



UNIVERSITY COMMITTEE ON ACADEMIC PERSONNEL (UCAP)
Susan F. Tapert, Ph.D., Chair
stapert@health.ucsd.edu

Assembly of the Academic Senate
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200
Phone: (510) 987-9466
Fax: (510) 763-0309

October 2, 2020

MARY GAUVAIN, CHAIR
ACADEMIC COUNCIL

RE: Summary of discussions with Health Science faculty, 2019-2020

Dear Mary,

Six University of California campuses have schools of medicine (UCD, UCI, UCLA, UCR, UCSD, and UCSF), and UC Health includes health professional schools spanning seven campuses (Dentistry at UCLA and UCSF; Nursing at UCD, UCI, UCLA, and UCSF; Optometry at UCB; Pharmacy at UCI, UCSD, and UCSF; Public Health at UCB, UCSD, and UCLA; and Veterinary Medicine at UCD). UCAP was asked by 2018-2019 Senate Chair Robert May to explore the issues and challenges that campuses have experienced in CAP evaluations of the academic advancement of Health Sciences (HS) faculty. In 2019-2020, UCAP dedicated time during each meeting to discuss CAP evaluations of these faculty members. UCAP asked CAP analysts to identify HS faculty who had served on their CAP to join discussions of effective processes and gaps in academic review of HS faculty, including the criteria by which personnel cases in these series are assessed. Here we report on our discussions and offer observations and suggestions.

Our discussions were wide-ranging and centered on transparency about criteria used for evaluation, expectations for service and scholarly activity, evaluating teaching in this setting, and understanding expectations for faculty who balance heavy patient care and clinical teaching loads. The process revealed that each campus uses different approaches for HS faculty evaluations. For example, UCLA uses a dedicated Clinical CAP subcommittee, but most campuses rely on their campuswide CAP to review the files of non-Senate HS faculty. Across campuses, CAPs struggle with expectations related to the assessment of scholarly/creative activity as well as service and teaching activities for faculty in health sciences. And, by comparing practices across campuses, it became clear that there is not a uniform approach.

UCAP concluded that it is not the role of UCAP or a campus level CAP to mandate expectations, yet they can—and should—provide recommendations for departments (via vice chancellors of personnel) for improving the academic review of HS faculty members. Related:

- Specific criteria for advancement should be specified at the medical center, medical school, or department level, if not already in place. Each HS faculty member should be evaluated in relation to these criteria. The criteria should be specific to the title series. Criteria examples are included in Appendices. [Appendix A](#) shows the UCD School of Veterinary Medicine's review criteria for the

Professor of Clinical X series; Appendix B shows the UCD School of Veterinary Medicine's review criteria for the Health Sciences Clinical Professor Series; and Appendix C shows UCI Health Science's review criteria for all their academic series. Department-specific criteria help ensure fairness and applicability for their array of responsibilities. It was noted that criteria are most helpful when balanced between specificity and being open-ended, and shared transparently with faculty candidates and faculty voters. Junior faculty should not be expected to provide as much service/committee work as that of more senior faculty. It was also noted that women are disproportionately asked to serve on committees. Therefore, when appropriate,

- service expectations should be specified by the department or division, and criteria should be specific to the academic rank and step if it differs significantly from UC expectation;
 - service provided should be quantified by the candidate candidate (e.g., in % effort or hours) .
- Faculty members should be encouraged to prepare their dossier in relation to the specific criteria.
 - Candidates should be encouraged to write personal statements based on these criteria.
 - The dossier should include evidence of teaching and teaching evaluations, with the understanding that the number of students/trainees may be limited. Clinical teaching of students, resident and fellows is an important component of the teaching record and evaluations and reporting of current job positions of former trainees should be included in the dossier.
 - It was suggested that candidates be encouraged to describe service in terms of the frequency of meetings and the amount of work involved.
 - Junior faculty may benefit from mentorship to ensure understanding of the criteria to be applied to them for advancement and promotion.
 - The percent of the clinical appointment is helpful for reviewers of these files, and should be provided in the dossier. This helps set appropriate expectations for creative/scholarly activity.
 - The review of these faculty should include faculty members from the health sciences or schools of medicine and veterinary medicine, either by representation on CAP or a separate committee to review these files, as their responsibilities may vary from those of other faculty.
 - UCAP suggests improved and proactive communication between each campus-level CAP and campus medical centers. One way to facilitate this communication is for leaders and representatives from Health Sciences departments to meet with CAPs annually to review and describe their departmental criteria for advancement, and receive feedback from CAP on how faculty can prepare personnel files in a way that clarifies their activities. Educating HS faculty on file preparation and CAPs on the expectations for HS Clinical faculty will improve this file review process.

We would like to thank the participants in these discussion for their valuable observations, insights, and input, in addition to the 2019-2020 UCAP members:

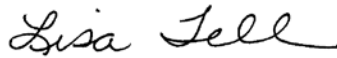
- *Christine Cocanour, Professor of Surgery, Surgical Critical Care Fellowship Program; Director, Surgery - Trauma, Acute Care Surgery and Surgical Critical Care, Surgery - Surgical Critical Care, UCD*
- *Donald Forthal, Division Chief – Infectious Diseases; Professor of Medicine – Infectious Diseases, Department of Medicine, UCI*
- *Stephen Hayden, Professor of Clinical, Emergency Medical Services, UCSD*
- *Sanford J. Shattil, Distinguished Professor, Department of Medicine; Interim Chief, Hematology Oncology Division, UCSD*

- *Ping H. Wang, Professor of Medicine, Physiology and Biophysics, and Experimental Pathology, Director, UC Irvine Diabetes Center Chief, Division of Endocrinology, Diabetes and Metabolism, UCI*
- *Lonnie K. Zeltzer, Distinguished Research Professor of Pediatrics, Anesthesiology, Psychiatry and Biobehavioral Science Director, UCLA Pediatric Pain Research Program, David Geffen School of Medicine, UCLA*

Sincerely,



Susan F. Tapert, Ph.D., Chair, UCAP
Professor of Psychiatry, UC San Diego



Lisa A. Tell, D.V.M
Professor of Veterinary Medicine, UC Davis



Valerine Jenness, Ph.D.
Distinguished Professor of Criminology, Law &
Society, UC Irvine

APPENDIX A

ACADEMIC PERSONNEL REVIEW CRITERIA FOR FACULTY HEAVILY INVOLVED IN VETERINARY HEALTHCARE PROFESSOR OF CLINICAL (____) SERIES

The School of Veterinary Medicine recognizes the need for faculty to provide patient care and instruction in the clinical disciplines in the William R. Pritchard Veterinary Medical Teaching Hospital (VMTH) and Veterinary Medical Centers (VMC).

The Professor of Clinical (____) series is designed for individuals whose primary interest, expertise, and commitment is in clinical service and instruction. Creative/scholarly activities are required for individuals in this series, but they differ from those required in the Professor series in two ways: (1) the amount of time spent in creative work is less in view of the increased responsibilities for clinical service and instruction; and (2) the type of scholarly activity may focus primarily on integrating/improving clinical care, conducting clinical research studies, and/or improving veterinary medical education. A minimum of 25% protected time (from clinical responsibilities) is advised for Professor of Clinical (____) faculty in the School of Veterinary Medicine for scholarly and creative activities. An appointee in this series will normally carry a heavier instructional load and/or clinical effort assignment than appointees in the Professor Series or in the Professor In-Residence Series.

Faculty in this series will be evaluated based on performance in (1) professional (*clinical*) competence and activity, (2) teaching, (3) university and public service, and (4) research and creative work. While there is a high expectation for quality of performance, heavier commitments in professional activity and service need to be balanced against lighter commitments in creative activity and research. A balanced record of accomplishment in all categories is expected for normal merit advancement. Promotion requires excellence in clinical service and teaching and documented evidence of advancement of the clinical discipline through creative scholarship. Consistent with criteria outlined in APM 210-1.d.1 for appointment and promotion of Professors; superior attainment in clinical professional competence and activity (including patient care and clinical teaching), teaching, creative activity, and service is an indispensable requirement for career advancement, and especially so for promotion or high level merit advancement. Insistence on this standard is essential to maintain the quality of the School of Veterinary Medicine as an institution dedicated to excellence in veterinary health care.

The criteria set forth in this document are intended to serve as guidelines in the personnel evaluation and review process for faculty with heavy commitments to veterinary healthcare in the School of Veterinary Medicine within the Professor of Clinical (____) series.

(1) Professional Competence and Activity

The major responsibility in this series is professional competence and activity (*clinical activity*) and faculty in the Professor of Clinical (____) series must demonstrate excellence in this area. Faculty will be reviewed for their participation and leadership in providing high quality patient care in the hospital environment and their reputation for clinical excellence locally for the Assistant level, regionally (California) for the Associate level, and nationally for the Full level.

Faculty are expected to attain, and maintain, specialty board certification, in disciplines with approved specialty colleges, and must demonstrate a high level of clinical/diagnostic competence and be recognized for accomplishment in a focused area of clinical or diagnostic practice. Generally, faculty are expected to be specialty board certified by the time of promotion to Associate rank or be board certified if appointed at Associate or Professor rank. There is an expectation that, through high-level patient care,

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faculty will advance their clinical discipline within the VMTH or VMCs of the School, as well as locally and nationally.

Clinical/diagnostic service is evaluated by soliciting comments from others that may include house officers, discipline peers, staff, and referring veterinarians and a single analytical letter from the Chief Veterinary Medical Officer (CVMO) or appropriate VMC Director (if redelegated), and appropriate Clinic Director and Service Chief based on input from discipline faculty and affiliated faculty as appropriate. The VMTH/VMC letter is reviewed by the Veterinary Medical Staff Executive Committee before finalization by the CVMO. These comments and letters should address conscientious commitment to clinical effort assignment, quality of patient care, level of professional competence, degree of advancement of the clinical discipline, quality of medical record keeping, ability to work collegially and professionally within the confines of the VMTH or associated VMCs and as part of a team, effectiveness of relationships with staff and colleagues, and, where applicable, effectiveness in interactions with referring veterinarians and the ability to attract case material required for teaching and research. Measures for clinical excellence might include patient referrals, extramural letters, invitations to speak on clinical topics, and published proceedings notes from professional continuing education meetings.

(2) **Teaching.** Faculty in the Professor of Clinical (___) series must demonstrate excellence in all aspects of teaching. Instruction may include lectures, small group settings, and tutorials (one-on-one instruction); however, the major responsibility will be towards clinical teaching of professional DVM students and graduate clinical students/trainees (house officers: intern, resident, fellow) within the VMTH or VMCs.

When assigned patient care duty, there is an expectation for daily, effective on-floor clinical instruction of professional DVM students and house officers in the presence of clients (where applicable) and patients. Faculty are also expected to participate in discipline rounds for professional DVM students, including Small and Large Animal Grand Rounds. Faculty with house officer training responsibility will be expected to contribute actively to clinical mentorship. This includes provision of adequate case material for specialty training, regular assessment of clinical experience and progress, guidance of graduate clinical trainees in preparation for eligibility for specialty board certification. Faculty will also participate in didactic instruction of house officers through approved courses, journal clubs, morbidity and mortality conferences, or similar discipline-appropriate structured clinical activities that promote acquisition, refinement and testing of clinical knowledge and of the basic sciences that form the foundation for that clinical discipline.

Instruction, in the form of continuing education, to practicing veterinarians is also an expectation of this series. Teaching efforts for DVM and house officer teaching will be documented based on a teaching activity record (type, contact hours, attendees) and an analysis of teaching effectiveness reported in the letter from the VMTH or appropriate VMC Director. Teaching efforts for continuing education will be listed under presentations. Teaching effectiveness can be documented by teaching awards, positive evaluations from students, house officers, and peers, invitations to present lectures, and extramural letters. Quality of proceedings notes for continuing professional education will also be considered in evaluation of teaching. For promotion, teaching excellence must be documented.

For promotion, teaching excellence must be documented. Faculty are expected to participate in at least 1 Peer Observation and Coaching of Teaching interaction, which will be used as evidence of peer evaluation of teaching before promotion to both Associate and to Professor rank. Ideally, 2 such interactions will occur before promotion to Associate rank, 1 preceding appraisal and 1 before

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promotion to Associate rank. These peer observation and coaching interactions can be centered on any type of learning activity in the professional curriculum or house officer experiential training, but ideally would include at least 1 in a small group clinical setting.

(3) Creative Work. Faculty in this series must demonstrate scholarship and creativity and are judged on the basis of the quality and innovation of their work. Faculty are expected to advance the clinical discipline through creation and dissemination of new knowledge with documentation in peer-reviewed publications. Faculty must demonstrate a leadership role and individual contributions to, and leadership in, collaborative scholarly activities must be documented. The amount of time that individuals in this series have available for creative activities may differ among disciplines and departments, therefore the amount of protected time for creativity should be documented. In the evaluation, the assigned effort to creative activities and the associated scholarly productivity should be considered in relation to other assigned effort. However, clinical service and teaching cannot substitute for the lack of creative activity. Evidence of a significant achievement in creative scholarship is a requirement for promotion.

Faculty in the Professor of Clinical (___) series may participate in a variety of creative activities. For promotion to the Associate level, the faculty member should document local or regional recognition while promotion to the Full level requires national recognition in these activities. Creative activities commonly include the following four categories, which are considered equal in value.

a) *Contributions to innovations in medical education/training.* Examples include the development, dissemination, and use by other institutions of innovative educational tools/methods, and of new or revised courses/curricula. Other means include peer reviewed publication of veterinary educational materials/pedagogical techniques/outcomes assessment related to professional DVM student, graduate clinical student, or continuing professional education.

b) *Contributions to the improvement or integration of new information into clinical practice.* Faculty in this series are uniquely positioned to use the VMTH/VMC as their research laboratory and thus to publish peer-reviewed articles that provide the basis for evidence-based veterinary medicine. Other examples include case reports, clinical review articles, book chapters, documented development of procedures and techniques, collaborative clinical research programs/studies, applications of new technologies to the clinical setting, and analysis of previously collected data in meta-analyses. Electronic publications are appropriate if they are rigorously peer reviewed. Participation in multi-center clinical trials is an appropriate creative activity for Professor of Clinical (___) faculty if they have demonstrated a contribution to the study by participating in protocol design, data analysis, or preparation of the manuscript/report to the degree that it justifies authorship. It should be noted that collections of case reports, case series, or retrospective studies alone are insufficient for advancement. There is an expectation that in addition the candidate will engage in prospective or longitudinal clinical studies that document new procedures, diagnostic techniques or therapies, and/or efficacy, and that these reports contribute meaningfully to the evolution of knowledge in the clinical discipline in particular and to veterinary medicine in general.

c) *Contributions to the study of community veterinary health education, veterinary and animal health policy, and veterinary care delivery.* Examples include publication of information regarding the development of new veterinary or animal health care delivery systems and the published evaluation of the effectiveness of veterinary or animal health care delivery systems in improving the health of animal patients, livestock, and free ranging wildlife. Also documented contributions to development of public

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policy or regulations related to animal health and welfare, veterinary practice, wildlife or ecosystem preservation, zoonotic diseases, food safety and security.

d) *Contributions to discovery-type research.* Professor of Clinical (___) faculty may show evidence of creative activity through either independent research or collaboration with other research faculty. For example, they may provide unique insights from the clinical perspective in the design of clinical trials or clinical applications of technology from the research laboratory that justify authorship or publication. Original research based on clinical observations or experimental investigation of the pathogenesis of disease with publication in peer-reviewed archival journals would meet this criterion.

4) **University and public service.** Expectations are for Professor of Clinical (___) faculty to provide university and public service similar to faculty with other Academic Senate titles. Individuals are expected to be good hospital, departmental, school and university citizens, where appropriate. Good citizens are considered those who work in a collegial manner and contribute in a positive manner to the governance of the hospital, department, school and university and abide by and uphold the UC Davis *Principles of Community*. The magnitude of effort in each of these areas will depend on the level of appointment of the faculty member and efforts in one area should be balanced by efforts in other areas. Work for, or with, national professional societies, including committee service and appointed/elected leadership positions should be recognized and provides evidence of a national reputation.

Revised 9/9/20 (original 8/8/06)

APPENDIX B

ACADEMIC PERSONNEL REVIEW CRITERIA FOR FACULTY HEAVILY INVOLVED IN VETERINARY HEALTHCARE HEALTH SCIENCES CLINICAL PROFESSOR SERIES

The School of Veterinary Medicine recognizes the need for faculty to provide patient care/clinical (diagnostic) duty and clinical instruction in the clinical disciplines in the William R. Pritchard Veterinary Medical Teaching Hospital (VMTH) and Veterinary Medical Centers (VMC). The term clinical activity is considered to encompass diagnostic activity for those disciplines with primary responsibility for disease diagnosis (eg, including but not limited to anatomic and clinical pathology, microbiology, parasitology, immunology).

The Health Sciences (HS) Clinical Professor (HSCP) series is designed for individuals whose primary concern, expertise, and commitment is in clinical (diagnostic) service and clinical instruction. Individuals are also required to contribute to scholarly and/or creative activities, and University and public service. An appointee in this series will carry a heavier clinical instructional load and/or clinical effort assignment than appointees in the Professor Series, the Professor In-Residence Series or the Professor of Clinical __ series.

Faculty in this series will be evaluated based on performance in (1) professional (*clinical/diagnostic*) competence and activity, (2) teaching, (3) scholarly or creative activity, and (4) University and public service. There is an expectation for distinction in professional competencies appropriate to the field and its characteristic activities and/or clinical instruction. The candidate's professional activities should be reviewed for evidence of achievement, leadership, or demonstrated progress in the development or utilization of new approaches and techniques for the solution of healthcare problems. Consistent with criteria outlined in APM 210- 1.d. for appointment and promotion of Professors, superior attainment in professional activity (including clinical/diagnostic proficiency and patient care/clinical or diagnostic duty), teaching, scholarly or creative activity, and service is an indispensable requirement for career advancement, and especially so for promotion or high level merit advancement. Insistence of this standard is essential to maintain the quality of the School of Veterinary Medicine as an institution dedicated to excellence in veterinary health care.

The criteria set forth in this document are intended to serve as guidelines in the personnel evaluation and review process for faculty with heavy commitments to veterinary healthcare in the School of Veterinary Medicine within the HS Clinical Professor series, consistent with APM 210-6. As outlined in APM 210-1.d., balancing heavier commitments and responsibilities in clinical/diagnostic activities and clinical teaching against lighter commitments and responsibilities in didactic teaching, scholarly or creative activity, and service is appropriate when reviewing achievements for faculty in this series.

(1) Professional Competence and Activity

The major responsibility in this series is professional competence and activity (*clinical/diagnostic activity*). Faculty in the HS Clinical Professor series must demonstrate excellence in this area. Faculty will be reviewed for their participation and leadership in providing high quality patient care/clinical (diagnostic) duty in the hospital environment and their reputation for clinical/diagnostic excellence locally for the Assistant level, regionally (California) for the Associate level, and nationally for the Full level.

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Faculty are expected to attain, and maintain, specialty board certification, in disciplines with approved specialty colleges, and must demonstrate a high level of clinical/diagnostic competence and be recognized for accomplishment in a focused area of clinical or diagnostic practice. Generally, faculty are expected to be specialty board certified by the time of promotion to Associate rank or be board certified if appointed at Associate or Professor rank. Through their work within the hospital environment and locally and regionally, individuals working in primary accessions disciplines are expected to attain a reputation as an outstanding referral patient care provider. There is an expectation that, through high-level patient care/clinical duty, faculty will advance their clinical discipline within the VMTH/VMCs of the School, as well as locally and nationally. For faculty with primary diagnostic effort assignment expansion of testing capabilities including diagnostic test development and validation; the application of new diagnostic procedures or the innovative use of existing procedures; improvement and expansion of quality control and assurance; and improvements in dissemination of diagnostic information would provide evidence of high level diagnostic activity that advances the diagnostic discipline. Faculty are expected to have significant participation in the activities of clinical and/or professional groups. Work for or with national professional societies, including committee service and appointed/elected leadership positions would provide supportive evidence of professional competence and activity.

Clinical/diagnostic service is evaluated by soliciting comments from others that may include house officers, discipline peers, staff, and referring veterinarians and a single analytical letter from the Chief Veterinary Medical Officer (CVMO) or appropriate VMC Director (if redelegated), and appropriate Clinic Director and Service Chief based on input from discipline faculty and affiliated faculty as appropriate. The VMTH/VMC letter is reviewed by the Veterinary Medical Staff Executive Committee before finalization by the CVMO. These comments and letters could address, as appropriate, conscientious commitment to clinical/diagnostic effort assignment, quality of patient care/clinical (diagnostic) duty, level of professional competence, degree of advancement of the clinical/diagnostic discipline, quality of medical record keeping, ability to work collegially and professionally within the confines of the VMTH or associated VMCs as part of a team, effectiveness of relationships with staff and colleagues, and, where applicable, effectiveness in interactions with referring veterinarians and the ability to attract case material required for teaching and research. Measures for clinical/diagnostic excellence might include patient referrals, extramural letters, invitations to speak on clinical topics, and published proceedings notes from professional continuing education meetings.

(2) Teaching

Faculty in the HSCP series must demonstrate excellence in all aspects of teaching. Instruction may include lectures, small group settings, and tutorials (one-on-one instruction); however, the major responsibility will be towards clinical instruction of professional DVM students, graduate clinical (intern, resident, fellow) students, and visiting scholars within the VMTH or VMCs.

When assigned clinical/diagnostic duty, there is an expectation for daily, effective on-floor clinical (diagnostic) instruction of professional DVM students and house officers (where applicable) in the presence of clients (where applicable) and patients. Faculty are also expected to participate in discipline rounds for professional DVM students, including Small and Large Animal Grand Rounds, if appropriate. Faculty with house officer training responsibility will be expected to contribute actively to clinical mentorship. This includes provision of adequate case material for specialty training, regular assessment of clinical experience and progress, guidance of graduate clinical students in preparation for eligibility for specialty board certification. Faculty will also participate in didactic instruction of house officers where appropriate through approved courses, journal clubs, morbidity and

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mortality conferences, or similar discipline-appropriate structured clinical activities that promote acquisition, refinement and testing of clinical knowledge and of the basic sciences that form the foundation for that clinical discipline.

Clinical instruction, in the form of continuing education, to practicing veterinarians is also an expectation of this series. Teaching efforts for DVM and house officer instruction will be documented based on a teaching activity record (type, contact hours, attendees) and an analysis of teaching effectiveness reported in the letter from the VMTH or appropriate VMC Director. Teaching efforts for continuing education will be listed under presentations. Teaching effectiveness can be documented by teaching awards, positive evaluations from students, house officers, and peers, invitations to present lectures, and extramural letters. Quality of proceedings notes for continuing professional education will also be considered in evaluation of teaching.

For promotion, teaching excellence must be documented. HSCP faculty are expected to participate in at least 1 Peer Observation and Coaching of Teaching interaction, which will be used as evidence of peer evaluation of teaching before promotion to both Associate and to Professor rank. Ideally, 2 such interactions will occur before promotion to Associate rank, 1 preceding appraisal and 1 before promotion to Associate rank. These peer observation and coaching interactions can be centered on any type of learning activity in the professional curriculum or house officer experiential training, but ideally would include at least 1 in a small group clinical setting.

(3) Scholarly or Creative Activity

Scholarly or creative activity may differ from standard professorial activities in the University, and may therefore be evaluated on the basis of professional competence, intellectual contribution, and originality. Scholarly or creative activity for HSCP faculty are typically directly derived from clinical teaching and professional service activities, and the achievements in this category should be interpreted in the context of a heavy clinical commitment. Evidence of contributions to scholarly or creative activities may include (but is not limited to): participation in platform or poster presentations at local, regional, or national meetings; development of or contributions to educational curricula; development of or contributions to administration of a teaching program; participation in the advancement of professional education; publication of case reports or clinical reviews; development of or contributions to administration (supervision) of a clinical service or health care facility; development of or contributions to clinical guidelines or pathways; development of, or contributions, to quality improvement programs; development of or contributions to medical or other disciplinary information systems; participation in the advancement of university professional practice programs; development of or contributions to community-oriented programs; or development of or contributions to community outreach or informational programs. Documentation of such activities is essential for advancement.

(4) University and Public Service

Expectations are for HS Clinical Professor faculty to provide university and public service similar to faculty in the Professor and Professor of Clinical __ titles. Individuals are expected to be good hospital, departmental, school and university citizens. Good citizens are considered those who work in a collegial manner and contribute in a positive manner to the governance of the hospital, department, school and university and abide by and uphold the UC Davis *Principles of Community*. The magnitude of effort in each of these areas will depend on the level of appointment of the faculty member and efforts in one area should be balanced by efforts in other areas.

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Per APM 210-6, for appointment or promotion to the Health Sciences Associate Clinical Professor rank, University and public service may be demonstrated by active participation on committees or task forces within the program, department, school, campus, or University; or by service to local, regional, state, national, or international organizations through education, consultation, or other roles. For appointment or promotion to the Health Sciences Clinical Professor rank, service may be demonstrated by awards from the University, or local, regional, national, or international organizations; or appointment to administrative positions within the University such as program director, residency director, or chair of a committee. Service as officer or committee chair in professional and scientific organizations or on editorial boards of professional or scientific organizations is also considered.

Revised 9/8/20 (Prev 5/11/18; 8/8/06)

Criteria of Academic Series in the UC Irvine Health Sciences

	Ladder-Rank	In-Residence	Clinical X	Health Sciences Clinical	Adjunct	Professor of Teaching
APM	<u>APM 220</u>	<u>APM 270</u>	<u>APM 275</u>	<u>APM 278</u>	<u>APM 280</u>	<u>APM 285</u>
Salary Support by State Funds	Yes	No	No	No	No	Yes
Member of Academic Senate	Yes	Yes	Yes	No	No	Yes
Role	Research Scholar and Educator	Research Scholar and Educator	Clinician Scholar and Educator ¹	Clinician Educator	Research Scholar and Educator	Educator and Scholar
Investigative/ Creative Work (Research)	Design and lead significant, thematic research with extramural support when that is needed. Areas of investigation may include the basic or social sciences, educational, or clinical-translational research, including health services/health outcomes research. Faculty have a major focus on innovative research of high significance as reflected in sustained, high quality publications and peer-reviewed national funding as a principal investigator. ²	Design and lead significant, thematic research with extramural support when that is needed. Areas of investigation may include the basic or social sciences, educational, or clinical-translational research, including health services/health outcomes research. Faculty have a major focus on innovative research of high significance as reflected in sustained, high quality publications and peer-reviewed national funding as a principal investigator. ²	Lead or have a significant intellectual and substantive contribution to a research program and/or be involved in other creative activities. Creative activity may be highly integrated into clinical activities. May include clinical-translational projects, health services/health outcomes research, case series, educational scholarship, or bench research. Extramural support is desirable but not required.	Supports department’s creative mission. May include enrolling patients or collaborating in clinical trials, health services/health outcomes research, enhancing clinical efficiency, as well as developing new clinical or teaching programs or materials.	Focus can be primarily teaching or research, i.e., expected to meet the accepted standard for promotion, but only in two categories (teaching or research, and service). Research should be significant & thematic with extramural support. Areas of investigation may include basic science, social science, educational scholarship, translational, or clinically-oriented or health services/health outcomes research. Extramural support could be grants, contracts, etc. ²	As teaching is the primary component of this series, creative activity is required to a lesser extent than in the Ladder-Rank/In-Residence series. Areas of investigation may include basic science, social science, educational scholarship, translational, or clinically-oriented investigation or health services/health outcomes research.

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Teaching	Required. May include clinical, classroom or lab teaching of health sciences students, residents, fellows & other trainees; graduate student, undergraduate (199) & post-doctoral mentoring; and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs).	Required. May include clinical, classroom or lab teaching of health sciences students, residents, fellows & other trainees; graduate student, undergraduate (199) & post-doctoral mentoring; and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs).	Required. Emphasis on clinical teaching of health sciences students, residents, fellows & other trainees. May include classroom or lab teaching; graduate student, undergraduate (199) & post-doctoral mentoring; and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs).	Required. Emphasis on clinical teaching of health sciences students, residents, fellows & other trainees. May include classroom or lab teaching, and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs).	Required, though may be minor if research is the primary focus. Teaching can be didactic, clinical or mentoring. May include classroom or lab teaching; graduate student, undergraduate (199) & post-doctoral mentoring; and teaching and/or mentoring of other faculty and clinicians, such as in Continuing Education (CME and other programs).	Required and the primary criterion for this series. Usually involves classroom or lab teaching, with a heavier teaching load than for the other professorial series.
Clinical Activities³	Optional	Optional	Required	Required	Optional	Optional
Service	Required	Required	Required	Required	Required	Required

¹The role does not necessarily require a clinical degree or license, as long as the individual is involved in clinical activities. For example, a faculty member with a Ph.D. degree who is involved in clinical trials, care delivery models, or similar could be appropriate for the Clinical X series.

²Extramural funds should be sufficient to support an impactful research program. Competitive support, such as from NIH and other government agencies, foundations or industry, are also considered evidence of excellence in research.

³Clinical Activities include providing clinical services, directing clinical trials, establishing and/or evaluating clinical practice sites or care delivery models, and similar activities.