through an up to date CV.

Appointment and Promotion Guidelines

Introduction

The faculty member advances the mission of the Department by:

- Providing general and sub-specialty services.
- Enhancing the management and efficiency of the clinical services.
- Teaching medical students, residents and fellows.
- Conducting research
- Community Faculty track have the title Assistant Professor, Associate Professor, or Professor.

Appointment Criteria

Entry level for faculty appointment is usually at the Assistant Professor rank. See summary table for reference.

This rank requires completion of formal training to meet Board eligibility requirements (when appropriate). At the time of new Community Faculty appointments, the specific scope of responsibilities is established by the department. These responsibilities will be reviewed at least every three years and form the basis for renewal or nonrenewal of the Community Faculty appointment in the faculty's third year. Community appointments are every three years for the academic year July 1 through June 30.

Decisions regarding reappointment are made by March 31 of the third year. The policy and expectation of the Kirk Kerkorian School of Medicine at UNLV is that all faculty conduct themselves with professionalism, dignity, and respect in their interactions with patients, students, members of the public, and each other, as outlined in the Kirk Kerkorian School of Medicine at UNLV Handbook. Professionalism includes demonstration of excellence, integrity, inclusion, innovation, compassion, and humility.

Evaluation Criteria

Summary Table

RANK	ADJUNCT CATEGORY	CLINICAL CATEGORY
INSTRUCTOR/SENIOR INSTRUCTOR	Minimal degree – Master’s degree or equivalent in appropriate academic discipline	Minimal degree – Master’s degree or equivalent in appropriate academic discipline
ASSISTANT PROFESSOR	MD/PhD or equivalent doctoral level preparation 0-2 years at the level of Instructor Typical contributions are in the areas of scholarship and UME teaching	MD/PhD or equivalent doctoral level preparation 0-2 years at the level of Instructor Typical contributions are in the areas of clinical service and GME teaching
ASSOCIATE PROFESSOR	Minimum 5 years at the Assistant Professor level Consistent demonstration of excellence in teaching, scholarship, and/or service Typical contributions are in the areas of scholarship and UME teaching	Minimum 5 years at the Assistant Professor level Consistent demonstration of excellence in teaching, scholarship, and/or service Typical contributions are in the areas of clinical service and GME teaching
PROFESSOR	Minimum 5 years at the Associate Professor level Consistent demonstration of excellence in teaching, scholarship, and/or service Record of mentorship and national reputation Typical contributions are in the areas of scholarship and UME teaching	Minimum 5 years at the Associate Professor level Consistent demonstration of excellence in teaching, scholarship, and/or service Record of mentorship and national reputation Typical contributions are in the areas of clinical service and GME teaching

Professionalism

Professionalism should be assessed annually by the Department Chair as part of the annual review process. A

faculty member is rated as consistently meeting expectations by demonstrating:

- Respect for colleagues, trainees, patients, staff, and visitors.
- Sensitivity and responsiveness to others' culture, age, gender, and disabilities.
- Responsibility as a leader and positive role model.
- A commitment to working as a team member who is accountable to others, confronts unprofessional behavior, distributes finite resources fairly, and works constructively to support established operational goals.
- Patient confidentiality, timely completion of medical records, accurate professional fee billing.
- Commitment to improving quality of care, patient safety, and appropriate use of hospital resources.
- For faculty engaged in research: protection of human subjects and intellectual integrity, and adherence to university research regulations.
- Management of conflicts of interest.

Clinical Care

At the time of the initial appointment as a Clinical faculty, guidelines should be established that can be used for the evaluation of clinical service.

Clinical care will be evaluated under a number of domains. Data may not be available in each of the domains, and the Chair will work to individualize clinical evaluation with each faculty member. The goal is for the faculty member to show excellence in aspects of patient care. The following areas will be reviewed to determine excellence in clinical care: measures of quality of care, uniqueness of clinical services provided, and awards or recognition of clinical care provided.

1. Clinical productivity- this includes measurables such as RVUs, number of clinics, inpatient attending coverage, and surgeries and procedures.
2. Quality measures- includes reported measures of quality such as HEIDIS measure, patient surveys, etc.
3. Uniqueness of service provided- services that are underserved in the area, procedural skills not available in the community, and being part of a center of excellence.
4. Award and recognition for clinical care- awards internally and externally for clinical care, examples include top doctor awards, recognition by professional societies.

Clinical Evaluation

For promotion as a Clinical faculty, an individual must be an excellent clinician. Evaluations focus on two main areas:

- Medical knowledge, problem-solving skills, management of complex patients and overall clinical skills
- Professionalism, responsibility, compassion, and management of the psychosocial aspects of illness

The following evaluations may be used as a review for each faculty member:

1. Chair evaluation- chairs evaluation will review all the data in areas noted above i.e. clinical productivity, quality measures, and assessing uniqueness of practice, and awards.
2. Peer evaluation- chosen by the faculty member and chair. Consists of individuals working in the same clinical setting, but may include non-physicians work closely with the faculty member in clinical settings,

such as a nurse practitioner. Some of the faculty evaluations should be outside of the individual's division.

3. Trainee evaluation- Fellow, resident, and student evaluations in the domain of clinical care can be used to evaluate and support the application.

Teaching Evaluations

Inclusion of any and all formal evaluations of teaching and/or mentoring in all venues is the responsibility of each faculty member. Such assessments include the following:

- Teaching evaluations from students, residents, fellows, or other audiences, including practitioners participating in continuing medical education courses.
- Formal evaluations by persons who have been mentored, as well as evidence of the impact of the mentoring on the person's career. At the time of consideration of promotion, the teaching evaluations are evaluated internally by the Department Promotions Committee and by the voting faculty in the Department who are greater in rank.

Teaching Effectiveness

In order to achieve EXCELLENCE in teaching effectiveness, significant contributions must be made in a clinical and/or non-clinical setting. There are many ways to accomplish this, as suggested in the examples below. A SATISFACTORY performance in teaching effectiveness involves participation in these types of activities, without a major impact or demonstration of significant contributions.

Examples of significant contributions to teaching effectiveness specific to levels of appointment are:

Associate Professor

- Teaching evaluations from students, residents, fellows, or other audiences, including participants in continuing medical education courses, indicating a consistent record of effective teaching practices.
- Teaching awards and nominations (greater impact given to national/regional/teaching society and university level, followed by school and departmental)
- Innovative educational materials developed for students, residents and/or fellows, with greater significance given for peer-reviewed content
- Textbook, book chapter, or multiple journal article authorship in medical education
- Course syllabi, including indication of significant course development or leadership roles
- Positive evaluations from attendees of multiple resident conferences, Grand Rounds, and/or medical student course presentations
- Documentation of long-term advising of multiple students, residents and/or fellows, including number and type of advisees and advisee outcomes

Professor

- Invited/accepted presentations at international/national/regional educational conferences
- Participation in other instruction or mentoring activities – community outreach and engagement, directed student learning such as supervision of student practicum and/or serving on graduate thesis committee, postdoctoral fellow/research associate supervision, multiple instances of mentoring

student/resident/fellow projects, serving as faculty advisor of a medical student interest group

- Writing grants that help support the school's teaching or service missions

Administration

Administrative responsibilities and professional service may be focused in a hospital; the Department; the School of Medicine or University; or other. Evaluation of the faculty member's performance occurs at the time of promotion (in the form of letters of support) and is based on expectations and goals set annually by the faculty member and the person(s) supervising the faculty member in these administrative activities.

Significant administrative roles are not required nor expected for faculty. However, these will be taken into consideration at the time of promotion.

Indicators of quality and significance may include (but are not limited by or to) the following factors:

- Significance of the specialized assignment (e.g., Medical Executive Committee Member, significant contribution for school or hospital)
- Curriculum/program development, accreditation.
- External awards or recognition of distinguished administration/specialized activities from honorary, learned, and/or professional societies.
- Internal awards for excellence --university awards are given the most weight, followed by college awards and then departmental awards.
- Significant contributions to an administrative role in the medical school beyond the normal expectations of the appointment (e.g. sitting on or chairing committees).
- Significant advisory roles within the university (e.g. participation on school or university committees)

Professional Service

Service activities are evaluated by the role, initiation, and accomplishments of the faculty member on committees, in projects, and in groups. Level of contribution should be significant to the function of the activity.

Indicators of quality and significance may include (but are not limited by or to) the following factors:

- External awards of distinguished service from honorary, learned, and/or professional societies.
- Internal awards for excellence in service--university awards are given the most weight, followed by medical school and then departmental awards.
- University-based service activities:
 - Major administrative service
 - Active participation as a member of multiple committees at all levels (i.e., university, medical school, and departmental).
 - Individual service initiatives that benefit the University (e.g., writing accreditation reports, coordinator of student service organizations).
- Hospital/clinical-based service activities:
 - Active participation as a member of committees
 - Establishing, implementing, and/or directing clinical programs
 - Active participation in quality improvement programs

- Awards for service, patient satisfaction, new initiatives
- Professional service activities:
 - Membership on editorial boards and other review bodies.
 - Reviews of textbooks and manuscripts for professional journals.
 - Organization of professional conferences.
 - Elected positions or appointments to leadership positions/committees in professional organizations.
 - Individual service initiatives that benefit the profession (e.g., workshop coordinators, site coordinator, web-based development).
- Community service activities:
 - Appointments to leadership positions within community-based organizations.
 - Active participation in multiple collaborative partnerships between the university and community organizations.
 - Individual service initiatives that benefit the community (e.g., service training, outreach).
 - Member of a governmental or private advisory committee.

Research/Scholarly Activity

Objective evidence of research/scholarship is not required or expected for Community Faculty. However, these are taken into consideration at the time of promotion.

Indicators of quality and significance may include (but are not limited by or to) the following factors:

- Clinical research (case reports, clinical trials, book chapters, scholarly reviews in peer-reviewed journals)
- Publication of scholarly review articles and research monographs.
- Election to prestigious national organizations that recognize excellence in research.
- Research awards/honors granted by professional societies, government agencies, and industry.
- Research funding
- Patents and other developments of a significant scientific nature.
- Medical education (e.g., development and implementation of curriculum, teaching strategies, testing methods).
- Program development in medicine or medical education, which should be published whenever possible.

Other

Self-assessments: As part of the promotion packet, the faculty member describes the following:

- **Clinical care:** His/her clinical responsibilities, programs developed, and their relationship to his/her teaching, scholarly, and administrative roles (if applicable).
- **Teaching (if applicable):** His/her teaching/mentoring philosophy and teaching/mentoring responsibilities and goals.
- **Scholarly activities (if applicable):** The focus of his/her scholarly activities and the relationship of his/her scholarly activities to his/her clinical care and teaching.

Promotion Criteria for Community Faculty

Promotion criteria are based on the quality of an individual's substantive, documented contributions to the missions of the relevant division. Time in rank alone is not sufficient for promotion, but is considered.

Criteria for Promotion to Associate Professor/Professor

Because the NSHE code does not address criteria for promotion of Community Faculty, this section of the document provides guidance in the absence of codified criteria.

Distinctions between excellent and satisfactory performance within the Kirk Kerkorian School of Medicine at UNLV are based on the quality and impact of the work. For decisions regarding promotion to Associate Community Faculty, the specific benchmarks for "excellent" and "satisfactory" performance in the areas of clinical practice, teaching, administration/specialized assignments, and service are summarized in the following section. Community Faculty should meet the "excellent" benchmarks in either clinical practice, teaching, research, or administration/specialized assignments, as well as the "satisfactory" benchmarks for the others. A rating of "commendable" represents performance that falls between the benchmarks for satisfactory and excellent. A candidate's specific contractual duties may commingle clinical practice, teaching, research, and administration/ specialized assignment to a level in which it is impossible to separate the two. In these cases, it is the candidate's responsibility to make the argument for an "excellent" ranking.

Key Criteria for Appointment and Promotion to Associate Professor

- Meets expectations for professionalism
- Shall normally be Board certified or eligible in their respective specialty and subspecialty
- Excellence in clinical care, if applicable
- Excellence in teaching, if applicable
- Service accomplishments
- Significant contribution as a mentor
- Scholarly contributions to the literature will also be considered, but are not required at this rank. This rank is reserved for those who have made high quality contributions, including clinical program development and/or service, of a substantial nature to the mission of the division, department, and the school.

Key Criteria for Appointment and Promotion to Professor

- Meets expectations for professionalism
- Shall normally be Board certified
- Excellence in clinical care, if applicable
- Excellence in teaching, if applicable
- Service accomplishments
- Significant contribution as a mentor
- Significant contribution of national reputation
- Scholarly contributions to the literature will also be considered, but are not required at this rank. This rank is reserved for those who have achieved local recognition as a leader in the discipline as evidenced

by accomplishments in clinical care, clinical program development, teaching, service in national or international professional societies, or scholarly publications.

- Demonstrated leadership at a local, regional, and national level
- Demonstrated mentorship within the School

Process for Promotion

1. Candidate meets with department Chair to determine appropriateness of promotion application.
2. Department Chair writes a letter to the Faculty, Appointment, Promotion, and Tenure (FAPT) committee recommending/not recommending applicant for promotion.
3. If the applicant believes additional information would be helpful, he/she may submit an updated CV using AAMC CV format and a promotion dossier to the FAPT committee. This dossier includes documents related to excellence in teaching, research, clinical care, service. Examples include, but are not limited to, student evaluations, publications/ presentations, national positions held with professional organizations.
4. Final decision regarding promotion is made by the Dean of the Kirk Kerkorian School of Medicine at UNLV.