Chair’s letter for Clinical Activity (Fixed Term Track):

I. Introduction
   a. Reason for the recommendation letter (promotion including current rank and the new rank – with Modifier of adjunct, clinical or research included). Include secondary appointments if applicable.
   b. Proposed effective date
   c. Reason for the promotion (research, clinical activity, teaching, administration or community professional service)
   d. Vote of assembled full professors (format of “X in favor of, X opposed to and X abstain”)
      i. Any negative votes and/or abstentions explained
   e. Contingency statement

II. Education and employment history

III. Information regarding the candidate’s accomplishments in clinical activities

IV. Information regarding the candidate’s publications

V. Information regarding the candidate’s funding (if applicable)

VI. Information regarding the candidate’s clinical accomplishments

VII. Information regarding the candidate’s teaching activities
   a. Invited presentations, talks, seminars, etc. to peers
   b. Actual teaching activities to trainees

VIII. Administrative appointments (if applicable)

IX. Awards (if applicable)

X. Professional Service activities

XI. Conclusion

An example of this area of excellence is below.
April 15, 2013

William L. Roper, MD, MPH
Dean, School of Medicine
Vice Chancellor for Medical Affairs
CEO, UNC Health Care System
University of North Carolina at Chapel Hill
CB# 7000, Bondurant Hall
Carolina Campus

Dear Dr. Roper:

Based on excellence in clinical activity, I am writing to recommend the promotion of Dr. [Redacted] from Clinical Assistant Professor to Clinical Associate Professor in the Department of Medicine for a three-year term effective July 1, 2013. The Full Professors in the Department of Medicine have been consulted and approve the promotion with 36 in favor, 0 abstaining, and 0 in opposition. This position and the continuance of Dr. O’Connell’s employment are contingent upon the continued availability of funding from sources other than continuing state budget funds or permanent trust funds. Specifically, Dr. [Redacted] will be required to generate from patient care revenues and/or research funding sufficient funds to cover his total compensation.

In 1995, Dr. [Redacted] received his M.D. degree from the University of North Carolina at Chapel Hill School of Medicine. He completed an Internal Medicine Residency in 1998 at the University of Cincinnati followed by a Clinical Fellowship in Endocrinology in 2001 here at UNC-Chapel Hill. From 2001 to 2003, Dr. [Redacted] was a Clinical Endocrinologist with Physicians East, P.A. in Greenville, North Carolina. He then accepted a position at Duke University Medical Center as a Clinical Assistant Professor. In 2005, he was recruited back to UNC-Chapel Hill as a Clinical Assistant Professor in our Division of Endocrinology.

Since his recruitment to UNC, Dr. [Redacted] has been the most productive clinician in the Endocrine Division. He is the “go to” physician for diseases associated with the endocrine system, especially diabetes. His clinical skills are superior as is his ability to diagnose and analyze clinical problems. A result of his outstanding clinical service is his inclusion in “Best Doctors in America” annually since 2010 as well as being the recipient of the American Diabetes Patient Care Award in 2011.
Shortly after his arrival here, Dr. [Redacted] set up the Endocrine Division’s first thyroid biopsy clinic. He has performed over 1000 biopsies since the clinic began in 2006. The following year he became the lead physician for the Endocrinology PAeC initiative. He was responsible for reorganizing the clinic which resulted in a decrease of the average wait time for a new patient appointment to less than seven days. In 2008, Dr. [Redacted] started a new inpatient diabetes consult service on which he attends two weeks out of every four.

In 2008, Dr. [Redacted] was appointed as the Director of Clinical Services at the UNC Highgate Specialty Center. Under his leadership the clinic obtained the NCQA certification for excellent care in diabetes and that certification has consistently been maintained since then. In 2009, he was appointed as the Director of the Endocrinology Inpatient Consult Service. In this role he has worked tirelessly to solve operational issues to improve the patient experience and the quality of care.

Dr. [Redacted] also contributes to the educational mission of the Division. He works closely with the Clinical Fellows, Internal Medicine residents, and medical students in the clinic and inpatient service. He has provided a spectacular environment for the fellows to learn thyroid ultrasonography and biopsy techniques. His program has become regionally recognized which has resulted in requests from Duke’s Endocrine Fellows to participate in his biopsy clinic. In addition, Dr. [Redacted]’s work in the Inpatient Consult Service has resulted in a steady increase in the Endocrinology scores of the resident “in training” exams over the last three years. He is also developing and implementing a new curriculum for residents to further enhance these scores. In the summary evaluating Dr. [Redacted]’s teaching abilities, Dr. John Buse, Chief of the Division of Endocrinology, states “The quantity and quality of his teaching is superb among the faculty in the division of endocrinology. His clinical innovations have direct and extremely positive impact on resident and fellow education.”

In addition to clinical teaching, Dr. [Redacted] actively participates in lectures to the fellows, residents, and students in the Endocrine Fellows core curriculum and the Endocrine Mechanisms of Disease course as well as the UNC MED 608 course. He has also been invited to speak at numerous CME lectures including various Grand Rounds and M&M conferences, the American College of Physicians, and even the NC General Assembly.

Dr. [Redacted] has been an active member of the North/South Carolina chapter of the American Association of Clinical Endocrinologists since 2004. He served as secretary from 2010-2012 and now serves as the Vice President. He will become President in 2014 for a two-year term.

Dr. John Buse has offered his highest recommendation of Dr. [Redacted]’s promotion to Clinical Associate Professor based on his excellence in clinical activity, education, and service and I am completely supportive of this recommendation.

As stated in the letter of recommendation from Dr. Peadar Noone, Associate Professor in the Division of Pulmonary and Critical Care Medicine at UNC-Chapel Hill, “In summary, I am very impressed with [Redacted], and have no hesitation in recommending him for Clinical Associate Professor of Medicine, as I believe he is a very valuable asset to
the Department of Medicine, as well as the School of Medicine, and UNC Hospitals.”
Dr. Brian Adams, Associate Professor and Interim Chair of the Department of
Dermatology at the University of Cincinnati, states “In summary, I believe Dr. is an important asset to the Division of Endocrinology and I highly recommend his
promotion without hesitation. He is outstanding in the areas of patient care, teaching, and
service.”

Dr. is a bright, enthusiastic, committed clinician and I hope very much that his
promotion to Clinical Associate Professor of Medicine will be approved.

Sincerely,

Marschall S. Runge, M.D., Ph.D.
Professor and Chair
Department of Medicine

APPROVED:

William L. Roper, MD, MPH
Dean, School of Medicine
Vice Chancellor for Medical Affairs
CEO, UNC Health Care System

Signature line for Dept Chair

Signature line for Dean, SOM (signed by SOM HR)