

I. GUIDELINES FOR APPOINTMENTS/PROMOTIONS

Appointment or promotion is based on documentation of excellence in a primary mission with evidence of good to excellent performance in at least one of the other academic mission areas of education, research, and patient care. In rare instances, a candidate may be recommended for appointment or promotion for superlative contributions and excellence in a single mission. Faculty members who contribute primarily to the patient care mission may be eligible for non-tenure track/non-tenured appointments or promotions based on clinical mission alone, given clinical excellence in combination with evidence of leadership, clinical expertise, healthcare quality and patient safety expertise, and/or business development related to patient care (see section beginning on page 25). Patient Care with additional clinical contributions, instead of research or education as a second area, constitutes a separate pathway on the non-tenure track for full-time clinicians.

Definitions of scholarship, service and excellence in each mission area, and the criteria for evaluating performance in each of the missions can be found in the sections below. Each request for tenure and appointment or promotion should indicate in which of the mission areas the candidate's excellence forms the basis for promotion. Pathways in all missions – Research and Education, Research and Patient Care, or Education and Patient Care – are possible.

Terminal and Advanced Degrees

To be eligible for appointment or promotion, an earned doctorate, terminal degree or comparable advanced degree demonstrating valuable, mission-oriented expertise is required. A terminal degree generally is considered to be the degree required for certification or practice in the respective discipline or area of specialization.

Scholarship

Scholarship is a required condition of awarding tenure and contributes to appointment and promotion for non-tenure track/non-tenured ranks. Scholarship is defined as intellectual work that is validated by peers and most often communicated beyond the College. It may involve discovery of new knowledge, development of new technologies, methods, or materials, and/or synthesis of information leading to new insights.

Scholarship is most often evidenced by published works in scholarly journals and textbooks or production and dissemination of enduring, high-quality educational materials. Examples of scholarship also include the sustained publication and/or presentation of clinical observations, reviews, analytic studies, textbook chapters, state-of-the-art clinical practice, reviews and/or development of teaching materials, and faculty development. Scholarship can be demonstrated through the design of programs of excellence in delivery of clinical care, innovative methods of care and integration of teaching into clinical practice. Participation in research (e.g., a significant role in clinical trials) may also qualify as scholarship. Development of new programs of clinical care and support of such programs by service or research grants will be considered. The development and dissemination of materials such as clinical practice guidelines and care maps at the local level as well as design and participation in quality assurance, improvement, and patient safety are examples of ongoing scholarship. Scholarship may also include research business development opportunities such as invention disclosures, patent applications and awards, commercialization-based grants, licensing agreements, and start-up companies.

Service Contributions

International, national, regional, local, community, and College service is expected of all faculty and is an important consideration in all appointments and promotions, not just for those recommended for tenure. The FAP Committee expects to see documented evidence of such service, although service is not adequate as the sole basis for promotion. Examples of service activities include the following.

- Service on major, school-wide, Baylor committees such as Institutional Review Board, Animal Care and Use Committee, Admissions, Graduate Medical Education, etc.
- Service on departmental committees such as faculty recruitment and promotion, graduate admissions, graduate education, etc.
- Leadership roles in national or international professional organizations.
- Service on national, regional, or state professional committees or agencies.
- Extensive community service.
- Attestations of helpful service as active member of department, college, or hospital clinical committees.
- Faculty positions at other academic institutions.

Education Portfolio

It is expected that most faculty recommended for the ranks of Associate Professor (tenured), Professor (tenured) or Professor (non-tenured) will have educational contributions. Such contributions are an important component of the promotion decision made by the FAP Committee. The FAP Committee must judge quantity of teaching – for example, whether the educational activities are a major, moderate, or minor proportion of time and effort and more importantly, whether or not the quality is below average, average, above average, or outstanding.

Therefore, a recommendation for the ranks of Associate Professor (tenured), Professor (tenured) or Professor (non-tenured) must include an **Education Portfolio** unless the candidate has no teaching activities. The Portfolio **must** state the quantity of contributions (how long the person has performed the various activities or taught the various topics, the number of learners, etc.), and describe the specific role of the faculty member. It must also include, if applicable, a quantitative summary of all teaching critiques and reviews by students and peers. If assessments of the outcomes of the teaching are available, these should be included in the portfolio. Formal recognition of quality, such as criterion-based or competitive awards, should be in the CV but should be listed again in the Portfolio. It **may** include anything else that might address the quality of the candidate's teaching activities. A form for the Education Portfolio has been devised to assist in compiling these data ([see this link](#)) and should accompany the curriculum vita. There **may** be up to three letters addressing the quality and/or quantity of the candidate's teaching from internal referees. These referees could be directors for courses in which the candidate teaches, former medical or graduate students, former postdocs or residents, directors of clinics, directors of residency programs, directors of graduate programs, Deans, faculty colleagues, or any other source. These letters are not required and are different from the usual outside letters addressing the overall promotion. Mentoring students and postdocs in the research environment and mentoring fellows, residents, and medical students in the clinic are important forms of educational contribution at the College.

1. Faculty Members Whose Primary Focus is Research

Faculty members engaged in research are eligible for appointment or promotion on the tenure track and on the non-tenure track. Research is one of the major components of the Baylor mission, together with Patient Care and Education. The reputation of a medical school is based to a large extent on its research excellence. High standards for awarding promotion with tenure on the basis of research derive from the goal of establishing Baylor as a top tier medical school. The following guidelines illustrate the kinds of information and documentation that are considered by the FAP Committee in the review process. The Committee does not expect an individual to have contributions or achievements in all of the criteria listed; however, in-depth documentation of any contribution should be included in the recommendation package from the department to the FAP Committee. Some accomplishments have greater impact than others in the evaluation process and these guidelines reflect the “weight” of an achievement by classifying the criteria as “Primary, Secondary, and Additional Documentation.”

Documentation of Research Excellence

Research accomplishments of tenured faculty should demonstrate not merely competence and ongoing activity, but demonstrable leadership, as documented by both quantity and quality of research publications, by successful competition for research funding, by participation in research dissemination at the national and international level, and by recognition of those accomplishments from leaders in the field. Candidates for promotion with tenure at Baylor should demonstrate research accomplishments comparable to those required for awarding tenure at other top tier medical schools. An emerging or established national reputation in the area of research is a prerequisite for promotion to Associate Professor with tenure while an emerging or established international reputation in the area of research is a prerequisite for promotion to Professor with tenure. Letters from nominators should include evidence of both an external peer review (letters from colleagues outside of Baylor) and a specific description of the departmental internal review process including a letter from the chair of the Internal Review Committee which includes statements (preferably anonymous) of the conclusions of the members of the Internal Review Committee that supported the recommendation for promotion.

For non-tenure track/non-tenured appointments with research as the primary area, candidates for promotion to Assistant Professor (non-tenure track or tenure track) should be engaged in or be prepared to embark on careers as independent scientific investigators. They must have sufficient education, training, practical experience and demonstrated competence to be poised to compete for extramural funding for their research. For Associate Professor (non-tenured or tenure track), candidates should be active independent scientific investigators and collaborate with other independent investigators. They must be competitive for extramural funding for their research. The individual should have a demonstrated career profession with increasing responsibilities over time and evidence of recognizable career goals and objectives. The individual should be a role model for and mentoring of students, trainees, and junior colleagues. Local reputation for non-tenure track and national reputation for tenure track evidenced by key roles in scientific organizations, service on editorial boards or as a review, invited papers, and invited lectures.

See Appended Guidelines for additional recommendations on documentation of excellence in research.

Primary Documentation of Research Excellence

- a. **Outstanding publication record**, including contributions to top peer reviewed journals typically identified as a primary contribution of the nominee's laboratory or clinical study by first, co-first or last authorship. Papers in more prominent journals in the investigator's field should be given more weight than those in lesser journals in their field. The citation index for specific papers should be viewed as an equally important criterion as the impact factor of the individual journal. For important multi-authored papers, the role of the nominee should be clearly defined, since multi-authored studies may be more common in the future. Scholarship is a required condition of awarding tenure and contributes to appointment and promotion for non-tenured appointments.
- b. **Outstanding research support**, including at least two major grants from peer reviewed national agencies and/or renewal of one such grant is typical for tenure. Typically, funding from the National Institutes of Health is expected. However, the investigator need not always be the principal investigator on the grant, nor does the grant have to be primarily within Baylor. Instead he or she may be a co-investigator responsible for an independent project on a consortium, program project or other multi-institutional collaborative grant. Other sources of peer reviewed funding such as National Science Foundation, Department of Defense, American Cancer Society, etc. are given stronger weight than non-peer reviewed foundation/agency support. Consideration would also be given for industry sponsored support of investigator initiated trials that represent scientific creativity by the nominee.
- c. **Direct evidence of research impact** includes local, national, or international research awards, work referenced in national practice guidelines or health/science policy, and invitations to present work at national and international meetings, national and international institutions outside of the nominee's locale, or to serve a visiting professorship at another academic institution. Presentation at a national meeting of a submitted abstract carries less weight than a direct invitation to speak.
- d. **An emerging or established national or international reputation**, as evidenced by external recommendations (evidence of national reputation is required for Associate Professor with tenure; international reputation is required for Professor), invitations to serve on grant review panels, letters of recommendation from appropriate experts in the field without direct linkage to the nominee, as well as letters from others who may have a direct prior association.

Secondary Documentation of Research Excellence

- a. **Contributions to collaborative research study in peer reviewed journals.**
- b. **Non-peer reviewed contributions to journals and books and other enduring materials including non-reviewed electronic publications.**
- c. **Service on editorial boards of peer reviewed journals or other publications.**
- d. **Other activities, including organization of regional, national or international conferences, and leadership in scientific societies.**
- e. **Presentation of work at regional meetings or local institutions.**

Team Science as a Consideration for Academic Appointment or Promotion

To address and recognize the rapidly changing nature of biomedical research and the increasing importance of team science, Baylor's Faculty Appointments and Promotions Committee will consider the contributions of a team scientist as an important factor in a faculty member's application for academic appointment or promotion. Such contributions will be recognized by the Faculty Appointments and Promotions Committee, provided that faculty members meet criteria established to demonstrate their critical role in the success of one or more team projects. Faculty must demonstrate team science contribution(s) through letters of reference.

Letters of Reference Document the Candidate's Role in Team Science

Letters of reference are an important component of a candidate's application for academic promotion at Baylor. When soliciting letters of recommendation for a candidate, departmental leaders should request that referees provide detailed commentary on the candidate's contributions to team science, if applicable. Historically, letters of recommendation from collaborators have not been considered strongly in the promotion process, because of potential bias and possible lack of emphasis on independent national or international recognition. Letters from truly independent referees remain the gold standard, but in cases involving team science, the Faculty Appointments and Promotions Committee not only encourages but requires letters from project directors, principal investigators or other collaborators who have first-hand knowledge of the candidate's role and are able to clarify and corroborate the candidate's critical involvement in the research efforts.

2. Faculty Members Whose Primary Focus is Education

Faculty members engaged in education are eligible for appointment or promotion on the tenure track and on the non-tenure track. Contributions to education, of whatever type, are extremely important at Baylor. They will be given due consideration in promotions decisions, based on the nature of the contribution itself and the degree of quantity, quality, and scholarship manifest through evidence presented in the CV and referee letters. Recommendations for promotion from Academic Unit heads based on educational excellence should be based on criteria similar to those used by the educator recognition awards developed by the College and accessible at the College website under Faculty Development. The approach to selecting recipients of institutional educator awards promotes objective, peer review of multiple sources of evidence about multiple types of contributions using explicitly published and nationally recognized criteria. Nominators of candidates without one of these awards must provide to the FAP Committee similar types of multiple, corroborating sources of documentation as would have been included in a Norton Rose Fulbright Faculty Excellence Award mini-portfolio or in a nomination or referee letter for the Barbara and Corbin J. Robertson, Jr. Presidential Award for Excellence in Education.

Recommendations for promotion should specify in the nominating letter that the candidate is being considered primarily on the basis of educational excellence and should specifically address the candidate's primary educational contributions. The following guidelines illustrate the kinds of information and documentation that are considered by the FAP Committee in the review process. The Committee does not expect an individual to have contributions or achievements in all of the criteria listed; however, in-depth documentation of any contribution should be included in the recommendation package from the department to the FAP Committee. Some accomplishments have greater impact than others in the evaluation process and these guidelines reflect the "weight" of an achievement by classifying the criteria as

“Primary, Secondary, and Additional Documentation.” Additional examples are included in the Appendices.

Documentation of Excellence and Scholarship in Education

Nomination letters that include evidence of an external peer review are highly desirable. These communications may include letters from former trainees. These letters might be different from traditional letters from more senior faculty, because they would be used to document the nominee's educational role in the professional formation of students, residents, or practicing physicians.

For tenure, letters should shed insight not only on the quantity and quality of contributions, but additionally on the educational scholarship associated with those contributions (i.e., they have been shared effectively with colleagues to inform and enhance the practices of others including publications, presentations, etc.).

An education portfolio is required for the ranks of Associate Professor (tenured), Professor (tenured) or Professor (non-tenured) regardless of whether education is the primary mission area. Submission of an education portfolio documenting breadth, depth, quantity and quality of a candidate's educational contribution is strongly recommended for all promotions with education as the primary area of excellence.

For non-tenure track or non-tenured appointments with education as the primary area, candidates for appointment or promotion to Assistant Professor (non-tenure track or tenure track) should show evidence of teaching skills and commitment to teaching in the research and/or clinical arenas. Candidates should have integrated time to teach within the practice of medicine or other scholarly activities on a regular and on-going basis. They should be recognized as superior teachers by peers and students as judged by evaluations submitted by trainees. Innovation and development of educational programs and grant support of such programs will also be considered.

Appointment and promotion to Associate Professor (non-tenured and tenure track) may be extended to individuals who have demonstrated excellence in education within an academic community, and demonstrate the ability to integrate teaching and scholarship on an ongoing basis into the practice or learning of medicine and science. The individual should have a demonstrated career profession with increasing responsibilities over time and evidence of recognizable career goals and objectives. The individual should be a role model and mentor for students, trainees, and junior colleagues. Candidates also should have a record of programmatic responsibilities and contributions including integrated time to teach within the practice of medicine or other scholarly activities on a regular and on-going basis. They should have a record of high quality teaching evidenced by student evaluations, peer reviews, teaching materials and/or education-related awards, such as the Norton Rose Fulbright Faculty Excellence Award. Innovation and development of educational programs and grant support of such programs will also be considered.

Primary Documentation of Educational Excellence and Scholarship

- a. **Excellence in education** can be manifest with evidence of substantial quantity and quality of involvement in the **process of education** (e.g., serving as a teacher, mentor, evaluator, educational leader, etc.). The criteria used to establish the recipients of the Norton Rose Fulbright Faculty Excellence Award in the areas of Teaching and Evaluation or Educational Leadership or the Barbara and Corbin Robertson, Jr. Presidential Award for Excellence in

Education represent the breadth of contributions and achievement that identify excellence and scholarship in the process of education.

Such criteria include the following.

- Educational activities that inherently require greater skill and experience as an educator and/or leader (e.g., teaching at a national level, leadership as an officer in a national educational organization, membership on a licensure/certification review or test-writing committee, organizer of a major course in the Medical or Graduate School, training program or training grant, etc.).
 - Activities that can be linked directly to desired educational outcomes (e.g., teaching that contributes to pass rates on national exams, mentoring that directly impacts trainee's success as manifest in the trainee's publication record, job placement, receipt of awards, etc.). Simply listing students, residents or fellows in the laboratory or teaching environment is insufficient.
 - Evidence of significant quantity (e.g., contact time with learners), which can be objectively quantified and substantiated by curriculum records, records of training of graduate students and postdoctoral fellows, letters from program heads, etc.
 - Evidence of quality which is based on quantifiable learning outcomes (e.g., pass rate on tests). Peer review of quality is highly desirable and as infrastructure and opportunities for peer review are developed, this form of quality assessment should also be fully described.
- b. Excellence in education and scholarship and can be manifest with evidence of substantial quantity and quality of **disseminated products which promote learning** (e.g., textbook chapters, review articles, examination questions for licensure exams, etc.). Criteria used to identify recipients of the Norton Rose Fulbright Faculty Excellence Award in the area of Enduring Educational Materials represent the type of contributions and achievements that identify excellence in products that promote learning.

These criteria include the following.

- Products that are used at institutions of stature beyond the local or regional area (i.e., national or international levels) and/or the widespread use of a product at multiple institutions of and/or by multiple learner populations.
 - Evidence of quality based on peer review of the product prior to dissemination and/or reviews of the product by respected users. In this respect, peer reviewed acceptance of enduring materials for dissemination in a web-based repository (e.g., MedEdPortal) carries weight in education similar to the weight in research of peer reviewed acceptance for publication in journals, and is based on such factors as the reputation and influence of the web-based repository or research journal within the field.
 - In addition to disseminating enduring materials as described above, scholarship of education can be manifest with evidence of substantial engagement with and influence on relevant communities of medical and graduate level educators (e.g., peer reviewed presentations or publications about innovative methods and outcomes at regional, national, or international professional societies).
- c. Documentation of excellence and scholarship linked to **educational research**. The criteria used to identify the recipients of the Norton Rose Fulbright Faculty Excellence

Award in the areas of Educational Research represent the types of documentation of excellence in educational research.

These criteria include the following.

- Educational research which addresses priority areas in medical and graduate education at the local, regional, national, or international levels and/or which leads to improved understandings about new directions to resolve or minimize the negative impact of such issues (e.g., experimentation with innovative instructional methods such as team learning or interventions to protect quality teaching in a busy clinical service).
 - Funding from national sources to promote educational scholarship.
 - Multiple studies and multiple forms of dissemination of those studies. Playing a primary role in the design and execution of the study and/or in the analysis and reporting of the results.
 - Evidence of quality based on peer review of the research methods, results and their presentation, whether in a written form as in publications or in oral form as in talks or posters at professional meetings. This includes evidence that the research has led to changes in the practices, assumptions, goals, and values shared by members of the educational community. Such evidence is often presented in referee letters.
- d. Documentation of key roles in **academic administrative leadership**. Full criteria related to academic administrative roles are described in the Section on Expanded Areas that Contribute to Excellence and in the Appendices (page 31 and Appendices). Criteria used to select recipients of the Norton Rose Fulbright Faculty Excellence Award in the area of Educational Leadership represent types of documentation that are appropriate for this category.

Secondary Documentation of Educational Excellence

- a. **Recognition for quality of contribution in educational activities based solely on learner assessment.** This includes receipt of the McGovern Outstanding Teaching Award, the Marc Dresden Excellence in Graduate Education Award, and other similar student-selected teaching awards in individual programs and departments.
- b. **Activities requiring less specialized skill and experience** (e.g., serving as assistant course director, making grand round presentations, lecturing to small groups, or leading a small group).
- c. **Evidence that is only indirectly linked to learning outcomes.**
- d. **Educational products only used locally.**
- e. **Acceptance of educational products for dissemination in non-peer reviewed venues** (e.g., non-peer reviewed conference presentations, posters, websites, etc.).
- f. **Educational research not clearly linked to areas of priority.**
- g. **Funding for educational scholarship from local or regional sources.**
- h. **Playing a secondary role in research activities.**

Additional documentation of Educational Excellence

- a. **Evidence of contribution (i.e., quantity) without associated evidence of quality.**
- b. **Documentation that the nominee has developed educational or clinical material for patients or public.**
- c. **Documented and positively-evaluated service as a clinical mentor/advisor for residents, students or fellows.**
- d. **Evidence that the nominee has served as organizer of a CME program related to area of expertise.**

3. Faculty Members Whose Primary Focus is Patient Care

Faculty members who demonstrate excellence in patient care advance the role of Baylor College of Medicine as a health sciences university. Excellence in clinical service is part of Baylor's mission statement and healthcare is a major part of the College's responsibilities.

The following guidelines illustrate the kinds of information and documentation of excellence in patient care that are considered by the FAP Committee in the review process. While an individual may not have contributions or achievements in all of the criteria listed, in-depth documentation of any contribution should be included in the recommendation package from the department to the FAP Committee. Some accomplishments have greater impact than others in the evaluation process and these guidelines reflect the "weight" of an achievement by classifying the criteria as "Primary, Secondary, and Additional Documentation."

Faculty members engaged in patient care are eligible for appointment or promotion on the tenure track and on the non-tenure track. For tenure, clinical faculty members must demonstrate outstanding clinical expertise, reputation and scholarship as outlined below, and must demonstrate excellence in patient care with a second area of solid performance in education or research.

Non-tenure track/non-tenured faculty members whose primary area is patient care may document excellence through a primary and secondary mission area, or if devoted to patient care or the clinical mission for 80% of their total time effort, may choose to provide evidence of excellence in support of the Single Mission Patient Care Pathway on the non-tenure track. See separate guidelines (page 28) on the Single Mission Patient Care Pathway.

Definitions of excellence in the patient care mission area and criteria for evaluating performance can be found below.

Documentation of Excellence and Scholarship in Patient Care

Letters from nominators should include evidence of an external peer review (letters from colleagues outside of the College) and a specific description of the departmental internal review process including a letter from the chair of the Internal Review Committee which includes statements (preferably anonymous) of the conclusions of the members of the Internal Review Committee that supported the recommendation for promotion.

Appointment with tenure may awarded to individuals who have demonstrated quantity and quality of scholarship and independence in clinical practice or research, or who have demonstrated excellence in clinical practice. Scholarship is a required condition of awarding tenure and contributes to appointment and promotion for non-tenured appointments.

Appointments to Assistant Professor (non-tenure track) may be extended to individuals who demonstrate scholarship and the potential for independence in clinical research. Appointment

and reappointment at this level may also be extended to individuals who have demonstrated a commitment to excellence in clinical practice. Candidates must show evidence of superior competence in their medical practice. They should be perceived by other physicians in the institution and community as a source of excellent care for patients. For Assistant Professor (tenure-track), qualifications are similar as for Assistant Professor (non-tenure track) with the added expectation of demonstrating qualities (scholarship and reputation) that are indicative of achieving tenure within the nine-year tenure clock.

For Associate Professor (non-tenured and tenure track), the individual should have a demonstrated career progression with increasing responsibilities over time and evidence of recognizable career goals and objectives. The individual should be a role model for, and mentor of students, trainees, and junior colleagues. Candidates must show evidence of superior competence in their medical practice. They should be perceived by other physicians in the institution and community as a source of excellent care for patients. For tenure, the candidate must have a record of high quality patient care, and an established regional or national reputation.

Patient Care Portfolio

A recommendation for appointment or promotion to Associate Professor (non-tenured) or Professor (non-tenure) under the Patient Care Single Mission Pathway requires a Patient Care Portfolio (see page 28). The Portfolio must demonstrate multiple areas of excellence within the patient care mission, and portray breadth, depth and quality of contributions. The Patient Care Portfolio template can be found on the Faculty Affairs website.

Faculty members being considered for promotion based on contributions in healthcare and research or education also may submit a Patient Care Portfolio to document the breadth, depth, quantity and quality of their contributions to Baylor's patient care mission.

Primary Documentation of Excellence in Patient Care

- a. Documentation of outstanding clinical expertise as demonstrated through the following.**
 - Peer review that specifies clinical contributions and documents excellence of clinical skills/care. Referees from other Baylor departments, other hospitals, and other academic medical centers that specify and elaborate the practitioner's outstanding clinical abilities and the clinician's desirability as a referral resource are necessary (such recommendations have greater impact than statements by the nominator or other department members). Local referees who have direct knowledge of the nominee's clinical abilities or regional and national referees who make referrals to the clinicians are desirable.
 - Evidence of innovations that improve patient care that have been developed or enhanced by the clinician.
 - Benchmarked outcomes of patient care (when appropriate and available).
 - Confirmation of clinical consultations outside the practitioner's own clinical site.
 - Documentation of specialty certification(s) issued by a board that is a member of the American Board of Medical Specialties or Bureau of Osteopathic Specialists Board.
 - Key role in the adaptation, testing, implementation, or local/regional dissemination of established (evidence-based) tools, strategies, approaches, or health and science

policies related to diagnosis, treatment, quality improvement, patient safety, prevention of disease and disability, or model of care delivery.

- Directorship of a major clinical service.

b. Documentation of clinical scholarship

- First or senior authorship of peer reviewed clinical articles.
- Documented major role in interdisciplinary clinical conferences at local, regional, or national education or care management meetings.
- Documentation of the development of new materials for clinical care, such as protocols that define clinical pathways, guidelines, or algorithms.
- Positively-evaluated participation as faculty in workshops designed to help other clinicians obtain new clinical skills.
- Documentation that referrals from this practitioner's practice play a critical/essential role in implementing clinical trials or providing subjects for other practitioners' clinical trials.
- Evidence of innovations that improve patient care that have been developed or enhanced by the clinician.

Secondary Documentation of Excellence in Patient Care

- a. Evidence of leadership role in a major Baylor clinical program or division beyond providing clinical service, such as a leadership role in clinical trials.**
- b. Edited or authored books.**
- c. Review articles in peer reviewed or non-peer reviewed journals.**
- d. Positive evaluations of frequent clinical presentations at departmental or same specialty CME conferences.**
- e. Published case reports in peer reviewed or non-peer reviewed journals.**

Additional Documentation

- a. Documentation that the nominee has developed educational/clinical material for patients or public.**
- b. Evidence of playing major role in forming the curriculum of a clinical program, such as a fellowship or residency.**
- c. Positive evaluations by trainees in a clinical practice.**

4. Single Mission Pathway (Non-tenure Track) for Faculty Members in Patient Care

Appointment or promotion on this non-tenure track pathway is based on documentation of excellence within the patient care mission area. Definitions of excellence in the patient care mission area and criteria for evaluating performance can be found below. The request for appointment or promotion should indicate the candidate is in the non-tenure track/non-tenured patient care mission area. Faculty members who are appointed or promoted on the patient care single mission pathway devote the majority of their efforts towards clinical activities and patient care (including clinical leadership, quality and safety projects, etc.). This contribution typically represents 80% or more of their total time effort and applies proportionally to full- or part-time faculty appointments.

Scholarship contributes to appointment and promotion for non-tenured ranks, but is not a required condition of appointment or promotion on the non-tenure track for the Patient Care Single Mission Pathway. The Patient Care Single Mission Pathway does not apply to tenured appointments or promotions.

Documentation of Excellence in Patient Care (Single Mission Pathway)

All candidates within this pathway are expected to demonstrate excellence in a clinical domain, high levels of professionalism (as demonstrated through letters, awards and a Patient Care Portfolio), and exemplary patient care productivity as defined within the department or area of specialization. Examples of evidence of patient care excellence are provided in the previous section under **Primary Documentation of Excellence in Patient Care**.

In addition, the candidate is expected to have significant contributions or achievements in at least one of the four areas listed below. In-depth documentation of excellence within one or more of these areas should be included in the recommendation package from the department to the FAP Committee. The metrics provided under each of the areas are intended to serve as examples of typical achievements rather than a comprehensive list. See additional examples in the Appended Guidelines, which also outline appropriate expectations for Instructor, Assistant Professor, Associate Professor and Professor. Other significant achievements also should be included in the documentation of a candidate's patient care contributions.

a. Documentation of excellent leadership in the patient care mission.

- Evidence of leadership role in a Baylor clinical program, division, service or section beyond providing clinical service (e.g., leadership role in clinical trials, medical service chief, chief of staff, medical director).
- Evidence of leadership roles in patient safety, quality improvement, systems-based care, or policy development.
- Evidence of playing major role in forming the curriculum of a clinical program, such as a fellowship or residency.
- Evidence of leadership role in development of new Baylor departments, sections or services (e.g., The Children's Hospital of San Antonio).

b. Documentation of excellent clinical expertise.

- Clinical care awards or other recognition of excellence (e.g., Early Career, Star or Master Clinician Faculty Award for Excellence in Patient Care; or outstanding clinician award from section, department, or hospital), with documentation to include the criteria for award and information about the selection process.

- National or local awards for quality improvement, patient safety, or practice change (e.g., National Quality Forum, Joint Commission).
 - National or local awards for contributions or excellence in clinical innovation.
 - Significant recognition by regional, national, and international peers.
 - Strong reputation as a clinical expert based on internal or external peer review as documented by referees from other Baylor departments, other hospitals, community or affiliated healthcare centers, and other academic medical centers.
 - Referring physician evaluations or recommendations (e.g., referrals from community-based providers or network physicians based on expertise of faculty member).
 - Requests to serve as consultant or educator/trainer to other institutions on areas related to clinical expertise.
 - Invitations to speak locally or nationally on topics related to area of clinical expertise, including continuing medical education (CME) activities.
- c. Documentation of excellent contributions to healthcare quality and patient safety.**
- Sustained institutional or external support for original research, proof-of-concept, development, or implementation of innovative tools, strategies, or health and science policy-based projects related to diagnosis, treatment, quality improvement and patient safety.
 - Development of innovative improvements to patient care, quality, and safety programs (e.g., disease management programs, best practice guidelines, policies, protocols, algorithms).
 - Clinical effectiveness and quality measures (e.g., InterQual, Joint Commission, “Get with the Guidelines,” benchmarked patient outcomes, patient safety, utilization, access, and cost).
 - Demonstrated efficiency (e.g., examples of lean management, cross specialty utilization of services).
 - Customer/patient satisfaction (e.g., Press Ganey quality indicators from past three years, patient comments, unsolicited patient letters).
- d. Documentation of excellence in business development related to patient care or influencing clinical practice.**
- Dissemination of innovations that were adopted by other institutions or developed business (e.g., clinical care models, strategies, devices, or tools).
 - Local care path development or championship (e.g., Heart Failure Society of America heart failure disease management).
 - Development of a new line of care or interdisciplinary clinical service (e.g., niche service, sleep medicine, multidisciplinary wound care, women’s comprehensive care).
 - Development of interdepartmental product lines, pathway creation, contributions to Centers of Excellence, or other collaborative clinical care areas.
 - Innovative application of an existing technology or development of novel technology, tool, strategy, innovation, or policy program.

- Improvements in resource management and utilization (e.g., reduction in length of stay, readmissions, appointment no shows, etc.).

Service Contributions

As with all faculty members, service is expected and is an important consideration in appointments and promotions along the Patient Care Mission Pathway. Evidence of service activities should be provided, although service is not adequate as the sole basis for promotion. Service can be to the College and Baylor clinically integrated networks (including the Baylor St. Luke’s Medical Group or Faculty Group Practice), or be offered at community, local, regional, national, or international levels. Examples of service activities can be found on the Faculty Affairs website and in the appended document, Guidelines for Appointments and Promotions: Examples of Service.

Professionalism

Professionalism is expected and is an important consideration in appointments and promotions on the patient care mission pathway. Therefore, for appointments and promotions, the FAP Committee expects to see documented evidence of high standards of professionalism for all candidates.

Peer Review

Support of a candidate’s appointment or promotion on the non-tenure track for the Patient Care Single Mission Pathway should include evidence of an external peer review (letters from colleagues outside of Baylor, where applicable) and a specific description of the departmental internal review process. The internal review documentation should include a letter from the chair of the internal or departmental review committee that includes statements (preferably anonymous) of the conclusions of committee members in support of the recommendation for appointment or promotion.

Three letters of recommendation are required for appointment or promotion to Associate Professor and six letters are required for appointment or promotion to Professor under the non-tenure track for the patient care mission pathway. Letters from external reviewers are preferred, but not required. The letters should be written by peers at the same or higher academic rank of the proposed appointment or promotion or with comparable or superior experience and reputation if the writer is not affiliated with an academic institution.

Patient Care Portfolio

A recommendation for appointment or promotion to Associate Professor (non-tenured) or Professor (non-tenured) under the Patient Care Single Mission Pathway requires a Patient Care Portfolio. The Portfolio must demonstrate multiple areas of excellence within the patient care mission, and portray breadth, depth and quality of contributions. The Patient Care Portfolio template can be found on the Faculty Affairs website.

Up to five letters addressing the quality and/or quantity of the candidate’s clinical efforts may be submitted as part of the evidence included in the Patient Care Portfolio. The letters may be from clinic directors, trainees, patients, peer physicians, or any other source. These letters are optional and do not count toward the required letters addressing the overall promotion.

5. Faculty Clinician

Individuals appointed as Faculty Clinician will have an appropriate terminal degree and completed required training relevant to their specialty, including appropriate licensures and certifications. Board certification in a specialty or subspecialty discipline may be required, as appropriate, by academic units, departments or clinical affiliates. A terminal degree is the degree required for certification or practice in the respective discipline or area of specialization.

It is expected that faculty members appointed to this rank will practice in community or other affiliate locations and be involved primarily in patient care. Such individuals would not have significant teaching roles or significant engagement with Baylor learners or trainees.

6. Expanded Areas that Contribute to Documentation of Excellence in Any Baylor College of Medicine Mission Area

To address and recognize the rapidly changing nature of faculty contributions at Baylor and the medical and research fields, Baylor's Faculty Appointments and Promotions Committee will consider the contributions of a faculty member towards commercialization, innovation, or device development; health care quality, patient safety, health or science policy; and academic administrative leadership or service as important factors in a faculty member's application for academic appointment or promotion. Contributions in these areas may help a faculty member achieve the required level of excellence in education, research, or patient care for appointment or promotion. Examples of contributions are given below by category. Detailed examples, as well as potential evidence, for each area are attached as Appended Guidelines.

Contributions in the Area of Commercialization, Innovation and Device Development

Tenure Track

Intellectual driver in the development of novel technologies, biologics, devices, software or analytical tools, services or procedures that will serve a broad group of academic, clinical or non-profit, commercial users with a national and/or international scope.

Non-tenure Track

Key role in the evaluation, testing, and development of new technologies, biologics, devices, software or analytical tools, services or procedures that will serve either a broad or limited group of academic, clinical or non-profit, commercial users with a local, national and/or international scope.

Contributions in the Area of Health Care Quality, Patient Safety and Health and Science Policy

Tenure Track

Key role in original research, development, evaluation, implementation, or dissemination of innovative tools, strategies, approaches, or health and science policies related to diagnosis, treatment, quality improvement, patient safety, prevention of disease and disability, or models of care delivery. National or international dissemination or substantial refinement that enhances implementation and dissemination of evidence-based tools, strategies, approaches, or policies may also fulfill criteria for tenure.

Non-tenure Track

Key role in the adaptation, testing, implementation, or local/regional dissemination of established (evidence-based) tools, strategies, approaches, or health and science policies

related to diagnosis, treatment, quality improvement, patient safety, prevention of disease and disability, or model of care delivery.

Contributions in the area of Academic Administrative Leadership

Key Role Definition: Administrative leadership positions or roles contributing to academics that include, but are not limited to: course director, committee chair, faculty senate officer, program director (such as director of an educational or degree program), core director, director of an administrative unit, principal investigator of a program project or consortium grant (P, U, or other equivalents – CPRIT MIRA) or contract, Dean (Associate, Assistant), Chair and Vice Chair.

Tenure Track

Key role in leadership in the development, evaluation, implementation of strategies or approaches to academics, scholarly work, quality improvement, and/or administrative leadership. National or international dissemination or substantial refinement that enhances implementation and dissemination of evidence-based tools, strategies, or approaches may also fulfill criteria for tenure.

Non-tenure Track

Key role in leadership or service in the development, evaluation, implementation of strategies or approaches to academics, scholarly work, quality improvement, and/or administrative leadership.