PART 2. DEPARTMENTAL ADDENDUM

I. INTRODUCTORY STATEMENT

This document describes the specific criteria and standards which will be used to evaluate whether faculty in the Department of Rehabilitation Medicine, both in the basic and clinical sciences, meet the general criteria in Section 7.11 of the Board of Regents Policy: *Faculty Tenure*, as defined for this Department. It also provides the specific criteria and standards that will be used to evaluate associate professors for promotion to professor according to Section 9.2 of the *Faculty Tenure* policy.

This document contains the Department’s Criteria and Standards pertaining to:

A. Award of indefinite tenure
B. Promotion from assistant professor to associate professor and from associate professor to professor
C. The departmental process for the annual appraisal of probationary and tenured faculty
D. The goals and expectations for the annual review of tenured faculty

II. MISSION STATEMENT

The mission of Department of Rehabilitation Medicine is to 1) conduct research that promotes health in all people and recovery of function in people disabled by disease or injury, 2) educate and train physiatrists and physical therapists to become skilled clinicians and rehabilitation science graduate students to become skilled researchers and academicians, 3) provide clinical service to people in need, and 4) provide outreach and public service to enhance the community, the nation and the world.

This mission is based on the philosophy that the combined discipline of physical medicine and rehabilitation is crucial to the well being of people both in preventing disease and injury and in recovering from them. The university environment is ideally suited for our training mission as this culture is very diverse and the intellectual exchange between academic disciplines promotes the betterment of all. Thus, PMR places high value on interdisciplinary collaboration. The university culture also affords numerous avenues for faculty development and, as one example, PMR strongly endorses mentorship from experienced faculty to guide new faculty. PMR recognizes that the University of Minnesota is a top-tier research university and so we ambitiously embrace the challenge of continually generating new knowledge. Furthermore, we recognize the need to develop the next generation of scholars and so we continually seek to advance our Ph.D. program in Rehabilitation Science. We place high value on quality teaching to prepare residents, fellows, and students to be highly skilled academically, clinically and ethically. Finally, we recognize the ever-increasing globalization of society and the opportunity and responsibility to contribute our scholarly expertise beyond traditional boundaries to improve the world at large.

The goals of the Department of Rehabilitation Medicine are to:

1) recruit and educate high caliber medical residents and physical therapy students toward creative, efficient, and effective clinical practice to improve the health and well-being of the state, nation, and world.
2) recruit and educate rehabilitation science graduate students to fulfill the need for rehabilitation researchers and faculty.
3) conduct and disseminate scholarly knowledge and discovery through numerous quality publications in highly respected scientific journals and national and/or international presentations.
4) derive extramural funding to fulfill goal #3.
5) mentor new faculty to be successful teachers and researchers.
6) instill in faculty the expectation that all tenure track faculty will progress to the level of full professor.
7) provide academic or clinical consultation and leadership to the state, nation and world.
8) instill and promote interdisciplinary collaboration among faculty throughout the university.

III. APPOINTMENT AND ANNUAL APPRAISALS OF PROBATIONARY FACULTY

A. APPOINTMENT OF PROBATIONARY FACULTY
Tenured and tenure-track appointments require pre-approval by the Dean of the Medical School to initiate a search. Faculty hired with tenure are subject to approval by the Senior Vice President for Academic Affairs and Provost of the University of Minnesota. A candidate for appointment to assistant professor must have demonstrated ability and involvement in structured courses or patient practice-oriented teaching, be capable of performing independent or collaborative research/scholarship, and of publishing his/her own or collaborative research studies.

B. ANNUAL APPRAISALS OF PROBATIONARY FACULTY
1. Process
   Mentoring: The Program Director assigns a Mentoring Committee to each probationary faculty member. The committees are composed of two or three tenured faculty members (associate and full professors). Committees meet with probationary faculty members regularly to promote career development, monitor their progress and help new faculty members with tasks such as grant writing, manuscript submission, laboratory management and teaching preparation.

   Review: The Annual Review of Probationary Faculty in the Department of Rehabilitation Medicine is in compliance with Section 7.2 of the Board of Regents Policy: Faculty Tenure and the Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty. All faculty on the tenure track shall be reviewed annually during their probationary period by the Promotion and Tenure Committee of the Department of Rehabilitation Medicine. In addition to retaining a copy for comparative review in coming years, a copy of this yearly review will be given to the faculty member and to the faculty member’s Program Director.

   When initiating and considering final review for proposals for tenure and/or promotion in rank, the Department of Rehabilitation Medicine follows the procedures of the Medical School and the University, the same documents that guide the annual review of probationary faculty.
All faculty proposed for tenure and promotion shall have their credentials reviewed and voted upon by all tenured faculty members in the Department of Rehabilitation Medicine in the decision year. Prior to this meeting the members of the Committee will be provided with copies of the promotion package and all referee letters.

2. Criteria
The criteria for satisfactory performance to be used for the annual review in the Department of Rehabilitation Medicine are the same as with the appropriate criteria for rank, as defined in this 7.12 Statement.

IV. CRITERIA FOR TENURE
The Department of Rehabilitation Medicine accepts and subscribes to the criteria and standards for tenure of faculty at the University of Minnesota Medical School, as described in Part 1. Medical School Preamble, and has developed these specifics to clarify the criteria as they should be applied to faculty of the Department of Rehabilitation Medicine. The Department of Rehabilitation Medicine subscribes to the belief that tenure be awarded based on an individual’s demonstrated ability to contribute significantly to the University missions of teaching, research, and service. The primary criteria for judging this potential are a history of effective teaching, professional scholarship, funding, service contributions, and distinction in the field.

The University of Minnesota is a research university. The faculty expects candidates for promotion and tenure to demonstrate strength in at least three of the four areas listed below (one of which must be Research and Scholarly Activity). Exceptions may be considered, based on unusual isolated strength in either Research and Scholarly Activity or Funding and External Support.

A. TEACHING
Teaching is an encompassing process that may take many forms and occurs in a variety of settings. It includes didactic courses (lectures/laboratory/seminar); preceptorships, clinics, laboratories, advising and committee work on scholarly projects, thesis and dissertation, and non-research based conference, workshop or other continuing education.

Evaluation of teaching should consider multiple sources of information, and assess both affective and cognitive outcomes. Excellence and strength in teaching is demonstrated by in-depth knowledge in the area of teaching responsibility, and by sustained excellence in sharing this knowledge and developing students’ abilities to develop their own knowledge base. The following are educational activities in which excellence and accomplishments in teaching can be demonstrated:
1) Peer review and external evaluation in the form of written evaluation by co-instructors, internal and external peers, Department Head and Director of the Program;
2) Student review of teaching, focus group comments, student letters;
3) Community recognition of teaching excellence;
4) Publication of books, book chapters, monographs, and articles presenting non-data based work that enlighten and educate the community beyond the classroom; and development of instructional materials;
5) Production and dissemination of teaching materials. National dissemination of teaching materials is more highly valued than internal use;
6) Professional/University/Student teaching awards or honors demonstrating scholarly in-depth knowledge in an area of teaching responsibility;
7) Recognition by peers outside the University in the form of awards or honors;
8) Development of innovative educational programs;
9) Involvement in curriculum development and implementation; and
10) Performance of graduates on nationally administered licensing examinations referenced to the subject material taught by the faculty member.

B. RESEARCH / SCHOLARSHIP
The purpose of research is to advance knowledge, thinking and care in the health professions and sciences. A candidate’s independent research and scholarly activities are major considerations in granting tenure and promotion. In reviewing a candidate’s record of research and scholarly activities, the faculty of the Department of Rehabilitation Medicine adhere to the following principles:

1) A candidate’s work should demonstrate a focused line of research with clear progress in a question/questions contributing to the body of knowledge. This research may be qualitative, quantitative, or theoretical in nature.
2) Independent research productivity must be demonstrated, but effective collaboration with others is also valued.
3) Both quality and quantity of research and scholarly activities are considered.
4) A candidate should disseminate research findings via venues that reach the greatest numbers of the target audience.
5) The highest consideration is given to original data-driven, peer-review publications in high impact journals.
6) Oral presentation of research findings should reach the largest audience possible. To that end, presentations at large national and/or international scientific meetings are more strongly considered than are regional or local presentations. Proceedings from these presentations are considered non-refereed publications.
7) Candidates are expected to participate in national and/or international scientific symposia and meetings. Invitations to give seminars, workshops, and institutes at other institutions both nationally and internationally are valued, but cannot serve as the sole criterion for tenure or promotion. In addition, there are a variety of values and weights that can be applied to invited and referee presentations at professional and scientific meetings. The Department of Rehabilitation Medicine will review each individual instance to determine its relative weight.
8) Written work that lacks systematic analysis or original data (e.g., case studies and expert reviews) are less valued than are works that offer new contributions to the readers. Such expert work is more valued when published in refereed journals than in non-refereed journals.
9) Monographs and book chapters are considered according to the individual strength of the venue. (e.g., prominent text contributions weigh more than monographs with smaller impact).
10) National editorial, board membership, or special reviewer/counterpoint authorship is considered part of scholarly effort as this work entails lengthy contribution specifically using the candidate’s research acumen.
11) Peers’ national recognition of research activities (e.g., research related honors and awards) offer an additional measure of a candidate’s research contributions.
Scholarly activities of a faculty member will be evaluated according to the following standards:

1) The individual should have made the beginnings of important scholarly contribution to the field, be an independent scholar, and be respected as a growing authority by peers in the field.

2) Candidates should have an ongoing productive research program, independent of their mentored graduate work, as documented by generally 2 research-based articles published/year or accepted by high quality peer-reviewed journals. The Department of Rehabilitation Medicine is a diverse department in terms of professions and research focus. Table 1 offers examples of some of the premier journals related to the current areas of focus. Some of these journals have relatively small impact scores compared with those devoted to medical specialties. The factor that should be used when evaluating publications should be the ability of a journal to reach the targeted population of readers. By example, a piece of research that refines a technique might be best placed in a journal that is specifically read by large numbers of researchers in the field, even if that journal has a lower impact score than another journal. Recognizing that new faculty (and new journals) are likely to broaden this list, each candidate will prepare an analysis of the journals in which they publish, indicating their circulation, impact on the targeted readership, and other measures of quality. One indication of this may be the numbers of citations already found to the candidate’s published work.

3) All authorship positions are valued, which reflects the increasing importance of interdisciplinary research to Rehabilitation Medicine, the Medical School, the AHC and to the communities we serve. The role a candidate has in an interdisciplinary project is the basis for evaluation. Examples of interdisciplinary work are:
   a. Conducting interdisciplinary and interprofessional research that addresses problems that require the contributions of several disciplines—and cannot be fully addressed within any one department or discipline
   b. Service as a member (e.g., PI, co-PI, Investigator) on an interdisciplinary research team.
   c. Providing critical input that improves team-based scientific inquiry, evidenced by documented mentoring, grant participation, co-authorship.

The value of independence and candidate role in interdisciplinary work is judged within the context of making distinct identifiable contributions to a larger interdisciplinary picture, being first author on some of the publications, receiving local and national attribution for expertise in particular aspects of an interdisciplinary work, and serving on policy or editorial boards related to the place one has on an interdisciplinary team or line of research.

4) During the probationary period, a candidate must be the recipient of a grant(s) or contract(s) with designation as Principal Investigator (PI), a major collaborator, or other similar title, from a national or regional granting agency that customarily utilizes scientific peer review as the primary basis for awards. It should be recognized that interdisciplinary and interprofessional scholarship is highly valued even though this work may lead to fewer first authored papers or Principal Investigator designations for the faculty person being evaluated. While it is desirable to have funding at the time a candidate goes up for promotion, it is not considered absolutely essential in the decision year for tenure and/or promotion. However, the
department faculty when reviewing the candidate must make the judgment that the independent research career of the candidate is on a trajectory to achieve the rank of full professor in accordance with Section 7.11 of the **Faculty Tenure** policy.

**Table 1 Examples of Variety of Esteemed Journals Appropriate for Publication across Disciplines in Rehabilitation Medicine**

<table>
<thead>
<tr>
<th>Professional Journals</th>
<th>Interdisciplinary Journals</th>
<th>Topic Specific Journals</th>
<th>Diagnosis Specific Journals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy</td>
<td>J of Hand Therapy</td>
<td>J of Neuroscience</td>
<td>Arthritis Care &amp; Research</td>
</tr>
<tr>
<td>J of Orthopaedic and</td>
<td>Archives of Physical Med</td>
<td>J of Biomechanics</td>
<td>Arthritis &amp; Rheumatism</td>
</tr>
<tr>
<td>Sports Physical Therapy</td>
<td>and Rehabilitation</td>
<td>J of Human Factors</td>
<td>Stroke</td>
</tr>
<tr>
<td>American J of</td>
<td>J of Allied Health</td>
<td>Clinical Biomechanics</td>
<td>Foot and Ankle</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>J of Gerontology</td>
<td>J of Applied Physiology</td>
<td>International</td>
</tr>
<tr>
<td>J of Research</td>
<td>J of Neurorehabilitation</td>
<td>Annals of Neurology</td>
<td>Neuromuscular Disorders</td>
</tr>
<tr>
<td>J Neuro Phys Therapy</td>
<td>J of Allied Health</td>
<td>Neurology</td>
<td>J of Shoulder &amp; Elbow</td>
</tr>
<tr>
<td>International</td>
<td>J of Allied Health</td>
<td>Brain</td>
<td>Surgery</td>
</tr>
<tr>
<td>Australian J of</td>
<td>Child Neurology</td>
<td>Experimental Brain Res</td>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>International J of</td>
<td>Muscle &amp; Nerve</td>
<td></td>
</tr>
<tr>
<td>Canadian J of</td>
<td>RehabilitationResearch</td>
<td>Spine</td>
<td></td>
</tr>
<tr>
<td>Therapy.</td>
<td>Clinical Rehabilitation</td>
<td>Human Brain Mapping</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Am J Physiology</td>
<td></td>
</tr>
</tbody>
</table>

**Funding and External Support:**

A candidate for tenure should demonstrate the ability to support his/her chosen line of research. Though internal funding may help initiate a research program, alone it is not sufficient to warrant tenure and promotion to Associate Professor. In addition, the Department of Rehabilitation Medicine weighs competitive grants more heavily than it does non-competitive funding.

A candidate is expected to:

- Be Principal Investigator or Co-Investigator of grant(s) and/or contract(s) from regional, state, or national agencies which use rigorous peer review as the primary basis for award. Candidates at times join the faculty of the Department of Rehabilitation Medicine without post-doctoral experience. It is, therefore, understood that mentored awards may offer the strongest method of constructing an independent line of research. Granting agencies include, but are not limited to:
  - Federal sources (NIH, DOD, DOE)
  - State and National Foundations (Multiple Sclerosis Society, Arthritis Foundation, American Heart Association).
- Gain large enough funds to permit the candidate to investigate his/her question in a powerful and scientifically rigorous manner.
- Produce a record of authorship based on results of the received grant(s) and/or contract(s), furthering the candidate’s research program.

**C. CLINICAL SERVICE (if applicable)**

When applicable, clinical service expectations demonstrating an excellent reputation in the clinical specialty may be demonstrated through patient referral patterns, feedback from
patients, evidence of clinical outcomes, visiting lectureships, memberships in professional societies and participation and administrative and leadership groups related to the medical specialty.

D. SERVICE
Service is an area of evaluation for both tenure and promotion to the rank of Associate Professor. Service activities may include consulting, committee involvement, work on special projects, or filling a leadership role in a professional or scientific organization. Contributions are judged potentially relevant when the faculty member is acting as a professional. Evaluation of a candidate’s service is based on documentation of the activity that reflects both the importance and quality of the candidate’s contributions. It may include letters of reference or written evaluations by peers and by committee chairpersons or others in charge of such activities.

Like research and teaching, service has a number of aspects and may take a variety of forms. It includes:
1) Service to the academic unit and the University;
2) Discipline-related community activities; and
3) Service to professional associations or special interest organizations relating to the discipline.
4) Although service as a general reviewer for journals, monographs, or other publications is considered service, acting as a journal Editor, Member of an Editorial Board, or special reviewer/counterpoint author is generally considered to cross between service and scholarly work, as it presumes more lengthy efforts at writing and greater research expertise on the part of the candidate. Such efforts alone are not acceptable evidence of scholarly achievement, but they do add to the overall strength of a candidate’s dossier.
5) Administration. Candidates with at least half of their time assigned to administrative roles and responsibilities will have their administrative record and contributions weighed more heavily during review than is typical service. Candidates with heavy administrative responsibilities are still required to demonstrate strength in research and funding

V. CRITERIA AND STANDARDS FOR PROMOTION IN FACULTY RANK
Promotion decisions in the Department of Rehabilitation Medicine require a positive vote by two-thirds of all faculty members eligible to vote on the question to affirmatively recommend for promotion. Eligible members include faculty at the proposed rank and above voting for promotion; and faculty with tenure voting for tenure.

If a faculty member has a joint appointment in another department and is being considered for promotion, the Department of Rehabilitation Medicine will contact the other department(s) to obtain their assessment and record of vote on the proposed promotion.

A. ASSISTANT PROFESSOR
Not applicable in the Medical School (Entry level rank is Assistant Professor)

B. TO ASSOCIATE PROFESSOR
The criteria and standards for promotion to the rank of Associate Professor in the Department of Rehabilitation Medicine are those stated for consideration of tenure (see IV above). A
recommendation for promotion to Associate Professor is made when an eligible faculty member has fulfilled the general criteria applicable to tenure.

C. TO PROFESSOR
The Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty require that the tenured faculty of departments review and provide feedback to tenured associate professors every four years regarding their progress toward promotion to the rank of professor.

Promotion to Professor will be recommended based on an individual’s sustained record of significant contribution to the University missions of teaching, research, clinical service (if applicable) and institutional/professional service and to the established national and/or international reputation of the individual. The faculty member must have added substantially to the already distinguished record that they established to be tenured. The proposal of a candidate for Professor will also present evidence of effective mentoring of junior faculty and/or predocs and postdocs and attention to creating and sustaining a culture that enhances diversity, evidenced through training of mentees across different genders, ages, racial/ethnic background, physical ability, etc. Nationally and/or internationally recognized leadership roles in the profession or the institution are also important to consider.

The primary criteria for judging this record are:

- a history of excellent teaching as demonstrated by 1) student and peer evaluations, 2) creation of innovative curriculum materials that have been peer-reviewed and adopted by other leaders in the field, and/or 3) strong record of invited presentations at national and/or international meetings/institutions.
- laudable professional scholarship as demonstrated by ongoing publication in peer reviewed journals and garnering of competitive external funding on a regular basis to support such scholarly work
- strong mentorship skills of junior faculty as reflected in highly recognized accomplishments by the candidates mentees and sustaining a culture that fosters diversity
- recognition as an expert in clinical service (if applicable), evidenced by invited presentations, patient referrals, national and/or international leadership positions in area of clinical expertise, letters from recognized experts in the field
- ongoing national and/or international leadership through service on prestigious grant review panels, accreditation review panels, and professional committees
- national and/or international distinction in the field, as reflected by prestigious awards and letters of support from distinguished leaders in the field

The Department supports the Medical School criteria for promotion and has developed these specifics to clarify the criteria as they should be applied to faculty of the Department of Rehabilitation Medicine.

Candidates for promotion to Professor must demonstrate strength in at least three of the four areas listed in Section IV (one of which must be Research and Scholarly Activity). Exceptions may be considered, based on unusual isolated strength in either Research and Scholarly
VI. ANNUAL REVIEW OF TENURED FACULTY

The goals and expectations of tenured faculty members in the Department of Rehabilitation Medicine are guided by the Board of Regents Policy: *Faculty Tenure*, the *Procedures for Reviewing Candidates for Tenure and/or Promotion*, and the mission statements of the Medical School and of the Department of Rehabilitation Medicine. Each of these statements emphasizes the core areas of Research, Education, and Service that form faculty functions. All faculty are expected to contribute to each core area, with consideration given to the different stages of development across faculty. Furthermore, as not all faculty members have equal strengths – outstanding performance in one core area may balance for lesser performance in another. Finally, all tenured faculty members are expected to promote the development of Assistant Professors and, likewise, Full Professors are expected to promote the continued development of Associate Professors.

The principal goal of an annual review is to ensure continuation of high caliber performance following the granting of tenure. Thus the aim of the review is to improve faculty members’ performance and to identify faculty members’ potential weaknesses at an early stage. When deficiencies become recognized, a plan will be formulated to correct those deficiencies before they become a detriment to an individual's effectiveness.

The expectations of tenured faculty for teaching, research, and service in the Department of Rehabilitation Medicine are below. Five levels of performance and the associated expectations or characteristics of each level are shown. The Department Head (or designee) will use these in analyzing the performance of each tenured faculty. It is expected that tenured faculty will continue to perform at levels 1, 2 or 3 in at least two of the three areas and one area must be Research/Scholarship. Performance at level 4 will invoke remedial efforts. Performance at level 5 will invoke action as outlined in the Medical School’s Policy of *ANNUAL REVIEW OF TENURED FACULTY* (section 1.H).

**Teaching:**

1. **OUTSTANDING**
   a. developing new courses in professional program or PhD program
   b. >4.5 student ratings on course evaluations averaged across all teaching performance
   c. consistent and exceptionally strong comments from students on teaching
   d. advising multiple predocs or postdocs
   e. regularly serving on PhD/MS examination committees
   f. national teaching awards

2. **EXCELLENT**
   a. upgrading teaching content within existing courses
   b. >4.0 student ratings on course evaluations of teaching performance
   c. consistent and strong comments from students on teaching
   d. advising multiple predocs or postdocs
   e. regularly serving on PhD/MS examination committees
f. regional or local teaching awards

3. MEETS EXPECTATIONS
   a. upgrading teaching content within existing courses
   b. >3.0 on course evaluations of teaching performance
   c. moderate comments from students on teaching
   d. occasionally advising predocs or postdocs
   e. occasionally serving on PhD/MS examination committees

4. MARGINALLY BELOW EXPECTATIONS
   a. minimal effort to upgrade teaching content to be current within existing courses
   b. <3.0 on course evaluations of teaching performance
   c. pattern of negative student comments that are addressed minimally
   d. rarely advising predocs or postdocs
   e. rarely serving on PhD/MS examination committees

5. SUBSTANTIALLY BELOW EXPECTATIONS
   a. no effort to upgrade teaching
   b. <2.0 on course evaluations of teaching performance
   c. pattern of negative student comments that are unaddressed
   d. no advising predocs or postdocs
   e. no serving on PhD/MS examination committees

Research/Scholarship

1. OUTSTANDING
   a. multiple publications as first or senior author in prestigious peer-reviewed journals
   b. PI on multiple prestigious external grants
   c. regular invited presentations and/or research presentations at national and/or international meetings

2. EXCELLENT
   a. multiple publications as first or senior author in peer-reviewed journals
   b. PI on multiple external grants
   c. regular invited presentations and/or research presentations at national and/or international meetings

3. MEETS EXPECTATIONS
   a. occasional publications as first or senior author in peer-reviewed journals
   b. PI on single external grant or multiple internal grants
   e. occasional invited presentations and/or research presentations at national and/or international meetings

4. MARGINALLY BELOW EXPECTATIONS
   a. Rare publications in peer-reviewed journals only as secondary author, not first or senior
   b. occasional efforts as PI to win internal and external grants but without success
c. rare invited presentations and/or research presentations at national and/or international meetings

5. SUBSTANTIALLY BELOW EXPECTATIONS
   a. no publications in peer-reviewed journals
   b. no effort to pursue internal or external grants
   c. no invited presentations and/or research presentations at national and/or international meetings

Clinical Service (if applicable)

1. OUTSTANDING
   a. large patient referral base locally, regionally, nationally and/or internationally
   b. large number of invited presentations locally, regionally, nationally and/or internationally
   c. exceptional letters of support from recognized experts nationally and/or internationally

2. EXCELLENT
   a. large patient referral base locally and regionally
   b. large number of invited presentations locally and regionally
   c. strong letters of support from recognized experts nationally and/or internationally

3. MEETS EXPECTATIONS
   a. large patient referral base locally
   b. occasional invited presentations
   c. satisfactory letters of support from recognized experts nationally and/or internationally

4. MARGINALLY BELOW EXPECTATIONS
   a. minimal patient referral base
   b. rare invited presentations
   c. weak letters of support from recognized experts nationally and/or internationally

5. SUBSTANTIALLY BELOW EXPECTATIONS
   a. no patient referral base
   b. no invited presentations
   c. letters of no support from recognized experts nationally and/or internationally

Institutional/Professional Service

1. OUTSTANDING
   a. sharing of equipment/lab facilities
   b. exceptional mentorship,
   c. reliable internal committee service as chair
   d. elected to external professional leadership position
   e. member of editorial board, NIH study section, accreditation commission, etc.
   f. keynote speaker at prominent meeting
2. EXCELLENT
   a. sharing of equipment/lab facilities
   b. exceptional mentorship,
   c. reliable internal committee service as chair
   d. elected to external professional leadership position
   e. member of editorial board, NIH study section, accreditation commission, etc

3. MEETS EXPECTATIONS
   a. sharing of equipment/lab facilities
   b. satisfactory mentorship,
   c. reliable internal committee service
   d. elected to external professional leadership position

4. MARGINALLY BELOW EXPECTATIONS
   a. rare contributions to the overall advancement of the department/school/university through internal service
   b. rare contributions to the overall advancement of the discipline through external service

5. SUBSTANTIALLY BELOW EXPECTATIONS
   a. no contributions to the overall advancement of the department/school/university through internal service
   b. no contribution to the overall advancement of the discipline through external service

VII. PROCEDURES
   A. VOTE

      1. A vote will be taken for decisions to continue recommend a candidate for promotion and/or tenure. Such a vote will require a 2/3 majority for the motion to pass.

      2. A vote will be taken for all decisions to terminate the contract of a probationary faculty member. Such a vote will require a 2/3 majority for the motion to pass.

VIII. PROCESS FOR UPDATING 7.12 STATEMENT
   The 7.12 Statement for the Department of Rehabilitation Medicine will be reviewed every 5 years, or more frequently as needed. Revisions will be made by an appointed PMR Promotions and Tenure Subcommittee. All departmental faculty will be invited to review and give input on the statement, and approval will be obtained through a vote by PMR faculty, with the approval date noted on the document.

History:
Approved by Physical Medicine and Rehabilitation Faculty: January 25, 2013
Approved by Senior Vice President for Academic Affairs and Provost: January 28, 2013