

KIRK KERKORIAN  
SCHOOL OF MEDICINE | **UNLV**

## **PROMOTION GUIDELINES FOR COMMUNITY FACULTY**

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## Introduction

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 healthcare needs of Nevada's growing and diverse population.

The medical school supports this vision by developing strong partnerships with the community. The community faculty program is core to this vision. Community faculty are individuals who volunteer their time to support the medical school in areas such as education, research, community engagement, and administrative service.

## Community Faculty Definition

Community faculty are non-tenure track volunteer faculty who contribute to the clinical teaching environment (clinical) or have roles in pre-clinical teaching, research, or both (adjunct). Community faculty will have one of the following prefixes:

1. **Adjunct** – A community faculty member whose primary contribution to the medical school is pre-clinical teaching and research
2. **Clinical** – A community faculty member whose primary contribution to the school of medicine is in clinical teaching and services

Community faculty typically hold terminal degrees and bring experiential and academic expertise to their roles. Their contributions may include involvement in undergraduate and graduate medical education, committee participation, and administrative service. Community faculty advance their department's mission by:

1. Providing general and subspecialty services
2. Enhancing the management and efficiency of clinical services
3. Teaching medical students, residents, or fellows
4. Conducting research with medical students, residents, fellows, or faculty

## Appointment Criteria

Community faculty tracks have the prefix "clinical" or "adjunct" and a rank, such as instructor, assistant professor, associate professor, or professor. The entry level for faculty appointments is typically at the rank of assistant professor, as shown in Table 1 (Appendix A). This rank requires a doctoral or terminal degree in their discipline. When appointing new community faculty members, the department defines their specific scope of responsibilities. These responsibilities should be discussed with the community faculty member either before or at the time of their appointment. Community faculty members are expected to conduct themselves with professionalism, dignity, and respect in their interactions with patients, students, members of the public, and colleagues. Community faculty appointments are for three years for the academic year, July 1 through June 30. Community faculty effort reporting is reviewed at least every three years, forming the basis for the renewal or nonrenewal of their appointment, based on the department's needs.

## Promotion Evaluation Criteria

Promotion criteria are based on the quality and documented contributions an individual makes to the missions of their respective school of medicine department. Community faculty members are typically in rank for a minimum of five years before being considered for promotion. While the length of time in each rank is considered, it is insufficient criteria for promotion.

Fundamental principles that guide promotion decisions for community faculty in the school of medicine include the following:

1. Community faculty members conduct themselves with professionalism, dignity, and respect in their interactions with patients, students, members of the public, and one another.
2. The performance of community faculty promotion candidates is assessed based on the significance of their work in clinical practice (if applicable), teaching, research, and service. Significance is determined by the quality and impact of their contributions.
3. Community faculty promotion candidates are expected to demonstrate the significance of their work by using the benchmarks described below or other direct evidence that clearly establishes its impact. Typically, this is documented through an up-to-date curriculum vitae and other supporting documents such as teaching evaluations, community faculty effort reporting documentation, scholarly work outcomes, or administrative/service contributions.

## **Professionalism**

The department chair should assess professionalism during the review process. A faculty member is rated as consistently meeting expectations by demonstrating:

1. Respect for colleagues, trainees, patients, staff, and visitors
2. Sensitivity and responsiveness to others' culture, age, gender, and disabilities
3. Responsibility as a leader and a positive role model
4. 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
5. Patient confidentiality and timely completion of medical records
6. Commitment to improving the quality of care, patient safety, and the appropriate use of hospital resources
7. For faculty engaged in research, this includes protecting human subjects, maintaining intellectual integrity, and adhering to university research regulations
8. Management of conflicts of interest

## **Clinical Care**

The department will establish guidelines for evaluating clinical services at the time of the initial appointment for community faculty members.

Clinical care will be evaluated in several domains. Data may not be available in each domain, and the department chair will work to individualize clinical evaluations with each faculty member. The goal is for the faculty member to show excellence in patient care. The following areas will be reviewed to determine excellence in clinical care: the quality of care, the uniqueness of clinical services provided, and any awards or recognition received for clinical care.

1. Clinical productivity - includes measurables such as clinic hours, number of clinics, inpatient attending coverage, and surgeries and procedures
2. Quality measures, such as Healthcare Effectiveness Data and Information Set (HEDIS) measures and patient surveys, etc.
3. The 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(s) and recognition for clinical care - awards internally and externally for clinical care. Examples include top doctor awards and recognition by professional societies

## Clinical Evaluation

Evaluations focus on two main areas:

1. Medical knowledge, problem-solving skills, management of complex patients, and overall clinical skills
2. Professionalism, responsibility, compassion, and management of the psychosocial aspects of illness. The following evaluations may be used as a review for each faculty member:
  - **Chair evaluation** – Chairs will evaluate all the data in the areas noted above, i.e., clinical productivity, quality measures, and assessing the uniqueness of practice and awards in their chair recommendation letter to the Faculty Appointment, Promotion & Tenure (FAPT) Committee.
  - **Peer evaluation** – Chosen by the faculty member and chair. It consists of individuals working in the same clinical setting, but may include non-physicians who work closely with faculty members in clinical settings, such as nurse practitioners.
  - **Trainee evaluation** – Fellow, resident, and student evaluations in clinical care can be used to evaluate and support the application.

## Teaching

Faculty members are responsible for documenting formal evaluations of their teaching and mentoring efforts across various settings. Teaching assessments should include:

1. **Learner Evaluations** – Feedback from medical students, residents, fellows, faculty, and continuing medical education (CME) participants (e.g., Grand Rounds attendees)
2. **Teaching Settings** – Contributions in clinical, classroom, and research environments
3. **Mentoring Impact** – Formal evaluations from mentees with evidence of career advancement attributable to faculty mentorship

## Teaching Effectiveness

Significant contributions to teaching effectiveness may occur in both clinical and non-clinical settings. Promotion is based on demonstrated excellence in the following areas:

### Associate Professor

Candidates should show a consistent record of effective teaching, demonstrated by:

1. **Learner Evaluations** – Consistently positive feedback from students, residents, fellows, and CME participants
2. **Recognition & Awards** – Teaching awards or nominations, with greater weight given to national/regional honors
3. **Educational Materials** – Development of innovative teaching materials, with peer-reviewed content carrying greater significance
4. **Scholarly Contributions** – Authorship of textbooks, book chapters, or multiple peer-reviewed

journal articles in medical education or specialty areas

5. **Curriculum Development** – Significant contributions to course syllabi, including course leadership roles
6. **Instructional Impact** – Positive evaluations from multiple resident conferences, Grand Rounds, and/or medical student course presentations
7. **Mentorship** – Documented long-term advising of multiple students, residents, and/or fellows, including mentee outcomes

### **Professor**

Candidates for professor must meet the criteria for associate professor in addition to demonstrating leadership and broader impact in education, as outlined below.

1. **Invited Presentations** – Presentations at regional, national, or international educational conferences
2. **Expanded Mentorship & Instruction** – Contributions beyond traditional teaching, such as:
  - Community outreach and engagement
  - Supervision of student practicum experiences
  - Service on graduate thesis committees
  - Mentorship of fellows or research associates
  - Oversight of multiple student, resident, or fellow projects
  - Advising student-led medical interest groups
3. **Grants** – Writing and securing grants that support the teaching, research, or service missions of the school

### **Professional Service**

Service activities are evaluated based on the faculty member's role and accomplishments on committees, projects, and groups. The level of contribution should be significant to the activity's function.

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

1. External distinguished service awards from honorary, learned, and/or professional societies
2. Internal awards for service excellence - university awards are given the most weight, followed by medical school and departmental awards
3. 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)
4. Hospital/clinical-based service activities:

- Active participation as a member of committees
- Establishing, implementing, and/or directing clinical programs
- Active involvement in quality improvement programs
- Awards for service, patient satisfaction, and new initiatives

5. 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 coordinators, web-based development)

6. 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 or Scholarly Activity**

Objective evidence of scholarship is another metric that will be considered when evaluating and considering community faculty for promotion. Indicators of quality and significance may include (but are not limited to) the following factors:

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

### **Summary of Key Criteria for Appointment and Promotion**

Because the Nevada System of Higher Education (NSHE) code does not address criteria for

promoting community faculty, this section provides guidance in the absence of codified criteria.

### ***Criteria for Appointment and Promotion to Associate Professor***

1. Meets expectations for professionalism
2. Shall usually be board-certified or eligible in their respective specialty and subspecialty
3. Excellence in clinical care, if applicable
4. Excellence in teaching, if applicable
5. Service accomplishments
6. Significant contribution as a mentor
7. Scholarly contributions to the literature will also be considered at this rank. This rank is reserved for those who have made substantial contributions, including clinical program development and/or service, to the mission of the division, department, and school.

### ***Criteria for Appointment and Promotion to Professor***

1. Meets expectations for professionalism
2. Shall usually be board-certified
3. Excellence in clinical care, if applicable
4. Excellence in teaching, if applicable
5. Service accomplishments
6. Significant contribution as a mentor
7. Scholarly contributions to the literature will also be considered. This rank is reserved for those who have achieved recognition as a leader in the discipline, as evidenced by accomplishments in clinical care, clinical program development, teaching, and service in national or international professional societies or scholarly publications.
8. Demonstrated leadership at a local, regional, and national level
9. Demonstrated mentorship within the medical school

### **Process for Promotion**

1. The community faculty member meets with the department chair to determine the appropriateness of submitting a promotion application
2. The department notifies the office of faculty affairs of the community faculty members' intent to apply two months before application submission
3. Community faculty promotion candidate reviews the guidelines and submits an acknowledgment to the department and the office of faculty affairs that they would like to be reviewed for promotion
4. Community faculty promotion candidate completes a promotion packet, which includes:
  - An updated CV using the [Association of American Medical Colleges \(AAMC\) CV format](#)
  - Documents related to excellence in clinical care, teaching, scholarly activities, and service. Examples include, but are not limited to, student evaluations, publications, presentations, and national positions held with professional organizations.

- Self-assessments describing the impact of their clinical care, teaching, scholarly activities, and service

5. The community faculty candidate submits all required promotion packet materials and documents to their department chair for review
6. The department chair reviews the promotion packet and writes a recommendation letter to the FAPT Committee for the community faculty promotion candidate
7. The department chair forwards the completed promotion packet with their chair's recommendation to the office of faculty affairs
8. Faculty Affairs forwards the promotion packet to the FAPT Committee for review and promotion recommendation. The FAPT Committee forwards their recommendation to the dean.
9. The dean of the Kirk Kerkorian School of Medicine at UNLV makes the final promotion decision

## Appendix A: School of Medicine Community Faculty Ranks, Categories, and Evaluation Criteria

<b>Table 1.</b> School of Medicine Community Faculty Ranks, Categories, and Evaluation Criteria.		
<b>RANK</b>	<b>ADJUNCT CATEGORY</b>	<b>CLINICAL CATEGORY</b>
<b>INSTRUCTOR</b> or <b>SENIOR INSTRUCTOR</b>	Minimal degree – Master's degree or equivalent in an appropriate academic discipline	Minimal degree – Master's degree or equivalent in an appropriate academic discipline
<b>ASSISTANT PROFESSOR</b>	MD/PhD or equivalent doctoral-level degree  Typical contributions are in the areas of scholarship and undergraduate medical education (UME) teaching	MD/PhD or equivalent doctoral-level degree  Typical contributions are in the areas of clinical service and graduate medical education (GME) teaching
<b>ASSOCIATE PROFESSOR</b>	Minimum five years at the assistant professor level  Consistent demonstration of excellence in teaching, scholarship, and service  Typical contributions are in the areas of scholarship and UME teaching	Minimum five years at the assistant professor level  Consistent demonstration of excellence in teaching, scholarship, and service  Typical contributions are in the areas of clinical service and GME teaching
<b>PROFESSOR</b>	Minimum five years at the associate professor level  Consistent demonstration of excellence in teaching, scholarship, and service  Record of mentorship and national reputation  Typical contributions are in the areas of scholarship and UME teaching	Minimum five years at the associate professor level  Consistent demonstration of excellence in teaching, scholarship, and service  Record of mentorship and national reputation  Typical contributions are in the areas of clinical service and GME teaching