A meeting of the University of Minnesota Medical School Faculty Assembly was held on Thursday, November 8, 2012 at 5:00 p.m. in room B620 Mayo, via ITV to 146 School of Medicine, Duluth. Dr. Nancy Raymond, Associate Dean for Faculty Affairs, presided.

**Welcome and Call to Order**
The meeting was called to order at 5:30 p.m.

**Medical School Update**
Dean Aaron Friedman provided a brief recap of the past year and set out his priorities for the future, both short and long term. His agenda focuses on the Medical School’s core missions by strengthening its leadership and management roles with its primary clinical partner; by enlarging and improving the Medical School’s research portfolio; and by engaging faculty and students in making our educational efforts more effective across the continuum from pre-med to graduate students and PhDs.

He began his remarks by noting the challenges faced by the Medical School over the past two years and expressed his appreciation of the work that has been done by faculty, staff, students, and the Dean’s Office, in particular on the extensive review process with the Liaison Committee on Medical Education (LCME), which resulted in having LCME renew the Medical School’s accreditation through 2019-2020.

He noted that the University is currently in discussions with Fairview and University of Minnesota Physicians to develop an even stronger partnership with the Medical School’s primary clinical partners. A major part of the discussion centers on the construction of a new Ambulatory Care Clinic on the University campus which will replace many of the clinics that currently reside in the Phillips Wangensteen Building.

Efforts to elevate the Medical School also need to build on the areas of research, education and care delivery. This will involve a concerted effort to enlarge our research portfolios, attract strong researchers to our campus, and strengthen the efforts of existing, successful research faculty. The new facilities that make up the Biomedical Discovery District represent a financial commitment to research and research innovation, while bringing health sciences researchers together in these buildings will encourage collaboration among scientists.

Dean Friedman also noted the new leadership that has been recruited over the past year: Mark Rosenberg, Vice Dean for Education, and John Andrews, Associate Dean for Graduate Medical Education. He has asked them to develop new approaches to education and training by applying a renewed emphasis on innovative teaching and engagement that focuses on teamwork and coordinated care models as a means to improving both efficiency and quality in healthcare.

A renewed focus on faculty development will also be needed in order to embrace new teaching methods and technologies such as incorporating simulation, video, the Internet, and even smart phones and tablets into the classroom experience to make it more compelling and engaging to students. Dean Friedman envisions a new “apprenticeship model,” where students will get to watch how an exam is conducted or how a procedure is done, thus giving students an insight into
the real world of medical practice. He concluded his remarks by encouraging the faculty to take on the challenge of ushering in a new era of inter-professional, interactive, and engaging medical education that will lead to medical breakthroughs and improved patient care.

**Revisions to Medical School Constitution and Bylaws**

Dr. Raymond informed the Faculty Assembly that requested changes to the Medical School Constitution and Bylaws would now be up for discussion. These changes include the following:

a. Section 1.e. Faculty Advisory Council
   i. Regional Campus nominees for Medical School FAC must be selected by the Regional Campus Faculty Assembly

b. Section 2.d. Medical School Admissions
   i. Elimination of reference to nominating committee for the Duluth Campus Admissions Committee. This function will be performed by the Regional Campus FAC.

c. Section 3.b. Medical School Student Scholastic Standing
   i. Duluth Campus Scholastic Standing Committee shall include Assistant/Associate Dean for Admissions and Student Affairs.
   ii. Duluth Campus Scholastic Standing Committee will also report to Regional Campus Faculty Assembly (in addition to current reporting to Education Council and Faculty Assembly).

d. Section 4.a-1. Regional Campus Faculty Assembly (NEW)
   i. There shall be a standing committee of the Medical School Faculty Assembly named the Regional Campus Faculty Assembly
   ii. The responsibilities of the Regional Campus Faculty Assembly will include all academic affairs and internal policies of the Medical School that are pertinent to the Regional Campus.
   iii. As a standing committee of the Medical School Faculty Assembly, all actions must be in concert with the overall Medical School Faculty Assembly and its actions.

b. Section C.1. Regional Campus Dean for the Duluth Campus, U of M Medical School.
   i. The Regional Dean shall no longer chair the Duluth Campus faculty assembly and meetings
   ii. Chair responsibilities are now with the Chair of the Regional Campus FAC

During the discussion two amendments to the revisions were offered:

i. Revise both the Constitution and Bylaws so that reference to the Duluth Campus of the University of Minnesota Medical School is consistent throughout both documents (i.e, Medical School Duluth Campus).
ii. On page four of the bylaws, change "Associate Dean of Admissions and Student Affairs" to "Assistant/Associate Dean"

**Pre-Vote Discussion on Updates to Medical School Teaching Track Statement**

Dr. Raymond informed the Faculty Assembly that the Medical School Teaching Track statement is being revised. The changes up for discussion include the following:
a. Introduction to the Teaching Track
   i. Career track focused primarily on educational scholarship in five domains: Teaching, Curriculum, Mentoring/Advising, Learner Assessment, Educational Leadership
   ii. Focus is on peer-review of educational products but often in non-standard formats (not necessarily peer-reviewed publications)
   iii. Service is also necessary
   iv. May also do clinical work and research

b. Key Definitions: Educational Domains, Scholarly Approach, and Education Scholarship
   i. Teaching Track faculty must take a scholarly approach to their educational activities
   ii. Systematically design, implement, assess, and/or redesign an educational activity
   iii. Requires that the educational activity be informed by the literature and “best practices” with regard to content and educational practices
   iv. Ensures that educational activities are informed by the knowledge and resources of the academic educational community
   v. Requires documentation of quantity and quality of the work product

c. Appointment and Annual Appraisals of Faculty on the Teaching Track
   i. For promotion on the Teaching Track, faculty must go beyond a scholarly approach and demonstrate engagement in educational scholarship in at least one of the five domains
   ii. Educational scholarship requires drawing upon resources and best practices in the field (scholarly approach)
   iii. And, requires contributing to the resources in the field by publicly disseminating educational products or approaches so that the educational products are peer-reviewed

Questions were raised during the discussion including whether grants are available to study educational models and how the Promotion and Tenure Committee is being trained to evaluate candidates under the new Teaching Track statement. A request was made for clarification on the use of annually renewable contracts in the hiring of faculty. There was also discussion regarding differences between the Clinical Scholar Track and Teaching Track.

The revisions to the Constitution and Bylaws, and the updates to the Medical School Teaching Track statement are being brought to the Faculty Assembly for discussion and motion to vote. A motion was made to move the documents to vote, which was seconded. The vote will be conducted following a 15-day review period, as required by the bylaws.

The meeting was adjourned at 6:20 p.m.

Respectfully submitted,
Marilynn Dunbar
Staff to the Faculty Assembly
Article I. Faculty Assembly.

Section A. Composition of the Faculty Assembly.
The Executive Faculty of the Medical School defines the membership of the Faculty Assembly as composed of the members of the faculties of the various Medical School Departments with appointment designated as 94XX titles in the University professorial ranks with the exception of volunteer community-based adjunct faculty.

Section B. Responsibilities of the Faculty Assembly.
1. The responsibilities of the Faculty Assembly include all academic affairs and internal policies of the School including entrance requirements, curricula, instruction, examinations, grading, degrees, and disciplinary matters not within the jurisdiction of the All-University Disciplinary Committee.

2. The Faculty Assembly shall receive reports and recommendations from the various Councils and Committees established in the Constitution and in the Bylaws.

Section C. Meetings of the Faculty Assembly.
1. The Dean shall preside at meetings of the Faculty Assembly. The Chair of the Faculty Advisory Council shall serve, ex-officio, as Vice Chair of the Faculty Assembly and shall preside in the absence of the Dean. The Dean shall, with the consent of the Faculty Assembly, appoint a Secretary of the Faculty Assembly, who need not be a member of the faculty. The Secretary of the Faculty Assembly shall be the custodian of its records and shall be responsible for circulating the agenda and keeping the minutes of each Faculty Assembly meeting. The Secretary shall perform such additional functions as shall be assigned by the Dean or other responsible officers of the Faculty Assembly and/or standing Committees and Councils as defined in the Constitution and further defined in the Bylaws.

2. Regular meetings of the Faculty Assembly shall be held no less than twice per year.

3. A special meeting shall be held at the request of the Committee on Student Scholastic Standing.

4. Special meetings of the Faculty Assembly shall be held on the call of the Dean or upon the written request of twenty members of the Faculty Assembly.

5. The agenda for each meeting of the Faculty Assembly shall be distributed at least one week in advance to all members of the Faculty Assembly and to such others as the Faculty Assembly may direct. Members of the Faculty Assembly may submit items for the agenda. The minutes of meetings of the Faculty Assembly shall be distributed to all members as promptly as possible after each meeting.

6. At any regular or special meeting of the Faculty Assembly, twenty percent of the membership of the Faculty Assembly shall constitute a quorum for the transaction of the academic affairs of the Medical School, except that any substantive matter shall, at the
written request of twenty members of the Faculty Assembly, be submitted to the entire Faculty Assembly by mail ballot. Requests for submission of substantive items to a mail ballot must be submitted to the Dean no later than the day prior to the scheduled meeting of the Faculty Assembly in the case of items that have appeared on the agenda duly distributed in advance of the meeting. In the case of substantive items dealt with at a meeting of the Faculty Assembly that did not appear on the advance agenda, requests for submission of a mail ballot must be submitted to the Dean within ten (10) calendar days following the meeting. Mail ballot decision shall be determined by a majority of those voting on the issues.

Section D. Committees of the Faculty Assembly.

1. Faculty Advisory Council.
   a. The Faculty Advisory Council members will be Medical School faculty members who have been elected by their peers to the All-University Senate, but to always include two faculty members from the Medical School Duluth Campus, and at least one representative appointed from Hennepin County Medical Center, Regions Hospital, and the Veterans Affairs Medical Center. The elected faculty members to the All-University Senate must be comprised of a minimum of 2/3 tenure/tenure-track faculty who have three years of university service and whose appointments are equal to or greater than 67% time. The remainder of the elected faculty may be either tenure/tenure-track faculty (P or N) or non-tenured track faculty (Clinical scholar (I), Teaching (K), and Research (W) tracks) with three years of university service and appointments equal to or greater than 67% time.

   b. The Faculty Advisory Council shall meet upon the call of the Dean at a time and place designated by the Dean. Meetings will be held throughout the course of each year. No minimum frequency of meetings is specified. If one month or more has elapsed since the previous meeting, a meeting of the Faculty Advisory Council with the Dean shall be held upon the written request of any two members of the Council for the purpose of considering matters important to the Medical School.

   c. The members of the Faculty Advisory Council shall elect the Chair of the Faculty Advisory Council.

   d. The responsibility of the Faculty Advisory Council is to advise the Dean on substantive matters pertinent to the research, education, or clinical programs of the Medical School. Responsibilities will include advising the Dean on faculty affairs, finance, and planning matters. The Council may develop subcommittees or task forces as needed for specific tasks.

   e. The Faculty Advisory Council will serve as a committee on committees and councils for the purpose of recommending faculty nominees to the Faculty Assembly for the Councils and Committees. The nominating committee of the Faculty Advisory Council will first seek suggested nominees from members of the Department Heads Council and solicit additional nominees as required to achieve appropriate representation on the Councils and Committees. Medical School Duluth Campus nominees to the Duluth Campus Admissions Committee, Committee on Student Scholastic Standing, and Research Council will be brought to the Faculty Advisory Council by Duluth members of the Faculty Advisory Council. Duluth nominees may must be selected by the Duluth
Regional Duluth Campus faculty assembly. It shall, at the spring meeting each year, recommend to the Faculty Assembly a slate of nominees to fill any vacancies on the Admissions Committee, the Committee on Student Scholastic Standing, the Education Council, and the Research Council. Nominees endorsed by the Faculty Assembly shall take office on July 1st of the year of the election.

2. Medical School Admissions.
   a. Admissions Executive Committee. The Admissions Executive Committee shall be responsible for final decisions on the admission of prospective students who will carry out studies toward the degree of Doctor of Medicine. The committee shall be composed of nine members of the Medical School faculty: one member shall be an MD/PhD faculty member, six shall be faculty members from the Twin Cities campus, and two shall be faculty members from the Medical School Duluth Campus. The Associate Dean for Admissions for the Medical School – Twin Cities, and the Assistant/Associate Dean for Admissions and Student Affairs for the Medical School – Duluth campus, shall be ex-officio, non-voting members of the committee. The members shall be appointed by the Dean of the Medical School, in consultation with the Twin Cities and Duluth Admissions Committees and the subcommittee responsible for the selection of prospective M.D./PhD. students, with the endorsement of the Faculty Advisory Council. Members of the Admissions Executive Committee may not be active members of the Twin Cities and Duluth Admissions Committees or the M.D./PhD. Program selection subcommittee.

b. Oversight Committee on Admissions. The Oversight Committee on Admissions shall be comprised of the Associate Dean for Admissions for the Medical School – Twin Cities, the Assistant/Associate Dean for Admissions and Student Affairs for the Medical School – Duluth campus, the Chair or a Co-Chair of each Admissions Committee, the Associate Dean for Students and Student Learning – Twin Cities, the Regional Campus Dean for the Duluth Campus, Duluth campus, the Vice Dean for Education, the Directors of the M.D./PhD. Program, the Center for American Indian and Minority Health, the Office of Minority Affairs and Diversity, and Minnesota’s Future Doctors. The Oversight Committee shall be responsible for the oversight of the Admissions Committee processes on the two campuses and for compiling the admissions data for the annual Liaison Committee on Medical Education report.

c. Twin Cities Campus Admissions Committee. The Twin Cities Campus Admissions Committee shall be a standing committee composed of at least ten members that shall be responsible for the selection each year of the students who will carry out studies toward the degree of Doctor of Medicine, subject to approval by the Admissions Executive Committee. This committee shall include a subcommittee responsible for the selection of prospective M.D./PhD. students. The Associate Dean for Admissions for the Medical School – Twin Cities shall be an ex-officio, non-voting member. Members shall be selected in accord with Section D.1.e, of the Bylaws of the Medical School. Members shall, each year, elect Co-Chairs from among their number. In addition to the faculty membership of the Admissions Committee, provision shall be made annually for appropriate student representation to the Committee. Such student representation shall be accomplished by agreement between the Faculty Advisory Council and the Medical
School Student Council, acting as the representative council of the Medical School student body. In the event of a vacancy during the academic year, a new member may be appointed by the Associate Dean for Students and Student Learning to complete the unexpired year of the term. The Committee shall make a report of its activities to the Education Council and the Faculty Assembly at least once each year. The membership of the Twin Cities Campus Admissions Committee may include representatives of organized medicine in Minnesota, to be designated by the appropriate organizations.

d. **Duluth Campus Admissions Committee.** The Medical School Duluth Campus Admissions Committee shall be composed of at least ten faculty and community members selected and proposed by the Regional Campus Dean for the Medical School Duluth Campus, in conjunction with the Nominating Committee and Duluth RegionalDuluth Campus faculty assembly, with confirmation by the Medical School Faculty Assembly. At least one-half of the members of the Committee shall be regularly appointed faculty members of the Medical School Duluth Campus. The Assistant/Associate Dean for Admissions and Student Affairs for the Duluth campus shall be an ex-officio, non voting member of the committee. This committee shall be responsible for the annual selection of students who will be admitted to carry out studies toward the degree of Doctor of Medicine, subject to approval by the Admissions Executive Committee. This committee shall be guided by the policies of the Medical School.

3. **Medical School Student Scholastic Standing.**
   a. **Twin Cities Committee on Student Scholastic Standing.** There shall be a standing Committee on Student Scholastic Standing consisting of at least six members of the Faculty Assembly, together with a sufficient number of alternate members to permit its effective functioning. Members shall be elected in accord with Section D.1.e, of the Bylaws of the Medical School. Duly elected members shall, each year, elect a Chair. In addition to the faculty membership of the Committee on Student Scholastic Standing, provision shall be made annually for appropriate student representation to the Committee. Such student representation shall be accomplished by consultation and agreement between the Faculty Advisory Council and the Medical School Student Council, acting as the representative council of the medical student body. In the event of a vacancy during the academic year, a new member may be appointed by the Associate Dean for Students and Student Learning to complete the unexpired year of the term. This Committee will monitor each student’s academic progress and related matters at the end of each academic period recommending appropriate action for each case in accordance with the Policies and Procedures. The Committee on Student Scholastic Standing, acting for the Faculty Assembly, shall be responsible for recommending to the Dean those students eligible for advancement and those students eligible for graduation with the degree of Doctor of Medicine. In addition, the Committee will decide action to deny advancement to students deemed ineligible and inform the Dean. Policy matters not satisfactorily resolved by the usual procedures of the Committee will be referred for final determination to the Faculty Assembly as a whole, which shall hold a special meeting for this purpose at the request of the Committee. The Committee on Student Scholastic Standing will report on its activities to the Education Council and the Faculty Assembly at least once each year.
b. **Duluth Campus Scholastic Standing Committee.** The Scholastic Standing Committee shall be composed of six faculty, two from each of the Departments of Biobehavioral Health and Population Sciences, Biomedical Sciences, and Family Medicine, and Community Health, Duluth Campus; and one medical student from each class, participating as feasible, and shall include the representative of the Regional Campus Dean for the Duluth Campus for student affairs/Assistant/Associate Dean for Admissions and Student Affairs and a representative from the Center of American Indian and Minority Health as non-voting ex officio members. Department Heads will nominate two faculty from their departments to serve for a term of one year; medical students shall be selected for a term of one year through such procedures as the Student Body may establish.

The Scholastic Standing Committee shall monitor the quality of student performance in a continuous and consistent fashion. To this end, it shall determine guidelines for student academic standing, and it shall monitor each student’s progress toward the Doctor of Medicine degree. This committee shall make recommendations to the Duluth Regional Campus Faculty Assembly concerning each student’s promotion, transfer, termination, and/or special programming. The Duluth Regional Duluth Campus Faculty Assembly’s actions on such recommendations will then be transmitted to the Regional Campus Dean for the Medical School Duluth Campus for action. The Scholastic Standing Committee will annually report to the Twin Cities Program through the Associate Dean for Student Affairs and the Chair of the Scholastic Standing Committee. The Duluth Campus Scholastic Standing Committee will report on its activities to the Education Council, the Regional Duluth Campus Faculty Assembly and the Faculty Assembly at least once each year. Any action to deny advancement to students deemed ineligible will be reported to the Dean of the Medical School through the Regional Campus Dean for the Medical School Duluth Campus.

4. **Duluth Campus Faculty Assembly**

a. There shall be a standing committee of the Medical School Faculty Assembly named the Regional Duluth Campus Faculty Assembly consisting of all faculty members who have at least a 25% 94XX appointment and whose primary academic responsibilities are within the Duluth Campus of the Medical School. The responsibilities of the Regional Duluth Campus Faculty Assembly will include all academic affairs and internal policies of the Medical School that are pertinent to the Medical School Duluth Campus. As a standing committee of the Medical School Faculty Assembly, all actions must be in concert with the overall Medical School Faculty Assembly and its actions.

b. The Regional Duluth Campus Faculty Assembly shall receive reports and recommendations from the various Committees established in the Medical School Constitution and Bylaws for the Medical School Duluth Campus and shall establish such committees as necessary to accomplish the goals of the Regional Duluth Campus Faculty Assembly.

c. The Chair of the Regional Duluth Campus Faculty Advisory Committee shall preside at meetings of the Regional Duluth Campus Faculty Assembly. The Regional Duluth Campus Faculty Assembly will appoint a Secretary who will be the custodian of its records and shall be responsible for circulating the agenda and keeping the minutes of each Faculty Assembly meeting.

d. Regular meetings of the Regional Duluth Campus Faculty Assembly shall be held no less than twice per year. A special meeting shall be held at the request of the Committee on Student Scholastic Standing. Special meetings of the Faculty Assembly shall be held on
the call of the Chair of the Regional Duluth Campus Faculty Assembly or upon the
written request of five members of the Regional Duluth Campus Faculty Assembly.

e. The agenda for each meeting of the Regional Duluth Campus Faculty Assembly shall be
distributed at least one week in advance to all members of the Regional Duluth Campus
Faculty Assembly and to such others as the Duluth Regional Campus Faculty Assembly
may direct. Members of the Duluth Regional Campus Faculty Assembly may submit
items for the agenda. The minutes of meetings of the Duluth Regional Campus Faculty
Assembly shall be distributed to all members as promptly as possible after each meeting.

f. At any regular or special meeting of the Duluth Regional Campus Faculty Assembly,
twenty percent of the membership of the Duluth Regional Campus Faculty Assembly
shall constitute a quorum. Any substantive matter shall, at the request of five members of
the Faculty Assembly, be submitted to the entire Faculty Assembly by mail ballot.

g. The responsibilities of the Duluth Regional Campus Faculty Assembly will be to perform
duties referred to in the Medical School Constitution and Bylaws:

i. Select nominees to the Duluth Regional Campus Admissions Committee,
   Committee on Student Scholastic Standing and Research Council, to be brought
to the Medical School Faculty Advisory Council by the Duluth members of the
   Faculty Advisory Council

ii. Recommend faculty and community members for the Duluth Campus admissions
    committee to the Regional Campus Dean for the Duluth Campus (who makes the
    formal recommendation to the Medical School Faculty Assembly)

iii. Act on recommendations of Scholastic Standing Committee re. student
    promotion, transfer, termination and/or special programming

iv. Approve campus specific policies developed by committees of the
   Duluth Regional Campus (e.g., CUMED, Admissions, Student Scholastic
   Standing)

v. Establish a Duluth Regional Campus Faculty Advisory Committee that will
   consult with the Regional Campus Dean for the Duluth Campus on faculty
   matters and oversee the business of the Duluth Regional Campus Faculty
   Assembly

5. Creation of Other Standing Committees. Five or more members of the Faculty Assembly
may recommend the establishment of a standing committee of the Faculty Assembly. Such
recommendations, with appropriate justification and documentation, will be considered by
the Faculty Advisory Council. The Faculty Advisory Council will submit its
recommendation to the Faculty Assembly which will then vote on the establishment of any
proposed new standing committee, with a simple majority ruling.

65. Creation of Special Committees. The Faculty Assembly may create such special
committees as it deems necessary for the execution of its responsibilities. Such special
committees shall be discharged upon completion of their assigned duties.

Article II. Administrative Organization of the Medical School.

Section A. Departments.

1. The Medical School shall include the following departments:
   Department of Anesthesiology
   Department of Biobehavioral Health and Population Sciences (Duluth Campus)
   Department of Biochemistry, Molecular Biology, and Biophysics
   Department of Biomedical Sciences (Duluth Campus)
Department of Dermatology
Department of Emergency Medicine
Department of Family Medicine and Community Health (Twin Cities and Duluth Campuses)
Department of Genetics, Cell Biology and Development
Department of Integrative Biology and Physiology
Department of Laboratory Medicine and Pathology
Department of Medicine
Department of Microbiology
Department of Neurology
Department of Neuroscience
Department of Neurosurgery
Department of Obstetrics, Gynecology, and Women’s Health
Department of Ophthalmology and Visual Neurosciences
Department of Orthopaedic Surgery
Department of Otolaryngology
Department of Pediatrics
Department of Pharmacology
Department of Physical Medicine and Rehabilitation
Department of Psychiatry
Department of Radiation Oncology
Department of Radiology
Department of Surgery
Department of Urology

2. The Medical School shall include Centers and Institutes such as the Institute for Human Genetics, the General Clinical Research Center, the Biomedical Engineering Institute, the Center for Immunology, the Lillehei Heart Institute, and others authorized by the Dean following consultation with the Faculty Advisory Council and the Department Heads Council. The Dean and when appropriate the Regional Campus Dean for the Duluth Campus, shall be responsible for developing guidelines for such authorization.

3. Faculty Practice Organization. The University of Minnesota Medical School physician-faculty practice group, organized in 1996 as the University of Minnesota Physicians (UMP), exists for the purposes of enabling the Medical School to carry out its mission by providing quality care to patients, supporting quality instruction to medical students and post-M.D. graduate medical education students, and supporting medical and scientific research. In accordance with the practice organization’s Bylaws, the Dean is a voting director of UMP as are nine (9) members of the Department Heads Council and nine (9) faculty physicians of the Medical School. The Medical School Associate Dean for Clinical Affairs is a non-voting director. Full-time faculty physicians are required to be members of UMP and are governed by the University of Minnesota Board of Regents’ Rules concerning the private practice of medicine. The Dean’s responsibilities include approval of the Articles and Bylaws of UMP and its annual budget. The Dean must also approve clinical programs, creation of new clinical services, and new practice sites based on an evaluation of the education and research needs of the School.

Section B. Department Heads Council.
1. Membership. The Department Heads Council will be composed of the Medical School department heads of the Twin Cities and Duluth campuses, Directors of Centers and
Institutes approved by the Department Heads Council and the Dean, and duly designated representatives of affiliated teaching sites as recommended by the Dean. Non-voting members shall include the Regional Campus Dean for the Duluth Campus and Associate and Vice Deans of the Medical School.

2. **Additional Responsibilities.** In addition to those responsibilities provided for in Article II, Section G, of the Constitution, the Department Heads Council also has the obligation to review recommendations from the Education and Research Councils in order to present its recommendations to the Faculty Assembly for concurrent consideration.

### Section C. The Education Council.

1. **Membership.** The Education Council will be composed of at least twenty-seven voting members including a chair appointed by the Dean. Six members will be faculty representatives from the Twin Cities campus, four will be faculty representatives from the Duluth campus and one will be a faculty representative from the Graduate Medical Education committee. Four of the six Twin Cities faculty members will be selected by the voting members of the Twin Cities course and clerkship directors (two from the Scientific Foundations Committee and two from the Clinical Education Committee, with staggered terms) and two members will be selected by the Faculty Advisory Council. Of the four Duluth faculty members, two will be selected by the Committee on Undergraduate Medical Education Duluth (CUMED) and two will be selected by the Faculty Advisory Council.

2. **Terms.** Faculty members will serve for three years except that initial appointments will be staggered in order to create a cycle of two expiring terms each year. Student and resident members will serve one-year renewable terms.

3. **Chair.** The Chair of the Educational Council will be appointed by the Dean and need not be selected from among the members described in Section C.1. The Chair will serve a three-year term.

4. **Responsibilities.** The Education Council will advise the Dean in all matters of education in the Medical School and recommend policy for implementation by the educational programs. The Education Council will meet at least monthly. The Education Council will report at least annually to the Faculty Assembly following review of recommendations by the Department Heads Council and the Faculty Advisory Council.

### Section D. The Research Council.

1. **Membership.** The Research Council will be composed of at least eight voting members. The Faculty Advisory Council and the Dean will each appoint an equal number of members;
the Dean will appoint the chair. The Committee membership will reflect principal research communities within the Medical School, including the head of the Research Center, Duluth Campus Duluth Medical Research Institute. The Research Council will enlist expert advisory groups of faculty in specific fields for advice. The Vice Dean for Research will be an ex officio member of the Research Council.

2. Terms. Faculty members will serve for three years and the initial appointment will be staggered in order to create a cycle of at least two expiring terms each year.

3. Responsibilities. The Research Council will meet at least six times each year. The Research Council will advise the Dean in matters of research in the Medical School and recommend policy for implementation, following review of these recommendations by the Department Heads Council and the Faculty Advisory Council. The Research Council will report annually to the Faculty Assembly.

Section E. Basic Sciences Council.
1. Membership. The Basic Sciences Council will be comprised of the Heads of the Medical School Basic Science Departments.

2. Chair. The Chair of the Basic Sciences Council will be elected by the members every two years.

3. Responsibilities. Serves as advisor to the Dean in all administrative, educational, and research policies affecting the Medical School in general and the collective Basic Sciences Departments in particular.

4. Meetings. Subject to the call of the Chair or the Dean.

Section F. The Clinical Sciences Council.
1. Membership. The Clinical Sciences Council will be comprised of the Heads of the Medical School Clinical Sciences Departments.

2. Chair. The Chair of the Clinical Sciences Council will be elected by the members.

3. Responsibilities. Serves as advisor to the Dean in all administrative, educational, research, clinical policies, and issues affecting the Medical School in general and the collective Clinical Sciences Departments in particular.

4. Meetings. Subject to the call of the Chair or the Dean.

Section G. Duluth Council of Department Heads
To provide for advisory and executive continuity in concert with the Regional Campus Dean of for the Duluth Campus and his/her administrative staff, the heads of departments shall exist as a Council of Department Heads. A chair of the Council shall be chosen by the members of the Council. The chair shall have the responsibility of drawing up the agenda for regular meetings and other meetings called by the chair or by the Regional Campus Dean for the Duluth Campus. The Council shall consist of the following department heads or chairs and the Regional Campus Dean for the Duluth Campus:

- Department of Biobehavioral Health and Population Sciences
• Department of Biomedical Sciences
• Department of Family Medicine and Community Health, Duluth Campus

It is the responsibility of each department to establish academic standards of performance and work with Course Directors and Course Faculty to develop curricula that meet the standards of undergraduate, medical, graduate, and any other specialized educational program consistent with the proceedings of the Education Council.

**Article III. Amendment of Bylaws.**
Bylaws of the Medical School may be enacted, repealed, or amended by a simple majority vote of the Executive Faculty provided that the proposed change in Bylaws has been submitted, in writing, to each member of the Executive Faculty at least 15 days prior to the date of the vote on the change. Bylaw changes will be presented for discussion and an advisory, non-binding vote by the Faculty Assembly prior to Executive Faculty action. Proposed amendments to the Bylaws shall be submitted to the Executive Faculty for a 15-day balloting period following Faculty Assembly action. Amendments shall be implemented by the Dean.

January 1986
Amended October 1996
Amended June 1998
Amended June 2002
Amended May 2008
Amended June 2010
Amended June 2011
Amended June 2012
Amended November 2012
CONSTITUTION OF THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

One Mission, Two Campuses

The Mission of the Medical School is to be a leader in enhancing the health of people through the education of skilled, compassionate and socially responsible physicians. With two campuses serving diverse populations in rural and urban Minnesota the Medical School is dedicated to preeminence in primary care medicine, exemplary specialty care and innovative research.

Article I. Name and Purpose.

Section A. Name.
The name of this college is the University of Minnesota Medical School. It is a single medical school comprised of two campuses (Twin Cities and Duluth). Its authorities are delegated by the Board of Regents in accordance with the Constitution of the University Senate, which stipulates that such authorities are extended by the Regents to the President, the University Senate, the campus assemblies, and the faculties. These authorities may be modified by subsequent action of the Board of Regents. Actions of the School will be taken in compliance with appropriate University rules, regulations, policies, and procedures.

Section B. Purposes.
The Medical School is responsible for the professional educational program leading to the degree Doctor of Medicine; for certain undergraduate courses presented for students registered in other colleges; for graduate instruction in the basic medical sciences in cooperation with the Graduate School; for graduate medical education; for continuing medical education; and for certain other professional or baccalaureate degree programs.

Article II. Membership, Faculty, the Dean, Organization, Department, Councils.

Section A. Members.
The members of the Medical School shall be its faculty, students, administration, academic staff, and other support personnel. Members of the School shall participate in the affairs of the Medical School as outlined in the constitution and bylaws and as assigned by the Dean.

Section B. Faculty.
1. The faculty shall consist of all tenured, tenure track, and term-appointed individuals who hold the rank of Professor or Regents’ Professor, Associate Professor, Assistant Professor, and Instructor. The rights, privileges and responsibilities of the faculty shall be in accord with the current University Senate Policy on Academic Freedom and Responsibility. Faculty rank and appointment is determined by appointment and promotion criteria established by the Medical School consistent with relevant University documents, including, where applicable, the Regulations Concerning Faculty Tenure. Tenure at the time of appointment or at a subsequent time requires a vote of the eligible faculty in accordance with the University of Minnesota Regulations Concerning Faculty Tenure and University policies and procedures extending and implementing the tenure regulations.
The procedure for removal of a tenured Medical School faculty member for cause shall be that procedure stated in the University of Minnesota Regulations Concerning Faculty Tenure.

2. **Executive Faculty, Purposes, and Responsibilities.**

There shall be an Executive Faculty to consist of the President of the University, the appropriate academic officer of the University as designated by the President, the Dean, **Regional Campus** Dean for the Duluth Campus, Associate and Vice Deans, and other Medical School administrative staff as designated by the Dean, and all Professors, Associate Professors, and Assistant Professors with tenure or on the tenure track in Medical School departments.

The Executive Faculty shall establish a Faculty Assembly comprised of all members of the Executive Faculty and all faculty from both campuses with term appointments. The Faculty Assembly will be responsible for the academic affairs and internal policies of the School, including but not limited to; entrance requirements, curricula, instructional methodologies, examinations, grading, granting of degrees, and disciplinary matters not within the jurisdiction of the All-University Disciplinary Committee. Voting on changes to the Constitution and Bylaws is reserved for members of the Executive Faculty. Establishment or abolition of a department or a council or for amalgamation of departments or councils shall occur upon a favorable vote of the Executive Faculty, provided that each such proposal has received the prior approval of the Dean, and a recommendation from the Department Heads Council, Faculty Advisory Council, and when appropriate the **Regional Campus** Dean for the Duluth Campus. Establishment or abolition of a department must be consistent with Regental and University Policy.

**Meetings.** The Executive Faculty of the Medical School, and its established Faculty Assembly as defined in the Bylaws, shall meet at least twice a year.

**Committees.** The following committees and the councils noted in Section D shall be organized as standing Committees of the Executive Faculty or the Faculty Assembly of the Medical School: committees overseeing admissions and student scholastic standing for both Duluth and Twin Cities campuses. Composition and function of standing Committees and Councils and procedures for the establishment of other standing Committees are prescribed in the Bylaws of the Medical School.

**Section C. The Dean.**

The Dean, as chief executive officer of the School, is accountable to the President or the President’s designee. The Dean shall be appointed by the Board of Regents upon the recommendation of the President of the University.

The President or the President’s designee is empowered to appoint an advisory search committee to assist in the selection of the Dean. The search committee will be charged with the responsibility of submitting a limited number of nominees from which a candidate will be recommended to the Board of Regents.

The administrative appointment of the Dean is annually renewable. The President or the President’s designee is responsible for an annual review and evaluation of the Dean, prior to
reappointment. The review shall be conducted in a form and manner determined by the President or the President’s designee.

The Dean shall have administrative authority over the affairs and resources of the Medical School.

The Dean shall provide leadership in formulating policies, introducing and testing ideas and proposals which support efforts toward continued improvement of the School’s educational, research and clinical programs. The Dean shall be responsible for the interpretation of the School’s programs to the University and community. The Dean shall be responsible for the development and implementation of a periodic review of departmental programs. The Dean or the Dean’s designee shall preside over meetings of the Medical School’s Faculty. The Dean shall be responsible for the use of space and equipment of the School. The Dean or the Dean’s designee shall serve as the primary communicator for official business of the School with other University authorities. The Dean is responsible for preparation of the annual budget of the School. Where action of the Board of Regents is requested or required, the Dean shall make such recommendations as are necessary to the President or the President’s designee of the University. Such recommendations shall include, but shall not be limited to resource needs, appointment, promotion, tenure and salary of all faculty.

Subsection C.1. Regional Campus Dean for the Duluth Campus, University of Minnesota Medical School.

The Regional Campus Dean for the Duluth Campus is the executive officer and chief representative of the Duluth Campus of the Medical School. The Regional Campus Dean for the Duluth Campus shall be appointed by the Dean of the Medical School. The Dean of the Medical School shall appoint a search committee of the Medical School whose membership is representative of the Duluth Campus, Twin Cities faculty, related health sciences of the University as a whole, and may include outside consultants. Following evaluation of nominees by this committee, in conjunction with the faculty, it shall submit the names of candidates from which the Dean of the Medical School may make the ultimate selection. The Regional Campus Dean for the Duluth Campus will report to the Dean of the Medical School. The Regional Campus Dean for the Duluth Campus shall:

- In collaboration with the Dean of the Medical School, develop and administer policies and procedures (including but not limited to academic freedom and promotion and tenure) delivered on the Duluth Campus.
- Chair the Duluth Campus faculty assembly and meetings
- Share responsibility with the Dean of the Medical School for the organization and quality of the work performed on the Duluth Campus.
- Regularly, report to the Dean of the Medical School on the teaching, research, and service programs.
- Consult regularly with the Duluth Campus faculty on all matters of concern for discussion with the Dean of the Medical School.
- Develop in collaboration with the Duluth Campus faculty a campus-specific compact to include annual goals and objectives consistent with the Medical School and University wide goals and objectives.
- In consultation with Duluth Campus department heads and administration, submit an annual Duluth Campus budget for review and approval.
• Make recommendations regarding faculty appointments, promotion, tenure, and salary adjustments in consultation with department heads and in collaboration with the Dean’s Office of the Medical School.
• Meet with the Duluth Campus Council of Department Heads at least once per month, in which recommendations shall be developed on needs, priorities, and allocation of resources.

In the administration of the Duluth Campus, the Regional Campus Dean for the Duluth Campus may be assisted by associate or assistant Deans, authorized by the President and the Board of Regents and approved by the Dean of the Medical School, whose duties are assigned by the Regional Campus Dean for the Duluth Campus. In order for the Regional Campus Dean for the Duluth Campus to further carry out the duties and obligations, he/she shall have the authority in consultation with the Dean of the Medical School, to appoint certain administrative committees and ad hoc committees as necessary.

The administrative appointment of the Regional Campus Dean for the Duluth Campus is annually renewable. The Dean of the Medical School is responsible for an annual review and evaluation prior to reappointment. The review shall be conducted in a form and manner determined by the Dean of the Medical School or the Dean’s designee. Every five years this annual review will take the form of a major review to be carried out by a committee appointed by the Dean of the Medical School.

Section D. Organization.
1. The Medical School consists of two ‘campuses’, Twin Cities and Duluth, and includes Departments, Institutes, and Centers as established according to the Bylaws and approved by the Dean. Councils shall be constituted for research, education, basic science, clinical science, department heads, and for elected representatives of the faculty as outlined in the Bylaws.

2. Determination of Internal Organization of Departments. With the approval of the Dean and when appropriate in consultation with the Regional Campus Dean for the Duluth Campus and the Department Heads Council, Departments may establish administrative subdivisions, to be known as Divisions, Laboratories, or Sections, whenever the establishment of such units will clearly facilitate the teaching, research, and/or service functions of the Department.

Section E. The Councils.
1. Purposes and Responsibilities. The Councils are advisory to the Dean and are responsible for joint consideration and implementation of educational, research, and clinical programs, whenever such joint effort will facilitate the conduct of the programs. The Councils have no budgetary or other fiscal authority except as granted by the Dean.

Section F. The Department.
1. Purposes and Responsibilities. The Department is responsible for carrying out the appropriate segment of the teaching program for all undergraduate, graduate, continuing medical education, and graduate medical education programs of the Medical School. Departments are responsible for the advancement of knowledge in their respective fields. Departments are responsible for the promotion of excellence in their respective disciplines.
2. **Organization and Administration.** The Faculty of the Department shall include all Professors, Associate Professors, Assistant Professors, and Instructors who participate in the instruction of students enrolled in educational programs listed in Article 1, Section B whether such service is rendered at the University of Minnesota or at an affiliated teaching site. Each Department shall have a Head, whose appointment as Department Head is made by the Dean, after consultation with an appropriate advisory committee and with members of the faculty of the Department. The administrative appointment of the Department Head is annually renewable by action of the Dean. The Dean is responsible for conducting an annual review and evaluation leading to reappointment of the Department Head. The review shall be in a form and manner determined by the Dean. The Head of the Department shall preside over departmental meetings, shall be the departmental spokesman to the administration of the Medical School and shall represent the Department on the Department Heads Council of the Medical School. The Department Head is responsible to the Dean for educational, research, and clinical programs and for administrative matters and use of resources assigned to the Department. Department Heads on the Duluth Campus will report to the Dean through the Regional Campus Dean for the Duluth Campus. The Department Head is responsible for the preparation, after appropriate consultation with members of the departmental Faculty, of an annual budget proposal for consideration by the Dean. Departmental meetings shall be regularly scheduled in accordance with departmental charters, bylaws, or practices.

**Section G. Department Heads Council.**
Voting membership of the Department Heads Council of the Medical School shall include the Dean, who shall serve as Chair; the Heads of all Medical School Departments, Institutes and Center Directors. The Department Heads Council shall meet at the call of the Dean, usually on a monthly basis, but not less frequently than nine times during the University’s fiscal year. It shall be responsible for overseeing the administration of the policies of the Executive Faculty relating to educational matters and shall be advisory to the Dean with respect to research, budgetary, and other aspects of the Medical School’s mission and operation. The Dean will discuss with the Department Heads Council the preparation of the annual budgets of the Medical School, including policies governing the allocation of funds for salary increases and general policies concerning the allocation and expenditure of the various resources of the Medical School.

**Section H. Faculty Advisory Council.**
In recognition of the need of the Dean for a responsible group of faculty advisers who can meet frequently when necessary on short notice, there shall be a Faculty Advisory Council of the Faculty Assembly of the Medical School. Members of the Faculty Advisory Council shall be those Medical School faculty who have been elected by their peers to the All-University Senate. The Faculty Advisory Council shall, through the Dean, make recommendations to the Department Heads Council and/or the Executive Faculty, or its assembly as may be appropriate.

**Article III. Participation by Students and Non-Faculty Personnel.**
**Section A. Participation by Students.**
The Bylaws of the Medical School shall establish organizational mechanisms by which students may participate appropriately in aspects of Medical School governance and policies which are relevant to student rights, interests, and concerns. The Bylaws shall define the representation of students in the membership of certain standing committees of the Executive Faculty, including the Admissions Committee and the Committee on Student Scholastic Standing. The Medical
School Student Council (or its successor body), a duly constituted and elected council of medical students, which represents the interests and concerns of the medical student body, shall be the vehicle for student consultation and communications with the Medical School Administration and the Faculty Assembly.

**Section B. Participation by Academic Professional and Administrative Staff.**

The Bylaws of the Medical School shall establish organizational mechanisms by which Academic Professional and Administrative Staff members may participate appropriately in aspects of Medical School governance and policies which are relevant to their rights, interests, and concerns. The University provides systems organizations, policies, and procedures which govern the activities and safeguard the rights of professional and administrative staff.

**Section C. Non-Academic Employees.**

The Bylaws of the Medical School shall establish mechanisms by which non-academic employees may participate appropriately in aspects of Medical School governance and policies which are relevant to their rights, interests, and concerns. In general, the University provides extensive systems, organizations, policies, and procedures which govern the activities and safeguard the rights of non-academic personnel.

**Article IV. Grievance Policies and Procedures.**

All constituencies and individuals of the Medical School shall subscribe to and be governed by the University of Minnesota’s statement on Academic Freedom and Responsibility (approved by the Board of Regents, December 14, 1963 and the University Senate Statement of December 3, 1970). Disposition of grievances arising within the Medical School shall be consistent with and derived from established grievance procedures of the University of Minnesota.

**Article V. Adoption of the Constitution of the Medical School.**

**Section A. Adoption Procedure and Effective Date.**

This constitution, having been fully considered by the Executive Faculty during its formative stages, shall be presented for definitive discussion at a meeting or meetings of the Faculty Assembly of the Medical School. The Constitution of the Medical School shall be submitted to the Executive Faculty for a vote by mail ballot. Unless more than one-third of the total membership of the Executive Faculty of the Medical School shall have voted disapproval, within a stipulated voting period of not less than 20 days after such submission, the Constitution shall be considered approved by the Executive Faculty.

**Section B. Bylaws.**

The Executive Faculty of the Medical School may enact, amend, or repeal Bylaws, provided such Bylaws are in accord with the provisions of this Constitution, the Constitution of the University Senate, and the policies and regulations of the Board of Regents.

**Article VI. Amendment Procedure.**

**Section A. Initial Approval and Ratification by Executive Faculty.**

Proposed amendments to the Constitution may be enacted by a vote of the Executive Faculty of the Medical School, provided that the proposed amendment has been submitted in writing to members of the Executive Faculty at least ten days prior to the date of the vote on the amendment.
A proposed amendment will be presented for discussion and an advisory non-binding vote of the Faculty Assembly prior to Executive Faculty action. A proposed amendment shall be submitted to the Executive Faculty for ratification by written ballot. The period during which the members of the Executive Faculty will have an opportunity to consider and submit a written vote on a proposed amendment shall be at least 15 days. A simple majority of approving votes, by Executive Faculty members returning written votes by ballot, is required for ratification of an amendment to this Constitution.

Section B. Final Approval and Adoption.
Proposed amendments to the Constitution duly approved and ratified by the Executive Faculty of the Medical School in accord with Section A above shall be submitted to the Dean for approval, and for final approval in accord with applicable Regental and University Policy. They shall be in effect the day following final approval.

Approved by the Regents January 10, 1986
Amended May 1998
Amended June 2002
Amended May 2008
Amended June 2011
Amended November 2012
UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL

TEACHING TRACK STATEMENT
Promotion Criteria and Standards

PART I: MEDICAL SCHOOL PREAMBLE

I. INTRODUCTORY STATEMENT

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

This document contains Criteria and Standards pertaining to:
  A. Definitions of educational domains, a scholarly approach to educational work, and educational scholarship. These definitions are key to understanding the criteria and standards for the Teaching Track.
  B. Appointment to the Teaching Track as an Assistant Professor.
  C. Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor.
  D. The process for annual appraisal of Teaching Track faculty and post-promotion review.

The criteria, standards and procedures are applied without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. Teaching Track Statements are reviewed and approved by the Dean of the Medical School.

II. MISSION STATEMENT

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

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

III. KEY DEFINITIONS: EDUCATIONAL DOMAINS, SCHOLARLY APPROACH, AND EDUCATIONAL SCHOLARSHIP

Educational Domains: Teaching Track faculty participate in educational activities that fall into five domains: (1) teaching, (2) curriculum, (3) mentoring/advising, (4) learner assessment, and/or (5) educational leadership/administration. Brief descriptions of these domains are
Scholarly Approach: Teaching Track faculty must take a “scholarly approach” to their educational activities. Faculty takes a scholarly approach when they systematically design, implement, assess, and redesign an educational activity in the field. A scholarly approach requires that the educational activity be informed by the literature and “best practices” with regard to content and educational practices. This approach ensures that educational activities are informed by the knowledge and resources of the academic educational community. Implementation of educational activities using a scholarly approach requires documentation of quantity and quality of the work product.

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

Educational scholarship can take a variety of forms, all of which have value in assessing the performance and accomplishments of faculty in the Teaching Track. Examples of educational scholarship for each of the five domains are provided in Section V. and in the departmental addendums. The quantity of scholarship may vary considerably for faculty in this track and should be evaluated commensurate with their time allocation for such endeavors.

IV. APPOINTMENT AND ANNUAL APPRAISALS OF FACULTY

A. Appointment of Faculty

Teaching Track appointment may be made on all of the University of Minnesota Medical School campuses and affiliated sites, following the processes described in the Medical School Policy on Faculty Appointments. Each department may add specialty-specific criteria for appointment in Part 2. Departmental Addendum.

1. To Assistant Professor

In the Medical School, the entry level rank for faculty is at the Assistant Professor level. The minimal, general criteria for initial appointment at this rank include but are not limited to:

   a. Possession of a Terminal Degree (M.D. or equivalent and/or Ph.D.)
   b. Board eligibility or certification (in applicable clinical specialties)
   c. Demonstrated ability in teaching
   d. Demonstrated involvement in high quality educational scholarship or research
   e. Demonstrated competence in the skills of communication, including effective communication with students, colleagues, and patients (if applicable)
2. Associate Professor and Professor
The criteria for appointment as an Associate Professor or Professor are the same as the criteria for promotion to the rank and can be found in sections V.B. and V.C.

B. Annual Appraisal of Faculty

1. Process
The process for this review is described in the Medical School Faculty Review Policy: Annual Review. The Department defines the criteria for annual performance review in Part 2. Departmental Addendum of this Teaching Track Statement. The head of each Department or his/her designee, annually reviews the progress of each faculty member. The Department Head prepares a written summary of that review and discusses the faculty member’s progress with the faculty member, giving him/her a copy of the report. In considering proposals for promotion in rank, the Medical School and its Departments comply with the procedures described in this Statement (Section VI).

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

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

Criteria for scholarly activities and educational scholarship in teaching, curriculum, mentoring/advising, learner assessment, and educational leadership/administration are broadly defined below, and more specifically defined by the department in Part 2. Departmental Addendum. Additionally, each department defines specific examples of activities, quality measures, assessment, and scholarly output, which are discipline specific.

V. BROAD DESCRIPTIONS OF THE FIVE EDUCATIONAL DOMAINS, WITH ILLUSTRATIVE EXAMPLES OF EDUCATIONAL SCHOLARSHIP

A. Teaching includes both direct teaching and the creation and use of instructional materials. Examples of direct teaching include lecturing, leading workshops, facilitating small groups, role modeling in any setting (e.g., as ward attending),
precepting, leading faculty development workshops, and teaching procedure skills. Examples of developed instructional materials include teaching handouts, slides, computer-assisted instructional materials, interactive distance learning modules, and other audio-visual learning materials.

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

- Peer review by local experts, the institution’s curriculum committee, the department’s educational committee, or internal (Graduate Medical Education Committee) or external (ACGME, LCME) accreditation reviewers
- Peer-reviewed or invited presentations – including workshops, abstracts, or posters – at local, regional, national, or international meetings (including but not limited to clinical and basic science professional organizations)
- List of other institutions where the lectures, workshops, or teaching methods have been adopted
- Invitations for teaching consultation from other departments or schools and results of the consultation
- Number of citations in other instructors’ curricula
- Publishing in a peer-reviewed print venue (journal article) or book, or acceptance of instructional materials in a peer-reviewed repository, for example:
  - MedEd Portal
  - Higher Education Assets Library
  - Family Medicine Digital Resource Library

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

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

- Peer review by local experts, the institution’s curriculum committee, the department’s educational committee, or internal (Graduate Medical Education Committee) or external (ACGME, LCME) accreditation reviewers
- Peer-reviewed or invited presentations – including workshops, abstracts, or posters – at local, regional, national, or international meetings (including but not limited to clinical and basic science professional organizations)
- List of other institutions where the curriculum has been adopted
- Invitations for curriculum consultation from other departments or schools and results of the consultation
- Number of citations in other instructors’ curricula
- Publishing in a peer-reviewed print venue (journal article) or book, or acceptance of curricular materials in a peer-reviewed repository, for example:
  - MedEd Portal
  - Higher Education Assets Library
  - Family Medicine Digital Resource Library

C. **Mentoring/Advising** are developmental relationships encompassing a spectrum of activities in which educators help learners or colleagues (i.e., other faculty) accomplish their goals. Mentoring implies a sustained relationship from which the mentor and mentee obtain reciprocal benefits. Advising occurs over a more limited period of time, with the advisor serving as a guide or source of expertise to help the advisee achieve her or his goals.

*Educational scholarship in the domain of mentoring/advising* is highly diverse and may be demonstrated by methods including, but not limited to, the following:
- Invitations to critically review a mentoring program and documentation of the results of the appraisal’s impact
- Acquisition of competitive program development funding (i.e., grants) through a peer-reviewed process for development of a mentoring/advising program
- Conducting mentoring and advising training sessions
- Invitations for consultation from other departments or schools and results of the consultation
- Peer-reviewed or invited presentations (e.g., on a mentoring program, evaluation methods, other innovation) – including workshops, abstracts, or posters – at a local, regional, national, or international meeting
- List of other institutions where the mentoring or advising program/evaluation methods/other innovation has been adopted
- Publishing (e.g., on a mentoring program, evaluation methods, other innovation) in a peer-reviewed print venue (journal article) or book, or acceptance of mentoring materials in a peer-reviewed repository such as:
  - MedEd Portal
  - Higher Education Assets Library
  - Family Medicine Digital Resource Library

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

*Educational scholarship in the learner assessment domain* requires that the activities or products be publicly available for peer review so they can be evaluated and applied by the educational community. Peer review and dissemination methods for learner assessment activities are highly diverse. They may include, but are not limited to, the following:
• Presentation on the assessment process or outcomes to local audiences such as departmental or medical school curriculum committees or internal reviewed in preparation for an Residency Review Committee visit
• Peer-reviewed or invited presentations – including workshops, abstracts, and posters – at local, regional, national, or international meetings (including but not limited to clinical and basic science professional organizations)
• List of other institutions where the assessment process or tool has been adopted
• Assessment research presented at national meetings or published in peer-reviewed journals
• Publishing in a peer-reviewed print venue (journal article) or book, or acceptance of the assessment tool in a peer-reviewed repository, for example:
  - MedEd Portal
  - Higher Education Assets Library
  - Family Medicine Digital Resource Library

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

Educational scholarship in the educational leadership/administration domain can be demonstrated by activities such as number of invited and peer-reviewed presentations or visiting professorships, awards, publications, list of other institutions that have adopted an innovation designed by the leader, or resources obtained to support programming.

Educational leadership excellence in this area may be demonstrated by methods including, but not limited to, the following:
• Course, clerkship, or educational program leadership through a major curriculum change, as approved and peer reviewed by the curriculum committee of the medical school or department
• Evaluations by learners of course, clerkship or program based on defined objectives or goals
• Replication or borrowing of course, clerkship, or program components or best practices by other faculty or learners

Educational scholarship in this area is highly diverse and may be demonstrated by methods including, but not limited to, the following:
• Documentation of the leader’s effectiveness using 360-degree evaluation with peer comparisons, benchmarking, or external peer-review
• Peer-review of innovations/programs/curricula by local experts, the institution’s curriculum committee, the department’s educational committee, or internal (Graduate Medical Education Committee) or external (ACGME, LCME) accreditation reviewers
• Peer-reviewed or invited presentations of innovations/programs/curricula – including workshops, abstracts, or posters – at regional, national, or
international meetings (including but not limited to clinical and basic science professional organizations)

- List of institutions that have adopted innovations/programs/curricula created by the faculty leader
- Grants or internal awards to support innovations as evidence that others have judged the innovation to be worthy of investment
- Invitations or nominations to serve on education committees or taskforces, editorial boards, study sections/other relevant review committees, etc.

VI. CRITERIA FOR PROMOTION

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

B. To Associate Professor
A recommendation for promotion to associate professor is made when an eligible faculty member has fulfilled the specific standards for promotion to Associate Professor as stated by this Teaching Track Statement. Promotion is based on performance and service, independent of time in previous rank.

1. Continuing engagement in high-quality educational work (including the application of a scholarly approach) across any combination of the five educational domains. Quality can be assessed in a variety of ways, depending upon the domain and the specific activity or product. Candidates should continue to participate in relevant educator development workshops, meetings, and conferences in order to acquire skills/knowledge for application in their educational practice.

2. Outstanding educational scholarship in at least one of the five educational domains. Educational scholarship can take a variety of forms, all of which have value in assessing the performance and accomplishments of faculty in the Teaching Track. Examples of scholarship for each of the five educational domains are provided in section V. and in the departmental addendums.

3. Service, particularly on education-related committees, task forces, or boards. Although not a primary criterion for advancement, service will be taken into consideration in making decisions on promotion. Performance of service, however exemplary, cannot substitute for the primary criteria of teaching and/or work in the other domains (curricula, mentoring/advising, learner assessment, educational leadership/administration) and educational scholarship. Examples of service contributions include:
   a. Service to the department, school, or university on governance-related or policy making committees.
   b. Roles in discipline-specific regional and national organizations,
   c. Service to the community, state, and public engagement
4. **An excellent local and regional reputation in any combination of the five educational domains** (teaching, curriculum, mentoring/advising, learner assessment, and/or educational leadership/administration) as demonstrated by invited presentations, program development, receipt of awards and nomination by faculty peers.

Concordant with the Medical School’s mission, value should be given to educational activities and scholarship that involve collaboration, interdisciplinary or interprofessional teams, and public engagement.

**C. To Professor**

A recommendation for promotion to professor is made when an eligible faculty member is recognized as a national leader for excellence in at least one of the five educational domains. The eligible faculty member must also have demonstrated high quality work in other domains such as education and educational development with evidence of effective mentoring and has made additional academic, scientific, scholarly, and/or professional achievements outlined, but not limited to, the list below. Promotion is based on performance and service, independent of time in previous rank.

1. **Nationally recognized for engagement in high-quality educational work (including the application of a scholarly approach) across any combination of the five educational domains.** Quality can be assessed in a variety of ways, depending upon the domain and the specific activity or product. Candidates should continue to participate in relevant educator development workshops, meetings, and conferences in order to acquire skills/knowledge for application in their educational practice.

2. **Nationally recognized for educational scholarship in at least one of the five educational domains.** Educational scholarship can take a variety of forms, all of which have value in assessing the performance and accomplishments of faculty in the Teaching Track. Examples of scholarship for each of the five educational domains are provided in section V. and in the departmental addendums.

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

4. **Holds educational leadership positions** either locally within the medicals school or leadership positions in national societies.
5. *Contributions to the development of other faculty educators or medical residents.*

6. *An excellent national reputation in any combination of the five educational domains* (teaching, curriculum, mentoring/advising, learner assessment, and/or educational leadership/administration) as demonstrated by invited presentations, program development, receipt of nationally recognized awards and nomination by faculty peers.

**VII. ANNUAL REVIEW**

Each Medical School department will conduct an annual review of all Teaching Track faculty members during the first six years on the track. The process and review criteria are described in the departmental Teaching Track Statement.

Further, all teaching track faculty will be eligible for a periodic career review (a minimum of every four years), providing an in depth assessment of their career at that particular stage.

The specific criteria for performance evaluation on the Teaching Track are outlined in the individual Departmental Teaching Track Statements. In general, the faculty members should continue as an active participant in the intellectual life and mission of the Department. The specific goals and expectations should be established with the Division or Department to allow flexibility for changes in career patterns.

**VIII. PROCEDURES**

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

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

**IX. PROCESS FOR UPDATING THIS STATEMENT**

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

**History of Revisions:**

*Original Document: April 30, 2008*

*Revision Approved by Teaching Track Faculty: November, Day-TBD, 2012*