

DRAFT 5.11

Dear Colleague:

Attached is a pre-final version of the 2002 version of the faculty handbook for the Department of Family Medicine at the University of North Carolina. Its purpose is to provide you with a road map for long-term career development and promotion.

This document builds upon our established policies developed by Peter Curtis and others in the early nineties as well as recent medical school policies on tenure and promotion. Over the last two years, the Full Professors of the Department have led a revision of our policies. The goals of the revision were:

1. To describe the process of review and promotion in more detail, linking the process to the department mission and emphasizing long-term career development.
2. To clarify the roles of individual faculty member, the subcommittee, the Full Professors and the Chair in the promotions process.
3. To give more detail about how portfolios describe clinical, teaching, administrative and community professional service work should be developed.
4. To describe the similarities and differences between tenure and non-tenure track faculty members and detail the processes for adjunct and emeritus faculty members.
5. To broaden our definition of scholarship and mandate its role in promotion to Full Professorship in any track.

Many people have contributed to the development of these policies—Peter Curtis, whose work provided the template for this effort, the Full Professors, Nili Clifford and Ron Lingley, and many faculty and fellows whose sharp eyes improved the product. We are all grateful.

FACULTY HANDBOOK

Department of Family Medicine

University of North Carolina

Fall, 2002

Version 5.11

11/13/02 - Approved by Full Professors

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Faculty Handbook/Draft 5.11
Department of Family Medicine
2002

1. INTRODUCTION

The Department of Family Medicine at the University of North Carolina is a statewide department with campuses at Asheville, Chapel Hill, Charlotte, Greensboro, Hendersonville, Rocky Mount and Wilmington. Our mission is to promote the health of the people of North Carolina and the nation through leadership and innovation in clinical practice, medical education, research and community service. As an instrument of the State of North Carolina, we are concerned with both current needs and future generations, and have a special commitment to the underserved, mothers and children, the elderly and other populations at risk in a time of rapid change in the organization and delivery of health care.

We believe that our faculty are our most valuable resource and we are committed to its ongoing professional development. On an annual basis, local campus leadership will direct faculty development. For longer range career development, the statewide department represented by the Full Professors Committee and the Chair will share in this responsibility. The promotion and tenure process is the major way in which departmental leadership carries out these responsibilities.

The Department of Family Medicine recognizes that a variety of faculty is necessary to achieve its mission. A broad range of faculty interests and responsibilities adds character, depth and diversity to the department. We believe that tenure track and non-tenure track faculty (clinical or research; also labeled fixed term faculty) have equal value in the department. As much as possible, under university guidelines, the procedures and standards are similar.

The Department of Family Medicine is an integral part of the School of Medicine at the University of North Carolina at Chapel Hill. This document builds upon the mission of the department ratified in the spring of 2000 (Appendix A), medical school policies on promotion and tenure (Appendix C-1/15/02), and non-tenure track faculty members (Appendix D-5/14/02).

This document applies to all faculty members of the Department of Family Medicine. It is intended to be a living document. It derives from the prior departmental promotion and tenure policy, and incorporates specific changes adopted by the Full Professors from 2000-2002. We look forward to your input as we adjust our process over time to meet the needs both of our faculty and the people of the state of North Carolina.

2. FACULTY TRACKS AND ELIGIBILITY FOR REVIEW & PROMOTION

The Department of Family Medicine has four tracks for faculty: tenure track, non-tenure track (clinical and research), adjunct and emeritus. The rules for appointment and promotion vary according to the track.

Most faculty who work at one of the campuses are on either the tenure or non-tenure tracks. Non-tenure track faculty, also known as fixed term faculty can be on either the clinical or research track. All faculty with more than half time devoted to an academic mission or a teaching position must be on either tenure or non-tenure tracks; those devoting between 20 and 50% time to the academic mission may be on the non-tenure track, at the discretion of the faculty member and their program director. Tenure track and non-tenure track (clinical and research) faculty are grouped together in terms of the process of review for appointment and rank. Both require faculty commitment to career development and to periodic review. New appointments are reviewed by the Full Professors' Committee which is advisory to the Chair; Section IV gives guidelines for initial rank. After initial appointment, all faculty are subject to regular review and promotion in accordance with Section IV.

Adjunct faculty are widespread across the state and represent those individuals who take on a specific teaching or administrative role such as occasional teaching of medical students. In general, the amount of time devoted to teaching by these faculty is less than 20%. Adjunct appointments are initiated by each local campus leadership, reviewed by the Full Professors' Committee, and approved by the Chair. Adjunct faculty are not required to be part of a formal, ongoing career development process. Promotion is possible through petition to the Chair, by the faculty member or their program director, after review by the Full Professors; all promotions of adjunct faculty are reviewed by the Full Professors, who are advisory to the Chair.

The department reserves the right to honor retired faculty as Emeritus faculty. Only Full Professors no longer receiving benefits are eligible; these appointments require review by the Full Professors and appointment by the Chair. Tenure track Emeritus ranks also require university approval. Appointment as emeritus faculty is for life; it does not require but may allow specific contributions to the work of the department. These contributions will be defined annually by the faculty member, the local leader and the Chair.

Faculty may have appointments in more than one department. *Joint appointments* are arrangements in which a tenure track faculty member has a tenure track position in more than one department. Promotion depends on successful review in each department. *Second appointments* is the term given to all appointments other than the primary appointment. These may be non-tenure track or adjunct appointments; a faculty member may have an appointment in more than one other department; subject to the requirements of those departments. Promotion within other departments depends on that department's review. For faculty for whom Family Medicine is the secondary appointment, promotions shall follow the same processes as all other faculty at that rank in that track.

3. ROLES AND RESPONSIBILITIES IN THE REVIEW AND PROMOTION PROCESS

Individual faculty members have primary responsibility for their own personal career development. In practical terms, faculty members are responsible for maintaining an academic portfolio which documents their activities, as well as for their ongoing development as a faculty member. Faculty members are responsible for the preparation of their packets (See section 6) for reappointment and promotion, in collaboration with their program director, the departmental administrator and their subcommittee.

It is the responsibility of the program director of the faculty member to recommend the rank and track of the faculty member at the onset of the faculty position. The supervisor will also lead review performance at least on an annual basis and advise the faculty member in defining and developing areas of excellence and scholarship.

A promotion subcommittee will be appointed by the Chair before the first review. The subcommittee will meet with an applicant at least twice before review for reappointment or promotion. A Full Professor will Chair the subcommittee; all members of the subcommittee must have a rank equal to or higher than the rank of the faculty member and at least one member of the subcommittee will work outside of the campus of the faculty member. The Chair of the subcommittee must take an active role; it is important for the subcommittee to work with the faculty member early in the process, to identify aspects of the documentation that need further development and reviewing the overall packet. The subcommittee and its Chair will be responsible for insuring that the teaching portfolio is comprehensive and synthesizing the peer and learner evaluations and providing the feedback to faculty and counseling around career goals to the faculty member. The subcommittee will be responsible for recommending which article should be mailed to the full professors. The subcommittee is responsible for reviewing and approving the list of names of people writing letters of recommendation for completion. The subcommittee will submit a written report to the Department Chair and Full Professors (See Appendix J for sample). The report should contain a summary evaluation of the faculty member's training and accomplishments, evidence of a career development plan, assessment of performance in each mission and recommendations for reappointment or promotion and for future career development. This report will also be summarized verbally to the assembled Full Professors.

All tenure track, clinical track and research track Full Professors within the department of the statewide faculty will meet 3-4 times a year to review candidates for promotion or reappointment and to set departmental policy regarding promotion. One of the subcommittee members, ideally the Chair, will present their findings and recommendations to the full committee. They will give a recommendation regarding reappointment or promotion to the Chair along with suggestions for career development to the individual faculty member. The Chair of the subcommittee is also responsible for communicating the details of the discussion to the faculty member; the Department Chairman will send a summary letter to the faculty member.

Department administration will track all faculty and their promotion deadlines. Track and rank are defined at initial appointment, and faculty lists/deadlines will be updated annually with involvement of the Associate Chairs at each campus. The Department Chair bears ultimate

responsibility for the appointment of promotion, forwarding to the School of Medicine all recommendations on promotion and tenure. For tenure track and non-tenure track faculty, but not adjunct faculty, review by the appropriate medical school and university committees is required.

4. GUIDELINES FOR INITIAL RANK AND PROMOTION FOR TENURE TRACK AND NON-TENURE TRACK FACULTY

Initial rank will be reviewed by the Full Professors, advisory to the Chair. In general, faculty in their first three years after residency will be given a rank of "instructor"; for clinicians entering teaching after years in practice, attention will be paid to years of teaching experience.

Faculty on tenure track may switch to other tracks but switching from non-tenure track to tenure track is not generally possible; in both cases, there needs to be a written request and discussion with administration. Guidelines and criteria for promotion are included in Appendices E-G; Table 1 contrasts Tenure and Non-Tenure Track faculty promotions, and Figure 1 is an example of a timetable. All promotions require appropriate personal qualities, citizenship, leadership, honesty, integrity, and willingness to collaborate. Promotion from instructor to assistant professor requires a letter from the program director, Curriculum Vitae and review by the Full Professors, advisory to the Chair. For tenure track faculty, promotion to associate professor requires excellence in two of the core areas (clinical work, teaching, research) and scholarship in one area; for non-tenure track faculty, excellence in three areas, or excellence in two areas with scholarship in one is necessary. Promotion on both tracks requires regional recognition. It should be understood that excellence in administration and community professional service can only be met for promotion for non-tenure track faculty, and that if administration is used there should be evidence of substantial leadership. These guidelines also apply to non-physician faculty. Promotions to associate professor and to Full Professor for both tenure and non-tenure track faculty require approval by appropriate university processes.

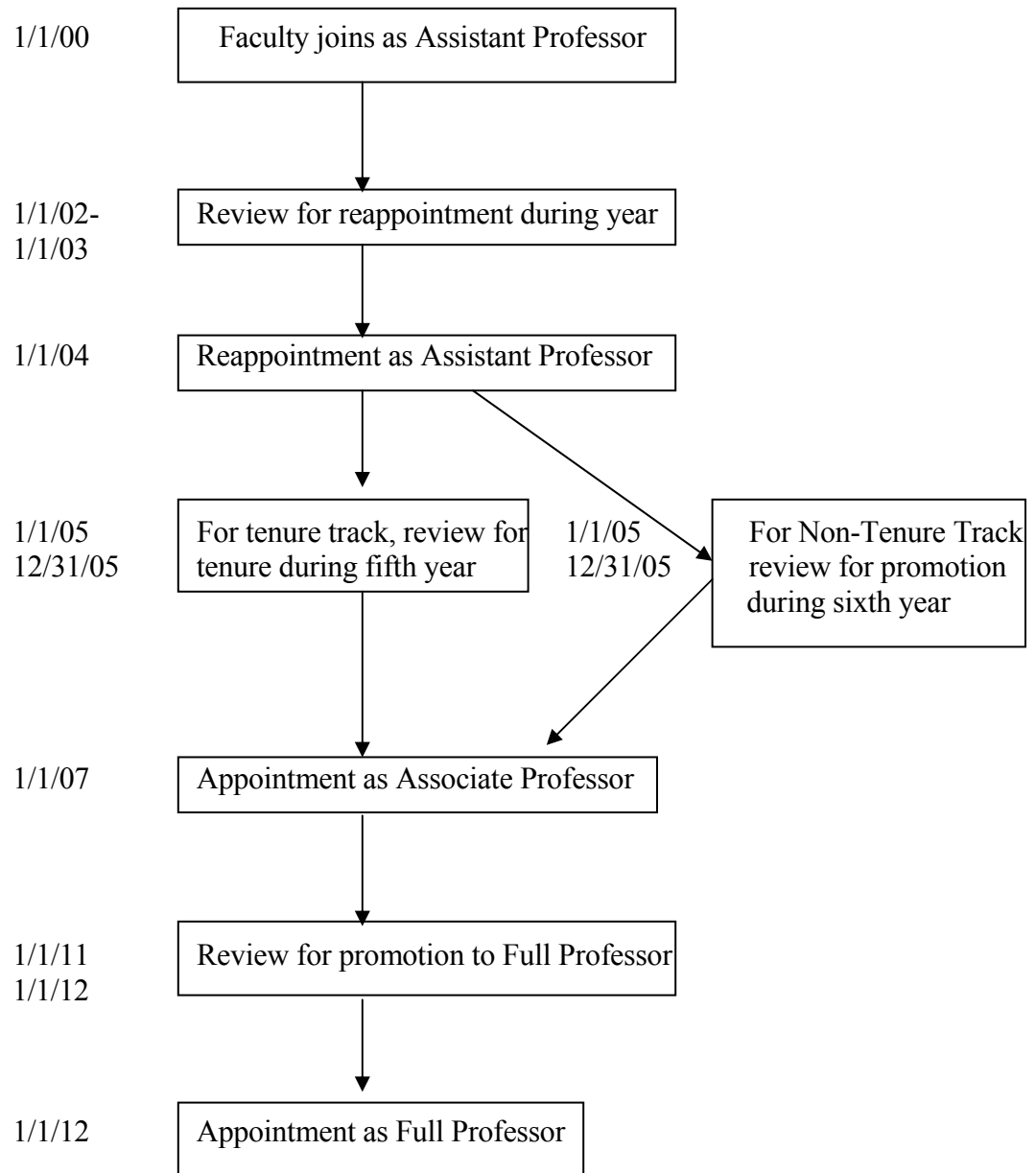
Promotion to Full Professor on either the tenure or non-tenure track is the highest honor the department can bestow. It should be emphasized that associate professor is often a terminal rank; promotion to Full Professor should be an achievement not an expectation. In addition to documentation of excellence as described in the guidelines, promotion to Full Professor requires scholarship, national recognition and evidence of substantial leadership. All Full Professors should demonstrate scholarship, but the nature and quantity of scholarship is expected to be different for clinician-teachers, and for faculty whose focus is research. It should be understood that excellence in administration or community professional service can be used for promotion only for non-tenure track faculty.

It is important to acknowledge the important roles that professionals other than physicians play in the department activities. Career development and promotion are expected of this group of faculty, including eligibility for participating in the Full Professors group. In most cases, non-physicians will need to document excellence in two areas plus scholarship in one area for promotion at each faculty level.

**Table 1. Comparison of Tenure and Non-Tenure Track Faculty
Department of Family Medicine Faculty**

	Tenure Track	Non-Tenure Track
Assistant Professor		
Initial Reappointment	3 years	3 years
Review for Promotion	During the fifth year	During the fifth year
? May defer review for promotion	Only for health or children	Yes - may defer for one year or three years on written application
Criteria for Promotion to Associate Professor	Personal qualities Excellence in two areas, and scholarship/national reputation	Personal qualities Excellence in three areas or two areas plus scholarship
What happens if promotion unsuccessful?	Loses appointment and job; in some cases, may be reappointed in non-tenure track	Maintains faculty appointment at the same level
Associate Professor		
Initial Review	During the fourth year	During the fourth year
Subsequent	3 years	3 years
Criteria for Promotion to Full Professor	Personal qualities Excellence in two areas and scholarship and evidence of national reputation	Personal qualities Excellence in two areas and evidence of substantial leadership and scholarship appropriate to kind of faculty Evidence of regional/national reputation

Figure 1. Example Timeline for Typical Tenure/Non-Tenure Track Faculty



5. TIMING AND PROCESS OF PROMOTION FOR TENURE AND NON TENURE TRACK FACULTY

As much as possible, the timing of reviews is similar for tenure track and non-tenure track faculty. (See table 1 for comparison of tracks.)

Assistant professors on the tenure track are reviewed in the third year and at the end of the fifth year, with promotion effective at the end of the seventh year. Tenure track faculty who do not achieve promotion to assistant professor or associate professor lose their faculty appointment, though conversion to another track is possible at the discretion of the program director and the Chair selected. In rare cases, a delay of review for tenure may be granted. Faculty members are responsible for initiating this request in writing, well in advance of the review. Associate professor with tenure may be a terminal rank. All associate professors are initially reviewed at five years and every three years thereafter until they attain the rank of Full Professor. If an Associate Professor with tenure chooses not to pursue promotion, a limited review focusing on career development is done every three years. The packet necessary for limited review is specified elsewhere (Section 6). Post tenure review is mandated every five years for tenure track Full Professors and is performed by a faculty committee in the School of Medicine.

Non-tenure track faculty follow a similar timetable except that their review is not tied to employment decisions; hence there is more flexibility. Thus, first review for assistant professor takes place during the third year and during the sixth year for promotion at the end of the seventh. Assistant Professors may request in writing deferral of review for promotion for one year. The rank of Assistant Professor may be held indefinitely but in all cases a limited review is necessary every three years. Associate professors are evaluated for promotion to Full Professor during the fifth year and every three years thereafter until they are promoted or retire. As for tenure track faculty, non-tenure track faculty can request a deferral of consideration for promotion and a limited review, with a limited packet. Non-tenure track Full Professors will be reviewed every five years by the assembled Full Professors.

Promotion to Associate Professor and Professor on both tenure and non-tenure tracks as well as tenure track Emeritus appointment tracks will be formally reviewed and approved by the medical school and the university. Adjunct appointments or non-tenure track Emeritus faculty require no review outside of the department. Early promotion is possible on any track but it should be understood to be a rare occurrence, possible only for exceptional individuals.

See Appendices H & I for description of process for adjunct and emeritus.

6. THE PROMOTION/REAPPOINTMENT PACKET

6.1 *Curriculum Vitae*

It is the responsibility of each faculty member to submit up-to-date Curriculum Vitae. The Curriculum Vitae is the principal means of documenting career development, and faculty should ensure its accuracy and completeness. Curriculum Vitae should be organized according to the UNC standard model. (Appendix J)

6.2 *Letters of Recommendation*

Letters of recommendation are a key element in the career development and promotion review process; they document excellence on campus, across the state and nationally. For reappointment only, a letter from the program director is required. For promotion to either associate or Full Professor, at least four inside letters, including the program director, are necessary, and at least four additional outside letters for promotion. Letters for promotion on the tenure track should address the institutional requirement for progressive scholarly productivity and national reputation. The faculty member will supply the department with a list of names of people who can write letters of recommendation. The subcommittee will review and add others as necessary; the Chair may add names of appropriate people and will request letters of recommendation from them. Recommending faculty will get a standard letter along with a current CV, evaluation forms and a listing of the criteria for excellence in each of the areas.

6.3 *Personal Statement*

In preparing the Promotion packet, it is important that the faculty candidate develop a personal statement. This should include:

- Their past experiences and skill development.
- Their teaching goals, philosophy and academic work (i.e., why they you doing this work?).
- Their immediate and long-term career goals.
- Specific plans to achieve those goals.
- Should not be more than 3 pages in length.

A sample Personal Reflective Statement is in Appendix J.

7. THE ACADEMIC PORTFOLIO

7.1 *The Academic Portfolio*

For all faculty, a teaching portfolio is required; in addition each faculty member should maintain portfolios in those areas in which they will seek excellence. Experience shows that academic portfolios are best maintained if done cumulatively as part of the annual review.

7.2 *Clinical Care*

The candidate and/or his/her supervisor should document clinical activities and scope of practice; letters of recommendation should address clinical performance. Where other documentation of clinical activity--such as clinical outcomes, liability events, or patient satisfaction reports--is available, it should also be included.

7.3 *Teaching*

The School of Medicine and the University have taken a specific approach to the documentation of teaching excellence and for faculty. For Family Medicine, the "portfolio" should have the following components:

- A reflective statement of teaching goals and philosophy
- Documentation of major educational responsibilities
- Examples of the products of the individual's teaching
- Evaluation by learners
- Evidence of evaluation by peers

Documentation of teaching evaluations should be comprehensive rather than selective - i.e., the portfolio should include all available evaluations. The subcommittee will review the evaluations for comprehensiveness.

Evidence of peer evaluation of teaching, at least twice a year, is required for all faculty members. The topic but not the content of the review should be listed in the teaching portfolio.

7.4 *Administration Portfolio*

Faculty choosing administration as an area of excellence should document their administrative responsibility in a narrative. Letters of reference should address this component of the faculty member's performance if the faculty member chooses administration as an area of excellence.

7.5 *Community Professional Service*

Faculty should document their community professional service. This should include a variety of community professional service from participation in community organizations, to review articles and other contributions to the academic community. Ideally, excellence in community professional service is that which: a) improves the health of communities over and above the

individual clinical contribution and b) that which is closely integrated with the traditional missions of clinical care, teaching and research.

7.6 *Research and Scholarship*

Research and scholarship will be documented in the curriculum vitae and, if appropriate, letters of recommendation. In addition, the candidate for promotion should submit 1 or more articles for consideration to the Full Professors. The subcommittee will assist the candidate in the choice of articles.

Appendix A



Mission and Vision Statement
University of North Carolina
Department of Family Medicine

VISION MISSION AND VALUES STATEMENT

The vision of the Department of Family Medicine is to promote the health of the people of North Carolina and the nation through leadership and innovation in clinical practice, medical education, research and community service. As an instrument of the State of North Carolina, we are concerned with both current needs and future generations, and have a special commitment to the underserved, mothers and children, the elderly and other populations at risk in a time of rapid changes in the organization of health care.

Key elements of this vision include:

- Provision of innovative, comprehensive, high quality and cost effective health care. We aspire for this care to be patient and family oriented, community focused, and evidence-based.
- Development and maintenance of outstanding medical education programs for medical students, residents, fellows and practicing physicians. We aspire to excellence among faculty and learners, and for our teaching to be learner-based, centered on adult learning principles, and fully leveraging information technology.
- Promotion of the discovery and dissemination of knowledge important to clinical practice, teaching and the improvements of the organization of health care. We aspire for our research to answer questions that matter in individual and population primary health care.
- Working in partnership and service to individuals, community organizations and local, state and government agencies to address unmet health needs of the population. We aspire to a leadership role in improving the health of communities we serve, North Carolina, and the nation.

- We envision and support a health care system that embodies compassion, fairness, equality, tolerance, personal responsibility, respect for individuals, and concern for and inclusion of family and community.

Appendix B

Scholarship in Family Medicine DRAFT 3.0

Background: *As a part of our revision of guidelines for tenure and promotion, it is necessary to provide an introduction to what constitutes scholarship within the discipline of family medicine. The following draft draws upon the work of Dr. Boyer and the AAMC, and includes initial comments from the full professors in February 2001, and follow-up comments from the full professors and others across the statewide department.*

Scholarship is essential to the discipline of Family Medicine and the future of Family Practice. As a national leader in Family Medicine, the Department of Family Medicine at the University of North Carolina has a special responsibility to develop and encourage scholarship among its faculty and across the state of North Carolina. Our vision is to promote the discovery and dissemination of knowledge important to clinical practice, teaching and the organization of health care. We aspire for our research and scholarship to answer questions that matter in the care of individuals and populations.

Every discipline must develop its own definition of scholarship. Family Medicine, as a generalist discipline active in a wide variety of settings, must have a broad understanding of scholarship. Like other clinical disciplines Family Medicine embraces the *scholarship of discovery*, the exploration of fundamental processes and relationships in clinical care, health services research and policy. Recent examples of the *scholarship of discovery* from our department include work addressing factors influencing retention of physicians in NHSC, the effectiveness of Alzheimers special care units, the impact of Mediterranean diet of blood lipids and the long term outcomes of the a faculty development fellowship.

Scholarship in Family Medicine also includes the *scholarship of integration*, which interprets, draws together or brings new insight to bear on original work. Recent department examples of the *scholarship of integration* include an information synthesis of the effectiveness of interventions for domestic violence, a Section on prenatal care in the Essentials of Family Medicine, a POEM about the effectiveness of routine caesarian section for breeches and an invited presentation at a national conference on the management of knee injuries.

Finally, scholarship in Family Medicine includes the *scholarship of application*, which emphasizes engagement with practical problems and the development of new approaches to dealing with these issues. Recent examples of the *scholarship of application* include the Buncombe County project, a survey about the introduction of electronic medical records in residency sites, an interventions to reduce barriers to care among Hispanics and a COPC based intervention to reduce the racial disparity in adverse outcomes in diabetics.

It is important to distinguish between teaching and scholarship. Teaching is one of our most important commitments, but teaching, per se, does not represent scholarship, unless it has direct impact outside of one's own setting and peer group. Likewise, service and advocacy are fundamental parts of the ethos of Family Medicine. To be scholarship, however, service activities must be tied directly to one's special field of knowledge, flow directly out of ones special field of expertise, and to have reference to and impact outside of the immediate context of the service.

The Department of Family Medicine understands that there are many valuable forms of scholarship. Certain aspects are constant: intellectual curiosity, a constant willingness to learn and to question old assumptions, honesty, a commitment to quality and a commitment to share knowledge. In general, we will give higher value to scholarship which has an enduring form, demonstrates a sustained focus over time, recognition by peer-review and achieves impact outside of the local setting.



A Clarification of the Criteria for Faculty Appointments and Promotion in the UNC School of Medicine

(Revised - February 27, 2002)

Section I. Tracks

There will continue to be 3 “tracks” in the School of Medicine for faculty appointments and promotions: the tenure track and two distinct non-tenure tracks (“clinical track” and “research track”). The track to which a new faculty member is recruited will be established and known at the time of recruitment and will be clearly spelled out in the Offer Letter. The Department Chair will review the differences among the various tracks, clarifying for the new faculty member the criteria that he/she must fulfill in order to be promoted. In addition, the Department Chair will emphasize to his/her new recruits that all track assignments will be largely invisible to the outside world: i.e., regardless of the track to which an assistant professor faculty member is assigned, he/she will generally be referred to as “*assistant professor*.”

A. Tenure track:

Promotion in the School of Medicine on any track will require unequivocal evidence of excellence and demonstration of scholarship in one of three areas. In the case of promotion within the tenure track, each faculty member will be expected to excel in at least one of the following areas: research; clinical care; or teaching. In addition to unequivocal evidence of excellence in the chosen area, promotion on the tenure track will also require documentation of exemplary teaching.

For the purpose of this process, scholarship is defined as follows:

- 1) **Evidence of progressive academic productivity.** Activities that are used to document academic productivity will vary depending primarily on the specific area(s) to which a given faculty member elects to focus. However it is important to emphasize that when a faculty member on the tenure track is considered for promotion, careful consideration will be given to the quality, quantity, and originality of scholarship as well as to the overall level of his/her academic productivity.
 - a) Faculty members who are focused on research will be expected to publish peer-reviewed papers describing original research. Additionally, academic productivity

for researchers would be reflected by success in competing for peer-reviewed grant support.

- b) Faculty whose primary focus is clinical care and/or teaching are also expected to be academically productive. They may: document important clinical observations; publish review articles in prominent journals; write chapters for major textbooks; and/or serve as an editor for such textbooks. In addition to conventional journal and book publications, consideration will also be given to scholarly productivity in such formats as instructional videotapes, on-line publications, etc.

2. **Development of a *national* reputation for excellence.** Letters obtained from external reviewers and the quality of the journals in which an individual's publications appear will both be important factors in establishing the national reputation of a given faculty member. Other activities/responsibilities that can be used to demonstrate a national reputation include: documented participation in national and international symposia; membership on study sections, editorial boards, and advisory panels; election to office in national and international academic and/or professional societies; invitations to present grand rounds, lectures, and seminars at other academic medical centers; as well as any other indicators of visibility that extend well beyond the boundaries of UNC and the state of North Carolina. It is understood that many of these (e.g., service on study sections, election to national office, etc.) tend to occur somewhat later in an academic career. Thus, the evidence used to document the national reputation of a given faculty member will need to be commensurate with the current academic level of the individual under review.

It is important to re-emphasize that not all faculty in the tenure track will conduct research (i.e., basic, translational, clinical, or population-based). However, whatever area(s) is (are) being pursued by a given faculty member, his/her promotion will require unequivocal evidence of both high quality scholarship and the development of a national reputation.

B. Non-tenure tracks: The titles of faculty members recruited into the clinical and research tracks will not have any adjective/qualifier attached to them: i.e., these individuals will be referred to as “assistant professor,” “associate professor,” or “professor.”

In each case, the promotion of a faculty member in a non-tenure track will require demonstrated evidence of both excellence and productivity, especially in the area(s) for which he/she was recruited to the School of Medicine: (i.e., research, clinical care, education, and/or administration).

The ***research track*** has been designed to accommodate individuals who have completed post-doctoral fellowship training but are not yet ready to launch their careers as independent investigators in charge of their own laboratories, or scientists who fill an important institutional role (e.g., a director or member of a core laboratory facility) but are not expected to function as an independent scientist/principal investigator.

The ***clinical track*** has been designed to accommodate the variety of individuals who are so vital to the clinical missions of the School of Medicine. In addition, it is important to emphasize that the teaching role of many clinical track faculty members is absolutely

essential to the academic mission of the School of Medicine. However, in many cases these teaching activities will be centered at the bedside and in more local “classrooms,” rather than national fora.

Unlike faculty members on the tenure track, the School of Medicine will not mandate that individuals on the non-tenure tracks achieve national reputations in their given areas, nor will the School insist that they demonstrate unequivocal evidence of scholarly productivity (e.g., publication of scholarly articles and chapters). However, these School of Medicine criteria for promotion of faculty members in the clinical and research tracks represent minimum standards. It is anticipated that individual departments will: a) establish more stringent criteria for promotion in the fixed term tracks (e.g., requiring evidence of scholarship, etc.); and b) set up their own review process for the promotion of fixed-term faculty. These criteria will be consistent with School-wide criteria under development at this time.

Thus, the promotion review of individuals on the non-tenure tracks will include evaluation at both the departmental and school level. The timeline for promotion review within the non-tenure tracks will be identical to the timelines employed for individuals in the tenure track. Furthermore, just as in the tenure track, exceptional candidates in the non-tenure tracks can be considered for early promotion.

Section II Extramural Faculty

AHEC faculty members

Faculty who are geographically located at sites other than the UNC-CH campus may be assigned to any of the tracks described above provided that a major component of their job is related to university activities. Such activities may include: clinical teaching, clinical service, research, and/or administration. The track to which these individuals are assigned will be based on the most appropriate fit for their respective activities. The vast majority of the extramural faculty members referred to under this section of the policy are those individuals who are based at the six UNC-affiliated AHEC sites. These faculty members are critical to the educational mission of the School of Medicine, as medical students from UNC complete over 45% of their clinical experiences in the various AHEC settings. Given the nature of these positions, and the heavy emphasis on teaching and clinical service at the AHEC sites, it is anticipated that most of the AHEC faculty members will hold non-tenure track appointments. Nevertheless, the tenure track will continue to remain available for AHEC faculty. It is important to emphasize, however, that these individuals will be judged by the same criteria of scholarship, teaching, research and service that pertain to university-based faculty. In addition, if they are assigned to the Tenure Track, they will, like UNC-based faculty, need to maintain a teaching portfolio. As is the case for UNC-CH-based faculty, the track assignment for AHEC faculty members will be largely invisible in terms of faculty rank/description (i.e., they will be referred to as “assistant professor” regardless of the track to which they are assigned).

Part-Time and Voluntary Faculty

The UNC School of Medicine depends for its success on a number of community-based clinicians. These individuals provide important, but limited service to the university (i.e.,

less than 51 percent time and effort). In fact, the majority of these clinicians are voluntary teachers who host students in their practices for a few months each year. These community-based preceptors may be recognized by appointment as either clinical or adjunct faculty (e.g., “Adjunct Assistant Professor” or “Clinical Assistant Professor”). Appointment and promotion review within this group will be the responsibility of the appointing department.

Adjunct Faculty

Adjunct faculty appointments will also be considered as secondary appointments for faculty members who have primary appointments within the tenure or non-tenure tracks in other departments (e.g., “Professor of Medicine and Adjunct Professor of Pharmacology”). Some departments also use adjunct faculty appointments for part-time, typically non-paid research collaborators who are based outside the university. As with part-time and voluntary (non-paid) faculty, appointment and promotion review of adjunct faculty will be the responsibility of the appointing department.

Appendix D

Promotion of Non-Tenure Track Faculty

School of Medicine
University of North Carolina at Chapel Hill
(Approved in Concept by the Advisory Committee of the School of Medicine on May 14, 2002)

Introduction

Non-tenure track faculty are vital to the success of the UNC School of Medicine but, until now, the school has not had a defined policy on promotion of non-tenure track faculty on either the clinical or research tracks. Each department has set its own rules, the result being a patchwork quilt with substantial variation between departments, no consistent school-wide process for promotion and sometimes a neglect of the long-range career development that the promotion process requires. The charge to this committee was to develop a common policy and process for promotion of non-tenure track faculty in the School of Medicine.

This report is predicated on the School of Medicine's general policy on promotion and tenure, and does not address adjunct faculty. It should be underscored that, for non-tenure track faculty, decisions about promotion are separate from decisions about employment, which remain the responsibility and prerogative of the Chair in consultation with the assembled full professors of the department. Every effort has been made to make these recommendations consistent with groups working at the campus and university levels.

What follows describes the process of our review, our basic recommendations, standards for departmental promotion criteria, process of review within departments, process of review outside of the department and implementation.

Review

We surveyed all medical school departments to find the number of non-tenure track faculty, their terms and the presence of departmental policies describing the process of promotion. Then we followed a formal consensus development process, beginning with qualitative interviews of key informants, and then consensus building across basic clinical department leaders, over several meetings and e-mail discussion.

Over 45% of the medical school faculty are non-tenure track faculty. There is great variation across departments in the number of non-tenure track faculty, rank, track and duration of terms; a significant but unknown number work less than full-time. Very few departments have explicit written policies on promotion of non-tenure track faculty members.

General Recommendations

We recommend that non-tenure track faculty have a review process for promotion that runs parallel to, as much as possible, the process for tenure track faculty. As with tenure track faculty, the individual faculty member is primarily responsible for his/her own career development and making himself/herself eligible for promotion consideration, with the expectation that guidance and mentoring needs will be addressed by their department Chair, and/or a designated faculty mentor, Division Chief or Center Director. Departments should set explicit standards and process for review and make these known to faculty at hiring and on formal review. Given their different missions, size

and roles, different departments can and should individualize this policy according to their best interests. This may include separating clinical from research tracks and addressing the process for reviews of part-time faculty.

All promotions recommended by the department should be reviewed and approved at the medical school level by a process analogous to those of tenure track faculty but different in details.

We also recommend that the administration of the School of Medicine develop a data system for tracking non-tenure track faculty across the medical school. Such a database should be updated regularly in collaboration with the departments and would allow monitoring of the process of promotion as well as assessment of equal opportunity and other important institutional initiatives.

Specific Standards

Departmental Criteria for Promotion

1. Each department will set its own *standards for excellence* in clinical care, teaching and research as it applies to non-tenure track faculty. Similarly, departments may also include excellence in administration or professional community service as criteria for promotion. (***Please note: Administration will not be considered as an area of excellence in the tenure track.***) Each department will also set its own *process* for promotion for non-tenure track faculty, within the constraints of the school policy summarized in this report.
2. Teaching is an essential mission of the School of Medicine, and all candidates for promotion should demonstrate significant contribution to the teaching mission of the school. It is recognized that the opportunities for teaching depend importantly on the job description of the faculty member, and it is important to emphasize that teaching is not limited to lectures but meaningfully includes a variety of venues and learners, such as precepting medical students in an office setting or training fellows in particular procedures or graduate students in state-of-the-art laboratory techniques.
3. Promotion of non-tenure track faculty will require, at the least, documentation of the contributions to the teaching mission and excellence in one of the traditional domains of faculty activity: research, teaching or clinical care. For clinician-teachers, excellence in both clinical care and teaching are necessary for promotion.

Process of Review Within the Department

1. All full-time non-tenure track faculty must have their initial appointments and subsequent recommendations for promotion reviewed by the department. This includes faculty with joint appointments. Departments may also define a process for promotion of part-time faculty (51% FTE and above).
2. All non-tenure track faculty will receive, from the department Chair, a written copy of the criteria and process for promotion at the time of their first appointment and at each subsequent review.
3. The timeline for promotion and career review for non-tenure track faculty will be similar to that of tenure track faculty. Thus, assistant professors will be reviewed at four years and be eligible for consideration for promotion at six years. Associate professors will become eligible for consideration for promotion at five years and be reviewed every three years thereafter. Full professors will be reviewed every five years, with the process and expectations set by the

department. As with the tenure track, outstanding individuals may be considered for promotion early. Departments may give individual faculty members the right to defer or postpone review.

4. The assembled full professors and, if applicable, the promotions committee of each department will conduct departmental reviews and give its recommendation to the Chair. The recommendation is advisory to the Chair.
5. The assembled full professors must include all non-tenure track faculty at the full professor rank when considering promotion of non-tenure track faculty. Departments may *choose* to include faculty of lower rank in the promotion committee (*SOM Bylaws currently say that only full professors of the department may vote on faculty promotions; must be amended*).
6. As with tenure track faculty, the Chair or his/her designee is responsible for facilitating ongoing professional development of non-tenure track faculty. This includes counseling about promotion.

Process Outside of the Department

1. After receiving the recommendation of the assembled full professors and, if applicable, the promotion committee, the Chair must review the case and, if appropriate, recommend the faculty member to the Dean for promotion.
2. All non-tenure track faculty members recommended for promotion will be reviewed by the Non-Tenure Track Faculty Promotions Committee who will advise the Dean. This committee will represent another section of the School of Medicine's promotion process. The initial committee will be appointed by the Dean. It will consist of six (6) full-time (100%) faculty: two basic science and four clinical science faculty.
3. In subsequent years, three members of the Non-Tenure Track Faculty Promotions Committee will be elected. All full-time (100% FTE) salaried members of the faculty of the School of Medicine – tenure track and non-tenure track – at the rank of Assistant Professor or higher will be eligible to vote in these elections. The other three members of the Committee will be appointed by the Dean. Associate Professors may serve on this committee provided they do not review faculty for ranks higher than theirs. ***Therefore at least half of the members of the Committee must be Full Professors.*** At least half of the members will be non-tenure track faculty. Each member will have a term of three years. The committee will compare the faculty member's record to this document and recommend to the Dean confirmation or rejection of the recommendation for promotion. Departmental criteria will be provided to the committee for informational purposes.
4. The promotion packet should include a letter from the Chair to the Dean (including the faculty member's percentage of effort), the letter of support from the assembled full professors (and the promotions committee where applicable) and the relevant departmental standards for promotion. The promotion packet should also include three letters of recommendation (letters internal to UNC are acceptable), an updated curriculum vitae conforming to the standardized format for the School, a personal/reflective statement by the faculty member and documentation of their contribution to the teaching mission of the School.
5. Candidates approved for promotion will be presented at the Dean's Advisory Committee meeting by the appropriate Chair. If approved, and the Dean concurs, the School of Medicine's Human Resources Office will review the appropriate paperwork on each promotion action and transmit it to the Provost's Office. The promotion will be effective approximately one month after the date of review by the Dean's Advisory Committee.

6. Faculty may appeal negative decisions of the Chair to the Dean or his/her designee. Chairs may appeal negative decisions of the Non-Tenure Track Faculty Promotions Committee to the Dean or his/her designee.

Implementation

1. Departments are responsible for developing specific policies within the framework of this document by October 1, 2002. These policies will include standards for excellence in each of the domains as well as the criteria and process of promotion within the department. After December 1, 2002, any department without an approved policy will not be able to promote non-tenure track faculty members.
2. The guidelines of this policy will apply to all non-tenure track faculty effective January 1, 2003.

Non-Tenure Track Faculty Promotions Committee:

Warren Newton, MD, MPH, Chair
Thomas Bacon, DrPH
Jeffrey Frelinger, MD
Robert Golden, MD
Andrew Greganti, MD
David Lee, PhD

Travis Meredith, MD
Valerie Parisi, MD, MPH
Kenneth Roberts, MD
Frederick Spielman, MD
Alan Stiles, MD
Judith Tintinalli, MD

Appendix E

INSTRUCTOR to ASSISTANT PROFESSOR

Instructor is a transitional rank given to some faculty early in their career. Faculty may hold the rank no more than four years. Promotion from instructor to assistant professor can occur at any time during this four-year period, and requires a letter from the program director, a CV and review by the Full Professors as a consent agenda item.

Appendix F

ASSISTANT TO ASSOCIATE PROFESSOR

CRITERIA AND GUIDELINES FOR PROMOTION OF FULL TIME TENURE AND NON-TENURE TRACK FACULTY DEPARTMENT OF FAMILY MEDICINE THE UNIVERSITY OF NORTH CAROLINA

Criteria for promotion are based on both personal qualities and excellence and scholarship, which are defined as being achievements of performance greater than would be expected from a competent faculty member.

- A. **PERSONAL QUALITIES.** These are: Citizenship, Leadership, Integrity, and Willingness to Collaborate.
- B. **CRITERIA.** Tenure Track: Excellence must be demonstrated in two of the following areas - Clinical Work; Teaching; Research. Excellence in Community Professional Service will add strength to the case for promotion. As an independent criterion, Scholarship must be demonstrated in any of the following five areas: Clinical Work; Teaching; Research; Administration or Community Professional Service. In addition, there must be evidence of progressive productivity and regional or emerging national recognition.

Non-Tenure Track Faculty: Non-tenure track faculty play a critical role in making the system work. Documentation should include both personal qualities and this quality of "importance to the mission." For non-tenure track faculty, promotion can be obtained via two routes - excellence in three of five possible areas (clinical, teaching, research, administration and community professional service) or excellence in two areas and scholarship. There should be evidence of regional or emerging national reputation.

DOCUMENTATION GUIDELINES - EXCELLENCE

1. **CLINICAL WORK.** Excellence in clinical practice is an essential part of academic medicine and should combine superior performance with concern for the welfare of patients. This can occur in 2 areas: 1) Recognition by peers within and outside the institution and 2) Professional contributions to patient care. Clinical roles and responsibilities should be documented in the program director's letter. Possible criteria and documentation methods include:

HIGH VALUE

- a) Peer Review of clinical skills. Documentation and supporting letters.
- b) Clinical roles and responsibilities need to be documented.
- c) Innovations that improve patient care
- d) Published case reports or clinical articles:
- e) Obtaining funds to conduct clinical service/programs
- f) Mentoring learner who publishes or develops academic materials.
- g) Directing a clinical fellowship.
- h) Documentation of excellent outcomes of patient care

MEDIUM VALUE

- i) Invited consultation outside own clinical center.

- j) Clinical presentation at main departmental or CME conferences. Minimum of four per year
- k) Production of materials for clinical care, i.e., protocols, procedure guides, etc.
- l) Organizing/moderating CME programs (leadership).
- m) Description of special clinical skills development and expertise.
- n) Presenting at institutional or other clinical workshops.
- o) Development of clinical educational materials for patients/public
- p) Mentoring learner skills/projects.
- q) Participation in State or national Clinical Committees.

LESSER VALUE

- r) Participation in clinical trials
- s) Participation and leadership in Departmental, Hospital committees.
- t) Teaching in a clinical fellowship

2. **TEACHING.** The program director letter and teaching portfolio should document the nature and scope of teaching, summarize evaluations and give demonstration of initiative, creativity, availability; excellent learner evaluations and scholarship support excellence. Criteria can include:

HIGH VALUE

- a) Achievement of students. High scores, awards, projects, publications and presentations (evidence of mentoring by promotion applicant).
- b) Directing an Educational program or course in medical school.
- c) Directing an Educational program or course outside of medical school.
- d) Development of innovative syllabi and course, which include handouts, well defined objectives and bibliographies. These must be provided as documentation.
- e) Superior teaching evaluations by students and peers
- f) Publication of a description/evaluation of an educational innovation.

MEDIUM VALUE

- g) Documentation of specific teaching commitments and activities (at least three years of documented experience)
- h) Giving a visiting professorship at another institution
- i) A national presentation on an educational topic
- j) Consultation on education to local, regional and national groups or organizations.

3. **INVESTIGATION/RESEARCH.** The faculty member must demonstrate evidence of focused work which is a significant contribution to the field of Family medicine. There should be evidence that the applicant has developed his/her own ideas and direction rather than just collaborated as a co-investigator. Recent scholarship should be predictive of continuing activity and a description of research in progress and future plans must be supplied. Evidence of a lack of scholarship should be of significant concern to the promotion process. Criteria may include:

HIGH VALUE

- a) Principal investigator on funded research projects in last three years
- b) Articles presenting own work in refereed or non-refereed journals (approximately four/year should be a goal). Greater weight should be given to first author articles and those published in major highly selective national journals such as JAMA, New England Journal of Medicine, Annals of Internal Medicine, BMJ and Lancet.
- c) Evidence of methodological innovation
- d) Membership on study section or external grant review board
- e) Supporting letters from national references
- e) Membership of Funding Study Section or refereed journals/editorial boards
- f) Direction of Research Fellowship Program

MEDIUM VALUE

- g) Editorials and Abstracts
- h) Presentations at local, regional or national meetings (at least one).

LESSER VALUE

- i) Supervision of student/fellow and resident research projects.
- j) Supporting letters from local colleague reference on research ability.

4. **ADMINISTRATION.** Evidence of excellent performance and program development in three areas: 1) Recognition by peers and learners; 2) Program development; and 3) Professional contributions to administrative aspects of patient care and education. Scholarly contribution made by sharing knowledge, teaching learners, and providing insights to peers even in nontraditional settings. The applicant should provide a description of responsibilities, time commitments and plans for future development. Criteria may include:

HIGH VALUE

- a) Excellent track record in major administration role
- b) Evaluation by peers and administrative staff
- c) Evidence of mentoring or supervising learners
- d) Publications. A minimum of one article in refereed or non-refereed journal in previous years.

MEDIUM VALUE

- e) Consultation outside the department
- f) Evidence of skills development in administration, (i.e., courses, workshops).

LESSER VALUE

- g) Participation at conferences (One annually in last three years).

5. **COMMUNITY PROFESSIONAL SERVICE.** Consistent with the mission of the UNC Department of Family Medicine and the University of North Carolina, community and public service is highly valued. Community service can occur in local, regional, state, national and international settings. Excellence in community professional service is that which: a) makes a substantial contribution to the health

of a community over and above the clinical contributions of the individual and b) is closely integrated into the traditional academic missions of clinical care, teaching and research. Many accomplishments in community service may occur outside of or in addition to the time traditionally devoted to faculty scholarship or clinical activity.

HIGH VALUE

- a) Community or public service award by statewide, national or international organization/institution
- b) Serving as an elected officer of local service agencies
- c) Serving on the Board of Directors as volunteer for national service organization/institution
- d) Giving a presentation on some aspect of community service to a national or international organization/institution
- e) Media accomplishments- state or national interviews/media stories generated on radio, television, magazines and newspapers
- f) Successful grant writing for service related activity
- g) Publication in peer-reviewed journal on one or more aspects of community service
- h) Recognition of accomplishments by colleagues through supporting letters

MEDIUM VALUE

- i) Overseas service and leadership
- j) Committee Chair of a local or state organization/institution
- k) Giving a presentation on some aspect of community service to a statewide organization/institution
- l) Director of free medical or indigent clinic
- m) Public Service Award by local organization/institution
- n) Participating in a research project on community service
- o) Serving on the Board of Directors of local service agencies
- p) Serving as a faculty advisor for a student service organization
- q) Mentoring students, fellows or faculty in service projects
- r) Media accomplishments- local interviews/media stories generated on radio, television, magazines and newspapers
- s) Developing a curriculum for or teaching a community service course/elective
- t) Initiation of a new program or service that meets community need

LESSER VALUE

- u) Serving on a committee of a local or state charitable organization/institution
- v) Giving free medical care at a homeless or indigent clinic
- w) Volunteer in faith-based religious institutions (e.g. church, synagogue, etc...)
- x) Volunteer in non-profit community organization (e.g. United Way, Rape Crisis or Domestic Violence Center, Habitat, etc.)
- y) Supervision of student/resident projects in community service
- z) Giving a presentation on some aspect of community service to a local organization/institution (e.g. school talk on tobacco, grand rounds' lecture, etc...)

- aa)** Attendance at a conference involving community service
- bb)** Membership in professional and volunteer organizations that perform community service (e.g. AMA, AAFP, STFM, etc)

DOCUMENTATION GUIDELINES - SCHOLARSHIP

Scholarship may relate to any of core domains (clinical work, teaching, research, administration and professional community service). The Department of Family Medicine acknowledges a broad definition of scholarship (see Appendix B). Within this framework, however, emphasis should be placed on publication, progressive productivity, and a theme, with special recognition of reports in major journals and funding quality and quantity from external sources.

What follows are guidelines for scholarship in each of the domains.

1. CLINICALWORK

HIGH VALUE

- a)** Published a book or clinical articles modeling care: Minimum of one every two years. (Refereed or non-refereed journals)
- b)** Obtaining funds to conduct clinical service/programs
- c)** Mentoring learner who publishes or develops academic materials.

MEDIUM VALUE

- d)** Invitation for consultation outside own clinical center.
- e)** Production of materials for clinical care, i.e., protocols, procedure guides, etc.
- f)** Organizing/moderating CME programs (leadership).
- g)** Description of special clinical skills development and expertise.
- h)** Presenting at institutional or other clinical workshops.
- i)** Development of clinical educational materials for patients/public

LESSER VALUE

- j)** Mentoring learner skills/projects.
- k)** Participation in State or national Clinical Committees.
- l)** Presentation at national meeting.
- m)** Participation in clinical trials
- n)** Participation and leadership in Departmental, Hospital committees.
- o)** Community clinical services; e.g., volunteer at Shelter, Migrant Clinic.
- p)** Teaching in a clinical fellowship

2. TEACHING

HIGH VALUE

- a)** Authoring/editing sections or books on education.
- b)** Development of educational/audiovisual materials for distribution outside the institution.
- c)** Minimum of one refereed articles on education every two years.
- d)** Directing a teaching fellowship program.
- e)** Leadership (PI, CO-PI) in obtaining training grant.

MEDIUM VALUE

- f) Participating in educational committees in the Medical School/the local institution.
- g) Participating in a teaching fellowship program.
- h) Presentation of paper/program/workshop at state, regional (two in the last three years).
- i) Active participation in writing one training grant in past two years.
- j) Presentation of paper/program/workshop at national level.

LESSER VALUE

- l) Participating in specific educational conferences at the local institution as well as regionally and nationally.
- m) Participating in education committees at regional level.
- n) Membership in appropriate professional organizations.

3. INVESTIGATION/RESEARCH

HIGH VALUE

- a) Authorship/editorship of books from a reputable publisher
- b) Refereed publications-guideline of 4/ year, with greater weight given to first authorships and to publications in national highly selective journals.
- c) Principal investigator on Grant (> \$50K) funded outside the institution.
- d) Editorship of journal/project/conference proceedings

MEDIUM VALUE

- e) Presentations/posters at regional and national conferences (two in the last three years)
- f) Mentoring research publications of colleagues, learners (provide details).
- g) Principal Investigator on a funded grant outside the Institution (<\$50K).
- h) Active membership of national research committee(s)
- i) Principal investigator on Research grant funded within institution
- k) Organization of research training/research conference
- l) Consultant to program/agency outside institution
- m) Invitation to present research at other universities.

LESSER VALUE

- n) Collaboration on unfunded research project
- o) Development of research grant proposal. Manuscript available to committee
- p) Membership of local, regional research committees
- q) Teaching participation in a research fellowship/or teaching research course

4. ADMINISTRATION

HIGH VALUE

- a) Program development and direction - described
- b) Book chapters/materials published, one every 2 years.
- c) Innovation in administrative methods/procedures – invited presentation about outside of the institution.
- d) Committee work at National level.

MEDIUM VALUE

- e) Dissemination of work at seminars, conferences and workshops (provide examples)
- f) Committee work at AHEC state level.
- g) Presentations/posters at conferences inside and outside institution
- h) Administrative manuals - developed. Provide evidence.

LESSER VALUE

- i) Committee work at divisional, departmental, University
- j) Production of annual administrative reports documenting activities

5. COMMUNITY SERVICE

HIGH VALUE

- a) Publications regarding community service projects
- b) Success in obtaining grant support of community professional service projects
- c) Institution and institutionalization of new program/service that impact state or national service

MEDIUM VALUE

- d) Invited presentation at national or state level
- e) Presentation at state or national conferences
- f) Published editorials in regional or state print media
- g) Institution and institutionalization of new program/services that impacts local service
- h) Mentoring fellows or other faculty on service related publications

LESSER VALUE

- i) Oral presentation at local meeting
- j) Collaboration on funded service project
- k) Published letters to editor in print media

Appendix G

ASSOCIATE PROFESSOR TO FULL PROFESSOR

CRITERIA AND GUIDELINES FOR PROMOTION OF FULL TIME TENURE AND NON-TENURE TRACK FACULTY DEPARTMENT OF FAMILY MEDICINE THE UNIVERSITY OF NORTH CAROLINA

Criteria for promotion are based on both personal qualities and excellence and scholarship, which are defined as being achievements of performance greater than would be expected from a competent faculty member.

- A. PERSONAL QUALITIES.** These are: Citizenship, Leadership, Integrity, Willingness to Collaborate and commitment to the goals of the Department, AHEC and the University.
- B. CRITERIA.** Tenure Track: Excellence must be demonstrated in two of the following areas - Clinical Work; Teaching, Research. Excellence in Community professional service adds strength to a promotion packet. As an independent criterion, Scholarship must be demonstrated in any of the following five areas: Clinical Work; Teaching; Research; Administration or Community Professional Service. In addition, there must be evidence of progressive scholarly productivity and strong national reputation.

Non-Tenure Track Faculty: Non-tenure track faculty play a major role in making the system work. Documentation should address personal qualities and address "importance of mission." For non-tenure track faculty, promotion requires excellence in two of the five domains (clinical work, teaching, research, community professional service and administration). National reputation, as expressed in collaborations, active participation in national committees, or presentations or reported invited at the national level is necessary, as is evidence of substantial leadership at the state or national level. Scholarship is also necessary for promotion to Full Professor, though the nature and amount of scholarship will differ according to type of faculty.

DOCUMENTATION GUIDELINES - EXCELLENCE

- 1. CLINICAL WORK.** Excellence in clinical practice is an essential part of academic medicine and should combine superior performance with concern for the welfare of patients. This can occur in 2 areas: 1) Recognition by peers within and outside the institution and 2) Professional contributions to patient care. Clinical roles and responsibilities should be documented in the program director's letter. Possible criteria and documentation methods include:

HIGH VALUE

- a) Peer Review of clinical skills, documented in supporting letters.
- b) Innovations that improve patient care
- c) Published case reports or clinical articles
- d) Obtaining funds to conduct clinical service/programs
- e) Mentoring learner who publishes or develops academic materials.
- f) Directing a clinical fellowship.
- g) Invited clinical presentations at national meetings

MEDIUM VALUE

- h) Invited consultation outside own clinical center.
- i) Clinical presentation at main departmental or CME conferences. Minimum of three per year
- j) Production of materials for clinical care, i.e., protocols, procedure guides, etc.
- k) Organizing/moderating CME programs (leadership).
- l) Description of special clinical skills development and expertise.
- m) Presenting at institutional or other clinical workshops.
- n) Development of clinical educational materials for patients/public
- o) Mentoring learner skills/projects.
- p) Participation in State or national Clinical Committees.

LESSER VALUE

- q) Participation in clinical trials
- r) Participation and leadership in Departmental, Hospital committees.
- s) Teaching in a clinical fellowship

2. **TEACHING.** The program director letter and teaching portfolio should document the nature and scope of teaching, summarize evaluations and give demonstration of initiative, creativity, availability; excellent learner evaluations and scholarship support excellence. Criteria can include:

HIGH VALUE

- a) Achievement of students. High scores, awards, projects, publications and presentations (evidence of mentoring by promotion applicant).
- b) Success in directing an Educational program or course in medical school.
- l) Success in directing an Educational program or course outside of medical school.
- m) Superior teaching evaluations by students and peers
- n) Publication of an educational innovation.

MEDIUM VALUE

- o) Documentation of specific teaching commitments and activities (at least three years of documented experience)
- p) Giving a visiting professorship at another institution
- q) A national presentation on an educational topic
- r) Consultation on education to local, regional and national groups or organizations.
- s) Development of innovative syllabi and course, which include handouts, well defined objectives and bibliographies. These must be provided as documentation.
- t) Significant teaching record in private practice (3 years)

3. **INVESTIGATION/RESEARCH.** The faculty member must demonstrate evidence of focused work which is a significant contribution to the field of Family medicine. There should be evidence that the applicant has developed his/her own ideas and direction rather than just collaborated as a co-investigator. Recent scholarship should be predictive of continuing activity and a description of research in progress and future plans must be supplied. Evidence of a lack of scholarship should be of significant concern to the promotion process.

Criteria may include:

HIGH VALUE

- a) Principal investigator on funded research projects in last three years
- b) Articles presenting own work in refereed or non-refereed journals (approximately four/year should be a goal). Greater weight will be give to first authorships and to publications in highly selective national journals.
- c) Evidence of methodological innovation
- d) Membership on study section or external grant review board
- e) Supporting letters from national references
- f) Membership of Funding Study Section or refereed journals/editorial boards
- g) Direction of Research Fellowship Program

MEDIUM VALUE

- h) Editorials and Abstracts
- i) Presentations at local, regional or national meetings (at least one).

LESSER VALUE

- j) Supervision of student/fellow and resident research projects.
- k) Supporting letters from local colleague reference on research ability.

4. **ADMINISTRATION.** Evidence of excellent performance and program development in three areas: 1) Recognition by peers and learners; 2) Program development; and 3) Professional contributions to administrate aspects of patient care and education. Scholarly contribution made by sharing knowledge, teaching learners, and providing insights to peers even in nontraditional settings. The applicant should provide a description of responsibilities, time commitments and plans for future development. Criteria may include:

HIGH VALUE

- a) Evaluation by peers and administrative staff
- b) Evidence of mentoring or supervising learners
- c) Evidence of skills development in administration, ie. courses, workshops.
- d) Publications. A minimum of one article in refereed or non-refereed journal in previous years.

MEDIUM VALUE

- e) Invited for consultation outside the department

LESSER VALUE

- f) Participation at conferences (One annually in last three years).

5. **COMMUNITY PROFESSIONAL SERVICE.** Consistent with the mission of the UNC Department of Family Medicine and the University of North Carolina, community and public service is highly valued. Community service can occur in local, regional, state, national and international settings. Excellence in community professional service is that which: a) makes a substantial contribution to the health of a community over and above the clinical contributions of the individual and b) is closely integrated into the traditional academic mission of clinical care, teaching and research. Many accomplishments in community service may occur

outside of or in addition to the time traditionally devoted to faculty scholarship or clinical activity.

HIGH VALUE

- a) Community or public service award by statewide, national or international organization/institution
- b) Serving as an elected officer of local service agencies
- c) Serving on the Board of Directors as volunteer for national service organization/institution
- d) Giving a presentation on some aspect of community service to a national or international organization/institution
- e) Media accomplishments- state or national interviews/media stories generated on radio, television, magazines and newspapers
- f) Successful grant writing for service related activity
- g) Publication in peer-reviewed journal on one or more aspects of community service
- h) Recognition of accomplishments by colleagues through supporting letters
- i) Overseas service and leadership

MEDIUM VALUE

- j) Committee Chair of a local or state organization/institution
- k) Giving a presentation on some aspect of community service to a statewide organization/institution
- l) Director of free medical or indigent clinic
- m) Public Service Award by local organization/institution
- n) Participating in a research project on community service
- o) Serving on the Board of Directors of local service agencies
- p) Serving as a faculty advisor for a student service organization
- q) Mentoring students in summer service projects
- r) Media accomplishments- local interviews/media stories generated on radio, television, magazines and newspapers
- s) Developing a curriculum for or teaching a community service course/elective
- t) Initiation of a new program or service that meets community need
- u) Participating in service work overseas

LESSER VALUE

- v) Serving on a committee of a local or state charitable organization/institution
- w) Giving free medical care at a homeless or indigent clinic
- x) Volunteer in faith-based religious institutions (e.g. church, synagogue, etc...)
- y) Volunteer in non-profit community organization (e.g. United Way, Rape Crisis or Domestic Violence Center, Habitat, etc.)
- z) Supervision of student/resident projects in community service
- aa) Giving a presentation on some aspect of community service to a local organization/institution (e.g. school talk on tobacco, grand rounds' lecture, etc...)
- bb) Attendance at a conference involving community service

cc) Membership in professional and volunteer organizations that perform community service (e.g. AMA, AAFP, STFM, etc)

DOCUMENTATION GUIDELINES - SCHOLARSHIP

Scholarship may relate to any of core domains (clinical work, teaching, research, administration and professional community service). The Department of Family Medicine acknowledges a broad definition of scholarship (see Appendix II). Within this framework, however, emphasis should be placed on publication, progressive productivity, and a theme, with special recognition of reports in major journals and funding quality and quantity from external sources. The volume and nature of expected scholarship will vary for different faculty. For clinician-teachers, a reasonable guideline is one article every 1-2 years; for clinician-researchers, a reasonable guideline is 4 articles per year in refereed journals.

What follows are guidelines for scholarship in each of the domains.

1. CLINICAL WORK

HIGH VALUE

- a) Published case reports or clinical articles-1 every 2 years.
- b) Obtaining funds to conduct clinical service/programs
- c) Mentoring learner who publishes or develops academic materials.
- d) Directing a clinical fellowship.

MEDIUM VALUE

- e) Consultation outside own clinical center.
- f) Production of materials for clinical care, i.e., protocols, procedure guides, etc.
- g) Description of special clinical skills development and expertise.
- h) Presenting at national meetings.
- i) Development of clinical educational materials for patients/public
- j) Mentoring learner skills/projects.
- k) Participation in State or national Clinical Committees.

LESSER VALUE

- l) Participation in clinical trials
- m) Participation and leadership in Departmental, Hospital committees.
- n) Community clinical services; e.g., volunteer at Shelter, Migrant Clinic.
- o) Teaching in a clinical fellowship

2. TEACHING

HIGH VALUE

- a) Authoring/editing sections or books on education.
- b) Development of educational/audiovisual materials for distribution outside the institution.
- c) Minimum of one refereed articles on education every two years.
- d) Directing a teaching fellowship program.
- e) Leadership (PI, CO-PI) in obtaining training grant.

MEDIUM VALUE

- f) Participating in educational committees in the Medical School/the local institution.
- g) Participating in a teaching fellowship program.
- h) Presentation of paper/program/workshop at state, regional (two in the last three years).

- i) Active participation in one training grant in past two years.
- j) Presentation of paper/program/workshop at national level.

LESSER VALUE

- k) Participating in specific educational conferences at the local institution as well as regionally and nationally.
- l) Participating in education committees at regional level.
- m) Membership in appropriate professional organizations.

3. INVESTIGATION/RESEARCH

HIGH VALUE

- a) Documentation of books a reputable publisher
- b) Refereed publications-guideline of 4 articles/year, with greater weight given to first authorships and to highly selective national journals.
- c) Principal investigator on Grants (> \$50K) funded outside the institution.
- d) Editorship of journal/project/conference proceedings

MEDIUM VALUE

- e) Presentations/posters at regional and national conferences (two in the last three years).
- f) Mentoring research publications of colleagues, learners (provide details).
- g) Principal Investigator on a funded grant outside the Institution (<\$50K).
- h) Active membership of national research committee(s)
- i) Funding on others' grants
- j) Organization of research training/research conference
- k) Consultant to program/agency outside institution
- l) Invitation to present own work at other universities.

LESSER VALUE

- m) Collaboration on unfunded research project
- n) Development of research grant proposal. Manuscript available to committee
- o) Membership of local, regional research committees
- p) Teaching participation in a research fellowship/or teaching research course

4. ADMINISTRATION

HIGH VALUE

- a) Program development and direction - described
- b) Book chapters/materials published.
- c) Innovation in administrative methods/procedures - describe
- d) Committee work at AHEC national level.

MEDIUM VALUE

- e) Dissemination of work at seminars, conferences and workshops (provide examples)
- f) Production of annual administrative reports documenting activities
- g) Committee work at AHEC state level.
- h) Presentations/posters at conferences inside and outside institution
- i) Administrative manuals - developed. Provide evidence.

LESSER VALUE

- j) Committee work at divisional, departmental, University

6. COMMUNITY SERVICE

HIGH VALUE

- a) Publications regarding community service projects
- b) Success in obtaining grant support of community professional service projects

MEDIUM VALUE

- c) Presentation at national or state level

LESSER VALUE

- d) Oral presentation at local meeting

Appendix H

Appointment & Promotion of Adjunct Faculty

Adjunct faculty play a critical role in the statewide departments. They can make vital contributions in one or more of many areas - teaching medical students or residents on rotations, providing/supportive clinical sites, offering research opportunities, or mentoring or providing other contributions to the statewide department. Typically, reimbursement for service is limited, and never more than 50% of time is spent on university activities. Adjunct faculty do not undergo periodic review, are not expected to maintain an academic portfolio, and do not routinely participate in Full Professors committee.

Adjunct faculty are proposed for an initial rank via a letter from their program director, reviewed as a consent item by the Full Professors, advisory to the Chair. For adjunct appointments or promotion, a CV and the requesting letter are necessary. Review at the School of Medicine at the University is not necessary.

Promotion of Adjunct faculty is not bound by a specific timeline, although the timelines for tenure/non-tenure track faculty may serve as a guideline if necessary.

Appendix I

Emeritus Faculty

The Department of Family Medicine acknowledges the special and substantial contributions of senior faculty on retirement by giving them the rank of Emeritus faculty.

Faculty are eligible for Emeritus status when no longer receiving benefits and on retirement.

Duties are variable ranging from nothing to selective involvement with academic activities and will be negotiated annually or as necessary with the Chair.

All Emeritus appointments will be reviewed by the Full Professors, advisory to the Chair. For tenure track faculty, university approval is required.

Appendix J PACKETS NECESSARY FOR FULL PROFESSOR REVIEW

- Subcommittee Report
- CV with listing of publications
- Program Director letter
- Letters of recommendation
- Long- and short-term goals
- Reflective statement
- A sample of academic writing

Appendix J2 Personal Reflective Statement/Sample

More than a century ago, in her novel *Middlemarch: A Study of Provincial Life*, George Eliot described the medical profession as "the finest in the world, presenting the most perfect interchange between science and art, offering the most direct alliance between intellectual conquest and the social good." I believe her; you can satisfy your intellectual cravings and help improve the life of your community. My medical passion has always focused on enhancing the social good. It started with my National Health Service Corps work in Appalachia where I recognized a need for public health training that would enable me to better care for populations rather than only individuals or families. Thus my journey began with working for the Palm Beach County Health Department in Florida, to my Clinical Scholars years, my short stint as a researcher in the School of Public Health, and finally to my destined role at the Mountain Area Health Education Center in Asheville, NC.

Look at Buncombe County, NC, where I live and work. Together with representatives of the organizations that deliver health care and additional interested community people, I helped start Health Partners, a community-wide coalition dedicated to improving health and health care access in Buncombe County. Through the generous contributions of several foundations, Health Partners has been able to identify and quantify the scope of the medically underserved and design and implement solutions to the health care access problem. One program entitled Project Access, of which I am the volunteer medical director, provides medical services for free for patients who are uninsured and earn less than 200% of federal poverty level. Local physicians donate their medical services, seeing patients in their offices or at a local free clinic; hospitals donate laboratory, radiologic, and hospital-located services; the county commissioners provide financial support for a low-cost prescription program for patients; and the pharmacists waive their prescribing fees. Project Access is coordinated by the county medical society and has provided free services for more than 18,000 of the 20,000 eligible patients. Project Access has received numerous national awards and is now being replicated in more than 30 communities.

Maintaining a clinical practice, teaching students and residents, and working with communities can produce a somewhat schizophrenic existence. In order to help me better meld all of these potentially disparate aspects of my professional life, I searched for a philosophy or book to guide me. Mary Catherine Bateson's book *Composing a Life* highlights the lives of five women, each of whom achieved personal and professional success yet, who like me, did not traverse a traditional career path. I certainly relate to these women because with my move to Asheville in 1987 I started on a path where few traditional academic physicians tread; I had a vision of integrating clinical work/teaching with collaboration with communities to improve the communities' health status. Bateson describes certain personal characteristics that allowed her women to develop well-balanced and rewarding lives; I subscribe to these.

"...the central survival skill is surely the capacity to pay attention and respond to changing circumstances, to learn and adapt, to fit into new environments beyond the safety of the temple precincts." My academic and clinical training took place in Chapel Hill, but once I moved to Asheville, I was challenged to adapt my clinical, teaching, and standard epidemiological skills to the benefit of my community and the region of western North Carolina. I revised my traditional public health skills to fit the needs of the mountain communities, to listen to their concerns and

to help them in their quest for better health. Rather than develop a program to improve cardiovascular risk factors, since coronary artery disease is the major cause of death here, I helped one community who was concerned that new parents were unprepared for raising children to design an in-home parental support program using volunteer community helpers. In another county concerned about the high cost of medical care for low income people, I worked with the medical society and the physicians to design Project Access that provides comprehensive medical services for free for low income uninsured patients. In another clinical setting concerned about how to improve the quality of health care, I helped to develop a program to better screen and treat depressed patients. In each of these situations, I listened to the needs of the people and used my research skills with the resources of the groups to design successful programs.

Bateson discusses the concept of conservation; i.e., holding onto skills and relationships that may be repackaged at a later date. Some people view me as a better doctor because of my role as a Girl Scout leader. And vice versa. My skill in dealing with adolescent sexuality issues helped me better guide my adolescent Girl Scout troop. The same partners who helped to build a successful Project Access are the same people with whom I know I now work to redesign mental health services in the primary care sector. Because of our previous relationships, the primary care-based depression program was developed in record time.

I aim for synergy, where my many activities actually enhance other portions of my professional and personal lives. Several years ago I wrote and received funding for a residency training grant where I spent one half-day per week helping the residents teach health promotion to children. For five years I was able to provide valuable teaching experience for residents, obtain financial help for our residency program, develop important professional relationships with the school system and the community, publish for my CV, all while spending time with my children in their classrooms.

As a teacher I aim to encourage students to become leaders. I support the president of the Carnegie Foundation, Ernest Boyer's, paradigm of leadership: "one that not only promotes the scholarship of discovering knowledge, but also celebrates the scholarship of integrating knowledge, of communicating knowledge, and of applying knowledge through professional service." This statement rings true to me, for as physicians we are viewed as leaders in our communities. And as leaders we assume a responsibility - a responsibility to use our talents and skills to improve the health of our communities.

All of these programs described above positively impact on my ability to work with students and especially with residents in different learning environments, such as the outpatient continuity care setting, the inpatient services, as an advisor over several years, and in a community setting like an elementary school or in a health coalition. Our residents witness first hand the ability of physicians to improve the health of their community. This is an important lesson in leadership, one that is otherwise hard to teach, but is crucial to their own personal success in their future medical practice, and also to the survival and good name of our medical profession.

In the individual teaching situation I try to select a teaching method that fits both the needs of that learner at that time and the particular situation at hand. In general I support learning that is

active; problem-based; goal directed; and multi-dimensional (i.e., acquiring facts, problem solving skills, motor skills, and attitudes). Over my now seventeen years as a teacher I have seen myself move from the exclusive use of prescriptive teaching and mini-lectures to more diverse methods including the use of questions to encourage critical thinking; discussion to review information, issues, and/or implications of information; role modeling; coaching; and active listening.

I have the most difficult time with allowing residents to totally manage patients who are admitted to our Family Practice Teaching Service. I have been cited as being more of a "presence" than other attendings. I love caring for patients in the inpatient settings and in my excitement to provide the best care, I sometimes have trouble allowing residents to be the one "more in charge." This has been a recurring theme in my evaluations from the residents. I hope, and am often told, that my passion for teaching overrides this flaw and that the residents "forgive" me for becoming more involved in patient care issues. Nevertheless, I will continue to strive to blend the right amount of direct oversight and latitude to residents.

Over the past fifteen years at MAHEC, I have used my skills as physician, teacher, and a clinical researcher to enhance our mission of improving the quality, geographic distribution, and retention of health care professionals in western North Carolina. With funding from the Kellogg Foundation, the Academy of Family Practice, and residency training grants through HRSA, our residency program has developed curricula in the areas of preventive medicine, community-oriented primary care, school health, AIDS education, sexual history taking, and now continuous quality improvement and quality indicators. In 1996 I developed, funded, and directed a Rural Health Fellowship for primary care physicians who desired additional training in community health planning, office-based procedures, and teaching learners. This program has supported seven fellows, all of whom are practicing in rural areas.

From my many years of working with communities, I recognized the great need for MAHEC to develop training and consultation services in community health planning. From some initial grants in the early 90's, I started the CHRS (Community Health Resource Services) Department which now provides training and consultation services in community health assessments; health coalition building; grant writing; and planning, developing, and evaluating community-based health programs. CHRS is now self-sustaining and is the recognized regional leader in evaluating health programs and supporting health coalitions. I work closely with many of the CHRS projects proving the clinician/epidemiologic perspective, especially with projects dealing with chronic illnesses such as depression and asthma.

I have found a home at MAHEC; they support my belief that medicine offers the most "direct alliance between intellectual conquest and the social good." I have been able to visualize my passion to enhance the "social good" and have found colleagues who support, encourage, and work with my vision of a healthier community. Each partner in this journey brings a skill that when blended together becomes more than merely a sum of the parts. I have no doubt that we can continue to achieve great strides towards being known as the healthiest region in North Carolina.

Appendix J3 Curriculum Vitae/UNC Format

Personal Information:

Name

Social Security No.

Home Address

Phone

Date & Place of Birth

Marital Status (this and similar data may be required by new AP-1)

Education – Postgraduate Training Fellowships, Residencies and Traineeships
(Degree, Awarding Institution, Date, Specialty)

Employment History: (Begin with current position, rank and date of appointment)

Certification/Licensure: (Include dates and location if applicable)

Professional Societies: (Include offices held and dates held)

Consultants (Dates)

Editorial Appointments (Dates)

Other (Site visits, review panels, etc.)

Grants Funded: (Include title, type, relationship to project, dates, source)

This section should indicate degree of involvement in and level of responsibility for funded research. Show \$ amounts for any grants for which you are PI or Co-I.

Committees: (Indicate whether chairman or member)

School of Medicine

UNC-CH

State

National

International

Other Administrative Activities: (Division, clinic, section or team responsibilities and dates)

Teaching Responsibility:

A narrative description should include some reasonable estimate of the extent of and type of teaching activities. Examples are listed below:

Lecture-

- to students
- to residents
- to graduate students
- to fellows or postdoctorals

Lab Teaching

Clinical Teaching

Continuing Education Lecture-

- at UNC
- outside UNC

Course Director (list course)

Student Preceptors

Attending on Clinical Service

Graduate Supervision, Committees

Other Supervision

Publications: (those “submitted” or “in press” should include the year of submission and the # of typed pages; report in AMA format, authors in original sequence)

In Refereed Journals (AMA format)

In Non-Refereed Journals

Abstracts

Editorials

Editorships

Contributions to Text Books

Book Reviews

Presentations:

Papers (meeting, title, date)

Panels (topic, meeting and date)

Exhibits (title, meeting and date)

Special Honors and Awards: (include dates)

Appendix J4 Subcommittee Letter/Sample

MEMORANDUM

TO: Warren Newton, MD

FROM: Philip Sloane, MD, MPH

RE: Recommendation for Promotion of Allen Daugird, MD, MBA – Being Considered for Promotion to Clinical Professor

DATE: September 11, 2002

The Full Professors committee of the Department of Family Medicine at the University of North Carolina at Chapel Hill met, reviewed the assembled documents, and unanimously voted to recommend Dr. Allen Daugird for promotion to Clinical Professor on the basis of excellence in teaching and administration, scholarship in administration, and a national reputation in the area of family practice management.

Allen J. Daugird, MD, MBA received his MD degree from UNC-CH in 1977, was a resident in family medicine at the University of Missouri-Columbia from 1977-80, practiced medicine in Anson County from 1984-86, was a faculty member at Missouri from 1986-95, obtained an MBA from the University of Missouri in 1993, and joined the faculty of the UNC-CH Department of Family Medicine in 1996 as a clinical associate professor. He has served actively and productively on the UNC-CH faculty since then, making major contributions in the areas of teaching, administration, clinical work and scholarship. This letter highlights why we believe that he merits promotion.

Teaching. His teaching portfolio is quite complete. It includes: a summary of teaching activities and presentations made during his academic career; documentation of annual evaluations from family practice residents for 1999, 2000, and 2001; copies of summary evaluations of 9 sessions he taught in the faculty development fellowship, and of the overall component he directed; materials related to his fellowship teaching; powerpoint slides and faculty peer evaluations for 6 oral presentations (grand rounds on chest pain – 6/14/99, grand rounds on atrial fibrillation – 3-2-00, and essentials conference in family medicine on childhood infections – 12-00, grand rounds on critical appraisal rounds on drug detailing – 1/02, and grand rounds on acute respiratory infections – 5/02).

Al's primary teaching has been in the residency and the faculty fellowship in family medicine. On the annual teaching evaluations conducted of the family practice residents, Al has ranked above the mean in all areas (availability, serving as a model for learners, and stimulation of clinical work, personal growth, and intellectual curiosity) for each of the past 4 years. Clark Denniston, co-director of the residency training program, in his teaching evaluation, calls Al "one of our master teachers." Resident learner comments echo his dedication and skill: "has mastered the ability to find that fine balance between giving enough support without being too

suffocating. Great teacher!" "Really superior attending." "One of the most outstanding attendings we have – other residents are jealous when Al is your attending." The faculty fellowship does not provide summary evaluations of individual teachers; however review of his session evaluations reveals a similar pattern – consistent good or excellent ratings, with strongly favorable comments. Indeed of the 7 components of the year-long fellowship, the professional development component, which Al directs, received by far the highest rankings (63% of participants rated it overall as "excellent," the next most highly rated component was ranked excellent by only 47% of raters).

Administration. In the area of administration, Al has made important contributions. As Director of Clinical Services and Vice-Chair of the Department, Al has directed all local clinical activities of the department. In that capacity, he has directed the Department's quality improvement efforts, represented the Department Chair in a variety of settings, and helped direct development of the annual Departmental budget. He also has refined a computerized time management system that systematically and equitably accounts for diverse faculty responsibilities. [That system has become a national model, and is a focus of a scientific paper that will be published in *Academic Medicine* in February (2003).] Increasingly active administratively in the medical center, Al has recently assumed the role of Medical Director of Ambulatory Care for the UNC Hospital system. In that capacity, which will occupy approximately one-third of his time, he will oversee the administrative aspects of all campus outpatient clinics. In addition, he has served on a national task force and regularly contributes nationally to teaching and scholarship in the area of practice management.

Al's administrative skills are widely lauded in evaluations and letters. Dr. Don Bradley, Senior Medical Director of Blue Cross Blue Shield of North Carolina, describes Al as "respected by his peers...useful...(and) thorough." Dr. Brian Goldstein, Chief of the Medical Staff at UNC Hospitals, writes that Al displays "willingness at the institutional level to take on difficult and potentially unpopular issues and to none-the-less persuade colleagues and achieve consensus." Dr. David Ontjes, Eunice Bernhard Professor of Medicine at UNC-CH, writes that Al "consistently contributes valuable and practical insights into the way our medical systems work and how best to improve them." According to Dr. David Slawson, B. Lewis Barnett Jr. Professor of Family Medicine at the University of Virginia, Al has "clearly demonstrated not only his Excellence and Scholarship in the area of Administration, but also has received national recognition for his efforts in this area."

Clinical work. Al remains an active clinician and clinical teacher, and widely respected by his peers. Andy Hannapel, MD, Director of the Family Practice Inpatient Service, describes him as an "excellent clinical physician. Truly a role model and mentor." Letters from outside the Department frequently comment on respect for his clinical acumen.

Scholarship and national reputation. While primarily serving as a clinician, teacher, and administrator, Al has developed a solid track record and a national reputation in scholarship related to practice management, administration, and dissemination of evidence-based practice. He has been principal or a major collaborator on a number of funded projects, most recently on the steering committee of an ambitious project to develop the Family Practice Inquiries Network (FPIN), which seeks to translate evidence-based information into a new computer-based, rapid-

access system. He has authored 21 papers in refereed journals, which demonstrate a clear focus on practice management and administration. He also co-authors a web site, maintained by the American Academy of Family Physicians, that is used by 5,000-6,000 physicians per year to download clinical coding information. He has consulted widely on leadership, administration, managed care, and related issues.

Many of Al's supporting letters attest to his having a national reputation in his area of scholarship, and that by the standards of peer institutions he would be likely to be promoted to full professor. Dr. Slawson (Professor, University of Virginia) writes of "his national importance as leader of the Family Practice Inquiry Network." Kathleen Ellsbury (Associate Professor, University of Washington) wrote that "I have never seen a faculty member in our institution with both the breadth and depth of involvement in so many roles, with many years' worth of contributions in many arenas....He would undoubtedly be promoted to Full Professor in our institution." Bernard Ewigman, Professor of Family Medicine at the University of Missouri-Columbia, wrote that "I have absolutely no doubt that he would be approved for the equivalent of Clinical Full Professor at the University of Missouri-Columbia were he still on our faculty."

It is traditional for the full professors, as part of their deliberations, to try to provide some guidance to individuals being reviewed on their further career development. The group felt that Al needs little guidance other than encouragement to continue what he has been doing. The full professors noted that: Al works hard and has significant impact in multiple areas; his chosen areas of focus are of critical importance to the Department, the Health Center, and the University; and Dr. Daugird serves as a role model in that he accomplishes what he does without losing sight of family and personal priorities. We were particularly impressed by Al's stated goal of continuing to make the UNC health system a good place for patients. We also applaud and encourage his national work with FPIN, which represents another formidable and important challenge.