UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL

TEACHING TRACK STATEMENT
Promotion Criteria and Standards

I. INTRODUCTORY STATEMENT

This document describes the specific criteria and standards that will be used to evaluate whether faculty meet the general criteria for promotion on the Teaching Track. Teaching Track appointments are annually renewable and are not in the tenure stream.

This document contains Criteria and Standards pertaining to:
   a) Definitions of educational domains and educational scholarship. These definitions are key to understanding the criteria and standards for the Teaching Track.
   b) Appointment to the Teaching Track as an Assistant Professor.
   c) Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor.
   d) The process for annual appraisal of Teaching Track faculty and post-promotion review.

The criteria, standards, and procedures are applied without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

A department may decide, by a vote of a over 50% of the faculty, to adopt the Medical School Teaching Track Statement as their departmental criteria for promotion as written. Alternately, a department can vote on an addendum to supplement the Medical School statement with specific criteria for their department. All addenda must be reviewed and approved by the Medical School Dean’s Office.

II. MISSION STATEMENT

Committed to innovation and diversity, the Medical School educates physicians, scientists, and health professionals; generates knowledge and treatments; and cares for patients and communities with compassion and respect.

The Medical School strongly encourages and values interdisciplinary work, including scholarship, public engagement, and teaching, as well as interprofessional collaboration in clinical sciences. Concordant with the position of the National Institutes of Health, the Medical School also values Co-Principal Investigators and interdisciplinary collaboration on major funding proposals.
III. TEACHING AREAS OF FOCUS

Faculty on the Teaching Track focus their time on the education and mentoring of learners and/or patients in a classroom or clinical setting. Activities may include teaching, curriculum development, administration of educational activities, evaluation of learners, mentoring or academic advising of learners, and the contribution of scholarly education products to their field including those activities related directly to patient care. Learners can be at any level (UME - medical students; GME – residents and fellows; CME – practitioners; other health professionals; faculty members; patients) and within any area of the Academic Health Center, the many clinical environments associated with the Medical School, or external venues such as when faculty receive visiting professorships or invitations to speak or teach at national and international conferences. Educational activities related to patient care are also included in this track and encompass development and dissemination of quality improvement projects and direct patient education materials. Overall, variety is expected and welcomed in the content areas and settings in which our faculty conduct their education work, and in the types of learners with whom they engage.

IV. KEY DEFINITIONS: EDUCATIONAL DOMAINS, AND EDUCATIONAL SCHOLARSHIP

Educational Domains: Teaching Track faculty participate in educational activities that fall into six domains: (1) teaching, (2) curriculum, (3) mentoring/advising, (4) learner assessment, (5) educational leadership/administration, and (6) educational activities related to patient care. Brief descriptions of these domains are provided in section VI. While individual faculty members on the Teaching Track are not expected to excel in all six domains, a well-rounded portfolio that includes growing accomplishment in multiple areas is expected.

Educational Scholarship: For promotion on the Teaching Track, faculty must demonstrate engagement in educational scholarship in at least one of the six domains (teaching, curriculum, mentoring/advising, learner assessment, educational leadership/administration, educational activities related to patient care). Educational scholarship requires not only drawing upon resources and best practices in the field (scholarly approach), but additionally contributing to the resources in the field by publicly disseminating educational products or approaches so that the educational products are peer-reviewed.

Educational scholarship can take a variety of forms, all of which have value in assessing the performance and accomplishments of faculty in the Teaching Track. Examples of educational scholarship for each of the six domains are provided in Section VI. and in the departmental addendums.

The quantity of scholarship may vary considerably for faculty in this track and should be evaluated commensurate with their time allocation for such endeavors. Productivity expectations for educational scholarship are not fixed; both quantity and quality will be considered, and quality may be weighted more considerably, depending on the impact of the scholarly work.
V. APPOINTMENT AND ANNUAL APPRAISALS OF FACULTY

A. Appointment of Faculty

Teaching Track appointments may be made on all of the University of Minnesota Medical School campuses and affiliated sites, following the processes described in the Medical School Policy on Faculty Appointments. Each department may add specialty-specific criteria for appointment in a departmental addendum.

1. To Assistant Professor
   In the Medical School, the entry level rank for faculty is at the Assistant Professor level. The minimal, general criteria for initial appointment at this rank include but are not limited to:
   a. Possession of a terminal degree (M.D. or equivalent and/or Ph.D.)
   b. Board eligibility or certification (if applicable clinical specialties)
   c. Demonstrated ability in teaching
   d. Demonstrated competence in the skills of communication, including effective communication with students, colleagues, and patients (if applicable)

2. To Associate Professor and Professor
   The criteria for appointment as an Associate Professor or Professor are the same as the criteria for promotion to the rank and can be found in section VII.

B. Annual Appraisal of Faculty

1. Process
   All Teaching Track faculty, at all ranks, undergo an annual performance review. The process for this review is described in the Medical School Faculty Review Policy: Annual Review. The department defines the criteria for annual performance review. The head of each department, or his/her designee, annually reviews the progress of each faculty member. The Department Head prepares a written summary of that review and discusses the faculty member’s progress with the faculty member, giving him/her a copy of the report. In considering proposals for promotion in rank, the Medical School and its Departments comply with the procedures described in this Statement (section VIII).

   The Academic Unit head and (if applicable) departmental faculty meets annually to review and discuss the performance of Teaching Track Assistant Professor faculty, relative to the Teaching Statement. The annual review of Teaching Assistant Professor faculty is recorded on the Medical School Form 12a and reflects the faculty member’s performance relative to the Departmental Teaching Track Statement. A record of the vote is included on the Form 12a, if a vote was taken (optional). The Academic Unit head and faculty member will sign the completed Form 12a. The Form 12a is forwarded to the Associate Dean of Faculty Affairs for review, comment, and signature. The original is sent back to the home department and becomes a part of the faculty member’s dossier. A copy of the signed form is kept in the Medical School’s Office of Faculty Affairs in the faculty member’s personnel file.
2. **Criteria**

The criteria for satisfactory performance to be used for the annual review are the same as those for the appropriate rank, as defined in this Teaching Track Statement.

Criteria for educational scholarship in teaching, curriculum, mentoring/advising, learner assessment, educational leadership/administration, and educational activities related to patient care are *broadly defined* below. Each department may add specialty specific examples of educational scholarship in a departmental addendum.

**VI. BROAD DESCRIPTIONS OF THE SIX EDUCATIONAL DOMAINS, WITH ILLUSTRATIVE EXAMPLES OF EDUCATIONAL SCHOLARSHIP**

A. **Teaching** includes both direct teaching and the creation and use of instructional materials. Examples of direct teaching are classroom lectures including active learning in a large group setting, teaching and facilitating small groups, teaching or mentoring in a clinical setting (e.g. hospital or outpatient clinic), leading workshops, role modeling in any setting (e.g., as ward attending), precepting, leading faculty development workshops, and teaching procedure skills in a clinical or simulation environment. Examples of developed instructional materials include teaching handouts, slides, computer-assisted instructional materials, interactive distance-learning modules, simulation modules, and other audiovisual learning materials.

*Educational scholarship in the teaching domain* requires that the activities or products be publicly available for peer review so they can be evaluated and applied by the educational community. Peer review and dissemination methods for teaching activities are highly diverse. They may include, but are not limited to, the following:

- Peer-review of the faculty member’s teaching or instructional materials (e.g. clinical seminar, journal club, grand rounds, case studies, simulations) by local experts, the institution’s curriculum committee, the department’s education committee, or internal (Graduate Medical Education Committee) or external (ACGME, LCME) accreditation reviewers
- Invitations for teaching consultation from other departments or schools and results of the consultation
- Participation in national committees working on clinical (or other forms of) teaching in the discipline
- Recognition through teaching awards for local, regional and national contributions to teaching
- Citations in other instructors’ curricula
- Invited expert commentary on a clinical condition for publication
- Peer-reviewed or invited presentations – including workshops, abstracts, or posters – at local, regional, national, or international meetings (including but not limited to clinical and basic science professional organizations)
- Adoption of lectures, workshops, or teaching methods by other institutions
Publication in a peer-reviewed print venue (journal article) or book, or acceptance of instructional materials in a peer-reviewed repository, for example:
- MedEd Portal
- Higher Education Assets Library
- Family Medicine Digital Resource Library

B. Curriculum is defined as longitudinal educational activities evaluated for effectiveness. The activities may occur at any level of training (e.g., medical student, resident, graduate student, continuing medical education, inter-professional education, faculty development, community programs) and may be delivered face-to-face or through distance-learning media.

Educational scholarship in the curriculum domain requires that the activities or products be publicly available for peer review so they can be evaluated and applied by the educational community. Peer review and dissemination methods for curriculum activities are highly diverse. They may include, but are not limited to, the following:
- Peer-review of the faculty member’s curricular activities/products by local experts, the institution’s curriculum committee, the department’s education committee, or internal (Graduate Medical Education Committee) or external (ACGME, LCME) accreditation reviewers
- Invitations for curriculum consultation from other departments or schools and results of the consultation
- Citations in other instructors’ curricula
- Participation in scholarly review of curricula created by other faculty (e.g., as a journal reviewer) or for other institutions or programs
- Peer-reviewed or invited presentations – including CME activities, workshops, abstracts, or posters – at local, regional, national, or international meetings (including but not limited to clinical and basic science professional organizations)
- Adoption of curricula by other institutions
- Publication in a peer-reviewed print venue (journal article) or book, or acceptance of curricular materials in a peer-reviewed repository, for example:
  - MedEd Portal
  - Higher Education Assets Library
  - Family Medicine Digital Resource Library

C. Mentoring/Advising are developmental relationships encompassing a spectrum of activities in which educators help learners or colleagues (i.e., other faculty) accomplish their goals. Mentoring implies a sustained relationship from which the mentor and mentee obtain reciprocal benefits. Advising occurs over a more limited period of time, with the advisor serving as a guide or source of expertise to help the advisee achieve her or his goals. Mentoring can occur in any area of professional development (projects, concepts, skills, etc.). Mentoring also includes activities that advocate for the professional development of learners.

Educational scholarship in the mentoring/advising domain is highly diverse and may be demonstrated by methods including, but not limited to, the following:
• Peer-review of the faculty member’s mentoring/advising activities and programs by local or external experts
• Invitations to critically review a mentoring program and documentation of the results of the appraisal
• Acquisition of competitive program development funding (i.e., grants) through a peer-reviewed process for development of a mentoring/advising program
• Conducting mentoring and advising training sessions
• Invitations for consultation from other departments or schools and results of the consultation
• Participation in scholarly review of mentoring/advising programs created by other faculty (e.g., as a journal reviewer) or for other institutions or programs
• Peer-reviewed or invited presentations (e.g., on a mentoring program, evaluation methods, other innovation) – including CME activities, workshops, abstracts, or posters – at a local, regional, national, or international meeting (including but not limited to clinical and basic science professional organizations)
• Adoption of the mentoring or advising program/evaluation methods/other innovation by other institutions
• Publication (e.g., on a mentoring program, evaluation methods, other innovation) in a peer-reviewed print venue (journal article) or book, or acceptance of mentoring materials in a peer-reviewed repository such as:
  - MedEd Portal
  - Higher Education Assets Library
  - Family Medicine Digital Resource Library

D. **Learner Assessment** encompasses measuring the learner’s knowledge, skills, and attitudes by using instructional objectives and/or standards. Scholarly activities include the development of assessment processes and tools, implementation of an evaluation, and the analysis and synthesis of data.

*Educational scholarship in the learner assessment domain* requires that the activities or products be publicly available for peer review so they can be evaluated and applied by the educational community. Peer review and dissemination methods for learner assessment activities are highly diverse. They may include, but are not limited to, the following:

• Peer-review of the faculty member’s assessment process, tool, or outcomes (e.g. OSCE) by local experts (e.g., department or Medical School curriculum committee, internal review in preparation for a Residency Review Committee visit) or external experts (e.g., program advisory committee)
• Participation in scholarly review of assessment tools created by other faculty (e.g., as a journal reviewer) or for other institutions or programs
• Peer-reviewed or invited presentations on learner assessment – including CME activities, workshops, abstracts, and posters – at local, regional, national, or international meetings (including but not limited to clinical and basic science professional organizations)
• Adoption of the assessment process or tool by other institutions
• Publication in a peer-reviewed print venue (journal article) or book, or acceptance of the assessment tool in a peer-reviewed repository, for example:
  - MedEd Portal
  - Higher Education Assets Library
  - Family Medicine Digital Resource Library

E. **Educational Leadership/Administration** is the achievement of desired educational outcomes through administrative and leadership efforts. Educational leadership also includes major course, clerkship, and program development for students, residents, faculty, interprofessional colleagues, and community members.

*Educational scholarship in this area* is highly diverse and may be demonstrated by methods including, but not limited to, the following:

- Peer-review of the leader’s innovations/programs/curricula by local experts, the institution’s curriculum committee, the department’s education committee, or internal (Graduate Medical Education Committee) or external (ACGME, LCME) accreditation reviewers. Examples include but are not limited to:
  - Designing course, clerkship, or educational program leadership through a major curriculum change, as approved and peer-reviewed by the curriculum committee of the medical school or department
  - Designing learner evaluation of how well a course, clerkship, or program meets its defined objectives or goals
  - Ensuring that faculty who teach use evidence based practice in their courses, clerkships, or program components
- Invited visiting professorships with a focus on leadership/administration
- Participation in a competitive educational leadership program (e.g., Harvard-Macy, ELAM) or in an advanced degree program (e.g., MBA, MHA, MPH, Masters in Health Professions or Medical Education, PhD) to enhance the faculty member’s roles in educational leadership and administration
- Grants or internal awards to support innovations as evidence that others have judged the innovation to be worthy of investment
- Invitations or nominations to serve on education committees or taskforces, editorial boards, study sections, and other relevant review committees
- Documentation of the leader’s effectiveness by using 360-degree evaluation with peer comparisons, benchmarking, or external peer-review
- Peer-reviewed or invited presentations of innovations/programs/curricula – including workshops, abstracts, or posters – at regional, national, or international meetings (including but not limited to clinical and basic science professional organizations)
- Adoption of innovations/programs/curricula by other institutions
- Publishing on programs, projects, or initiatives created by the leader in a peer-reviewed print venue (journal article) or book, or acceptance of methods/tools in a peer-reviewed repository such as:
  - MedEd Portal
  - Higher Education Assets Library

7
- Family Medicine Digital Resource Library

F. **Educational activities related to patient care** include development and dissemination of quality improvement projects, decision making models, systematic reviews or other review materials, and/or patient education materials or similar activities.

*Educational scholarship in this area* is highly diverse and may be demonstrated by methods including, but not limited to, the following:

- Peer-reviewed or invited presentations of innovative projects, models, or materials (e.g., decision-making models or materials, patient education programs or materials) – including CME activities, workshops, abstracts, or posters – at regional, national, or international meetings (including but not limited to clinical professional organizations)
- Adoption of innovations, programs, models, materials and curricula created by the faculty member by other institutions
- Integration and teaching of quality improvement within medical student, resident, or faculty educational activities
- Incorporation of quality improvement into maintenance of certification activities to improve patient outcomes
- Engagement of learners at all levels into the quality improvement projects as an educational opportunity for the learner through active participation
- Development of patient education materials that are disseminated to other institutions
- Documentation of the leader’s effectiveness in quality improvement projects using 360-degree evaluation with peer comparisons, benchmarking, or external peer-review
- Publishing on projects, models, or materials created by the faculty member in a peer-reviewed print venue (journal article) or book, or acceptance of methods/tools in a peer-reviewed repository such as:
  - MedEd Portal
  - Higher Education Assets Library
  - Family Medicine Digital Resource Library

VII. **CRITERIA FOR PROMOTION IN RANK**

A. **To Assistant Professor**
   Not applicable in the Medical School (entry level rank is Assistant Professor).

B. **To Associate Professor**
   A recommendation for promotion to Associate Professor is made when an eligible faculty member is recognized as a local and regional leader for excellence in an area of education and has fulfilled the specific standards for promotion to Associate Professor as stated by this Teaching Track. While the items included in this document serve as a guide for review, the overall impact of the body of work will be the final determinant in promotion. Time in previous rank does not influence the final decision when considering promotion.
Concordant with the Medical School’s mission, value should be given to educational activities and scholarship that involve collaboration, interdisciplinary or interprofessional teams, and public engagement. It is also an expectation of the University and the Medical School that all faculty promoted to Associate Professor are on a trajectory that will result in them achieving the rank of full Professor.

1. **Locally or regionally recognized for excellence in one of the educational domains (A-F) as evidenced by outstanding peer-reviewed educational scholarship.** Educational scholarship can take a variety of forms, all of which have value in assessing the performance and accomplishments of faculty in the Teaching Track. Examples of scholarship for each of the educational domains are provided in section VI. and in the departmental addenda (if applicable).

   The quantity of scholarship may vary considerably for faculty in this track. Productivity expectations for educational scholarship are not fixed; both quantity and quality will be considered, and quality may be weighted more considerably, depending on the impact of the scholarly work.

2. **Locally or regionally recognized for continuing engagement in high quality educational work in at least one other educational domain (A-F).** Quality can be assessed in a variety of ways, depending upon the domain and the specific activity or product. Candidates should continue to participate in relevant educator development workshops, meetings, and conferences in order to acquire skills/knowledge for application in their educational practice.

3. **Service, particularly on educational or clinical committees, task forces, or boards.** Although not a primary criterion for advancement, service will be taken into consideration in making decisions on promotion. Performance of service, however exemplary, cannot substitute for the primary criteria of teaching and/or work in the other domains (curricula, mentoring/advising, learner assessment, educational leadership/administration, educational activities related to patient care) and educational scholarship. Examples of service contributions include:
   a. Service to the department, school, or university on governance-related or policy making committees
   b. Roles in discipline-specific regional and national organizations
   c. Service to the community, state, and public engagement

C. **To Professor**
A recommendation for promotion to Professor is made when an eligible faculty member is recognized as a national leader for excellence in an area of education and has fulfilled the specific standards for promotion to Professor as stated by this Teaching Track. While the items included in this document serve as a guide for review, the overall impact of the body of work will be the final determinant in promotion. Time in previous rank does not influence the final decision when considering promotion.
Concordant with the Medical School’s mission, value should be given to educational activities and scholarship that involve collaboration, interdisciplinary or interprofessional teams, and public engagement.

1. Nationally recognized for excellence in one of the educational domains (A-F) as evidenced by outstanding peer-reviewed educational scholarship. Educational scholarship can take a variety of forms, all of which have value in assessing the performance and accomplishments of faculty in the Teaching Track. Examples of scholarship for each of the educational domains are provided in section VI. and in the departmental addenda (if applicable).

The quantity of scholarship may vary considerably for faculty in this track. Productivity expectations for educational scholarship are not fixed; both quantity and quality will be considered, and quality may be weighted more considerably, depending on the impact of the scholarly work.

2. Nationally recognized for continuing engagement in high quality educational work in at least one other educational domain (A-F). Quality can be assessed in a variety of ways, depending upon the domain and the specific activity or product. Candidates should continue to participate in relevant educator development workshops, meetings, and conferences in order to acquire skills/knowledge for application in their educational practice.

3. Service, particularly on educational or clinical committees, task forces, or boards. Although not a primary criterion for advancement, service will be taken into consideration in making decisions on promotion. Performance of service, however exemplary, cannot substitute for the primary criteria of teaching and/or work in the other domains (curricula, mentoring/advising, learner assessment, educational leadership/administration, educational activities related to patient care) and educational scholarship. Examples of service contributions include:
   a. Service to the department, school, or university on governance-related or policy making committees
   b. Roles in discipline-specific regional and national organizations
   c. Service to the community, state, and public engagement

4. Additionally, faculty seeking promotion to Professor are expected to provide effective mentoring and/or advising to junior faculty and learners at all levels in compliance with collegiate and University policies. Mentoring includes activities that advocate for the professional development of learners.
VIII. PROCEDURES

Promotion in the Medical School requires a positive vote by over 50% of all faculty members at the department level who are eligible to vote on the question to affirmatively recommend for promotion. All full time faculty holding appropriate appointment and rank, including those at affiliated sites, are eligible to vote on recommendations for promotion of candidates in the Teaching Track. The process for promotion will be the same for all tracks in the Medical School.

The promotion dossier will follow the standardized format required by the University.

IX. PROCESS FOR UPDATING THIS STATEMENT

The Medical School will review its Teaching Track Statement at least every five years, or more frequently as needed. Revisions will be made by the Associate Dean for Faculty Affairs. The revisions will be presented to the Faculty Advisory Council. All Medical School faculty will be invited to review and give input on the statement, and approval will be obtained through a simple majority vote of the Medical School faculty assembly, with the approval date noted on the document.

History of Revisions:
- Revision Approved by Medical School Faculty: December 18, 2012
- Revision Approved by Medical School Faculty: December 19, 2013