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 also values Co-Principal Investigators and interdisciplinary collaboration on major funding proposals.

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 provided in section V. While individual faculty members on the Teaching Track are not expected
to excel in all five domains, a well-rounded portfolio that would include growing accomplishment in multiple areas is expected.

**Scholarly Approach:** Teaching Track faculty must take a “scholarly approach” to their educational activities. Faculty take 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 appointments may be made on all of the University of Minnesota Medical School campuses and affiliated sites, following the processes described in the *Medical School Policy on Faculty Appointments*. Each department may add specialty-specific criteria for appointment in 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. **To Associate Professor and Professor**
The criteria for appointment as an Associate Professor or Professor are the same as the criteria for promotion to the rank and can be found in sections VI.B. and VI.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 head of each Department, or his/her designee, annually reviews the progress of each faculty member. The Department Head prepares a written summary of that review and discusses the faculty member’s progress with the faculty member, giving him/her a copy of the report. In considering proposals for promotion in rank, the Medical School and its Departments comply with the procedures described in this Statement (section VIII).

   The Academic Unit head and (if applicable) departmental faculty will meet annually to review and discuss the performance of 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 audiovisual learning materials.

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

- Peer review by local experts, the institution’s curriculum committee, the department’s education committee, or internal (Graduate Medical Education Committee) or external (ACGME, LCME) accreditation reviewers
- 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 education 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:
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 mentoring/advising domain* 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 (including but not limited to clinical and basic science professional organizations)
- 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 of the assessment process or outcomes to local audiences such as departmental or Medical School curriculum committees, or internal review 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
• 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 members.

*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 education 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 Medical School or 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, a faculty member should continue as an active participant in the intellectual life and mission of the Department. Specific goals and expectations should be established with the Division or Department to allow flexibility for changes in a faculty member's career patterns.

VIII. PROCEDURES

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

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

IX. PROCESS FOR UPDATING THIS STATEMENT

The Medical School will review its Teaching Track Statement at least every five years, or more frequently as needed. Revisions will be made by the Associate Dean for Faculty Affairs. The revisions will be presented to the Faculty Advisory Council. All Medical School 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: December 18, 2012
PART 2: DEPARTMENTAL ADDENDUM

I. INTRODUCTORY STATEMENT

This statement describes the specific criteria and standards which will be used to evaluate whether faculty in the Department of Orthopaedic Surgery meet criteria for promotion on the teaching track.

This document contains the Department of Orthopaedic Surgery’s criteria and standards pertaining to:

A) Appointment to Assistant Professor, promotion from Assistant Professor to Associate Professor, and promotion from Associate Professor to Professor

B) Annual performance review

C) Periodic career review

The criteria, standards, and procedures of the teaching track are applied without regard to race, religion, color, gender, national origin, handicap, age, veteran status, or sexual orientation.

II. MISSION STATEMENT

A) Mission of the Department of Orthopaedic Surgery:

The Department of Orthopaedic Surgery is committed to the overall objectives of the University of Minnesota and its Medical School in maintaining the highest standards of academic excellences in programs of undergraduate and graduate medical education, in the application of necessary clinical services to patients, continued medical education for physicians, and basic and applied research in clinical problems with emphasis on interdisciplinary efforts. In order to achieve these goals, we depend on the activities of tenured and tenure-track faculty, clinical scholar track faculty, teaching track faculty, and adjunct faculty. The Department of Orthopaedic Surgery is committed to fostering a diverse and inclusive academic environment.

B) In carrying out these missions and goals, Department of Orthopaedic Surgery teaching track faculty should have a focus on educational scholarship, which is defined here as the generation and dissemination of educational materials under one or more of the four educational categories (competencies) listed below, using a peer-reviewed process, with the goal that these products will be used and adopted by others. The four educational competencies are:

1) Scholarly teaching
2) Mentoring/advising
3) Learner assessment
4) Educational leadership/administration

III. STANDARDS FOR APPOINTMENT AND PROMOTION OF FACULTY

A) Appointment of Faculty - Criteria

The Department of Orthopaedic Surgery accepts and subscribes to the statement on criteria and standards for appointment of faculty in the University of Minnesota Medical School. Faculty are expected to support and foster all aspects of the mission of the department, including scholarship, education, administration, applied medical science, and service. Teaching track faculty should possess a doctoral degree (MD, PhD, DO, DPM, or equivalent), and a significant portion of their time should be spent in education and clinical practice or research (as applicable). The following standards are specific to the department.

1) **Assistant Professor**

Appointment to the rank of Assistant Professor teaching track requires completion of clinical training to meet the requirements for the American Board of Orthopaedic Surgery or completion of doctoral degree and postdoctoral training for specialty area. Appointment to this rank demonstrates a clear commitment of the individual to a career in academic Orthopaedics. Individuals being proposed to the rank of Assistant Professor should provide evidence of interest in scholarship and a commitment to teaching. Documentation of skill in teaching and scholarship must be available in Curriculum Vitae and from letters of support from nationally known orthopaedic physician scientists. Physicians must demonstrate excellence in the practice of their specialty.

Joint and/or secondary appointment requests will be made by the secondary department, with the support of the primary department, in the form of a request letter(s) signed by both Department Heads, addressed to the Associate Dean for Faculty Affairs in the Medical School. If the appointment being requested is at the Associate Professor or Professor level, the secondary department must conduct a faculty vote, based on the expectations for that faculty member’s service to the department, consistent with the secondary department’s Teaching Track Statement. The results of the vote should be reported at the time of the request for appointment.

2) **Associate Professor and Professor**

The specific criteria for appointment to the rank of Associate Professor and Professor will be the same as for promotion to the rank.

B) Annual Performance Review of Faculty

The department will annually conduct a review of each teaching track faculty member using the Medical School Form 12a. The process and review criteria are described in PART 1, SECTION III: APPOINTMENT AND ANNUAL
PERFORMANCE REVIEW OF FACULTY.

A recommendation for promotion is made when an eligible faculty member has fulfilled the general criteria for promotion as stated by the standards stated by the department and the Medical School.

Promotion decisions in the Department of Orthopaedic Surgery require a positive vote by two-thirds of all faculty members eligible to vote on the question to affirmatively recommend for promotion.

C) EVALUATION AND MENTORING OF JUNIOR FACULTY

All junior faculty will be assigned a mentor and be expected to participate in a mentoring program from the beginning of their employment. Senior faculty will be expected to serve as mentors, but are also expected to receive recognition for mentoring activities as they would for other faculty responsibilities.

IV. COMPETENCIES

A) SCHOLARLY TEACHING

Definition: Teaching is any activity that fosters learning. 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, and teaching procedural skills. The development of instructional materials may include creation and use of teaching handouts, slides, computer-assisted instructional materials, interactive distance learning modules, and other audio-visual learning materials.

1) Activities and its quantification might include:
   o Preparing and giving lectures
   o Facilitating small groups
   o Leading workshops
   o Role modeling
   o Precepting
   o Grand Rounds presentations (educationally related)
   o Working one-on-one with learners
   o Making education-related presentations
   o Assisting in evaluations of learners
   o Preparing and conducting laboratory sessions
   o Preparing and presenting teaching cases
   o Preparing and facilitating journal clubs
   o Preparing and implementing computer-based instructional programs
Department of Orthopaedic Surgery

- Demonstrating skills and procedures using simulations, demonstrations and/or patients.
- Regular commitment to the effort of teaching of undergraduates, medical students, residents, fellows, and physicians in practice and/or the general public.
- Role in teaching (i.e., lecturer, course/site director, curriculum developer, etc.)
- Number of hours teaching
- Number of years teaching
- Number of learners and/or groups taught (during the past 5 years)
- Number of learners placed in professional leadership roles
- Teaching with different levels of learners
- Different courses
- Different types of learners
- Materials developed for instructional activities (i.e., lectures, teaching guides, seminars, etc.)

2) Consideration of quality of teaching will include:
- Use of a teaching portfolio: philosophy of teaching statement, description of your goals, preparation to teach, and ongoing development
- Learner evaluations of teaching
- Letters from former learners/trainees about the value of their educational experience with faculty
- Peer observations and review
- Course and course director ratings when compared with peers
- Outcome indicators: Learner performance
  - National standardized tests: USMLE; in-service; shelf exams
  - Pass rate in course
  - OSCE scores
  - Number of successful projects mentored and completed, for example in
    - Basic, clinical and translational research
    - Community, global and population research
    - Community and global health service learning projects
    - Professionalism
    - Placement in leadership roles
- Departmental, institutional or national recognition of teaching ability (e.g., teaching awards)
- Invitations to teach in other departments/courses/institutions
- Presentations about teaching
- National or local CME ratings
- Development of skills in the areas of teaching and/or curriculum development

3) Assessment of Teaching Impact
- Application of principles, theories and findings from the literature to teaching
- Internal or external presentations/demonstrations of teaching skills
- Internal or external reviews of performance
Department of Orthopaedic Surgery

- Mentoring of other faculty on teaching skills
- Considered an expert in field by national organizations
- Submissions of posters, abstracts, seminars to internal or external review process

B) MENTORING/ADVISING

Definition: Mentoring and advising include activities that involve a developmental relationship in which an educator provides guidance or counsel to a learner or colleague to facilitate accomplishment of the learner’s or colleague’s goals. Mentoring implies a sustained, committed relationship between the mentor and protégée. Advising occurs over a very limited period of time with the advisor serving as a guide or source of expertise to help the advisee achieve her or his goals.

1) Mentoring Activities and its quantification might include:
   - Mentoring learners through the range of professional development in basic, applied or clinical sciences
   - Mentoring learners on projects in basic, applied or clinical sciences
   - Counsel to learners or colleagues to facilitate their goals
   - Advisor to students/residents/junior faculty/staff
   - Advocacy for the professional development of learners
   - Number of individuals mentored/advised
   - Names of individuals mentored/advised and their positions
   - Time invested (duration, # of hours, frequency of contact, total hours)
   - Description of process for helping individuals achieve their goals

2) Evidence of Quality
   - Individuals who were mentored or advised met goals
   - Testimonials from those advised/mentored
   - Accomplishments of those advised/mentored
   - Self and peer assessment of effectiveness
   - Departmental/Institutional/National awards for mentorship/advising
   - Faculty development on mentoring/advising skills (i.e., readings, workshops, meetings)
   - Selected to have a leadership role in a mentoring organization (i.e., Learning Community Head)

3) Assessment of Mentoring Impact
   - Presentations at workshops/meetings on mentoring/advising
   - Scholarly work on advising/mentoring
   - Presentations/papers/workshops on mentoring/advising
   - Development of mentoring/advising materials
   - Modeling mentoring skills in other faculty
Contributing to a review of a mentoring program
Selected as a consultant to an internal or external program on mentoring
Invited to be a peer reviewer on topics in this area

C) LEARNER ASSESSMENT
Definition: Learner assessment encompasses the processes of measuring the learner’s knowledge, skills and attitudes against pre-defined instructional objectives and/or standards. Assessment instruments or tools refer to the methods of gathering data about learner performance and understanding.

1) Activities and its quantification might include:
   - Authoring test questions for national testing organizations (e.g., NBME)
   - Developing original assessment tools including OSCEs, case vignettes, essay tests, simulations, etc.
   - Analyses of learner assessment data
   - Dissemination of reports on learner assessment in preparation for internal and external reviews
   - Synthesis and reporting of assessment information
   - Participation on national item writing/test development committees (i.e., USMLE)
   - Development of innovative assessment methodology
   - Collaborative assessment development across disciplines
   - Number of assessment tools
   - Types of assessment tools
   - Frequency with which tools are used
   - Number of learners assessed by tools

2) Evidence of Quality:
   - Linking assessments to educational objectives
   - Documenting evidence of reliability and validity of tests
   - Application of current literature, models and test theory (i.e., using best educational practice)
   - Development of skills in the areas of assessment or evaluation

3) Measurement of Learner Assessment Impact:
   - Use of assessment tool by other programs/courses
   - Presentations regarding assessment tools
   - Submission and acceptance of assessment tools in peer reviewed repository (i.e., MedEdPortal)
   - Implementation of original assessments by other professionals at a national level
   - Invited presentations locally or nationally on learner assessment
D) EDUCATIONAL LEADERSHIP/ADMINISTRATION
Definition: An educational administrator and/or leader that achieves desired outcomes and transforms the institution through their administrative and leadership efforts.

1) Activities and its quantification might include:
   - Leadership of an educational committee or task force
   - Significant contribution to the development of a large scale educational initiative
   - Course/clerkship/program director leadership
   - Development of funding/infrastructure for educational initiatives
   - Number and type of programs/projects led
   - Size of programs/courses/projects led
   - Length of time as an administrator/leader
   - Number of administrative/leadership positions
   - Number and type of personnel supervised/involved in project
   - Size of budget/financial resources

2) Evidence of Quality:
   - Formal development of leadership skills
   - Evidence of best practices and use of literature in leadership
   - Type and scale of changes initiated
   - Commitment to excellence
   - Type of programs/problems addressed
   - Evaluations by peers and collaborators
   - White papers or working documents reviewed by peers
   - Evidence of self-evaluation/self-reflection
   - Resources acquired and documented efficiency of use
   - Efficient and effective use of budgets/resources
   - Relationships with other individuals involved in a project
   - External Requests to lead/administer projects/programs
   - Demonstration of programmatic evaluation process
   - Demonstration of faculty/staff development

3) Assessment of Leadership/Administration Impact:
   - Disseminated results of program/project within institution
   - Project plans/proposals utilized and sustained
   - Similar projects/programs adapt/adopt outcomes

V. CRITERIA FOR PROMOTION
A) To Assistant Professor
   - Not applicable in the Medical School (entry level rank is Assistant Professor)

B) To Associate Professor
Department of Orthopaedic Surgery

The faculty member should have a record of meaningful contributions to the Department, School of Medicine and the University of Minnesota. Teaching track faculty will primarily be assessed on competencies for teaching but will also be evaluated for scholarship, local leadership, clinical care and administration. The following guidelines should be met. While exceptions may be considered based on unusual strength in certain dimensions, these exceptions should be rare.

1) **Teaching:** Excellence in teaching should be indicated by achieving at least 5 of the 6 items below
   a) Record of substantial teaching in local and national courses. Satisfactory teaching evaluations by those being taught, as well as by peers, assembled in a teaching portfolio
   b) Supportive letters from students, residents, and physician registrants in CME courses.
   c) Demonstrated competencies for scholarly teaching as identified in part 2, section IV, subsection A.
   d) Demonstrated mentoring and advising competencies of undergraduate, graduate medical residents and/or fellows as identified in part 2, section IV, subsection B.
   e) Demonstrated competencies for learner assessment competencies as identified in part 2, section IV, subsection C.
   f) Demonstrated educational leadership and/or administration competencies as identified in part 2, section IV, subsection D.

2) **Scholarship:** The individual must have advanced their field by productivity in defined areas as documented by:

   Articles published or accepted in peer review journals, first or senior authorship in peer review journals. Value of the articles depend upon the impact and significance of the work. Articles focused on teaching, educational and program development topics may receive greater weight. Publications in non peer review journals carry less weight. Book chapters, review articles, CME courses and other educational materials are considered as well but are classified as non peer review journals. Evidence must be provided that the candidate is viewed nationally as a scholar and authority in their field by their peers.

   Examples:
   a) Invited authorship of textbooks.
   b) Requested presentations at meetings of learned societies.
   c) Committee positions in national and/or international organizations.
   d) Nominations for awards or recipient of awards from peer organizations.
   e) Letters from disinterested local and national reviewers indicating consistent contributions to the field.

3) **Local leadership:** The individual must have provided leadership at the department, hospital, school, or university level, as documented by:
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a) Committee membership
b) Special organizational activity
c) Mentorship of medical students, residents, and/or fellows.
d) Supportive relationships with local and regional community physicians.
e) Evidence of participation in departmental, Medical School, University, and hospital committees is expected.

4) Clinical care: Excellence in clinical care should be indicated by:
   a) Appropriate specialty board certification.
   b) A significant clinical work load.
   c) Good clinical results, as determined by participation in a clinical outcomes program.
   d) Garnering of a substantial referral practice.
   e) Excellent collegial relationships.
   f) Supportive letters from medical directors, colleagues, and referring physicians.
   g) Regular participation in department clinical conference and quality assurance meetings.

5) Administration: Sustained participation in Departmental or Medical School Administrative Activities is expected.

C. To Professor
The faculty member should have a record of continued, sustained, unique contributions to the department, Medical School and the University of Minnesota. In the situation of a new appointee, evidence of analogous contributions at a comparable institution is expected. In addition, the following guidelines should be met. While exceptions may be considered based on unusual strength in certain dimensions, these exceptions are rare.

1) Teaching: It is important that the quality of teaching be sustained.
   a) Excellence in teaching in local and national courses
   b) Excellence in teaching evaluations by those being taught, as well as by peers, as documented in a teaching portfolio.
   c) Supportive letters for excellent teaching from students, resident, and/or physician registrants in CME courses.
   d) Demonstrated competencies for scholarly teaching as identified above.
   e) Demonstrated mentoring and advising competencies of medical residents, residents, fellows and/or faculty.
   f) Demonstrated competencies for learner assessment.
   g) Educational leadership and/or administration

2) Scholarship: The individual must have significant advanced his or her field by sustained productivity in defined areas as documented by:

Articles published or accepted by high quality, peer reviewed journal. A substantial number should be first authorship or senior authorship. Articles of
substantial teaching, educational and program development impact may receive greater weight. Publications in non-peer reviewed journals carry less weight. Book chapters, review articles, CME courses, and other educational materials are considered as well but will be considered non peer review. Evidence that the candidate is viewed nationally and internationally as a scholar and respected authority by peers in his or her field, for example:

a) Invited authorship in major widely distributed text books.

b) Requested keynote presentation at meetings of learned societies (national and international).

c) Guest lectureships.

d) Committee leadership positions in national and international organizations.

e) Awards from peer organizations.

f) Obtaining funding for research from competitive sources.

g) Letters from disinterested national and international reviewers indicating substantial contributions to the field.

3) **Local Leadership:** The individual must have provided substantial leadership at the Departmental, Hospital, School of Medicine, and University levels as documented by:

a) Committee chairmanships/memberships (department, medical centers, school, university).

b) Chairmanship or leader of special organizational activities, task forces, etc.

c) Successful mentorship of junior faculty.

d) Promotion of relationships with the local and regional community.

4) **Clinical Care:** It is essential that the potential candidate be viewed as a role model clinician (if applicable).

a) Appropriate specialty board certification.

b) A significant clinical workload.

c) Leader and/or developer of high quality clinical programs.

d) Good clinical results as documented by participation in a clinical outcomes assessment program.
e) Garnering of a substantial referral practice.

f) Excellent collegial relationships.

g) Supportive letters from medical directors, colleagues, and referring physicians.

h) Regular participation in departmental clinical conferences, and quality assurance meetings.

5) **Administration:** It is expected that individuals who are candidates for promotion to the rank of full professor will have a documented record of sustained contribution to the administrative activities of the department, medical school, or University.

**VI. PERIODIC CAREER REVIEW**

All senior Orthopaedic Surgery faculty (Associate Professor and Professor) will be eligible for an optional Periodic Career Review, providing an in depth assessment over five years of their career at that particular stage. The process for this review is described in the *Medical School Policy: Periodic Career Review*.

The criteria for the Periodic Career Review are the same as defined in Section III.B.2. of this statement (Annual Performance Review).

The department head may initiate this review process following the annual faculty review at any time of the year if it is deemed that it may help to enhance a faculty member’s role in the department.

**Determination of below-standard performance**

If evaluation results indicate that a faculty member’s performance is substantially below the goals and expectations adopted by the unit, the faculty member shall be advised of this in writing, with detailed plans for improving performance, and a time period shall be established (of at least one year) within which improvement shall be demonstrated.

If, at the end of the performance improvement period, the faculty member’s performance is determined to be acceptable, the faculty member will be informed of this in writing by his/her immediate supervisor.

If, however, at the end of this time period, the faculty member’s performance continues to be below the goals and expectations of the unit and there has not been a sufficient improvement of performance, the department head may elect to terminate the faculty member’s contract following due process.
VII. PROCEDURES
The normal procedures defined in Part 1: MEDICAL SCHOOL PREAMBLE will apply.

VIII. PROCESS FOR UPDATING THIS STATEMENT
The Department of Orthopaedic Surgery will review/update its teaching track statement every five years or more frequently as needed. Revisions will be made by an appointed Orthopaedic Surgery P&T subcommittee. All faculty will be invited to review and give input on the statement, and approval will be obtained through a vote by faculty with the approval date noted on the document.

History of Revisions:
Approved by Department, Medical School and AHC: October 13, 2010.