

**University of South Carolina School of Medicine
Columbia**

**Appointment and Promotion Procedures and Criteria
For Non-Tenure-Track Clinical Department Faculty**

**Approved by the Provost
26 February 2019**

I. Preamble

The University of South Carolina, School of Medicine Columbia recognizes the need for faculty members (salaried by the USC SOM, the PH-USC Medical Group, or its affiliated institutions) who do not pursue traditional tenure-track faculty appointments. These clinicians constitute a vital component of the teaching programs of the medical school, provide service to the community, and manage essential administrative responsibilities. Clinician faculty members often contribute to the teaching of medical school and other health professions students outside of the classroom through clinical practice in the delivery of patient care. Likewise, their contributions to scholarship and academic excellence to the institution often involve the practice of medicine or other clinical services in place of or in addition to more conventional forms of teaching, research, and scholarship typical of other university faculty. Non-tenure-track faculty are appointed and reappointed on a multi-year basis. Faculty may change from non-tenure to tenure track, however, service in a non-tenure-track appointment is not considered part of a probationary period for tenure consideration. University Policies ACAF 1.06 and ACAF 1.16 specify general requirements pertaining non-tenure-track faculty.

Academic rank is determined in large part by the faculty member's achievements and reputation as a scholar, and contributions to the overall mission of the institution. Standards for rank and promotion are intended to be consistent across Units and tracks insofar as it is possible. Expectations for academic ranks are described in the University of South Carolina Faculty Manual (Columbia campus). In the event of conflicting standards or principles between this document and the Faculty Manual of the University of South Carolina, the Faculty Manual takes precedence.

The following procedures and criteria provide a structure for appointing, evaluating, and promoting faculty members in clinical departments who do not occupy tenure-track positions, but who are members of the medical school faculty. Evaluation of performance should be based on both quantitative and qualitative estimates of activities relevant to the candidate's work.

Procedures for the evaluation of teaching require student and/or resident evaluations, conducted periodically throughout the faculty member's appointment at the University. A summary and evaluation of the faculty member's teaching, based on clearly specified criteria, must be included in the faculty member's promotion file. This summary should give context to student/resident evaluations of the faculty member's teaching by noting, e.g., whether evaluations of a particular class historically have been low; how the faculty member's evaluation scores compare with other faculty in the department; or whether poor evaluation scores are correlated to a faculty member's strict grading standards. Peer evaluations are optional, but are recommended for appointment/promotion to Clinical Associate Professor or Clinical Professor.

Procedures for the evaluation of the candidate's promotion file require that at least three evaluations of the file be obtained from impartial scholars at academic institutions within the field, outside the University of South Carolina. If a person can be shown to be one of the leading scholars in a particular field, that person may be used as an outside evaluator even if he or she is at an institution that is not peer or aspirant. Non-university specialists may be used as outside evaluators; however, the majority of evaluators normally must be persons with academic affiliations. Persons who have co-authored publications, collaborated on research, or been colleagues or advisors of the applicant normally should be excluded from consideration as outside evaluators. All evaluators must be asked to disclose any relationship or interaction with the applicant. The outside evaluators must be selected by the department chair.

Each evaluator should be provided with a letter requesting the evaluation and informing the evaluator of the relevant criteria for promotion, the candidate's vita and publications, and other materials evidencing the candidate's teaching, research/scholarly activity, and patient care/service. The evaluator will be asked to evaluate the quality and where appropriate the quantity of the file.

A summary of the professional qualifications of each outside evaluator or a copy of each evaluator's curriculum vita must be included in the file, along with a copy of the letter sent to the evaluator.

II. Appointment and Promotions Committee and General Standards for Appointment

A. The Committee

The Appointment and Promotions Committee for non-tenure track clinical department faculty of the USC SOM - Columbia will consist of non-tenure-track Clinical Associate Professors and Clinical Professors representing each of the clinical departments. The Chair of the Appointment and Promotions Committee will be elected by the members of the Committee for a three year term, renewable once, and should be a Clinical Professor. Decisions of the Appointment and Promotions Committee will be by majority vote of all members. A quorum shall be defined as a simple majority of those present physically or through various forms of communication. Both Clinical Associate Professors and Clinical Professors may vote at the level of a Clinical Associate Professor while only Clinical Professors may vote at the level of Clinical Professor. Voting may be conducted via mail or secure electronic communications at the discretion of the Committee Chair. A majority vote is defined as at least one vote more than half of the total votes cast as "in favor" or "against" (i.e. abstentions do not count toward the determination of a majority).

B. Qualifications & Requirements for Appointment

Qualifications for appointment, as set forth in ACAF 1.06 (listed below) are not intended as justification for automatic promotion; conversely, justified exceptions may be made.

Clinical Faculty

Clinical Faculty appointments are regular, full-time or part-time appointments of individuals of substantial professional caliber to supervise and instruct students in clinical, field, classroom, or laboratory settings, and/or engage in practice and outreach, and/or have substantial professional caliber to administer academic programs and other administrative activities. Clinical Faculty usually have an earned medical or terminal degree unless noted below. Education, certification, and licensure of an individual must meet the minimum requirements of the respective accrediting agency or board. The accrediting organization must be recognized by the U.S. Department of Education. According to individual circumstances, faculty in these positions may or may not be salaried.

Clinical Professor: An individual appointed as a Clinical Professor must have a record of outstanding performance as a clinician, teacher, researcher, or administrator, and have at least nine years of effective, relevant service. This rank is reserved for individuals with proven stature.

Clinical Associate Professor: An individual appointed as a Clinical Associate Professor must have a record of effective performance as a clinician, teacher, researcher, or administrator, and have strong potential for further development.

Clinical Assistant Professor: An individual appointed as a Clinical Assistant Professor must have strong potential for development as a clinician, teacher, researcher, or administrator.

Clinical Instructor: An individual appointed as a Clinical Instructor is expected to possess at least a master's degree in the teaching discipline.

The qualifications for appointment to these positions and positions bearing other titles, such as lecturer or research professor, are specified in the University Policy ACAF 1.06 Unclassified Academic Titles and are subject to periodic change.

C. Appointment Procedures

Appointment of non-tenure-track faculty in the clinical departments at the Clinical Associate Professor or Clinical Professor level will require review by the Non-Tenure Track Appointment and Promotions Committee for Clinical Department Faculty. The curriculum vitae, application materials (including teaching

evaluations and three letters of recommendation), and the rank recommended by the Departmental Chair for candidates for appointment will be submitted to the Committee. The Committee will evaluate the curriculum vitae and application materials and make a recommendation concerning the most appropriate faculty rank for the candidate. The Chair of the Appointment and Promotions Committee will then forward the recommendation to the Dean along with supporting material (votes and justification from committee members). The Dean will have the prerogative of overruling the recommendation of the Appointment and Promotions Committee. The Dean will solicit input about prospective appointees from the Departmental Chair prior to forwarding his/her recommendation along with that of the Appointment and Promotions Committee to the Provost. Appointments at the level of Clinical Professor must be approved, through academic channels, by the Provost.

III. Promotion Procedures

- A. Promotion of non-tenure-track clinical faculty to Clinical Associate Professor or Clinical Professor will require review by the Non-tenure-track Appointment and Promotions Committee. Promotion of physicians from Clinical Instructor to Clinical Assistant Professor is automatic upon documentation that the faculty member has passed their specialty board exam and does not require committee review.
- B. The procedure for promotion of non-tenure-track clinical faculty will follow the University timetable for promotion of tenure-track faculty. The departmental chair will be notified of the timetable each year. The departmental chair will then notify the chair of the Appointment and Promotions Committee of their desire to have a particular faculty member considered for promotion. Each faculty member has the right to request consideration for promotion in any year and can do so by notifying the departmental chair at any time prior to the deadline for inclusion of the promotion cycle.
- C. Consideration of promotion requires that at least three evaluations of the candidate's teaching, scholarship/ research, and clinical work/service be obtained from impartial scholars at academic institutions within the field, outside the University of South Carolina. For the purpose of these evaluations, faculty based at the SOM in Greenville will be considered external to USC. The department chair will solicit three letters of support from qualified referees for the candidate. Referees shall be chosen by the department chair and should not normally be former teachers, co-authors, co-investigators, or other individuals with potential conflicts of interest. Referees should be provided with (a) the specific criteria for promotion under which the candidate is being considered, (b) the candidate's most current curriculum vitae, (c) representative publications of the candidate that have been

selected by the candidate in consultation with the departmental chair and/or mentor, and (d) a summary of the candidate's teaching evaluations.

- D. The candidate may solicit additional letters of support which will be filed in a separate section from that of the external referees' letters.
- E. The departmental chair (or equivalent) will forward the candidate's promotion file materials, including all current promotion forms, personal statement, a current curriculum vitae, teaching evaluations and summary (optional peer evaluations), refereed letters, representative publications, job description for the candidate, a statement of the distribution of the candidate's time and effort in teaching, scholarship/research, and service/patient care, and the Departmental Chair's letter of recommendation to the Chair of the Non-tenure-track Appointment and Promotions Committee.
- F. Following the deadline for submission of the above information, the Appointment and Promotions Committee will meet and make its recommendations. The chair of the Appointment and Promotion Committee will forward the vote and ballot justifications to the Dean along with the candidate's file. The Dean may solicit additional input about individuals being considered for promotion. The Dean will have the prerogative of overruling the recommendation of the Appointment and Promotions Committee. The vote and ballot justification of the Committee and the recommendation of the Dean are then forwarded to the Provost for consideration.
- G. The Provost will review the candidate's file, make a decision and will notify the candidate of the outcome.
- H. Additions to the file initiated by the candidate or faculty after the file has been sent to the Appointment and Promotions Committee are limited to the following:
 - 1. Candidates may add to the list of awarded proposals and/or published articles those titles which were shown as submitted or in process when the file was prepared.
 - 2. Letters submitted directly to the Dean or as part of an appeal may be entered in the appropriate section of the candidate's file.
- I. Failure to recommend favorably at a particular time is without prejudice with respect to future consideration.
- J. Appeals for the Denial of Promotion

Appeals for denial of promotion must be based on one or more of the following allegations: inadequate consideration of promotion criteria, use of impermissible

criteria, denial of procedural due process, or denial of academic freedom. The petition shall state the factual basis for the allegations and the relief requested.

The first recourse of the faculty member shall be to request an immediate oral explanation from the member's Departmental Chair for the denial of promotion.

If the faculty member does not receive an oral explanation or believes that it is unsatisfactory, the faculty member may request a written summary from the dean of the evaluations and reasons advanced regarding the decision to deny promotion. The written request must be submitted to the dean within seven days of notification of denial of promotion. The dean will provide a summary within fifteen days of the request. The dean, after consultation with the provost, shall respond with a detailed summary of the evaluations included in vote justifications, in letters from external referees, and in administrative reviews, and with the vote of the A&P Committee. The summary will be prepared in such a manner as to protect the identity of the referees and voting faculty members.

Within seven days of receiving the dean's summary of the case, if the faculty member believes there are grounds for reconsideration of the case, the member may state in writing the grounds for this belief and submit them to the Provost. The Provost may order a review, at any faculty or administrative level, on the grounds for reconsideration set forth by the faculty member if the Provost believes the findings of the review could substantially alter the basis upon which the initial decision of denial of promotion was reached.

IV. Criteria for Promotion

A. Eligibility Criteria

1. Earned doctoral or discipline terminal degree.
2. Current USCSOM-Columbia non-tenure track faculty appointment within a clinical department.
3. For physicians, board certification and clear licensure status with the South Carolina Department of Labor, Licensing, and Regulation Board of Medical Examiners.
4. For PhD clinicians, board certification or satisfactory eligibility or equivalent experience base and clear licensure status (if applicable).

B. General Guidelines

Faculty members are responsible to meet all elements of the criteria under which they are applying for promotion. If the candidate is eligible under more than one

set of criteria, the candidate must designate which set of criteria they have elected. For promotion from Clinical Assistant Professor to Clinical Associate Professor, the candidate may choose either the promotional criteria in effect at the time of their initial hiring, or the most current promotion criteria at the time of their application for promotion. For promotion from Clinical Associate Professor to Clinical Professor, the faculty member shall be responsible for meeting A&P criteria and University standards in effect at the time of their application for promotion.

1. The general performance in the areas of teaching, scholarship/research, and service/patient care comprise the basis for evaluation for promotion. A numerical system is shown under C.3 as a means to rate achievement levels across these performance areas.
2. The USC SOM Columbia Appointment and Promotions Committee requires that the “percentage of effort” assignments among the three areas of teaching, scholarship/research, and service/patient care be made by the candidate’s departmental chair for those candidates employed by the SOM or the PH-USC Medical Group. A candidate’s percentage of effort assignment is determined by averaging the percentage of effort assignments recorded in the candidate’s Annual Faculty Evaluation for the years under consideration. It is recognized that achievements in a given area may be limited by the effort assigned, i.e., by limits imposed by the candidate’s job description. For example, a candidate assigned 20 percent time for scholarship/research will not be expected to achieve the same quantity of scholarly works, as one who is assigned 70 percent for scholarship/research. Minimum standards stated below should be met by all candidates, with higher expectations for candidates with unusually high % effort in any specific category. If a candidate has zero percent in one area then promotion criteria will only be considered from the other two areas.

C. Promotion Criteria

Evidence of progressively effective performance is required for advancement through faculty ranks. Members of the Appointment and Promotions Committee will be guided by the following criteria in making their recommendations:

1. Clinical Assistant Professor to Clinical Associate Professor

Promotion from the rank of Clinical Assistant Professor to the rank of Clinical Associate Professor should be requested when individuals show real promise that they will become leading teachers, scholars/researchers, or clinicians. Promise should be substantiated by tangible, developing evidence. A candidate at the rank of Clinical Associate Professor must possess maturity of judgment, personal and professional integrity, highly

motivated productivity, potential for leadership, and commitment to institutional and professional goals. Promotion from the rank of Clinical Assistant Professor to the rank of Clinical Associate Professor requires, at a minimum, evidence of excellence in one area and at least fair in all other areas. The accrual of a minimum of five points is required to qualify for this promotion (four if only two criteria are being used).

Accomplishments in a faculty position at another educational institution may be considered in evaluating a candidate for promotion to Clinical Associate Professor, however, work accomplished at USC is to be weighted more heavily than work performed elsewhere, prior to joining the University faculty. The faculty member should have at least five years of service at the rank of Clinical Assistant Professor before being considered for promotion to the rank of Clinical Associate Professor.

2. Clinical Associate Professor to Clinical Professor

Promotion from the rank of Clinical Associate Professor to the rank of Clinical Professor should be based upon promise fulfilled. A move to the rank of Clinical Professor should be accompanied by evidence of attainment of national or international stature in a field. Additionally, a candidate for promotion at the rank of Clinical Professor must demonstrate maturity of judgment, personal and professional integrity, leadership skills, administrative abilities, and commitment to institutional and professional goals. Promotion from the rank of Clinical Associate Professor to the rank of Clinical Professor generally requires, at a minimum, evidence of an outstanding performance in one area, accompanied by a record in the other areas that is at least good, and evidence of national or international stature in a field with an accrual of a minimum of eight points (six if only two criteria are being used).

Accomplishments in a faculty position at another educational institution may be considered in evaluating a candidate for promotion to Clinical Professor, however, work accomplished at USC is to be weighted more heavily than work performed elsewhere, prior to joining the University faculty. The faculty member should have at least nine years of overall service before being considered for promotion to the rank of Clinical Professor.

3. Standards for Evaluating Promotion Criteria and Associated Points

Outstanding: The candidate's performance is far above the minimally effective level. A national/international reputation is evident.

Excellent: The candidate significantly exceeds the minimally effective level of performance. A national/international reputation is clearly possible, if not likely.

Good: The candidate’s performance is clearly above the minimally effective level.

Fair: The candidate meets the minimally effective level of performance.

Unacceptable: The candidate has accomplished less than the minimally effective level of performance.

Performance Categories Levels	Teaching	Scholarship/Research	Service/Patient Care
Unacceptable	0	0	0
Fair	1	1	1
Good	2	2	2
Excellent	3	3	3
Outstanding	4	4	4

D. Criteria for Achievement

1. Criteria for “Fair” Achievement

- Teaching

There must be recognition as an effective teacher of learners to include: medical students, residents, other health professional students as well as physician learners participating in continuing medical education activities. Documentation will include a rating of at least “Fair” (3.0/5.0) on the majority of student/resident evaluations (and/or an equivalent rating on the majority of evaluations from other physician learners) and favorable letters from the clerkship and/or training director(s) and/or other relevant professionals..

- Scholarship/Research

It is not possible to give a precise, quantitative criterion for the number of publications, since the scope and influence of the work must be weighed

in each case. Ordinarily the candidate would be expected to have published a minimum of 3 articles in refereed journals or the equivalent. Work that is published in high impact journals or venues should be given more weight. Articles counted in the teaching category may not be counted again under scholarship/research or service/patient care. (Book reviews, letters to the editor, abstracts of oral presentations and papers submitted but not yet accepted will not be considered in meeting this requirement). Documentation will include copies of published work and drafts of work that have been accepted by a journal or are in press.

- Service/Patient Care

Recognition as effective in carrying out assigned roles as leader or coordinator of programs, committee assignments, and/or counterpart activities in the community (e.g., participation in local, state or national professional organizations). There must be evidence of effective participation in assigned patient care activities. Documentation will include a favorable letter from the principal clinical program supervisor and the individual(s) to whom the candidate is accountable for committee work and public service assignments.

2. Criteria for “Good” Achievement

- Teaching

There must be recognition as a highly effective teacher of learners to include: medical students, residents, other health professional students as well as physician learners participating in continuing medical education activities. Documentation will include a rating of at least “Good” (3.5/5.0) on the majority of student/resident evaluations (and/or an equivalent rating on the majority of evaluations from other physician learners) and favorable letters from the clerkship and/or training director(s) and/or other relevant professionals.

- Scholarship/Research

There must be publications of merit and significance as senior author or principal collaborator. It is not possible to give a precise, quantitative criterion for the number of publications, since the scope and influence of the work must be weighed in each case. Ordinarily the candidate would be expected to have published a minimum of 6 articles, acting as senior author of at least 2 in refereed journals or the equivalent. Work that is published in high impact journals or venues should be given more weight. Articles counted in the teaching category may not be counted again under teaching or service/patient care. (Book reviews, letters to the editor,

abstracts of oral presentations and papers submitted but not yet accepted will not be considered as having met this requirement). Documentation will include copies of published work and drafts of work that have been accepted by a journal or are in press.

- Service/Patient Care

Recognition as effective in carrying out assigned roles as leader or coordinator of programs, committee assignments, and/or counterpart activities in the community (e.g., participation in local, state or national professional organizations). There must be uniformly effective participation in assigned patient care activities or in other assigned professional activities. Documentation will include a favorable letter from the principal clinical program supervisor or other appropriate professional supervisor and the individual(s) to whom the candidate is accountable for committee work and public service assignments.

3. Criteria for “Excellent” Achievement

The criteria below are in addition to those above required for “Good” achievement:

- Teaching

There must be recognition as an excellent teacher of learners to include: medical students, residents, other health professional students as well as physician learners participating in continuing medical education activities. Documentation will include a rating of “Excellent” (4.0/5.0) on the majority of student/resident and peer evaluations (and/or the equivalent rating on the majority of evaluations from other physician learners) and favorable letters from the clerkship and/or training director(s) and/or other relevant professionals attesting to a significant teaching load. In addition, publication in a refereed journal on educational issues; teaching awards from residents or medical students; peer (CME) teaching beyond the institution at regional, state, or national professional meetings; or receipt of a career teacher grant or award, or serving as principal investigator for a training grant awarded to the department will also be evidence of proficiency in this area.

- Scholarship/Research

An “Excellent” publication record is required. While this is impossible to quantify precisely, it would ordinarily be expected that the candidate has published 10 or more articles, acting as senior author of at least 4, in refereed journals, or the equivalent. Documentation will include copies of

publications and favorable review of the significance of the candidate's scholarship in outside letters of reference. Work that is published in high impact journals or venues should be given more weight. Articles counted the teaching category may not be counted again under scholarship/research or service/patient care. In addition, funding of a competitive research grant with candidate as the principal investigator or collaborating investigator on a federally funded grant; editorship (can be associate or assistant editor, or member of the editorial board) of a refereed professional or scientific journal; reviewer of several manuscripts for refereed journals or of several grant proposals for a study section; scientific task force, or advisory group for NIH or equivalent; or several refereed scientific presentations at regional, state, national, or international meetings will also be evidence of proficiency in this area. Outside letters should attest to the candidate's achievement of a state, regional or national reputation in some area in his or her field.

- Service/Patient Care

Candidate will have served effectively on medical school, University, PH-USC Medical Group Committees, Academic Committees, and/or Hospital Standing Committees; or the candidate will have documented an "Excellent" patient care record in any of several ways.

Documentation of an "Excellent" patient care record requires that the candidate is known, at least within the South Carolina medical community for expertise and innovation in the diagnosis and/or treatment of a particular disease or of a particular group of patients. Or, the candidate might have developed a substantial reputation as a clinician treating a broad range of patients in support of the clinical mission of the department. The best documentation of these clinical contributions would come from letters written by the major clinical supervisor; faculty of other clinical departments; and, if the reputation of the clinician has gone beyond the institution, outside letters as well.

Documentation of an "Excellent" service record will include a favorable letter from the principal clinical or academic supervisor and committee chairs, as appropriate.

In addition to the above, refereed publications on administrative or patient care issues; presenting one or more workshops or demonstrations on diagnosis or treatment at a regional, state, or national meeting; appointment to a state, regional or national task force or committee addressing administrative, organizational, service delivery, or patient care

issues; serving as a principal investigator for a training, clinical program, or public service grant awarded to the department; receipt of a grant or award for research on patient treatment or participation in a multi-center collaborative treatment study; or department receipt of a national recognition award for excellence of a clinical program in which the candidate has devoted significant effort will also be evidence of proficiency in service/patient care.

4. Criteria for “Outstanding” Achievement

The criteria listed below are in addition to those above for “Excellent” achievement:

- Teaching

There must be recognition as an outstanding teacher of learners to include: medical students, residents, other health professional students as well as physician learners participating in continuing medical education activities. Documentation will include a rating of “Outstanding” (4.5/5.0) on a majority of student/resident and peer evaluations (and/or an equivalent rating on the majority of evaluations from other physician learners) and favorable letters from the clerkship and/or training director(s) and/or other relevant professionals attesting to a very significant teaching load. Further evidence of proficiency in this area can be demonstrated as in the criteria for “Excellent” achievement.

- Scholarship/Research

A minimum of 15 papers, 7 as senior author, published in refereed journals, or the equivalent. Expectations for publications may be higher, depending on the percent of the candidate’s effort assigned to research/scholarship. Work that is published in high impact journals or venues should be given more weight. Articles counted in the teaching category may not be counted again under scholarship/research or service/patient care. Outside letters should indicate that the candidate has a national or international reputation in some area in his or her field. Further evidence of proficiency in this area can be demonstrated as in the criteria for “Excellent” achievement.

- Service/Patient Care

Candidate will have served the department/SOM/University in a major administrative role (e.g., with oversight for a clinical, teaching, or research program that has multiple program elements, typically requiring supervision of the work of junior faculty or comparable personnel, or a

similar major role or roles, continuing over several years, in a regional, state, or national professional organization); or the candidate will have demonstrated an “Outstanding” patient care record. In addition, the candidate’s administrative leadership will have received regional, state, or national recognition by peers, or the candidate will have achieved regional, state, national or international prominence in some aspect of patient care or in service to the profession.

An “Outstanding” service record also requires that the candidate will have served effectively on at least three hospital, Medical Group or Academic committees. Documentation of an “Outstanding” service record requires a favorable letter from committee chairs and from the major supervisor or CEO of organizations in which the candidate has had major roles, as appropriate. Outside letters will give favorable comment on the candidate’s regional, state, national or international reputation as an outstanding organizational leader.

Documentation of an “Outstanding” patient care record requires that the candidate will have a regional, state, or national reputation for expertise and innovation in the diagnosis and/or treatment of a particular disease or of a particular group of patients. Outside letters will give favorable comment on the candidate’s regional, state, national or international reputation as an outstanding clinician.

In addition to the above, further evidence of proficiency in the area of service/patient care can be demonstrated as in the criteria for “Excellent” achievement.

Appendix: Additional Suggested Sources for Documentation of Performance

1. Teaching

Contribution to:

a. Curriculum development

- Undergraduate medical education: give course number and type of activity
- Graduate medical education: describe curriculum, type of learner, goals of program
- Postgraduate education: describe curriculum, type of learner, goals of program
- Continuing medical education: describe curriculum, type of learners, goals of program

b. Undergraduate, graduate, postgraduate, and continuing medical education

- Classroom lecture: give course number, number of contract hours, number of learners
- Case conference: give frequency, number and type of learners, topic area
- Clinical teaching and supervision: give frequency, number of learners, type of activity
- Course coordination: give course number, number of contact hours, number of learners

c. Participation in training and educational curricula of affiliated hospitals of the School of Medicine and other schools and departments of the University of South Carolina

- Programs of affiliated and cooperative hospitals
- Other schools and departments of the University of South Carolina and departments of the Medical University of South Carolina

d. Evidence of teaching quality and quantity of teaching load

- Peer evaluations
- Learner evaluations
- Learner performance on objective tests (e.g., National Board Exams)
- Evaluation by department chair
- Evaluation by faculty of higher rank

- e. Development of teaching methods or aids
- Computer simulation
 - Audio-visual presentations
 - New media applications, presentations or tools
 - Medical illustrations
 - Handouts
 - Models (anatomical, biochemical, etc.)
 - Other (weekend symposium, etc.)

2. Scholarship/Research

- a. Publications (in assessing the level of achievement attained, reviewers should take into account the reputation and impact of journals, whether the work is refereed or not, and whether or not the work represents work that was invited based on the reputation of the faculty member)
- Refereed journal articles
 - Books
 - Book chapters
 - Clinical and case reports
 - Invited reviews
 - Non-refereed journal articles
- b. Presentations
- Invited talks at scientific and professional meetings
 - Invited as faculty for CME
 - Non-invited talks
 - Seminars given
 - Sessions chaired at national or international meetings
- c. Grants
- Applications submitted, approved, and/or funded, and grant renewals
- d. Development and supervision of learner research projects
- Medical student research projects
 - Resident research projects
 - Membership on dissertation committees, oral examination Committees
- e. Attendance at and participation in professional and scientific meetings

3. Service/Patient Care

Service

- a. To students:
 - Faculty advisor
 - Student counseling
 - Advisor to student organizations
 - Membership on student-faculty committees

- b. To the department:
 - Course coordination
 - Committees and subcommittees (e.g., honors, practice plan, curriculum development, etc.)
 - Administrative responsibilities
 - Providing mentorship to junior faculty

- c. To the school:
 - Regular committees and subcommittees (e.g., admissions, library, curriculum, etc.)
 - Ad hoc committees (e.g., promotion and tenure criteria development, etc.)
 - Administrative responsibilities
 - Mentoring relationships

- d. To affiliated hospitals, medical groups, and institutions:
 - Committees and subcommittees (e.g., quality assurance, medical staff, etc.)
 - Administrative responsibilities

- e. To the University of South Carolina and other collaborating universities and colleges:
 - Committees and subcommittees
 - Faculty Senate
 - Faculty committees
 - Provost committees
 - Task forces
 - Administrative responsibilities

f. To the profession:

- Presentations at professional meetings
- Development/Organization of symposia, professional meetings, etc.
- Chair at professional meetings
- Professional organization/society officer
- Service on ethics boards, boards of examiners
- Editorial board membership
- Professional organization/society memberships and activities
- Research and grant review panels
- Membership on accreditation committees
- Development of grants
- Journal or manuscript reviewer

g. To the community:

- Professional services
- Program development (e.g., programs for specific reference groups, such as persons with disabilities, etc.), patient education
- Support and assistance to existent community groups (e.g., burn victims, immigrant populations, etc.)
- Advisor to federal, state, and local decision-making groups (e.g., regarding health care to the indigent, crisis intervention, disaster preparedness, utilization of medical care, etc.)
- Consultations to hospitals, nursing homes, etc.
- Other: Civic activities
- Presentation to schools, civic groups and agencies
- Membership on governing boards of voluntary agencies, schools, churches
- Talks and participation in activities to schools, clubs

Patient Care

- a. Participation in clinical services of the School of Medicine, PH-USC Medical Group or affiliated institutions
- b. Publications in refereed journals on patient care
- c. Presentations at professional meetings on patient care
- d. Membership on regional or national task force or committee on patient care
- e. Grant for research on patient care

- f. Participation in multi-center collaborative treatment study
- g. Award for excellence in clinical services
- h. Reputation among peers as an excellent clinician

4. Special Honors

- a. Fellow designation by professional organization
- b. Other professional organization special status designation

October 15, 2018