

**Name and degree**

**Current position (rank)**

**Department**

**USC School of Medicine, Columbia Campus**

**Seeking Promotion to**

**Date of submission**

This file is being evaluated using the Criteria for Appointment and Promotion for Non-Tenure Track Clinical Faculty approved April, 2004.

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Candidate Signature and Date

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Promotion Committee Chair Signature and Date



UNIVERSITY OF  
**SOUTH CAROLINA**  
School of Medicine

**Appointment and Promotion Procedures  
and Criteria  
for Non-Tenure-Track Clinical Faculty  
Columbia Campus**

Revised: 9/24/04

**University of South Carolina School of Medicine**  
**Appointment and Promotion Procedures and Criteria**  
**for Non-Tenure-Track Clinical Faculty**

***I. Preamble***

The University of South Carolina School of Medicine recognizes the need for full-time geographic faculty members (salaried by the USC SOM or Affiliated Institutions) who do not pursue traditional tenure-track faculty appointments. These clinicians occupy important positions in the teaching programs of the medical school, provide service to the community, and assist with administrative responsibilities. The heavy teaching and patient care responsibilities of those clinicians may preclude them from participating in significant research or scholarship endeavors. However, their contributions to the education of medical students, residents, peers, and the local, state, and national medical communities warrant their being maintained on the clinical faculty, with due consideration given to promotion within the faculty member's respective department.

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 full-time geographic 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.

***II. Appointment and Promotion Committee***

The Appointment and Promotion Committee of the University of South Carolina School of Medicine will include a full professor (tenure- or non-tenure-track) from each clinical department. Appointment will be for a three-year term with the possibility of one reappointment. The Chair of the Appointment and Promotion Committee will be elected annually by the members of the Committee. Decisions of the Appointment and Promotion Committee will be by majority vote of all members.

***III. Appointment Procedures***

Appointment of non-tenure-track clinical faculty at the Associate Professor or Professor level will require review by the Appointment and Promotion Committee. The curriculum vitae, application materials, and the rank recommended by the clinical department chair for candidates for appointment will be submitted by the

department chair to the chair of the Appointment and Promotion Committee. The Appointment and Promotion 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 Promotion Committee will forward the recommendation to the Dean with supporting material. The Dean will notify the department chair of the outcome. The Dean will have the prerogative of overruling the recommendation of the Appointment and Promotion Committee.

#### **IV. Promotion Procedures**

- A. Promotion of non-tenure-track clinical faculty to Associate Professor or Professor will require review by the Appointment and Promotion Committee.
- B. The procedure for promotion of non-tenure-track clinical faculty will follow the medical school timetable for promotion of tenure-track faculty. The chair of each clinical department will be notified of the timetable each year. The department chairs will then notify the chair of the School of Medicine Appointment and Promotion Committee of their desire to have a particular faculty member considered for promotion. (While selection of candidates to be recommended for promotion is determined by the department chair, it is recommended that department faculty also be involved in the decision).
- C. From referees outside the department, the chair of the Appointment and Promotion Committee, in consultation with the department chair and faculty from the unit with similar specialties, will solicit a minimum of five letters of support for the candidate. Two of these will be selected from a list of five provided by the candidate. Referees suggested by the candidate should be so indicated in the file. Referees should not normally be former teachers, co-authors, co-investigators, etc. A minimum of three will be independent of this list and should be selected to evaluate the candidate's teaching, scholarship/research, and/or service/patient care. The candidate may solicit additional letters which will be filed in a separate section from that of the external referees' letters. The referees should be sent (a) criteria for promotion for non-tenure-track clinical faculty in the University of South Carolina School of Medicine, (b) the candidate's curriculum vitae, and (c) representative publications of the candidate. The department chair will forward the candidate's file, along with his or her personal recommendations, a curriculum vitae and job description for the candidate, and a statement of the distribution of the candidate's time and effort in teaching, scholarship/research, and service/patient care, to the chair of the Appointment and Promotion Committee.

- D. Following the deadline for submission of the above information, the Appointment and Promotion Committee will meet and make its recommendations. The chair of the Appointment and Promotion Committee will forward all recommendations to the Dean with supporting material. The Dean will have the prerogative of overruling the recommendation of the Appointment and Promotion Committee.
- E. The Dean will notify the department chair of the outcome, and the department chair will notify the faculty member. The faculty member may appeal the decision in writing to the Dean within five working days of notification by the department chair. After considering the appeal, the Dean will make a final decision within five working days of the receipt of the written appeal and notify the faculty member.
- F. Additions to the file initiated by the candidate or faculty after the file has been sent to the Appointment and Promotion Committee are limited to the following:
  - 1. Candidates may add to the list of 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 designated section of the file.
- G. Failure to recommend favorably at a particular time is without prejudice with respect to future consideration.

V. **Criteria for Promotion**

A. Eligibility Criteria

- 1. Earned doctoral or discipline terminal degree.
- 2. Full-time faculty appointment in a clinical department of the School of Medicine.
- 3. For physicians (M.D.s), board certification or equivalent experience base and clear licensure status with the South Carolina Department of Labor, Licensing, and Regulation Board of Medical Examiners.

B. General Guidelines

- 1. Criteria will comply with policies and procedures of the School of Medicine applicable at the time of appointment or as amended. If

revisions occur, a candidate may elect to have either the initial or amended rules apply.

2. The general performance in the areas of teaching, scholarship/research, and service/patient care comprise the basis for evaluation for tenure and promotion. The unit uses a numerical system as a means to rate achievement across performance areas.
3. The School of Medicine's Appointment and Promotion Committee requires that "percentage of effort" assignments, among the three areas of teaching, scholarship/research, and service/patient care be made by the candidate's department chair. A candidate's percentage of effort assignment is determined by averaging the percentage of effort assignments recorded in the candidate's Annual Faculty Evaluation and Planning Document 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 50 percent time for scholarship/research.

#### C. Promotion Criteria

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

##### 1. Assistant Professor to Associate Professor

Promotion from the rank of Assistant Professor to the rank of Associate Professor should be requested only if individuals show real promise that they will become leading teachers, researchers, or scholars. Promise should, in fact, be substantiated by tangible, developing evidence. A candidate at the rank of 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 Assistant Professor to the rank of Associate Professor generally requires at least an "Adequate" record in each of the three categories (teaching, scholarship/research, service/patient care) and the accrual of a minimum of four points. If a category is not applicable to a candidate, the minimum requirement becomes three points.

2. Associate Professor to Professor

Promotion from the rank of Associate Professor to the rank of Professor should [normally] be based upon promise fulfilled. A move to the rank of 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 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 Associate Professor to the rank of Professor generally requires at least a “Substantial” record in each of the three categories (teaching, scholarship/research, service/patient care) and accrual of a minimum of seven points. If a category is not applicable to a candidate, the minimum requirement becomes five points.

<b>Performance Categories Levels</b>	<b>Teaching</b>	<b>Scholarship/Research</b>	<b>Service/Patient Care</b>
Unsatisfactory	0	0	0
Adequate	1	1	1
Substantial	2	2	2
Outstanding	3	3	3

D. Criteria for Achievement

1. Criteria for “Adequate” Achievement

- Teaching

Recognition as an effective teacher of medical students and residents. Documentation will include a rating of at least “3” (on a scale of “1” to “5” with “1” being lowest and “5” being highest) on the majority of student and peer evaluations and favorable letters from the clerkship and/or training director(s).

- Scholarship/Research

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 4 articles in refereed journals or the equivalent. Articles counted 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 are not considered as 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). 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 “Substantial” Achievement

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

- Teaching

Documentation will include a rating of at least “4” (on a scale of “1” to “5” with “1” being lowest and “5” being highest) on the majority of student and peer evaluations and favorable letters from the clerkship and/or training director(s) for 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

A “Substantial” publication record is required. While this is impossible to quantify precisely, it would ordinarily be expected that the candidate has published 8 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. 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; editorship (or associate or assistant editor) of a refereed professional or scientific journal; reviewer of several manuscripts for referred journals or of several grant proposals for a study section of a competitive grant-awarding agency; appointment to 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.

- Service/Patient Care

Candidate will have served effectively as chief of a clinical program (e.g., ward, outpatient clinic, or consultation service); as director of a training program; or the equivalent; or the candidate will have documented a "Substantial" patient care record in any of several ways.

A "Substantial" service record also requires that the candidate will have served effectively on at least three hospital, School of Medicine, or University committees. Documentation of a "Substantial" service record will include a favorable letter from the principal clinical or academic supervisor and committee chairs, as appropriate.

Documentation of a "Substantial" patient care record requires that the candidate may have become known, at least within the School of Medicine, 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.

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 regional, state, 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 departmental 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.

3. Criteria for “Outstanding” Achievement

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

- Teaching

Documentation will include a rating of “5” (on a scale of “1” to “5” with “1” being lowest and “5” being highest) on the majority of student and peer evaluations and favorable letters from the clerkship and/or training director(s) for a very significant teaching load. Further evidence of proficiency in this area can be demonstrated as in the criteria for “Substantial” achievement.

- Scholarship/Research

Fifteen papers, 7 as senior author, published in refereed journals, or the equivalent, depending on the percent of candidate’s effort assigned to scholarship/research (e.g., a candidate whose principal activity is research would be expected to meet the quantitative requirement at the high end of the range). Articles counted the teaching category may not be counted again under scholarship/research or service/patient care. Outside letters should indicate that the candidate has a regional, state, or national reputation in some area in his or her field. Further evidence of proficiency in this area can be demonstrated as in the criteria for “Substantial” achievement.

- Service/Patient Care

Candidate will have served the department 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, or national prominence in some aspect of patient care.

An “Outstanding” service record also requires that the candidate will have served effectively on at least three hospital, School of Medicine, or University 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, or national 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, or national 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 “Substantial” achievement.

**E. 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 student, goals of program
  - Postgraduate education: describe curriculum, type of student, goals of program
  - Continuing medical education: describe curriculum, type of participants, goals of program
- b. Undergraduate, graduate, postgraduate, and continuing medical education
- Classroom lecture: give course number, number of contact hours, number of students
  - Case conference: give frequency, number and type of participants, topic area
  - Clinical teaching and supervision: give frequency, number of students, type of activity
  - Course coordination: give course number, number of contact hours, number of students
- 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
  - Schools and departments of MUSC
- d. Evidence of teaching quality and quantity of teaching load
- Peer evaluations
  - Student evaluations
  - Student 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
  - Medical illustrations

- Handouts
- Models (anatomical, biochemical, etc.)
- Other (weekend symposium, etc.)

2. Scholarship/Basic and Applied Research

a. Publications

- 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
- Non-invited talks
- Seminars given

c. Grants

- Applications submitted, approved, and/or funded

d. Development and supervision of student 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

- 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
  
- d. To affiliated hospitals:
  - Committees and subcommittees (e.g., quality assurance, medical staff, etc.)
  - Administrative responsibilities
  
- e. To the University of South Carolina and MUSC:
  - Committees and subcommittees
  - Faculty Senate
  - Task forces
  - Administrative responsibilities
  
- f. To the profession:
  - Presentations at professional meetings
  - Development 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
  
- g. To the community:
  - Professional services
    - Program development (e.g., programs for specific reference groups, such as the handicapped, etc.), patient education
    - Support and assistance to existent community groups (e.g., burn victims, the blind, epileptics, 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
  - Presentations to schools, civic groups and agencies
  - Membership on governing boards of voluntary agencies, schools, churches
  - Talks to schools, clubs

Patient Care

- a. Participation in clinical services of the School of Medicine 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 service
- h. Reputation among peers as an excellent clinician

4. Special Honors

## CURRICULUM VITAE

### TEACHING SUMMARY

Teaching by Training Level (N of Students per Year)	Count by Year										
	2015	2014	2013	2012	2011	2010	2009	2008	2007	2001-2006	Total
Pre-med Shadowing											
Medical Students											
Residents											
Fellows											
<b>CME Presentations (N of Presentations per Year)</b>											
Local/State											
Regional/National											

### SCHOLARSHIP AND RESEARCH Statistical Summary of Scholarly Activities

Activity	Count by Year										
	2015	2014	2013	2012	2011	2010	2009	2008	2007	2001-2006	Total
Refereed Journal Articles											
Refereed Conference Articles											
Non-refereed Journal Articles and Book Chapters											
Non-refereed Conference Articles											
Published Abstracts/Posters											
Proposals (submitted)											

### GRANTS AND CONTRACTS

Project Title	Role	Sponsor	Total Amount and Share of Funding	Start Year	End Year



**TEACHING SUMMARY**

## PEER REVIEWS OF TEACHING

## PERSONAL STATEMENT

## **List of all supporting materials submitted in Secondary File**

Please organize the supporting materials into Teaching, Scholarship/Research, and Service. Provide enough information on this list so that a reviewer can easily locate each entry.

## List of External Reviewers

### Reviewers Chosen by Department Chair

- 1.
- 2.
- 3.
- 4.
- 5.

### Reviewers Chosen by Candidate

- 1.
- 2.
- 3.
- 4.
- 5.

## DEPARTMENT CHAIR'S LETTER