

**RULES OF THE
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO**

July 1, 2016

**RULES OF THE SCHOOL OF MEDICINE
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PREAMBLE

The Rules of the School of Medicine are designed to enable the faculty and administration to work together to achieve the goals of the School of Medicine. These Rules do not constitute a contract with the University of Colorado or the School of Medicine, either expressed or implied. Nothing in these Rules should be read or construed to alter, amend, supercede or eliminate any provision or rule of the governing laws of the Regents of the University of Colorado. These Rules may be amended at any time, in accordance with School of Medicine and University policies and procedures.

The powers and duties of faculty are defined in relationship to the administration and the Board of Regents in the Laws of the Regents and in the University of Colorado Faculty Senate Constitution.* According to these documents, "It is a guiding principle of the shared governance recognized by the Board of Regents that the faculty and the administration shall collaborate in major decisions affecting the academic welfare of the university. The nature of that collaboration, shared as appropriate with students and staff, varies according to the nature of the discussion in question. The faculty takes the lead in decisions concerning selection of faculty, educational policy related to teaching, curriculum, research, academic ethics and other academic matters. The administration takes the lead in matters of internal operations and external relations of the university." Additionally, the faculty shall collaborate with the campus and system administrations and shall act jointly with the administration to make recommendations to the President or Board of Regents in such areas as the evaluation of faculty, review of budget policies and plans for resource allocation, review of new academic degree program proposals and "in the making of other policy concerning the general academic welfare of the university." The Liaison Committee for Medical Education, the accrediting body for the MD program for the School of Medicine, also outlines several important principles governing curriculum development and oversight. According to the LCME, "There must be a faculty committee that oversees the medical program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum." Further, the faculty of a medical education program must be responsible for the detailed design and implementation of the components of the curriculum."

The Executive Faculty of the School of Medicine has the responsibility and authority to develop the faculty governance structure within the School of Medicine. Accordingly, the School of Medicine Executive Faculty established the Rules of the School of Medicine, which specifically creates the Faculty Senate and outlines the roles, policies and operating procedures for this faculty governance body.

*The principles of shared governance are outlined in the Laws of the Regents (Article 5) See: <https://www.cu.edu/regents/Laws/article-05.html>. The principles of shared governance are also outlined in Articles I, III and IV of the University of Colorado Faculty Senate Constitution. See: <https://www.cu.edu/facultycouncil/constitution/>.

SCHOOL OF MEDICINE MISSION STATEMENT

The mission of the University of Colorado School of Medicine is to provide Colorado, the nation and the world with programs of excellence in:

Education – through the provision of educational programs to medical students, allied health students, graduate students and housestaff, practicing health professionals and the public at large;

Research – through the development of new knowledge in the basic and clinical sciences, as well as in health policy and health care education;

Clinical care – through state-of-the-art clinical programs which reflect the unique educational environment of the University, as well as the needs of the patients it serves, and; and

Community service – through sharing the School's expertise and knowledge to enhance the broader community, including our affiliated institutions, other health care professionals, alumni and other colleagues, and citizens of the state.

DIVERSITY MISSION STATEMENT

The University of Colorado School of Medicine believes that diversity is a value that is central to its educational, research, service and health care missions. Therefore, the SOM is committed to recruiting and supporting a diverse student body, faculty and administrative staff. The SOM adopts a definition of diversity that embraces race, ethnicity, gender, religion, sexual orientation, gender identity, socioeconomic status, political beliefs and disability. The definition of diversity also includes life experiences, record of service and employment and other talents and personal attributes that can enhance the scholarly and learning environment.

The SOM shall strive to admit qualified students and appoint qualified residents, fellows, faculty, staff and administrators who represent diversity. The SOM also shall develop programs that are designed to: Promote the academic advancement and success of minority students, house officers and faculty; enhance cultural and diversity instruction throughout the curriculum; break down racial and ethnic stereotypes and promote cross-cultural understanding; and promote unexplored research agendas and new areas of scholarship. The SOM's diversity programs also seek to enhance diversity and cultural competency in the health care workforce, improve access to health care for poor, minority and under-served populations and, ultimately, eliminate racial, ethnic and socioeconomic disparities in health and health services.

The SOM will work with all departments and programs within the SOM, and with other University of Colorado campuses and their leaders, to achieve the goals outlined above and to promote a culture of inclusiveness, respect, communication and understanding. The SOM will support the goals of the University's Vision 2010, that seek to develop a University culture in which diversity and academic excellence are seen as inter-dependent.

PROFESSIONALISM MISSION STATEMENT

A climate of respect, civility and cooperation among students, house officers, faculty, administrators and staff is essential to achieving excellence in research, education, clinical care and university and community service. Therefore, the School of Medicine places a high priority on professionalism. Under the umbrella of professionalism lies an extended set of responsibilities that includes civil and courteous behavior, respect for teachers, students, supporting staff and colleagues, open and honest communication, respectful dissent, support for the School's missions and active and timely participation in education and mentoring activities.

In all interactions with patients and their families, faculty are expected to demonstrate the core attitudes and behaviors that reflect the traditions of the profession of medicine and society's trust. These include: compassion; respect for patients' privacy and dignity; altruism in patient care and in the pursuit and application of knowledge; empathy; accountability; punctuality; sensitivity and responsiveness to patients' age, culture, gender, ethnicity and disabilities; and responsiveness to society's needs. In all educational, research and clinical care settings, teachers and learners will welcome and respect all religious, spiritual and political beliefs and will welcome and respect patients, regardless of socioeconomic status, including those who are uninsured or non-English speaking.

Faculty members are also expected to exhibit the characteristics of good academic and institutional citizenship by contributing to the teaching, service and administrative activities of their department and the School. Faculty members are expected to maintain a high level of scientific or clinical competence, as judged by their peers, and to demonstrate a dedication to life-long learning. Faculty are expected to critically analyze, and avoid, activities that suggest a conflict of interest with their role as a clinician, scientist or educator. Faculty must also adhere to the highest standards of academic honesty and integrity. For example, truthfulness, completeness and accuracy are essential elements in medical and scientific writings, in representations of effort and in medical record documentation.

Although these qualities and behaviors may be more difficult to evaluate than research, scholarship, teaching and other traditional measures of academic performance, they are critical to the missions of the School of Medicine.

ARTICLE I. ORGANIZATION

A. Departments, Divisions and Centers

1. A list of the departments, divisions and centers of the School of Medicine shall be maintained by the Associate Dean for Faculty Affairs and shall be made available to all faculty, administrators, students and staff.

2. Formation or Dissolution of Centers, Divisions and Departments and Transfer of Divisions and Centers

When an administrative unit of the School of Medicine requests official recognition in the By-Laws as a center*, division or department, a committee to consider the request shall be formed in the following manner: The Dean and the Faculty Officers shall appoint a committee of seven members (Professors and Associate Professors) with five members from basic science or clinical science departments (one per department) if creation of a basic science or a clinical science unit, respectively, is being considered. The recommendation of this committee, accompanied by recommendations from the Dean, shall be brought to the Executive Committee and then the Faculty Senate for action. Approval by both bodies is required before forwarding the proposals to the Chancellor, President or Board of Regents, as required by University policies.

The following will be considered by the involved bodies in their deliberation:

a. The department or division will usually have a separate residency or fellowship training program (recognized nationally) if a clinical department or a separate graduate degree program (recognized nationally) if a basic science department.

b. A national precedent for center, division or departmental status for the involved scientific area will have been established or a need for a new area can be clearly justified.

c. The establishment of the new center, department or division can be shown to benefit the involved department(s) and the School of Medicine.

Formation or dissolution of a center, department or division or transfer of a division or center may be initiated by the Dean, the involved unit, or a petition signed

* There are a number of existing institutes and centers within the School of Medicine of importance to one or more missions of the School. These centers and institutes were established to meet specific needs of the School of Medicine. Each has its own governance structure and financial arrangements with the School of Medicine. Although these centers and institutes may not have been designated by name, the current document is not intended to alter their status within the School.

by at least ten members of the Executive Faculty. Subsequent procedures will be followed as noted for formation of a new center, division or department.

3. Department Organization

A. Department Chairs

Each department shall have a chair who serves as the principal officer of the department and represents the department at executive committee meetings. The responsibilities of the chair are described, as follows, in the University of Colorado Administrative Policy Statement, "Roles and Responsibilities of Department Chairs (July 1, 2010): "The chair has the responsibility for providing leadership toward the achievement of the highest possible level of excellence in the teaching, research, service [and patient care] activities of the department. The chair is expected to articulate the goals of the department, both within and outside the department, to articulate the department's actions or requests in pursuit of these aims, and to maintain a climate that is collegial, that respects diversity, that treats faculty, staff and learners fairly and that is hospitable to creativity and innovation." The chair has the explicit responsibility to communicate effectively with faculty, to review faculty performance regularly and to "ensure that faculty members are aware of the ... criteria prescribed for appointment, reappointment, promotion and tenure and to make appraisals and recommendations in accordance with the procedures and principles stated in the *Laws of the Regents*." For all faculty members, including those employed by affiliated institutions, department chairs must ensure: that adequate mentoring and career development programs are in place; that faculty performance reviews are conducted regularly, in accordance with the procedures and principles stated in the Laws of the Regents and the University of Colorado Administrative Policy Statement on Faculty Development and Mentoring; that faculty members are made aware of career development resources, such as the *Guide to Building a Dossier for Promotion and Tenure*, Promotion 101 courses, and seminars organized by the Office of Faculty Affairs and the Academy of Medical educators; and that all assistant professors undergo a comprehensive academic ("mid-course") review during their third or fourth year in rank, in accordance with University policies. The chair is "expected to seek the advice of departmental faculty colleagues in a systematic way, to provide for the conduct of departmental affairs in an orderly manner through department meetings and the appointment of appropriate committees, and to keep department members informed of his or her actions in a timely manner". Refer to the Administrative Policy Statement ([Roles and Responsibilities of Department Chairs](#)) for further details.

B. Meetings and Reports

Each department and each division shall have monthly faculty meetings between September and June. Meetings are not mandatory during July and August. Department chairs shall ensure that faculty at the affiliated institutions can participate in regularly scheduled departmental meetings (and on other important committees and task forces that address the educational and research programs of the department). An

annual activities report shall be submitted by each department chairperson to members of the department and to the Dean. Each division head will report at least annually to the chairperson(s).

C. Departmental Reviews

Each department shall undergo a review of its activities every five to seven years. The departmental review shall consist of a self-study, a campus-level review and an external review conducted by one or more nationally recognized academicians in the discipline. The review shall be conducted in accordance with existing University and campus program review policies and procedures. The Dean shall solicit input from departmental faculty during this process.

D. Departmental Advisory Committee

Each department shall form an advisory committee composed of senior faculty in the department, which shall meet regularly to review and make recommendations to the chairperson regarding promotion and award of tenure for faculty in that department. Guidelines are outlined in Article II.H.1.

B. Faculty

1. General Faculty

The general faculty of the School of Medicine shall consist of the President of the University, the Chancellor of the Health Sciences Center, the Dean of the School of Medicine, the Senior Associate, Associate and Assistant Deans, and all Professors, Associate Professors, Assistant Professors, Senior Instructors and Instructors. The general faculty shall also include all Professors, Associate Professors, Assistant Professors, Senior Instructors and Instructors holding Research, Clinical, Adjunct and Adjoint faculty titles. Lecturers, Senior Research Associates, Research Associates, Professional Research Assistants, and Senior Professional Research Assistants are also members of the general faculty of the School of Medicine. The term "clinical" in the above titles is used to designate members of the faculty who are serving on a part-time or volunteer basis.

2. Executive Faculty of the School of Medicine

The Executive Faculty shall consist of the Chancellor of the Anschutz Medical Campus, the Dean of the School of Medicine, the Senior Associate, Associate and Assistant Deans, and all members of the General Faculty of the School of Medicine with the following titles, whose appointments are fifty percent or more and who hold titles in the regular, research or clinical practice series: Professor, Associate Professor, Assistant Professor, Senior Instructor, and Instructor.

Each member of the faculty, who is employed by the University, shall have a signed letter-of-offer, which specifies the type and terms of his or her appointment and which includes appropriate details about the salary, benefits, privileges and responsibilities associated with the position. School of Medicine faculty, except those employed by Denver Health and Hospital Authority (DHHA), must also sign a University Physicians, Inc. (UPI) Member Practice Agreement, which provides that all fees received for professional services, with certain exceptions defined in the UPI contract or by the School of Medicine, shall be assigned to University Physicians, Inc. School of Medicine faculty members are expected to follow the rules and policies of the University, School and UPI, as well as the rules and policies of the hospitals where they provide patient care or other services.

3. Faculty Senate

The Faculty Senate is responsible for educational, clinical, scholarly and certain designated administrative decisions in the School of Medicine, with the exception of recommendations for faculty personnel actions, student promotions and honors, and student and faculty disciplinary actions (See Article I.D. paragraphs 3 and 4). The Faculty Senate will vote and make recommendations to the Dean or Executive Committee with respect to those designated areas of responsibility specified above.

The members of the Faculty Senate shall be elected from the Executive Faculty and shall serve for a term of two years. Each department of the School shall elect one member for every forty faculty members holding the rank of Instructor or above with primary appointments in that department, regardless of affiliated institution. Each department shall be entitled to elect at least one member to the Faculty Senate, and at least one quarter of the Senate shall be composed of representatives from the basic science departments. Representation will be capped at a maximum of seven senators per department. All members of the Executive Faculty at all affiliated institutions are eligible for election. Members are eligible for re-election. Department chairpersons and Senior Associate, Associate and Assistant Deans are not eligible for election. However, the Associate Dean for Diversity and Inclusion shall serve as a voting member of the Faculty Senate. Additionally, one member of the clinical faculty based at the Colorado Springs branch shall serve as a voting member of the Faculty Senate.

In May of each even-numbered year, the Faculty Officers, in collaboration with the Dean's Office, will notify each department chair of the new census and reapportionment for the department. Prior to July 31 of that year, each department will hold its election for members of the Senate, and the results of the election will be transmitted to the Office of the Dean. Each department shall determine its own election procedures, ensuring that all members of the Executive Faculty within the Department are able to participate fully in this election. The Office of Faculty Affairs will maintain a list of each department's census and senate representation.

4. Faculty Officers

The Faculty Officers of the SOM shall consist of the President, President-Elect, Past-President and Secretary, each elected by the Executive Faculty. The President shall serve a one-year term and shall be succeeded by the President-Elect. The position of President shall alternate between a member of the faculty from the basic science departments and a member of the faculty from the clinical departments. After serving a one-year term the President shall serve one year as Past-President. The President shall not be eligible for re-election until two years after the end of his or her term as Past-President.

The Secretary shall be responsible for recording the minutes of all Executive Faculty and Faculty Senate meetings. The Secretary shall serve a one-year term. The Secretary shall not be eligible for re-election until two years have passed following his or her retirement from this position.

Each year and prior to May 1st, the Associate Dean for Faculty Affairs shall solicit written or electronic nominations from the Executive Faculty for the positions of President-Elect and Secretary of the Faculty Senate. Candidates for these offices must be nominated by two or more Executive Faculty members and must agree to serve in that position for the designated time in order to be placed on a written or electronic ballot. All candidates for senate offices shall provide a brief "Statement of Vision" which will be provided to the Executive Faculty along with the ballot.

When there are three or more candidates for an office, "approval voting" shall be employed. Under this mechanism, votes are not restricted to voting for just one candidate. Instead, each voter can vote for, or "approve of," as many candidates as the voter wishes. The single candidate with the most total "approval votes" wins the election. Elections will be completed by the end of June. The Associate Dean for Faculty Affairs and the Faculty Officers shall supervise the election.

Annually, the faculty officers are responsible for providing a list of 3 candidates from the Faculty Senate to fill the vacant faculty at-large position on the UPI, Inc., Board of Directors. Officers shall review the annual reports of all standing committees and raise any issues cited by the committee chairs for discussion within the Senate. The officers shall meet with the Dean of the SOM monthly to discuss outstanding faculty issues and to set agendas for senate meetings.

All members of the Executive Faculty holding the rank of Assistant Professor or higher shall be eligible for these offices except for members of the administration of the Medical School and University of Colorado Denver and the department chairpersons. The President, President-Elect and Past-President may not serve as voting members on any standing Medical School Committees during their terms in office.

The Faculty Officers (President, President-Elect, Past-President and Secretary of the Executive Faculty) shall serve as voting members of the Faculty Senate. The Faculty Officers shall also serve as voting members of the Executive Committee, except that the Faculty Officers shall not vote on promotion or tenure recommendations or other personnel issues discussed in Executive Session. They shall: prepare the agenda of the Executive Faculty and Faculty Senate meetings in consultation with the Dean; make certain that committee reports are submitted to the Executive Faculty; recommend to the Dean the appointment of, or the election of, ad hoc or other committees as needed; and be empowered to bring to the Executive Faculty any and all matters they deem important. The President of the Faculty shall preside at the Executive Faculty and Faculty Senate meetings and shall present a monthly report to the Executive Committee. If the President is unable to preside at meetings or meet other responsibilities, the President-Elect of the Executive Faculty shall substitute. The President shall be empowered to remove any elected member of a committee for non-performance of assigned functions and to appoint a substitute. (The Dean shall have similar authority in the case of committees with appointed memberships). Any Faculty Officer may be removed by a majority vote of the Senate.

In case of the temporary absence or illness of the President, his/her duties shall be carried on by the President-Elect. The President-Elect shall become President on July 1, or upon retirement or permanent inability of the President to serve (the latter to be determined by a majority vote of a quorum of the Faculty Senate). In the latter instance, the President-Elect shall complete the remaining term of the President and then shall serve his/her own full term.

The President will be a standing member of the campus-wide Faculty Assembly. Other School of Medicine representatives will be elected by the Faculty Senate.

5. Meetings and Ballots

The Faculty Senate shall normally meet once a month, except during July and August (ten times a year). There shall be a time limit of 90 minutes for each meeting, but this limitation may be suspended for a particular meeting by a majority vote of the members present. The exact time of each of these regular meetings shall be determined by the Faculty Officers and a notice of the meeting and its agenda, proposed motions, and related material shall be distributed in ample time to each member of the Senate. The schedule of meetings for the year shall be distributed a year in advance. The agenda for each meeting shall be posted in a manner to inform all faculty of the meeting. Faculty Senate meetings will be open to all members of the Executive Faculty. However, the Senate may go into executive session if sensitive personnel issues are to be discussed.

The Executive Faculty shall meet at least once each year at a time designated by the Dean and Faculty Senate President. The annual meeting shall

include the Dean's State of the School Address. Additional meetings of the Executive Faculty may be called by the Dean or the Faculty Senate President.

Special meetings of the Senate or Executive Faculty may be called by the Dean, the President of the Faculty, or by a request in writing from ten members of either body.

In case of a procedural question, the latest edition of Robert's Rules, or its equivalent, shall be followed during all meetings of the Faculty Senate, the Executive Faculty and the Executive Committee. The Secretary will be the custodian of Robert's Rules of Order.

One student from each medical class, one student from the Allied Health Programs, and one graduate student may attend the Executive Faculty and Faculty Senate meetings as non-voting members.

The election of all officers and committees of the Executive Faculty shall be held in the spring of the year. The terms of such offices and committees shall run from July 1 to June 30.

A quorum for meetings of the Faculty Senate shall consist of those who are present at the time and place of a meeting announced one week in advance. Minutes of each meeting of the Faculty Senate and of the Executive Faculty, edited only to delete personal references inappropriate for publication, shall be posted and made available to the Executive Faculty. Repeated absences of a senator from scheduled meetings shall be cause for replacement of that senator. The Faculty Officers shall be empowered to recall the senator who has had repeated absences and to oversee the election of a new senator from that department.

Only elected senators who are present at a meeting may vote on matters that are before the Senate.

Votes by the Faculty Senate may also be conducted by a mail or electronic ballot, if so authorized by a majority of those present at a Senate meeting at which the issue is discussed. The ballot will be distributed to all members of the Senate with an account of the discussion of the question. In the case of a proposed change to the Rules of the School of Medicine, a mail or electronic ballot will be distributed to the Executive Faculty with an account of the discussion of the question. A reply from 250 or more members of the Executive Faculty shall be considered a quorum, and the affirmative vote of two-thirds of those voting is needed to change the Rules of the School of Medicine.

C. Executive and Administrative Officers

The Chancellor of the University of Colorado Denver and the Dean of the School of Medicine shall be ex-officio members of the General Faculty, the Executive

Faculty, and the Faculty Senate. They shall also be ex-officio members of the Executive Committee of the Executive Faculty.

The Dean shall be the administrative head of the School of Medicine and shall represent the School on the Chancellor's Executive Committee. The Dean shall be responsible for the enforcement of admissions policies and the general effectiveness of the School.

The Dean shall enforce rules and regulations and shall have the power to act in minor cases of discipline and to refer major cases to the Executive Committee. He or she shall confer with the chairpersons of departments and when appropriate with department faculty members about departmental needs and salaries and shall allocate space in the best interests of the School. The Dean shall make regular reports to the Chancellor, the Executive Committee and the Faculty Senate. The Dean shall be an ex-officio, non-voting member of all standing committees. In consultation with the Faculty Officers, the Dean shall appoint all committees designated in the Rules unless the method of appointment or selection has been otherwise specified in these Rules, or in the case of special committees authorized by action of the Faculty Senate.

The academic and administrative performance of the Dean will be reviewed every five years, according to the laws and policies of the Regents.

The Senior Associate, Associate and Assistant Deans shall be appointed by the Dean, with concurrence of the Executive Committee, to assist the Dean in the performance of his or her duties. In the absence or disability of the Dean, the Senior Associate Dean for Academic Affairs, or in his or her absence, another Senior Associate Dean or Associate Dean of the School of Medicine designated by the Chancellor, shall serve as acting administrative head of the School.

D. Executive Committee

The Executive Committee shall consist of the Chancellor of the Anschutz Medical Campus and the Dean of the School of Medicine (both as ex-officio, non-voting members), the Faculty Officers (President, President-elect, Past-President and Secretary of the Executive Faculty) and the chairpersons of all departments. The Faculty Officers shall serve as voting members of the Executive Committee, except that the Faculty Officers shall not vote on promotion or tenure recommendations or other personnel issues discussed in Executive Session. The Dean may appoint additional center or program directors to serve as non-voting members of the Executive Committee. The Associate Dean for the Colorado Springs Branch, the chief executive officers of the Denver Health and Hospital Authority, the Denver Veterans Administration Medical Center, Children's Hospital Colorado, the University of Colorado Hospital and National Jewish Health, or their designees, shall also serve as non-voting members.

The Dean of the School of Medicine shall serve as the Chair of the Executive Committee. The Committee shall meet at least once each month. Minutes of

each meeting, edited to delete only personal references inappropriate for publication, shall be circulated promptly to the Executive Faculty. Special meetings may be called at any time by the Dean, or by written request of five members upon 24 hours' notice to the committee membership. Such special meetings may have either the Dean or the Acting Dean as the presiding officer. All regular meetings shall be called by the Dean, or in the case of his absence or disability, by the Acting Dean.

The Executive Committee shall act as an advisory committee to the Dean of the School of Medicine. In the fulfillment of its duties, the Executive Committee shall consider and make recommendations to the Dean and the Faculty Senate on such matters as the relationship of the School of Medicine to other institutions and groups, the obligations, privileges and status of the faculty, the nature of the curriculum and the education of students, the size of the student body and the physical facilities of the School, the advisability of changes in the governance and established procedures of the School of Medicine, and all other matters that relate to, or impinge on, the educational, clinical, scholarly, research and administrative activities of the faculty and the Medical School. The Executive Committee shall have access to all reports of standing and ad hoc committees that may be pertinent to its deliberations and decisions, and to the activities and policies of the School. The President of the Faculty Senate shall make a formal, monthly report to the Executive Committee on behalf of the Executive Faculty.

All recommendations of the Executive Committee shall be made known to the Dean and promptly forwarded to the Faculty Senate for further discussion and final decision.

Except as set forth below, no action of the Executive Committee is considered to be final, for this authority resides with either the Dean or the Faculty Senate as defined in these Rules of the School of Medicine. In matters over which the Faculty Senate has authority, but which require immediate decision, the Executive Committee may act in accordance with what it believes to be the spirit of the Faculty Senate. However, such actions shall be referred to the Faculty Senate at the first regular meeting after the date on which they have passed, or at a special meeting. A special meeting will be called if there is not a regular meeting scheduled.

If there is disagreement on major issues between the Executive Committee and Faculty Senate regarding an action or recommendation, it may be re-considered jointly by both bodies, with the final decision made by the Dean.

In addition to decisions and actions that must be referred to the Faculty Senate for final action, the Executive Committee, on proper recommendation described below, shall be empowered to recommend to the Chancellor, to the President of the University and the Board of Regents, appointments, reappointments, promotions, tenure awards, terminations, or retirement of all members of the Faculty. Upon recommendation by the Senior Associate Dean for Education, representing the faculty and the School of Medicine's established criteria for graduation, the Executive

Committee shall also approve the list of candidates to be presented to the Regents for degrees. The Executive Committee shall also have full authority to select students to receive honors, special prizes, awards and scholarships, and where necessary, to make appropriate recommendations therein to the Regents. Only the department chairs may vote on these personnel matters, which shall be considered in executive session.

Motions voted on by the Executive Committee shall be affirmed by a simple majority of the votes, except in instances in which its recommendation is contrary to that of the Faculty Promotions Committee (FPC), in which instance, Article II.H.2. of the Rules shall apply.

E. Standing Committees

- Committee on Admissions
- Curriculum Steering Committee
- Student Life Steering Committee
- Student Promotions Committee
- Student Research Committee
- Graduate Medical Education Committee
- Continuing Medical Education Committee
- Dean's Advisory Committee
- Faculty Promotions Committee (FPC)
- Rules and Governance Committee
- Committee on Clinical Appointments and Promotions
- Council on Diversity

1. Committee Meetings

All regular committee and subcommittee meetings shall be open to all members of the Executive Faculty, who may attend as non-voting members. However, by majority vote of the members in attendance, the committees and subcommittees may go into executive session.

2. Committee Reports

All committees shall make an annual written report of their activities and those of the subcommittees within three months of the end of the academic year to the Dean, the Executive Committee, and the Faculty Senate. In addition, the Chairperson of each committee may be requested to make a brief oral summary of this report to the Faculty Senate if issues are identified in the annual report. More frequent reports to the Faculty Senate and Executive Committee shall be made in instances where important decisions need to be made.

Unless otherwise specified, the Chairperson of a subcommittee will be an ex-officio, non-voting member of the parent committee.

3. Committee Membership

The Faculty Officers of the Executive Faculty shall recommend candidates and consult with the Dean in the appointments of all standing committees of the Medical School, except those stipulated in the Rules as elected committees.

Except as otherwise provided for in the Rules, committees will be formed to achieve broad input from members of departments most relevant to the function of the committee.

All committees may appoint ex-officio, non-voting members as needed.

All committees may appoint additional ad hoc subcommittees as needed.

ARTICLE II. FACULTY APPOINTMENTS, PROMOTION AND TENURE

A. Department Chairpersons

1. Searches for department chairpersons shall be conducted in accordance with the laws and policies of the Regents.

2. After consulting with faculty in the department and with the Faculty Officers, the Dean shall appoint a committee to conduct the search for a new department chairperson. The search committee shall consist of at least six members and shall include persons from the basic science departments, the clinical departments and the clinical faculty (if appropriate). The Dean shall determine whether the search committee will include departmental representation. Where appropriate, and in a manner consistent with approved agreements between the School of Medicine and the affiliated hospitals, the search committee shall also include representation from affiliated hospitals.

3. The chairperson of the committee shall be designated by the Dean.

4. The Associate Dean for Diversity and Inclusion, or his or her designee, shall be an ad hoc member of all Chair search committees.

5. At appropriate times during the search process, the dean, or his or her designee, will discuss the progress of the search with the faculty in the department concerned.

6. Neither the Chancellor nor the Dean, Senior Associate, Associate or Assistant Deans shall be members of the committee, but a representative from those offices may be requested by the committee to act with it on an ex-officio, non-voting basis.

7. The committee shall have the privilege of consultation with the outgoing department chairperson, but the outgoing chairperson shall not be a member of the committee.

8. The committee will recommend suitable candidates to the Dean, who will then make the final selection.

B. Division Heads

1. Division heads are responsible to the department chairpersons.

2. An ad hoc committee to recommend the appointment of a division head shall be appointed by the Department Chair, after consultation with the Dean. The outgoing head of the division shall not be a member of the committee. The ad hoc committee shall forward its recommendations to the Department Chair. After receiving the committee's recommendations, the Department Chair shall appoint the Division Head, subject to approval by the Dean.

3. In instances where there is an inter-departmental division, the ad hoc committee to recommend the appointment of a Division Head shall be appointed by the Dean, after consultation with the involved department chairs. The ad hoc committee shall forward its recommendations to the Dean, who will appoint the Division Head.

C. Administrative Positions

1. Administrative positions, including deans, departmental chairpersons, center directors and division heads, in accordance with University policy, are at-will appointments, serving at the pleasure of their immediate supervisors.

D. Types of Faculty Appointments

Consistent with the Rules of the Regents, the School of Medicine recognizes four types of faculty appointments: Tenured; indeterminate; limited; and at-will.

1. **Tenured appointments** continue until termination by resignation, retirement or otherwise pursuant to applicable Regent laws and policies.

2. **Indeterminate appointments** are made for an indefinite period of time; continuance is dependent upon inclusion in the approved budget and available funding.

3. **Limited appointments** are for specified periods of time (from less than one year to four years). In the School of Medicine, Instructors, Senior Instructors and Assistant Professors will usually receive one year, renewable limited appointments. Associate and full Professors who are not tenured will usually receive renewable limited appointments of 1, 2 or 3 years.

4. **At-will appointments** are made for an indefinite period of time; their continuance is at-will. Faculty members holding limited or indeterminate appointments may not be re-assigned to at-will appointments unless proper notice is provided, in accordance with SOM and University policies.

The Dean's Office, in collaboration with the Faculty Senate and the Executive Committee, will develop specific guidelines for the use of limited, indeterminate and at-will appointments. Refer to SOM and University guidelines for information about faculty members who are at-will by Colorado statute.

A member of the faculty whose salary is paid by an affiliated institution (II.E) may receive an indeterminate appointment to the rank of Associate Professor or Professor, but this shall not involve any continuing financial obligation on the part of the University. Such a position is not normally tenured.

E. Full-time versus Clinical Faculty Appointments

In the School of Medicine, faculty may hold either a full-time or a clinical appointment.

1. Full-time faculty members hold appointments at 0.5 FTE or greater and do not have any independent or other health care practice. Faculty employed at affiliated hospitals also hold full-time faculty appointments, although their appointments may be subject to different policies, including those pertaining to compensation, benefits and eligibility for tenure or sabbatical assignment. Full-time faculty members include those appointed and promoted in the regular professor series, the professor of clinical practice series and the research professor series.

2. Clinical faculty include practitioners or other professionals who perform volunteer teaching, research or clinical services, and those appointments are less than 0.5 FTE.

F. Special Characteristics of the School of Medicine Relevant to Promotion and Tenure

1. Experience has repeatedly demonstrated that meaningful teaching of clinical skills is impossible unless the teacher also has ongoing involvement in patient care, so that his or her teaching is relevant to actual practice and so that he or she may keep abreast of the latest developments in patient care and communicate these to students. In addition, clinical research loses its focus when it is not ultimately related to actual clinical work. Finally, the funding of all activities of the School of Medicine is heavily dependent upon its clinical activities. For all of these reasons, excellence in clinical work for physicians cannot be completely separated from excellence in research and teaching and should not be separated from these performance criteria in an overall consideration of a faculty member for promotion and tenure. Therefore, clinical work should be evaluated as part of the overall review of a clinician for recommendation for

promotion and tenure, and should be considered when a faculty member who has made exceptional clinical contributions is reviewed for the award of tenure or for promotion to the ranks of Associate Professor or Professor.

2. The School of Medicine also differs from other Schools of the University in that clinical departments utilize a number of geographically disparate sites, including affiliated hospitals and medical centers with which the School of Medicine has developed, or plans to develop, formal affiliations. Rigorous review is required to maintain the same high standards for faculty at affiliated institutions that apply to faculty located on the medical school campus, in order to ensure uniform excellence of teaching to all students, residents and fellows at all locations. Tenure is not normally awarded at affiliated institutions. Nevertheless, the same standards are applied both to these faculty and to other School of Medicine faculty by rigorous review for promotion to Associate Professor and Professor, and by limiting the number of years a faculty member may remain at the rank of Assistant Professor before being reviewed for promotion to Associate Professor.

3. Definitions

A. Clinical Activity

In addition to direct patient care, “clinical work” includes structured projects that assess and improve the quality of clinical care, promote patient safety and identify opportunities for greater value and efficiency in health care. Even greater value is placed on scholarly projects that advance the science and practice of health care quality, efficiency and patient safety.

B. Teaching

Teaching is also broadly defined. Teaching includes not only didactic instruction but also mentorship, professional role modeling and supervision in classroom, clinical, research and community settings. Teaching also includes course leadership and administration, development of innovative instructional or evaluation methods and educational scholarship and research. The School of Medicine recognizes teaching of undergraduate students, graduate students, residents, fellows and health care providers in all the health professions.

C. Research

Basic, clinical, translational, educational and other forms of research are highly valued by the School of Medicine. As outlined in the Promotion Matrix, “excellence” in research may be demonstrated through peer-reviewed scientific publications, competitive grant funding, a national or international reputation, and evidence of originality and independence as an investigator. The School of Medicine recognizes the importance of inter-disciplinary science and the need for collaboration among investigators. Therefore, as recommended by the National

Academy of Science, the School of Medicine defines an “independent investigator” as one who demonstrates “independence of thought” --- that is, one who has defined a problem of interest, who has chosen or developed the best strategies and approaches to address that problem and who has contributed distinct intellectual expertise.

G. Faculty Ranks and Tenure in the School of Medicine

The Promotion Criteria Matrix (Appendix I) will be used to guide faculty members, department chairs, and promotion and tenure review committees in assessing how faculty meet the criteria below. “Meritorious” is broadly defined as performance that is praiseworthy or deserving merit, while “excellent” is defined as performance that is outstanding or of exceptional merit.

1. Regular Faculty Series

A. Criteria for Faculty in the Regular Faculty Series

i. Instructor

Instructors should have at least the Master’s Degree or its equivalent and should otherwise be well qualified to participate in teaching, research or clinical service in the School of Medicine and its programs.

ii. Senior Instructor

The rank of Senior Instructor allows higher recognition and salary and longer periods of appointment than that of Instructor. It may be awarded to faculty members who do not possess the terminal degree or other prerequisites for promotion to Assistant Professor, but who have special abilities in teaching, research or clinical service that justify such recognition.

Faculty at the Instructor or Senior Instructor level may have the terminal degree appropriate to their field. They may also have promise in teaching, clinical service or scholarly activity, although they usually do not have an established record of outstanding accomplishments. Faculty at the Instructor or Senior Instructor level may lack board certification, a record of research funding, teaching or clinical experience or other qualifications for appointment at the Assistant Professor level.

iii. Assistant Professor

Assistant Professors should have the terminal degree appropriate to their field, or its equivalent, and should otherwise be well qualified to teach in the Medical School and its programs. Assistant professors should demonstrate potential for excellence in teaching, research or clinical activity and, where appropriate, the capacity to participate productively in scholarly activity.

iv. Associate Professor

Prior to undergoing departmental review for promotion from Assistant Professor to Associate Professor, all faculty members, in consultation with their chair, must choose whether to seek promotion to Associate Professor in the regular or clinical practice series. Usually, they will make this election after undergoing a comprehensive mid-course review, based on their interests and accomplishments in clinical work, service, teaching and scholarship. The Clinical Practice Series is described below (Article II.G.2).

Associate Professors in the regular faculty series should have the terminal degree appropriate to their field, or its equivalent. Associate Professors must demonstrate excellence in teaching, research, or clinical activity; and at least meritorious performance in teaching, scholarly activity, and service/clinical activity.

The review for promotion to Associate Professor shall be in accordance with the following guidelines:

Meritorious performance in all:

- Teaching
- Scholarly activity
- Service/clinical activity

Excellence in one:

- Teaching
- Research
- Clinical activity

Review for promotion to Associate Professor may occur whenever the faculty member meets the criteria specified below, but normally the review must begin by the beginning of the seventh year of service as Assistant Professor. Faculty members who are not promoted to Associate Professor during the seventh year at the rank of Assistant Professor will be given notice of non-renewal. A three-year extension to the seven-year probationary period will be considered in accordance with current policies, which stipulate that: a) any Assistant Professor in the 5th, 6th or 7th year in rank may submit an extension request to the Dean requesting up to a three-year extension; b) prior to submission of the request, the standing Departmental Advisory Committee must review the faculty member's readiness for promotion; and c) the chair of the department must concur with the request for extension. The request for an extension will be granted so long as the request is submitted prior to the start of the review for promotion or tenure by the School of Medicine Faculty Promotions Committee. All requests for extensions will be then forwarded to the Chancellor for approval. Valid reasons for an extension might include interruption of one's career because of illness or family obligations, significant change in career focus, assumption of major administrative, teaching or research responsibilities, part-time University employment, etc. If an extension is denied by the chair, the faculty member may appeal to the Dean. An individual granted an extension to the probationary period shall not be subject to

additional scholarship, service or teaching requirements, above or beyond those normally required, in order to qualify for promotion or tenure.

v. Professor

Professors in the regular faculty series should have the terminal degree appropriate to their field or its equivalent. They must demonstrate continued achievement in their areas of expertise; that is, they must have a record, since receiving tenure or promotion to associate professor, that indicates substantial, significant and continued growth, development and accomplishment in teaching, scholarship and other applicable areas.

Professors in the regular faculty series must demonstrate at least meritorious performance in teaching and service/clinical activity; excellence in two of the following (teaching, research, or clinical activity); excellence in scholarly activity; and a national reputation. Evidence of a national reputation may include: nationally recognized research, scholarship, clinical activities or teaching; service on national study sections; visiting professorships or invitations to speak at other universities or at national meetings; authorship of nationally recognized clinical practice guidelines or review articles in respected textbooks; and leadership of national committees or task forces.

The review for promotion to Professor shall be in accordance with the following guidelines:

<u>Meritorious in:</u>	<u>Excellence in two:</u>	<u>Excellence in:</u>
- Teaching - Service/clinical activity	- Teaching - Research - Clinical activity	- Scholarly activity

B. Scholarship Requirement for All Faculty in the Regular Faculty Series

All faculty in the Regular Faculty Series will be required to participate in scholarship, as broadly defined. All scholarship implies creativity. The products of all scholarship must be in a format that can be evaluated, which would normally mean a written format, but could include web-based or electronic formats. The School will recognize the following four types of scholarship as adapted and modified from concepts developed by Ernest Boyer:*

- i. The “scholarship of application” includes activities that build bridges between theory and practice or that apply knowledge to practical

* Boyer, Ernest, “Scholarship Reconsidered: Priorities of The Professorate,” Carnegie Foundation for the Advancement Of Teaching, Princeton University Press, 1990.

problems. Examples include development of new medical treatment modalities, clinical care pathways or other activities that address community health care needs, that shape public policy on health care or that promote quality of care and patient safety and advance the science and practice of health care quality improvement.

- ii. The “scholarship of teaching” focuses on the development of new teaching methods, assessments of learning outcomes and preparation and dissemination of highly effective curricula or other instructional materials.
- III. The “scholarship of integration” (horizontal scholarship) includes creative syntheses or analyses that define “connections across disciplines” or bring new insights to bear on original research. The scholarship of integration seeks to interpret, analyze and draw together the results of the original research. Review articles and book chapters are examples of the scholarship of integration.
- IV. The “scholarship of discovery” refers to traditional, hypothesis-driven research that results in the generation of new knowledge. Successful “discovery scholarship” usually results in peer-reviewed scientific publications.

For additional information on the types of scholarship that may be considered during promotion or tenure reviews, see the School of Medicine Promotion Criteria Matrix (Appendix 1) and the *Guide to Building a Dossier for Promotion and Tenure*.

2. The Associate Professor and Professor of Clinical Practice Series

Faculty members whose duties are focused primarily in direct patient care may be given titles in the Professor of Clinical Practice series. Faculty members appointed in this series shall hold the titles of “Associate Professor of Clinical” or “Professor of Clinical” followed by the name of one of the clinical departments. These titles are referred to as “Professor of Clinical Practice” titles in these Rules. Faculty in the Clinical Practice Series must also demonstrate meritorious accomplishments in teaching. Faculty in this series are encouraged, but are not required, to participate in scholarship. As such, they are not eligible for tenure. Faculty in this series may hold limited, indeterminate or at-will appointments.

Prior to undergoing departmental review for promotion from Assistant Professor to Associate Professor, all faculty members, in consultation with their chair, must choose whether to seek promotion to Associate Professor in the regular or clinical practice series. Normally, they will make this election after undergoing a comprehensive mid-course review, based on their interests and accomplishments in clinical work, service, teaching and scholarship.

Associate Professors and Professors of Clinical Practice are entitled to all the rights and privileges of full-time faculty in the regular series, including eligibility for sabbatical assignment. Faculty in the clinical practice series are eligible for vacation and sick leave and health and life insurance coverage in accordance with University policies. Annual performance reviews and the timing and processes for reviews for appointment and promotion in the clinical practice series are identical to the review and approval processes for regular faculty.

Positions in the clinical practice series and the regular tenure-eligible faculty series are not inter-changeable. Faculty members in the clinical practice series may be re-assigned to the regular tenure-eligible faculty series (and vice versa) only if requested by the faculty member and agreed to by the department chair. Faculty members who are reassigned must also be reviewed by the appropriate departmental and School of Medicine committees, to ensure that they meet all criteria for the new title and rank.

A. Criteria for Faculty Ranks in the Clinical Practice Series

All faculty in the professor of clinical practice series are expected to demonstrate excellence in clinical care. The Promotion Criteria Matrix (Appendix 1 of these Rules) will be used to guide faculty members, department chairs and promotion review committees in assessing whether the faculty member has met the criteria for appointment and advancement in the clinical practice series.

The promotion process is meant to describe and reward continued professional growth and achievement. Therefore, faculty appointed or promoted to the rank of Professor of Clinical Practice must demonstrate ongoing achievement in their areas of expertise; they will have met a larger number of the criteria for clinical excellence listed in the Promotion Criteria Matrix and will have demonstrated leadership in one or more areas of clinical practice. Associate Professors of Clinical Practice will usually have met fewer of these criteria or in less depth.

i. Associate Professors of Clinical Practice

Faculty appointed or promoted to the rank of Associate Professor of Clinical Practice will devote the majority of their time and effort to clinical care. They should have the terminal degree appropriate to their field, or its equivalent. Associate Professors of Clinical Practice must demonstrate: excellence in clinical care; at least meritorious performance in teaching; and a local (hospital or university) or regional reputation for clinical excellence. Evidence of a local or regional reputation may include letters of support from clinical colleagues, evidence that the faculty member has become a resource for other clinicians, leadership of clinical programs, meaningful participation in quality improvement activities or other evidence of a local or regional reputation. Scholarship is encouraged and will strengthen the clinician's promotion portfolio.

Review for promotion to Associate Professor of Clinical Practice may occur whenever the faculty member meets the specified criteria, but normally the review must begin by the beginning of the seventh year of service as Assistant Professor of Clinical Practice. Faculty members who are not promoted to Associate Professor of Clinical Practice during the seventh year will be given one year's notice of that their appointment will not be renewed. Extensions to the seven-year probationary period may be granted in accordance with the policies specified in Article II.G.1.d.

ii. Professors of Clinical Practice

Professors of Clinical Practice should have the terminal degree appropriate to their field or its equivalent. They must demonstrate excellence in clinical care and at least meritorious accomplishments in teaching. Professors of Clinical Practice must demonstrate continued achievement in their areas of expertise; that is, they must have a record, since receiving promotion to Associate Professor of Clinical Practice that indicates substantial, significant and continued growth, development and accomplishment in their area of expertise.

In addition to excellence in clinical care, professors of clinical practice must demonstrate a national or international reputation for excellence in clinical care. Evidence of a national reputation may include: nationally recognized clinical activities or teaching; visiting professorships or invitations to speak at other universities or at national meetings; authorship of nationally recognized clinical practice guidelines or review articles in respected textbooks; and leadership of national committees or task forces.

Professors of clinical practice must also demonstrate at least one of the following: Excellence in teaching; or leadership of structured projects that have assessed and improved the quality, value and efficiency of clinical care.

Scholarship is encouraged and will strengthen the clinician's promotion portfolio. Greatest weight is given to scholarly projects that advance the science and practice of health care quality, efficiency and patient safety.

3. Research Professor Series

Faculty members whose duties are to conduct research may be given titles in the research professor series. Faculty members appointed in this series will have limited involvement in didactic instructional programs. In accordance with Regent policies, faculty in the research professor series will be supported by non-general funds. However, when there is a gap between externally-funded research grants, departments of the School may provide interim support to selected faculty members in this series who have made significant contributions to the School. Faculty in the research professor series are at-will employees, in accordance with applicable state laws and University policies. They are not eligible for tenure or sabbatical assignment.

Members of the research professor series are eligible for vacation and sick leave and health and life insurance coverage in accordance with University policies. Annual performance reviews and reviews for appointment and promotion in the research professor series are identical to the review and approval processes for regular faculty.

Positions in the research professor series and regular tenure-eligible faculty series are not interchangeable. Faculty members holding regular tenure-eligible appointments may be re-assigned to the research professor series only if requested by the faculty member and agreed to by the department chair.

Criteria for Faculty Ranks in the Research Professor Series

Faculty in the research professor series are expected to demonstrate excellence in research, as independent or collaborative investigators. The document "Promotion Criteria for Research Professors" (Appendix 2 of these Rules) will be used to guide faculty members, department chairs and evaluation committees in determining whether faculty members meet the criteria for appointment and advancement in the research professor series.

Review for promotion to Associate Research Professor may occur whenever the faculty member meets the criteria specified above, but normally the review must begin by the beginning of the seventh year of service as Assistant Research Professor. Faculty members who are not promoted to Associate Research Professor during the seventh year will be notified that their appointment will not be renewed. Extensions to the seven-year probationary period may be granted in accordance with the policies specified in Article II.G.1.d.

4. Clinical Faculty

As defined in Section II.E.2 of these Rules, faculty members who perform teaching, research or clinical services, and whose appointments are less than half-time, shall be appointed to the clinical faculty. Faculty holding clinical titles may be granted the ranks of Instructor, Senior Instructor, Assistant Professor, Associate Professor, Professor, or Distinguished Professor. Unless they demonstrate accomplishments in teaching or mentoring, research or national health care activities at the time their association with the School of Medicine begins, members of the clinical faculty should begin at the rank of Instructor or Assistant Professor, depending upon the degree of experience they have accumulated subsequent to completion of their professional training. All clinical faculty members shall be appointed to at-will positions.

Associate Clinical Professors should have a minimum of four years of service as Assistant Clinical Professor or equivalent experience combined with

evidence of considerable contribution to one or more School of Medicine or departmental activities.

Clinical Professors should have a minimum of six years of service as Associate Clinical Professor or equivalent experience combined with evidence of outstanding contributions to the School of Medicine or to the programs of their department. Clinical Professors should be outstanding teachers and professional role models. They should also demonstrate institutional citizenship, exemplified by such activities as service on committees, attendance at conferences, and support of the academic missions of the department or the School of Medicine.

The title **Distinguished Clinical Professor** is extended to recognize the outstanding contributions of School of Medicine part-time or volunteer faculty members to their academic disciplines. Candidates recommended for this rank must fulfill the requirements for Clinical Professor above and must demonstrate:

1. Exemplary teaching; and
2. Distinguished scholarship or creative work.

The very nature of the title “distinguished” implies that there will be a limited number of faculty holding this title. It is intended to signify a select group of clinical faculty members who are leaders in their respective fields, as attested to by national or international recognition or their significant public service achievements.

Each department must define specific guidelines for promotion to each clinical rank within these general rules. These guidelines must be communicated in writing to the clinical faculty of the department and must be made available to the Committee on Senior Clinical Appointments and Promotions.

Appointments at the level of Associate Clinical Professor, Clinical Professor, and Distinguished Clinical Professor are reviewed and approved by the Committee on Clinical Appointments and Promotions prior to submission to the Executive Committee for action. All such appointments and promotions must be approved by the department chair and departmental committee reviewing such appointments and promotions prior to submission to the Committee on Clinical Appointments and Promotions.

5. Special Faculty Titles

Special titles within the University denoting academic appointments with responsibilities at the same level as those of the full-time faculty but which do not include the possibility of tenure are the same within the Medical School as in the rest of the University.

6. Emeritus or Emerita Status

Upon retirement, any administrative officer or any member of the faculty who has given exemplary service to the School and/or continues to be active in the affairs of the School of Medicine may be allowed to retain his or her title with the description of "emeritus" or "emerita", respectively. The recommendation for this status can originate with the appropriate department chairperson, who will forward the recommendation to the Executive Committee; or it may originate directly in the Executive Committee. The Executive Committee shall then transmit the recommendation to the Chancellor for approval.

Upon retirement, a member of the clinical faculty who has given exemplary service to the School of Medicine may be allowed to retain his or her title with the description of "emeritus" or "emerita", respectively. The emeritus/emerita designation may be given to those clinical faculty members who hold the academic rank of Associate Professor or Professor and who have rendered 20 or more years of exemplary service to the School of Medicine. The recommendation for this status should originate with the pertinent department chairperson, who will forward the recommendation to the Committee on Clinical Appointments and Promotions for consideration. The Committee on Clinical Appointments and Promotions will transmit its recommendation to the Executive Committee. There may be other special circumstances in which it is deemed fitting to award clinical faculty with the designation of "emeritus" or "emerita". In such cases, the recommendation with appropriate justification will be transmitted to the Committee on Clinical Appointments and Promotions for its consideration.

7. Tenure

Faculty who are employees of the University of Colorado in the regular academic ranks of Associate Professor or Professor are eligible for consideration for an award of tenure. Consideration for promotion and an award of tenure will be separate processes but may occur concurrently. No maximum time limit exists for an award of tenure; however, a faculty member who is turned down for tenure may not be re-considered for three years. Faculty will be reviewed for an award of tenure by a subcommittee of at least seven tenured members of the Faculty Promotions Committee, and their recommendation will be forwarded to the Executive Committee. The review will be conducted separately from any promotion consideration.

The award of tenure in the School of Medicine will be reserved for those faculty members who are among the best in their field of scholarly endeavor. The faculty members will also be widely recognized as outstanding and influential teachers and will show definitive promise of continuing, outstanding contributions to the School of Medicine. The balance between accomplishments in scholarship and teaching as defined below may vary considerably from one faculty member to another, but both scholarship and teaching excellence must be present before an award of tenure is made. Professional and administrative service and clinical activities by a faculty

member should be weighed into any decision regarding an award of tenure, but such activities in the absence of significant accomplishments in both teaching and scholarship are not an adequate basis for an award of tenure.

The first requisite for an award of tenure is excellence in scholarship, which has led to a national and international reputation. Scholarship is defined here, in the context of an award of tenure, as the rigorous, systematic study of phenomena or events which leads to a competent mastery of one, or more, of the medical, allied health, or related basic science disciplines. More narrowly, scholarship refers to advanced study which leads to the acquisition of knowledge in a particular field, along with accuracy and skill in investigation, and the demonstration of powers of critical analysis in interpretation of such knowledge. While the foregoing primarily refers to the scholarship of discovery, it also includes the scholarship of application, integration and teaching, as previously defined (see 2 above). All candidates for an award of tenure in the School of Medicine will have demonstrated significant accomplishments in scholarly endeavors, which is synonymous with the generation of new knowledge. The faculty member's scholarship must provide compelling promise of continued creativity with respect to generating new observations, new concepts, and new interpretations related to the individual's scholarly endeavors.

The second requisite for the granting of tenure is demonstrated excellence in, and dedication to, teaching. The faculty member must have demonstrated a capacity and a desire to maintain teaching effectiveness and must show capacity for continued growth as a teacher. The faculty member must have an outstanding record of success in teaching or mentoring students, residents, fellows, or less experienced faculty members. It is implicit that excellence in teaching includes being a model of professional conduct for students, colleagues and patients.

The award of tenure will be reserved for those faculty members whose achievements in scholarship and teaching have been recognized by academicians outside of the University as well as by the faculty member's faculty colleagues. Tenured faculty members are those individuals whose presence on the faculty enhances the prestige of the University of Colorado School of Medicine.

8. Tenure Criteria

A faculty member at an affiliated institution who holds the rank of Associate Professor or Professor, and who has a record of outstanding accomplishments in teaching and scholarship, is eligible for consideration for the distinction of "tenure criteria." The standards for awarding tenure criteria shall be determined by the Dean, in consultation with the Faculty Officers and the Executive Committee. Recommendations for the award of Tenure Criteria shall be reviewed by the Department Advisory Committee and then forwarded to the Faculty Promotions Committee, and then the Executive Committee, for consideration. The distinction of "tenure criteria" is not the same as tenure and shall not involve any continuing financial obligation by the School of Medicine or the University. A tenure-criteria faculty member

at an affiliated hospital who becomes a University employee does not automatically gain tenure but is eligible to apply for tenure in accordance with University and School of Medicine rules.

H. Procedures for Appointment, Promotion and Award of Tenure

1. Departmental Review

a. Review for appointment or promotion to Associate Professor or Professor, whether in the regular, clinical practice or research professor series, and review for the award of tenure, occurs within the faculty member's department (departmental review), within the School of Medicine (first level review), by the Chancellor (second level review), by the President (third level review) and by the Regents.

b. The initial review of a faculty member's qualifications for appointment or promotion to Associate Professor or Professor or for the award of tenure is performed by the Departmental Advisory Committee ("Evaluation Committee" in the Laws of the Regents) in consultation with the Chairperson of the faculty member's department ("primary unit"). When the chairperson and the Departmental Advisory Committee agree that a faculty member should be recommended for appointment or promotion to these ranks or for the award of tenure, the chairperson will forward to the Dean the faculty member's credentials and all appropriate supporting documents along with a letter summarizing the professional experience, achievements, and departmental role of the candidate. A candidate for tenure or promotion shall be informed of the recommendation by the departmental chairperson as expeditiously as possible.

c. Each department shall elect or appoint (having previously voted on a method to be followed) from among its professors and associate professors, a standing Departmental Advisory Committee (DAC). Membership on the DAC may rotate or remain stable, depending on the preference of the departmental faculty, with the concurrence of the chairperson. Members of the DAC who have administrative responsibility for a faculty member under review by the Dean cannot participate in the initial review and must excuse themselves from DAC deliberations about that faculty member.

d. If either the chairperson or the DAC does not support the recommendation for promotion or tenure of an individual who is already in the department, this decision shall be disclosed to the faculty member in a letter fully stating the reasons for the decision. In such a case, the faculty member may submit to the Dean all credentials, supporting documents and other appropriate information regarding his or her promotion, as

described below, and request review by the Faculty Promotions Committee. The Faculty Promotions Committee shall also have access to all relevant departmental records, including the letters by the department chairperson and the DAC.

e. Additional rights of the faculty with respect to the promotion and tenure process are described in I.1-14 below.

f. Information regarding a candidate submitted by the department to the Dean must include (but is not limited to) the following:

(i) A current curriculum vitae (C.V.) and a C.V. Abstract presented in standard format (see Office of Faculty Affairs website for recommended formats);

(ii) A letter of recommendation from the department chair;

(iii) A letter from the departmental evaluation committee, including an explicit statement on how the candidate fulfills the criteria for the proposed rank and/or award of tenure, and the results of the committee vote on the candidate;

(iv) Descriptions of the candidate's research or scholarship, which may include links to recent publications;

(v) Letters from 3 to 6 academic referees who can accurately evaluate the major activities and qualifications of the candidate. At least 3 references must be from outside of the University of Colorado School of Medicine. All letters of reference must be requested by, and submitted to, the Department Chair or the Chair of the Departmental Evaluation Committee. All letters received on behalf of a candidate must be included in the dossier that is submitted to the Faculty Promotions Committee. Note that letters of recommendation solicited from outside the faculty member's department are considered confidential and must not be shared with the candidate.

In accordance with University policy, selection of external evaluators shall be undertaken by the department, in consultation with the candidate. A uniform selection process shall be identified in the department bylaws and followed consistently by the department. Candidates shall be given the opportunity to suggest possible evaluators and may also indicate specific scholars to exclude from consideration because their evaluations might constitute a conflict or interest or be prejudiced against the candidate.

(vi) Information regarding the teaching ability of the candidate, including the opinions of the candidate's students and colleagues and other qualified individuals who may have observed the candidate's teaching activities in classes, seminars, laboratories, and clinical settings. Each faculty member must develop and maintain a teaching portfolio to be used in the promotion process (See the *Guide to Building a Dossier for Promotion or Tenure* for guidelines to assembling a Teacher's Portfolio);

(vii) If appropriate, information about the candidate's medical school, university, community and clinical service, including relevant opinions of colleagues and others. Each faculty member who participates in clinical activity must develop and maintain a clinical portfolio to be used in the promotion process (See the *Guide to Building a Dossier for Promotion or Tenure* for Clinical Portfolio guidelines);

(viii) The opinions of other departments and units within the Medical School and the community who are competent to judge the candidate and have a legitimate interest in the appointment, promotion and/or tenure recommendation; and

(ix) Any other information submitted by the candidate that the candidate believes will ensure an adequate consideration and evaluation of his or her appointment, promotion, or tenure.

- g. The faculty member under consideration should review his or her dossier, excluding confidential letters of evaluation, for completeness before it is forwarded from the department.

2. First-level (School of Medicine) Review

a. General Procedures

First Level Review (Level of the Dean) of proposals for appointment promotion and/or tenure submitted by a department or its representative or, in the absence of agreement within the department, by the candidate, shall follow these guidelines:

(i) Recommendations for appointment or promotion to all ranks other than Associate Professor, Professor, Associate Clinical Professor, Clinical Professor and Distinguished Clinical Professor will receive initial review by the Executive Committee (functioning as the "Review Committee") which will submit a recommendation to the Dean. The Associate Dean for Faculty Affairs shall prepare all

necessary information for presentation to the Executive Committee for its consideration.

(ii) Consideration for promotion or appointment to the ranks of Associate Professor and Professor, and consideration for tenure, are subject to an additional level of review within the School of Medicine by the Faculty Promotions Committee ("Review Committee" in the Laws of the Regents). The Faculty Promotions Committee (FPC) shall receive from the Dean all information given to him or her by the faculty member's department to support the recommendation and shall request any additional information from any source until, in its judgment, the submitted information is adequate. When the petition for promotion, appointment or tenure is made by the individual faculty member, it is the responsibility of that faculty member to collect and present to the Dean all appropriate information. This information will then be forwarded to the FPC by the Dean.

b. Faculty Promotions Committee

(i) The members of the FPC are nominated by the Faculty Officers in consultation with the Dean. Each academic department shall provide to the Faculty Officers at least one nomination (who need not necessarily be a member of that department). In addition, any individual member of the Executive Faculty may indicate to the Faculty Officers or the Dean his or her interest in, and qualifications for, this committee. The recommendations of the Faculty Officers and the Dean shall be presented to the Executive Committee for review and approval.

(ii) The FPC shall be composed of at least 15 members; approximately one-third of these will be appointed from the basic science departments. All committee members must hold the rank of Associate Professor or Professor in the regular or clinical practice series. At least seven members of the committee must be tenured. Departmental chairpersons, division heads and section heads may not be members of the FPC.

The SOM shall seek to appoint a balanced committee; its representation should, to the extent possible, reflect the different departments, and the varied clinical, research and teaching missions, of the School.

The FPC shall have a chairperson who is elected by the committee members. The chair shall alternate yearly between a member from a basic science department and one from a clinical department.

Alternatively, the members of the FPC may elect two co-chairpersons, one from a basic science department and one from a clinical department.

(iii) The FPC chairperson(s), or his or her designee from the committee, shall receive information from the Dean regarding all individuals to be considered for appointment or promotion to the ranks indicated above, shall call meetings, and shall appoint advisory committees when necessary.

(iv) All committee members shall serve for three-year terms, staggered so that one-third of the committee is replaced each year. After completing a three-year term, a faculty member is ineligible to serve on the committee for the subsequent three years.

(v) If a committee member resigns prior to completion of his/her term, a replacement to complete that unexpired term shall be selected by the Faculty Officers and the Dean.

(vi) The FPC shall receive adequate administrative and secretarial support from the Dean's Office to carry out its responsibilities.

(vii) Ad hoc committees that are advisory to the FPC may, in selected instances, be appointed to aid in the evaluation of a proposed appointment. Such an ad hoc committee shall consist of at least two members of the FPC and three to five members (selected by the FPC) who have special knowledge regarding the area of expertise of the individual being considered. The chairperson of an advisory committee to the FPC shall be one of the members of the FPC and will be appointed by the chair of the FPC. The ad hoc advisory committee will make recommendations and give information to the FPC.

(viii) Having reviewed all relevant information regarding a candidate, the FPC will make a recommendation either to support or to reject the proposed faculty appointment, promotion or award of tenure. A subcommittee of at least seven tenured members of the FPC will make recommendations concerning tenure. A majority of this subcommittee must be tenured and employed by the University. This recommendation will be conveyed to the Dean and then to the Executive Committee for first level review.

c. Review by Executive Committee

A simple majority vote of the Executive Committee will affirm the recommendation of the FPC or subcommittee thereof. A two-thirds majority of the Executive Committee is required to reject or modify the recommendation of the FPC. If the recommendation of the FPC is revised or rejected by the Executive Committee, final action rests with the Dean, who must first ask the primary unit to reconsider its recommendation, and the FPC to reconsider its findings. In evaluating the merits of a candidate for promotion or tenure, the Executive Committee may not consider new information about the candidate or other evidence that was not previously presented to the Faculty Promotions Committee.

d. Clinical Faculty Appointments and Promotions

All recommendations for appointment and promotion to the ranks of Distinguished Clinical Professor, Clinical Professor and Associate Clinical Professor, after they have been submitted by the parent department, will be referred by the Dean to the Committee on Clinical Appointments and Promotions.

3. Second Level Review (Level of the Chancellor)

a. The Dean shall submit to the Chancellor his/her own recommendation along with the results of the votes of the Departmental Advisory Committee, the FPC, and the Executive Committee, and the complete documentation of the qualifications and accomplishments of, and letters of references on behalf of, the candidate.

b. A candidate shall be orally informed of the entire set of recommendations as expeditiously as possible by the departmental chairperson following receipt of the information by the Dean. If any differences of opinion between the department, the FPC, the Executive Committee and/or the Dean have not been resolved, each party in the disagreement shall submit to the Chancellor a statement outlining the areas of disagreement and the reasons for its recommendations.

c. Completion of the Second level of Review by the Chancellor of the University of Colorado Denver and of Third Level Review by the President of the University, shall occur as outlined in Article X of the Laws of the Regents.

I. Rights and Responsibilities in Faculty Appointments, Promotion and Career Development

1. In the case of a new appointment, the chairperson shall certify that an appropriate effort was made to identify and consider qualified women and minority candidates.

2. At the time of a faculty member's initial appointment, it is the responsibility of that member's departmental chairperson to inform him or her about the performance expectations for the position. It is also the chairperson's responsibility at the time of a faculty member's initial appointment to provide relevant information about the criteria for promotion within the department and the School of Medicine and to provide an opportunity for the new faculty member to discuss these criteria

In addition, at the time of a faculty member's initial appointment, the department shall provide copies of, or shall provide electronic access to, the current Rules of the School of Medicine, the Faculty Handbook of the University, and the *Standards, Processes, and Procedures Document* of the Regents. Each faculty member must be afforded ample opportunity to discuss these documents with the chairperson and other officials of the School and the University.

3. All Instructors, Senior Instructors and Assistant Professors, in all faculty promotion series, will be assigned at least one mentor by the department chair. The assignment of mentors should take place prior to the start of the faculty member's initial appointment but must occur within 3 months of the start of the appointment period.

The process of faculty review and promotion includes various responsibilities that are shared among individual faculty members, department and division heads, mentors and administrators. These responsibilities are outlined in the document "The Process of Promotion - Shared Responsibilities," which will be made available electronically to all department chairs, faculty and administrators. This document should be used by faculty and departments in the School of Medicine to ensure adequate mentoring and faculty development.

The Associate Dean for Faculty Affairs shall also develop and make available to all faculty and departments the following additional tools to aid in the faculty review and promotion process: 1) Suggested format for curriculum vitae; 2) Format for C.V. Abstract; 3) Guidelines for assembling promotion and tenure dossiers and educators', clinicians' and investigators' portfolios; 4) A description of all annual reviews and other performance evaluations required by School or University policies; and 5) An electronic template for conducting and summarizing annual faculty performance reviews.

4. Annual performance evaluations shall be conducted for all faculty members ($\geq 50\%$ FTE), including faculty members employed by affiliate institutions. Annual reviews must be conducted by the department chair or designee and must

adhere to the schedule set forth by the University of Colorado or the affiliated institution where the faculty member is employed. This review shall indicate the chairperson's evaluation of the faculty member's work within the department and, if appropriate, shall indicate the chairperson's future plans regarding continued appointment and promotion. This report shall become a part of the faculty member's official personnel file. On an annual basis, and in accordance with University policies, each University-employed faculty member must also receive a Performance Rating and must participate in the development or revision of a Professional Plan.

A faculty member's performance shall be evaluated based upon performance standards developed by each department and any written expectations agreed to between the faculty member and the department. The faculty member's performance in teaching, clinical work or service, and scholarship should be considered, along with the assigned workload and administrative and faculty governance service, as outlined in the *Laws of the Regents*.

Examples of appropriate criteria to be used in evaluating teaching are listed in the "Guidelines for Teachers' Portfolios" (see Office of Faculty Affairs website) and in APS 1022 - "Standards, Processes and Procedures for Comprehensive Review, Tenure, Post-Tenure Review and Promotion" from the *Laws of the Regents*.

5. In addition, each faculty member at the rank of Assistant Professor shall be evaluated in a comprehensive manner and in accordance with the *Standards, Processes and Procedures Document* during the third or fourth year in rank. Each faculty member shall be informed orally and in writing by the chairperson of the results of the evaluation. On an annual basis, the Associate Dean for Faculty Affairs shall provide to each department chair a list of assistant professors within the department who must undergo a comprehensive mid-course review in the coming year. In addition, the Associate Dean shall monitor, and shall report periodically to the Executive Committee, whether each of the departments is providing mid-course reviews to assistant professors.

6. Each faculty member shall have access to all performance evaluation documents in his or her file, including the annual report prepared by the department chairperson, reports of any departmental committees, and all other information, with the exception of letters of recommendation solicited from outside the faculty member's department, which are to be treated as confidential to the extent provided by law.

7. At the time of an initial appointment, and at the time of reappointment, promotion or change in tenure status that has been approved by the President and the Regents, and in accordance with the Laws of the Regents, the Chancellor, and the Dean, with the aid of the Associate Dean for Faculty Affairs, will provide each member of the faculty with a statement containing the nature and terms of his or her appointment, including the amount of salary, the type, duration, and conditions of the appointment.

8. A candidate for promotion shall be entitled to submit to the Dean any material or information for submission to the FPC which he/she feels will be helpful in its deliberations. The faculty member also may submit to the Chancellor and the President any additional information that he/she feels may be helpful in the second and third levels of review of his/her proposed appointment, promotion, or change in tenure status.

9. In the event of a decision not to reappoint, promote or grant tenure the candidate shall be so informed orally and in writing expeditiously by the department chairperson.

10. If an Assistant Professor who holds a limited appointment is not recommended for reappointment, or when the probationary period has expired for an Assistant Professor who is not recommended for promotion to Associate Professor, or whose proposed promotion is not approved, the faculty member shall be provided notice in writing by the chairperson that his or her appointment will not be renewed. Notice must also be provided to faculty members holding indeterminate appointments if their appointment will not be continued for reasons other than available funding or inclusion in the budget. In all cases, notice must be provided in accordance with the University of Colorado Denver Administrative Policy, "Standards for Notice of Non-Reappointment for Faculty," which state that three months' notice of nonreappointment is required for faculty members in their first year of service at the University, and six months' notice is required for faculty members who have 1-3 years of service. One year's notice is required for faculty members after three or more years of service.

11. If a candidate so requests, the Dean or Chancellor or his/her representative shall, in a confidential conversation, advise the candidate of the reasons that contributed either to a recommendation not to reappoint or grant tenure, or to the reversal at any level of a department's recommendation to promote or award tenure.

12. A candidate for reappointment, promotion and/or tenure shall be entitled to appeal to the Privilege and Tenure Committee if the candidate feels that the procedures described herein have not been appropriately followed at any stage of the recommendation or review process.

a. While procedural errors per se may entitle a candidate to proper reconsideration as herein provided, such errors shall never be used as the justification for personnel recommendations not otherwise justified on the basis of performance and need.

b. The Privilege and Tenure Committee shall not substitute its judgment about an individual's merit for that of other committees and administrators. The Privilege and Tenure Committee shall promptly report any procedural deficiencies to the Chancellor and the Dean, who shall reinstitute the review process at the point at which the procedural deficiency occurred.

13. In order to facilitate continuing faculty development, each tenured faculty member shall receive a comprehensive peer review and evaluation at least once every 5 years after the award of tenure. This evaluation will be conducted in accordance with existing post-tenure review procedures. The faculty member shall be informed orally and in writing by the department chairperson of the results of the evaluation, which shall become part of the faculty member's permanent file.

J. Sabbatical Assignments

After six years of service to the School of Medicine on a regular full-time appointment, tenured and tenure-eligible faculty shall be eligible for sabbatical assignment. Faculty members in the clinical practice series are also eligible for sabbatical assignment. For the purposes of sabbatical eligibility under Regent policies, the Clinical Practice Series is considered a “specialty track.” In all cases, faculty members must have attained the rank of Associate Professor or Professor before qualifying for a sabbatical. All sabbatical assignments are subject to approval by the department chair and the dean and to the availability of adequate funding. Eligible faculty members seeking approval for a sabbatical must submit a specific plan, and review and approval of such plans shall be conducted in accordance with University and campus policies.

ARTICLE III. FUNCTIONS AND DUTIES OF STANDING COMMITTEES*

A. Committee on Admissions

The Admissions Committee is the final decision-making committee that is solely responsible for the selection of entering MD and MSTP students. The Admissions Committee is composed of at least 20 members, the majority of whom are members of the full-time faculty of the School of Medicine. The Chair of the Admissions Committee is a faculty member nominated by the Admissions Committee and Assistant Dean of Admissions, who does not hold an appointment in the Dean’s office. The position of chair of the committee is elected by the voting members of the committee for a two-year term, renewable for a second term. Faculty members of the committee who have had a minimum of one year’s experience on the committee are eligible for consideration for chair. Alternatively, up to two co-chairs of the Admissions Committee may be selected, using the same nominating and election process. Faculty members are selected through self-nomination, nomination by Department Chairs, or recruitment by the Admissions Committee Chair. Voting members of the Admissions Committee serve terms of four years and are eligible for reappointment to similar terms. In addition to the above faculty members, the Admissions Committee selects up to three student members from the fourth-year class. Up to two student members can vote at Admission Committee meetings. If a medical student member is unable to

* Note: A number of committees formerly included in these rules (for example, Human Subjects [COMIRB], Animal Care and Radiation Safety), now operate on a campus-wide basis. Chairs of the campus-wide committees will be asked to report to the Faculty Senate annually, or at any time an issue arises that affects the School of Medicine.

complete his or her term, the Chair of the Admissions Committee will appoint a successor for the remainder of the academic year by the same method as was used for the initial appointment.

The Admissions Committee votes on medical school candidate selection. All Committee meetings and deliberations are confidential. The Assistant Dean for Admissions is a non-voting member of the Admission Committee and all sub-committees of the Admissions Committee. A quorum for voting requires a simple majority; in all cases, the majority of the voting members of the Admissions Committee and sub-committees are faculty members without dean's office appointments. The Admissions Committee has full and final authority, under the rules for admission and readmission prescribed by the Executive Faculty, to select members of the entering class and to fill vacancies that may occur in any of the classes. The Dean of the School of Medicine does not participate in, nor seek to influence, any aspect of medical school admissions decisions.

The subcommittees of the Admissions Committee include the subcommittee for Primary Review, the Interview subcommittee, and the Background Check Review subcommittee. Members of each subcommittee are appointed by the chair of the admissions committee and consist of selected faculty members on the Admissions Committee, community physicians, community members, current medical students, and a representative from the Colorado Physicians Health Program (Background Check Review subcommittee). The role of the Primary Review subcommittee is to make decisions on whether or not the applicant should be invited for an interview. The Interview subcommittee is charged with interviewing selected applicants, and the Background Check subcommittee is responsible for review of background checks of students accepted to the SOM.

B. Curriculum Steering Committee

The Curriculum Steering Committee (CSC) is responsible for the oversight, design, implementation, integration, evaluation, review and revision of the medical school curriculum. With appropriate faculty input, the CSC will: 1) oversee the medical education program as a whole, including design, integration, evaluation and improvement; 2) guide, review, approve course, block and thread content and educational formats; 3) systematically establish the evaluation procedures for curriculum, student and faculty assessment; 4) focus on helping achieve specific curricular outcomes associated with graduating superior physicians; 5) periodically review and amend educational policies; and 6) recommend, facilitate and develop procedures to ensure that suggested changes to the curriculum are implemented. The CSC will work closely with the Senior Associate Dean for Education and the Assistant Deans for Essentials Core, Longitudinal and Clinical Curriculum, Essentials and Clinical Core Block Directors, all other curriculum development faculty as well as the committees of Undergraduate Medical Education (UME) to guide, revise, and implement changes and foster quality improvement. The Dean of the School of Medicine, or his or her designee, serves as Chair of this Committee. The CSC will

report annually to the Faculty Senate.

Currently there are three subcommittees that function as representatives of the Curriculum Steering Committee. Each subcommittee represents different phases of the Curriculum: Essentials Core; Clinical Core; and Longitudinal Curriculum. Each subcommittee is chaired by the representative curriculum dean.

CSC membership includes broad faculty and student representation, including two basic science and two clinical faculty members; one basic science and one clinical chair (or their designees); one clinical and one basic science block director; a threads director; two research curriculum directors or their designees; the Faculty Senate President or his or her designee; medical students from each phase; one faculty member and one student representative from the MD/PhD program; and directors from each of following: The Center for Advancing Professional Excellence; the Evaluation Office; and Foundations of Doctoring. CSC membership also includes one representative of the Colorado Springs Branch campus and one community physician educator.

C. Student Life Steering Committee

The Student Life Steering Committee will oversee, review, guide, evaluate, recommend changes, review new policies and procedures when appropriate and ensure consistent implementation of established policies and procedures regarding noncurricular aspects of medical student professional life. The Student Life Steering Committee will: 1) recommend to the Faculty Senate and Senior Associate Dean for Education changes in policies and procedures relevant to noncurricular aspects of medical student professional life; 2) assist with the development and implementation of policies and procedures that stimulate evolutionary change that optimize medical student professional life and professional development; 3) monitor and constructively respond to data obtained from evaluation and outcome instruments regarding medical student noncurricular professional life; 4) apply relevant Liaison Committee for Medical Education Standards and Elements to ensure that medical student noncurricular issues are monitored, addressed and updated to ensure standard compliance and to enhance medical student professional development and well-being; 5) address special student life- and policy- and procedure-related issues that arise that are relevant to medical students and are outside the purview of established UME and School of medicine oversight committees.

The Student Life Steering Committee will work closely with the Senior Associate Dean for Education and report annually to the Faculty Senate. The committees on Student Promotions, Scholarship, Clinical Requirements and Admissions, and the Associate Dean for Student Life, will provide regular updates to the Student Life Steering Committee. Membership includes one basic science and one clinical faculty member, one MD/PhD student, one Phase I or II student, the president of the Medical Student Council, a Faculty Senate representative, a community physician educator, a

faculty advisor, the Director of Evaluation, and the Associate Dean for Diversity and Inclusion.

D. Student Promotions Committee

The Student Promotions Committee is responsible for all actions related to medical student academic status (e.g., promotion, graduation, dismissal, extended programs, etc.). The Student Promotions Committee reports to the Student Life Steering Committee. The Committee consists of eight members of the faculty (four from basic science departments and four from clinical departments), plus one student member, who will be a fourth-year student selected by the Medical Student Council. The Student Promotions Committee shall also submit an annual report to the Faculty Senate. The Committee shall have a chairperson who is elected by the committee members. Members are appointed by the Dean for staggered three-year terms with reappointment at the Dean's discretion. The Associate Dean for Student Affairs shall be an ex-officio member.

E. Student Research Committee

This committee shall be composed of six members, three of whom shall be from the basic science departments and three from the clinical departments. The Associate Dean for Student Advocacy shall be an ex-officio, non-voting member. All requests for student research funds shall be considered by this group. All students applying to the NIH Short-Term Training grant and for student research awards shall be selected by this committee. Students who apply for outside research programs shall also be considered by this committee, which shall set the application requirements and forward its recommendations for nominations to the Dean.

F. Graduate Medical Education Committee

This committee shall be composed of the Chairpersons of the sixteen clinical departments and their residency/fellowship program directors (Anesthesiology, Dermatology, Family Medicine, Medicine, Neurology, Neurosurgery, Obstetrics/Gynecology, Ophthalmology, Orthopedics, Otolaryngology, Pathology, Pediatrics, Psychiatry, Radiology, Rehabilitation Medicine, and Surgery); the Chair and residency program directors of the Department of Preventive Medicine and Biometrics; the division head and residency program director of the Genetics program; the GME Liaisons (UCSOM faculty member) from the major Affiliated Hospitals (Colorado Psychiatric Health, Denver Health Medical Center, Denver Veterans Affairs Medical Center, National Jewish Medical and Research Center, the Children's Hospital, and University of Colorado Hospital); and the President (or Co-Presidents) of the Housestaff Association. The Dean of the School of Medicine, the Senior Associate Dean for Clinical Affairs, and the President of the University of Colorado University Hospital will serve as non-voting ex-officio members of the Committee. There will be one vote per department, one vote for Genetics, one vote for each major Affiliated Hospitals, and one vote for the Housestaff Association. The Associate Dean for Graduate Medical

Education will vote in the case of a tie. The Associate Dean for Graduate Medical Education will be the Chairperson of the Committee.

The committee provides oversight of all ACGME and non-ACGME clinical training programs involving housestaff (interns, residents and clinical fellows) of the University of Colorado School of Medicine and its affiliated residency programs. All GME housestaff will have received their M.D. (or equivalent) degree prior to entering GME. These are not degree-granting programs.

The committee is responsible for establishing institutional policies for Graduate Medical Education and for advising on all aspects of Graduate Medical Education. It has the authority to conduct regular internal reviews of all residency/fellowship programs to assure that the programs conform to institutional policies and meet accreditation standards. It also has the authority to make recommendations concerning the appropriate distribution of institutional resources for the residency and fellowship programs.

G. Continuing Medical Education Committee

A standing committee of the School of Medicine, called the Committee for Continuing Medical Education, shall be appointed by the Dean of the School of Medicine in consultation with the Associate Dean for Continuing Medical Education and the President of the Faculty. This committee shall consist of five to seven members, and shall include representatives from the clinical departments, from the basic science departments, and from the volunteer faculty of the School of Medicine, as well as one member representing the physicians of Colorado who are not directly affiliated with the School of Medicine. The committee shall provide advice and consultation to the Associate Dean for Continuing Medical Education, shall regularly audit the program of the Office for Continuing Medical Education, both with respect to suitability of courses offered and content of these courses, and shall provide the Executive Faculty of the School of Medicine a yearly report and evaluation of the activities of the office.

H. Dean's Advisory Committee

The Dean's Advisory Committee shall consist of five members appointed by the Dean who will serve for staggered three-year terms. The committee shall be in charge of publishing the regular seminar bulletin which will list the weekly seminars and the interdepartmental conferences. All seminars will be reported to the Dean's Advisory Committee for publication. In addition, the Dean's Advisory Committee shall stimulate the presentation of seminars by faculty members and shall invite, from time-to-time, distinguished outside speakers to present material of broad interest to the School of Medicine.

I. Rules and Governance Committee

A Rules and Governance Committee shall be appointed by the Dean, in consultation with the Faculty Officers. The Committee shall be composed of at least five members of the full-time faculty. Members shall be appointed for three-year terms, and members may be reappointed to subsequent three-year terms. The Chairperson shall be appointed by the Dean. The Committee shall conduct an ongoing review of the rules and governance of the School of Medicine and shall receive and evaluate suggestions from the Faculty for changes in the rules and governance. In addition, at least once every seven years the committee shall conduct a comprehensive review of the School of Medicine's standards and procedures for promotion and tenure. To assist in this review, and to ensure appropriate representation of faculty clinicians, teachers and scientists, the Dean may appoint additional ad hoc members to the Rules and Governance Committee. The committee shall bring recommendations for changes in the rules and governance to the Faculty Senate and to the Executive Committee, for approval. Notice of any proposed amendment to the Rules of the School of Medicine shall then be presented to the Executive Faculty for final approval.

J. Committee on Clinical Appointments and Promotions

This committee shall consist of nine members appointed by the Dean. At least three members of the Committee shall be members of the full-time faculty. At least one member shall be a member of the clinical faculty based at the Colorado Springs Branch campus. The Committee shall make recommendations to the Dean for presentation to the Executive Committee for final action in the first level of review. The Committee on Clinical Appointments shall be a rotating committee, with a membership of three years duration. Members may be reappointed to one additional three-year term. The chairperson will be appointed by the Dean and may be reappointed to one-year renewable terms.

K. Council on Diversity

A standing committee of the School of Medicine, called the Council on Diversity, shall be appointed by the Dean of the School of Medicine. The Council shall focus on programs and activities aimed at fulfilling the School of Medicine's Diversity Mission Statement and successfully implementing the Diversity Plan. The members of the Council shall include: The Associate Deans for Admissions, Student Affairs, Faculty Affairs and Graduate Medical Education; the Director of the Office of Diversity and Inclusion; the Chair of the Women in Medicine Committee; the thread directors of the cultural competency and medicine and society curricula; two medical students (one each from the pre-clinical and clinical years); one graduate student; the Student Ambassador; two residents or fellows; at least two members of the full-time faculty; a representative of the clinical faculty; and at least two community leaders. The medical and graduate students shall be appointed by the Dean, after consultation with the officers from the classes. The Dean may appoint other members who have experience and interest in promoting diversity in academic medical settings. In addition, any

individual member of the Executive Faculty may indicate to the Dean his or her interest in, and qualifications for, this committee. The Chair of the Council shall be appointed by the Dean. Members shall be appointed to serve terms of three years, and members shall be eligible for reappointment to similar terms.

L. FACULTY PROMOTIONS COMMITTEE (SEE ARTICLE II.G)

ARTICLE IV. REQUIREMENTS FOR ADMISSION, PROMOTION, AND GRADUATION FROM THE SCHOOL OF MEDICINE

The requirements for admission, promotion, and graduation from the School of Medicine shall be established by the Executive Faculty and shall be published on the School of Medicine webpage.

ARTICLE V. FACULTY PERSONNEL POLICIES

Detailed information about the University's faculty personnel policies, is available in the University of Colorado Faculty Handbook (<http://www.cu.edu/office-academic-affairs/faculty-handbook>). Faculty members should also refer to the laws and administrative policies of the Regents (<http://www.cu.edu/regents/LawsPolicies/>).

ARTICLE VI. CAMPUS-WIDE FACULTY GOVERNANCE

The campus-wide faculty governance body is the Health Sciences Center Faculty Assembly. A copy of the Faculty Assembly's by-laws is located at <https://www.cu.edu/office-academic-affairs/faculty-governance>. School of Medicine at-large representatives to the HSC Faculty Assembly are selected by the Faculty Senate.

ARTICLE VII. AMENDMENTS

Any proposed amendment to the Rules of the School of Medicine shall be brought to the Faculty Senate, and to the Executive Committee, for approval before being presented to the Executive Faculty for approval. Proposed amendments to the Rules of the School of Medicine shall then be presented to the Executive Faculty for final approval.

APPENDIX 1

PROMOTION CRITERIA MATRIX

Updated July, 2016

NOTE: The following is intended to present examples of various levels of accomplishment in the areas of teaching, research, clinical activity, scholarship and service. It is not exclusionary, but is intended to assist faculty, department chairs and promotion committees in matching candidates' accomplishments to the promotion criteria. Moreover, areas frequently overlap in practice, although they are presented as distinct entities here. It should also be noted that the matrix specifies just two categories, meritorious and excellent. Professors will need to achieve excellence by a number of criteria. Associate professors will have met fewer of these criteria or in not as great depth. The promotion process, and this matrix, are meant to describe and reward continued professional growth and achievement.

TEACHING	
<u>Meritorious</u>	<u>Excellent</u>
Active participation in teaching activities of the department, school, campus or university, including two or more of the following: presenting a series of lectures covering one or more topics; coordinating a course; acting as a primary instructor in a course; advising or mentoring students, residents or faculty; attending on an inpatient or outpatient service; organizing or facilitating a seminar series, journal clubs or laboratory exercises; participating as a teacher in continuing education activities.	Regularly assumes greater than average share of teaching duties –in classroom, laboratory, clinical or community settings.
	Consistently receives outstanding teaching evaluations or teaching awards.
	Recognition as an outstanding and influential role model for students, fellows, residents or other trainees.
Meritorious teaching evaluations from students and peers.	Record of successful mentorship of students, residents, fellows or other faculty, as measured by: letters of support from mentees; publications, presentations, grants, awards or other evidence of mentees' academic success; evidence that mentees have pursued outstanding careers.
Development or redevelopment of teaching materials for students, continuing education courses or other faculty training.	
Invitations to present Grand Rounds or seminars here and at other institutions; invitations to present courses outside of primary department.	Development of mentoring programs that focus on career development or academic promotion of students, residents, fellows or faculty.
Self-improvement activities (for example, participation in workshops or courses that are designed to improve teaching or mentoring effectiveness).	Development of innovative teaching methods, such as educational, websites, simulations, videotapes, packaged courses or workshops, etc.
Participation as a mentor on a training grant.	Successful leadership of local, regional or national continuing education courses.

TEACHING (continued)	
<u>Meritorious</u>	<u>Excellent</u>
	Consistent participation in national educational activities (for example, residency review committees, programs sponsored by professional organizations, re-certification courses or workshops).
	Invitations to be a visiting professor at other institutions.
	Development of innovative courses, high-quality syllabi, novel lectures, problem-based learning cases, laboratory exercises or other instructional materials.
	Demonstration of educational leadership (for example, by serving as a course, fellowship or training program director or assistant dean).
	Evidence of teaching scholarship (for example, research, grants, publications or national presentations that focus on understanding the best methods, or outcomes, of teaching).
	Completion of advanced faculty development programs that result in a certificate or degree in education, with evidence that the faculty member has applied these new skills or knowledge to improve his or her teaching or pedagogy.

CLINICAL ACTIVITY	
<u>Meritorious</u>	<u>Excellent</u>
Active and effective participation in clinical activities of the academic unit.	Regularly assumes greater than average share of clinical duties, as measured by patient care or procedure logs, RVUs, clinical billing statistics or other measures of clinical effort.
Board certification.	
Demonstration of clinical skills that are highly effective (e.g., mastery of important clinical techniques, high degree of patient satisfaction, evidence of high quality and efficient patient care).	Continuing, significant participation for an extended period of time in clinical activities that are highly effective.
Support from peers at the site of practice.	Development of new techniques, therapies, clinical guidelines, patient care practices or health care delivery systems that have improved the health of patients or populations.
Invitations to speak on clinical topics on campus, or participation on institutional clinical care committees.	
Active participation in activities that promote health care quality and patient safety.	Creative, active participation in the evaluation of the effectiveness of care (quality, outcomes, patient safety, utilization, access, cost).
Completion of self-improvement activities (for example, participation in workshops or continuing medical education activities that are designed to improve knowledge or clinical skills).	Recognition for excellence in clinical activity at the local, regional, national or international level through letters of reference, honors, awards, institutional evaluations, invitations to speak, requests to write reviews, etc.
	Demonstration of effective leadership at the site of clinical practice – e.g., director of a clinical service, head of a division, chair of a department, head of an interdisciplinary team that creates and manages a clinical pathway and outcomes evaluation, medical staff president.
	Assumption of a substantive leadership role at the regional level – e.g., chairing committees, or serving as officer of local or statewide professional organizations.
	Assumption of a substantive leadership role at the national or international level - e.g., chairing national symposia and meetings, chairing committees or serving as officer of national professional organizations, journal editor.
	Leadership of structured activities that promote quality of care and patient safety and that advance the science and practice of health care quality improvement.

CLINICAL ACTIVITY (continued)	
	<u>Excellent</u>
	Participation in significant self-assessment activities and audits of one's own practice that have led to improvements in quality, efficiency or outcomes of care.
	Significant involvement in health care advocacy, community service or other activities that shape public policy on health care or that address health disparities.
	Evidence of health care-related scholarship (for example, grants, publications, authoritative review articles, national presentations, innovations or other activities that advance the science and practice of health care quality improvement.)

RESEARCH	
<u>Meritorious</u>	<u>Excellent</u>
Authorship of papers in peer-reviewed journals that demonstrate the ability to generate and test hypotheses and represent a significant contribution to the published literature.	A consistent level of peer-reviewed or other funding for research awarded in a competitive manner over a sustained period of time.
Co-investigator status on grants.	Demonstrated evidence of originality as an investigator.
A principal and sustained role in the management of a research program with external funding.	Demonstration of significant independent intellectual contributions to successful research programs.
Development of patents for discoveries.	Principal investigator status on competitive peer-reviewed research grants (for example: R03 or R21 awards or mentored K08 or K23 awards from NIH or private foundations for associate professors; R01, P01 or other independent awards for professors).
Presentations at national meetings; invited research seminars at this and other institutions; service as an ad hoc member on study sections.	
	Development of a significant number of patents.
	An ongoing, peer-reviewed publication record with first- or senior-author publications.
	A national or international reputation, as evidenced by: external letters of reference; invitations to present at national or international meetings; invitations to write reviews or chapters, or to provide unique expertise as a collaborator on a research project; visiting professorships; service on as a regular member on study sections; organization of national meetings; service as a national consultant or on editorial boards of journals.

SERVICE	
<u>Meritorious</u>	<u>Excellent</u>
Service on committees or task forces within the program, division, department, school, campus or university.	Regularly assumes greater than average share of administrative responsibilities, including service to the School, University, professional discipline or community.
Service to local, state, national or international organizations through education, consultation or other roles.	Appointment to leadership positions within the institution, such as: chair of a committee; faculty officer; program director; course or curriculum director; academic clinical coordinator; or membership on major decision-making School of Medicine or Anschutz Medical Campus committees.
	Service as an officer or committee chair in clinical, educational, scientific or nonprofit organizations.
	Significant involvement in health care advocacy, community service or outreach, community-based participatory research programs, or other activities that shape public policy on health care or that address health disparities.
	Leadership of activities or programs that address challenges in education, such as workforce diversity, training of scientists, assessment of competencies or learning outcomes, mentorship, professionalism or educational technology.
Service as an article reviewer for clinical, educational or scientific journals.	Service as a member of a scientific study section, or service as an editor or editorial board member of a professional or scientific journal.
	Appointment to leadership positions dealing with scientific, health care or educational issues at the local, state, regional, national or international levels.
	Service awards from the University or from a local, national, or international organization (civic, scientific or professional).

SCHOLARSHIP

This section of the Promotion Matrix presents examples of the scholarship of discovery, teaching, integration and application. The Matrix specifies only two categories (“meritorious” and “excellent”). The line between “meritorious” and “excellent” scholarship may not be easy to define; however, excellence in scholarship generally signifies a higher level of accomplishment and implies that the work meets one or more of the following tests: *Recognition*: the work is recognized as excellent by peers; *Impact and importance*: it has contributed to an improved understanding of the discipline; *Coherence*: the publications, innovative curricula or other scholarly products represent a coherent body of work; and *Creative Leadership*: There is evidence of creativity and leadership by the faculty member.

There may be considerable overlap between scholarship and other areas of faculty accomplishment (teaching, clinical activity and service). However, as defined in the *Rules*, “the products of all scholarship must be in a format that can be evaluated, which would normally mean a written format, but could include web-based or electronic formats.”

SCHOLARSHIP OF DISCOVERY

The “scholarship of discovery” refers to traditional, hypothesis-driven research that results in the generation of new knowledge. Successful “discovery scholarship” usually results in peer-reviewed scientific publications.

<u>Meritorious</u>	<u>Excellent</u>
Serves as a collaborator in a basic science, clinical, translational or other research program.	Designs and directs a basic science, clinical, translational or other research program and plays a major role in writing up the results.
Authorship or co-authorship of papers in peer-reviewed journals that demonstrate the ability to generate and test hypotheses and represent a significant contribution to the published literature.	Has an ongoing record of first- or senior-author publications in peer-reviewed journals that: a) represent significant contributions to the published literature; b) demonstrate the ability to generate and test hypotheses; and c) demonstrate originality and independence as an investigator or represent significant independent intellectual contributions to successful research programs.
Co-investigator status on grants	A consistent level of peer-reviewed or other funding for research awarded in a competitive manner over a sustained period of time.
A principal and sustained role in the management of a research program with external funding.	Principal investigator status on competitive peer-reviewed research grants (for example: R03 or R21 awards or mentored K08 or K23 awards from NIH or private foundations for associate professors; R01, P01 or other independent awards for professors).
	Development of a significant number of patents.
Service as an ad hoc reviewer or member of an editorial board for a medical or scientific journal.	Service as an editor or section editor for a medical or scientific journal (Include a written summary of the faculty member’s activities and contributions to the success of the journal).
	Service as a regular member on scientific study sections.

<p>Facilitates the research programs of the SOM through substantive contributions to COMIRB (or the COMIRB Scientific Advisory Committee-SARC), which must include: regular attendance at meetings over at least a three-year period; active and effective participation in discussions; review and presentations of protocols to the committee; and a demonstrated understanding of key topics (e.g. informed consent, risk assessment, protection of vulnerable populations, adverse event reporting or waivers of informed consent). Additional aspects of COMIRB service that may be considered evidence of meritorious scholarship may include: mentoring of new COMIRB members in the elements of proper review and presentation of protocols; active participation in COMIRB “education days;” training of SOM clinical investigators in techniques of protocol writing; and serving as a positive spokesperson for COMIRB service. A supporting letter from the Director of COMIRB is required.</p>	
<p><u>SCHOLARSHIP OF APPLICATION</u></p>	
<p>The “scholarship of application” includes activities that build bridges between theory and practice or that apply knowledge to practical problems. Examples include development of new medical treatment modalities, clinical care pathways, or other activities that address community health care needs, that shape public policy on health care or that that promote quality of care and patient safety and advance the science and practice of health care quality improvement.</p>	
<p>Active participation in activities that promote health care quality, cost-efficiency, access or patient safety within the institution (Provide documentation of interventions and outcomes)</p>	<p>Leadership of projects that have improved the quality of care, cost-efficiency, access, or patient safety locally, nationally or internationally (Provides documentation of interventions and outcomes).</p>
<p>Co-authorship of articles, policy reports or other publications related to clinical or health services topics.</p>	<p>A record of multiple publications related to clinical or health services topics, which may include clinical trials, investigative reports, case studies, policy reports or other publications that have advanced the science and practice of health care quality improvement.</p>
	<p>Articles, white papers or other products of scholarship that focus on health care advocacy, community service or other activities that shape public policy on health care or that address health disparities.</p>
	<p>Other evidence of clinical scholarship (for example, research, authoritative review articles, grants, contributions to clinical information systems, publications or national presentations) that promote health care quality or patient safety or that advance the science and practice of health care quality improvement.</p>
	<p>Development of new techniques, therapies, clinical guidelines, patient care practices or health care delivery systems that have improved the health of patients or populations.</p>

SCHOLARSHIP OF INTEGRATION

The “scholarship of integration” (horizontal scholarship) includes creative synthesis or analyses that define “connections across disciplines” or bring new insights to bear on original research. The scholarship of integration seeks to interpret, analyze and draw together the results of the original research. Review articles and book chapters are examples of the scholarship of integration.

Co-authorship of articles integrating knowledge in a field and assessing overall value of discoveries in relationship patient care, teaching or other areas.	Consistent record of senior-author review or other scholarly products; these reviews or other integrative works represent a major body of scholarship that provides a demonstrable national or international reputation.
Publication of review articles, book chapters, case series or other reports that integrate knowledge and put new discoveries into perspective.	

SCHOLARSHIP OF TEACHING

The “scholarship of teaching” focuses on the development of new teaching methods, assessments of learning outcomes and preparation and dissemination of highly effective curricula or other instructional materials.

Improvement or expansion of an existing course or curriculum.	Development of innovative courses, high-quality syllabi, novel lectures, problem-based learning cases, laboratory exercises or other instructional materials.
	Development of innovative teaching methods, such as educational websites, simulations, videotapes, packaged courses or workshops, etc.
	A strong record of first- or senior-author publications in health professions education.
	Other evidence of teaching scholarship (for example, research, grants or national presentations that focus on understanding the best methods, or outcomes, of teaching).
Facilitates the educational programs of the SOM through ongoing and substantive contributions to the Student Admissions Committee, Participation must include submission of end-of-year reports reflecting on knowledge and insights gained from admissions committee meetings and applicant interviews or discussion of applicant recruitment, measures of applicant readiness, premed advising, pipeline activities, class diversity or other relevant challenges and topics. A supporting letter from the Associate Dean for Admissions is required.	

APPENDIX 2

FACULTY IN THE RESEARCH PROFESSOR SERIES: CRITERIA FOR PROMOTION April 15, 2005

Faculty members whose duties are to conduct research may be given titles in the Research Professor series. Faculty in the Research Professor series may be independent or collaborative investigators. Faculty members appointed in this series will have limited involvement in instructional programs.

Faculty appointed or promoted to the ranks of Associate Research Professor or Research Professor may be serving as senior investigators with independent funding, scientists reporting to regular faculty principal investigators, co-principal investigators, or directors or co-directors of core scientific facilities. Faculty in this series are expected to demonstrate evidence of excellence in research.

Faculty appointed to the rank of Research Professor must demonstrate skill as an investigator, originality and creativity, outstanding contributions to the research programs of their department and the School of Medicine, and a national reputation. Creativity and originality imply that the faculty member has contributed to the generation of new observations, new concepts, new techniques or new interpretations in his or her field of scholarly endeavor. Evidence of a national or international reputation may include letters of praise from external referees, service on scientific review panels or study sections, invited scientific presentations or other evidence of national standing. Research professors will usually have a record of funding as a principal investigator and will have published high-quality first- or senior-author scientific papers in peer-reviewed journals.

The following is a list of accomplishments in research and scholarship that will be used to guide the appointment and promotion of faculty in the Research Professor series. Research Professors should demonstrate excellence in research by meeting a number of these criteria. Associate Research Professors will have met fewer of these criteria or in less depth. The promotion process is meant to describe and reward continued professional growth and achievement.

- Record of authorship or co-authorship of papers in peer-reviewed journals that demonstrate the ability to initiate and design scientific investigations; candidate played the major role in analyzing the data and writing up the results.
- Co-investigator on grants or recipient of a career-development award.
- Leader or principal manager of an externally funded research program.
- Coordinator of research programs at a school-wide, regional or national level;
- Patents or other research discoveries.
- Invited to present research seminars at this and other institutions.
- Demonstrated evidence of originality as an investigator; has contributed to generation of new observations, new concepts, new techniques or new interpretations; has designed and directed research in an area of focus.
- A consistent level of peer-reviewed research funding over a period of time.
- An ongoing, peer-reviewed publication record with senior or first-author publications.
- Multiple publications in an area of expertise, representing a recognizable body of work.
- Authorship of monographs or review articles that assess and integrate knowledge; creative syntheses and analyses that demonstrate connections across disciplines or bring new insights to bear on original research (scholarship of integration).
- A national or international reputation, as evidenced by external letters of reference, invitations to present at national/international meetings, visiting professorships, service on study sections, organizing national meetings, serving as a national consultant, membership on editorial boards of journals, etc.
- Principal investigator status on peer-reviewed grants.