Overview

The faculty academic handbook for the Department of Family Medicine at the University of North Carolina provides a road map for long-term career development and promotion. This document builds upon department policies developed in the early 1990’s as well as medical school policies on tenure and promotion. Over the years, the full professors of the department have revised the department’s policies. The goals of the revisions were:

1. To describe the process of review and promotion in more detail, linking the process to the department mission and emphasizing long-term career development.
2. To clarify the roles of individual faculty members, the subcommittee, the full professors, and the chair in the promotion process.
3. To provide detail on how to develop portfolios describing clinical, teaching, administrative, research, and community professional service work.
4. To describe the similarities and differences between tenure and non-tenure track faculty members and detail the processes for adjunct and emeritus faculty members.
5. To broaden our definition of scholarship and mandate its role in promotion to full professorship in any track.

Many people have contributed to the development of these policies, including Peter Curtis, whose work provided the original template for this effort, the full professors, Nili Clifford, Ron Lingley, and many faculty members and fellows whose sharp eyes improved the product.
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SECTION 1:
INTRODUCTION & MISSION

The Department of Family Medicine at the University of North Carolina is a statewide department with residencies in Asheville, Chapel Hill, Charlotte, Greensboro, Hendersonville, Concord, and Wilmington. Our mission is to promote the health of the people of North Carolina and the nation through leadership and innovation in clinical practice, medical education, research, and community service. As an instrument of the State of North Carolina, we are concerned with both current needs and future generations, and have a special commitment to the underserved, mothers and children, the elderly, and other populations at risk in a time of rapid change in the organization and delivery of health care.

KEY ELEMENTS OF THIS MISSION INCLUDE:

- Provision of innovative, comprehensive, high quality and cost-effective health care. We aspire for this care to be patient and family oriented, community focused, and evidence-based.
- Development and maintenance of outstanding medical education programs for medical students, residents, fellows and practicing physicians. We aspire to excellence among faculty and learners, and for our teaching to be learner-based, centered on adult learning principles, and fully leveraging information technology.
- Promotion of the discovery and dissemination of knowledge important to clinical practice, teaching, and improvements in the organization of health care. We aspire for our research to answer questions that matter in individual and population primary health care.
- Working in partnership and service to individuals, community organizations and local, state and government agencies to address unmet health needs of the population. We aspire to a leadership role in improving the health of communities we serve, North Carolina, and the nation.

We envision and support a health care system that embodies compassion, fairness, equality, tolerance, personal responsibility, respect for individuals, and concern for and inclusion of family and community.

We believe that our faculty and staff are our most valuable resource, and we are committed to its ongoing professional development. On an annual basis, local campus leadership will direct faculty development. For longer-range career development, the statewide department, represented by the Full Professors Committee and the Chair, will share in this responsibility. The promotion and tenure process is the primary way by which departmental leadership carries out these responsibilities.

The Department of Family Medicine recognizes that a variety of faculty is necessary to achieve its mission. A broad range of faculty interests and responsibilities adds character, depth, and diversity to the department. We believe that tenure track and non-tenure track faculty (clinical or research, also labeled fixed-term faculty) have equal value in the department. Under university guidelines, the procedures and standards are as similar as possible for both.

The Department of Family Medicine is an integral part of the School of Medicine at the University of North Carolina at Chapel Hill. This document builds upon the Department’s mission, ratified in the spring of 2000.

This document applies to all faculty members of the statewide Department of Family Medicine and is regularly reviewed and updated. Ongoing input and suggestions for improvement are welcome.
STATEWIDE FACULTY OVERVIEW

Statewide campuses play an important role in the Department of Family Medicine and actively participate in residency training and medical student teaching. Each of the statewide departments participate in UNC’s required application phase clerkships. In addition, rural residency track sites offer PGY2 and PGY3 training. Faculty at each location follow the same appointment, promotion, and tenure process as faculty members in Chapel Hill.

Students enrolled in the UNC School of Medicine have contact with department faculty in both required and elective courses in all four years of the medical school curriculum, beginning with an 18-month pre-clinical course, Patient-Centered Care. Curricular strengths include health promotion and disease prevention and other competencies required to practice in managed care settings. Summer electives offer opportunities for experience with primary care research and with underserved populations.

Our residencies have an outstanding track record for educational commitment and service to their communities and the state. Each clinical campus director holds the title of Associate Chair in the department.

THE AREA HEALTH EDUCATION CENTERS (AHEC) PARTNERSHIP

AHEC is as a network of decentralized regional health professions educational facilities, each linked to a university or other resource institution, that encourage physicians to locate in underserved areas by providing them with local intellectual and material support. The intent is to address a severe shortage and maldistribution of doctors and other health care providers across the country by providing a health professions campus without walls, which is a model for many other states in the US. AHEC centers were opened in key parts of the state in the 1970s.

Family medicine residencies in the AHECs provide full-time faculty and facilities to place medical students for inpatient and outpatient care experiences and to train residents in hospital, urban and rural settings. AHEC continues to provide substantial budgetary support for the operating costs of the residencies. Partnership is critical for the Department of Family Medicine to fulfill key elements of mission. Figure 1 shows the location of each AHEC.

(Figure 1: Map showing each AHEC location.)
SECTION 2:
GUIDELINES FOR INITIAL RANK & TRACK AND THE ACADEMIC PORTFOLIO

The Department of Family Medicine has four tracks for faculty: Tenure Track, Non-Tenure Track (Clinical and Research), Adjunct, and Emeritus. The rules for appointment and promotion vary according to the track, and the differences are explained through this handbook. The handbook outlines the Department’s specific promotion and tenure guidelines, which at times are different than the School of Medicine (SOM). It is important that you review this handbook along with the SOM Guidelines for Appointment, Reappointment, and Promotion of Faculty for a comprehensive understanding of the requirements. The SOM guidelines and additional resources are outlined in Appendix J.

Most faculty members who work at one of the campuses are on either the tenure or non-tenure track. Non-tenure track faculty, also known as fixed-term faculty, can be on either the clinical or research track. All faculty members with more than half of their time devoted to an academic mission or a teaching position must be on either the tenure or non-tenure track. Those devoting between 20% and 50% of their time to the academic mission may be on the non-tenure track at the discretion of the faculty member and his or her program director. Tenure and non-tenure track (clinical and research) faculty are grouped together in terms of the process of review for appointment and rank. Both require faculty commitment to career development and periodic review. New appointments are reviewed by the Full Professors Committee, which is advisory to the Department Chair.

INITIAL RANK

Department administration will track all faculty members and their promotion deadlines. Track and rank are defined at initial appointment, and faculty lists and deadlines will be updated annually with involvement of the associate chairs at each campus. The department chair bears ultimate responsibility for the appointment of promotion, forwarding to the School of Medicine all recommendations on promotion and tenure. For tenure track and non-tenure track faculty, but not adjunct faculty, review by the appropriate medical school and university committees is required.

Initial rank is reviewed by the full professors. In general, faculty in their first three years after residency are given a rank of "instructor," though it is common for junior faculty to move to the Assistant Professor rank prior to three years of employment in the department. For clinicians joining the department after years in practice, consideration is given to the accumulated years of teaching and other academic experience when determining rank. After initial appointment, all faculty members are subject to regular review and promotion in accordance with the timeline outlined in Section 3.

- 1 – 3 years academic experience: Clinical Instructor
- 4 – 7 years academic experience: Assistant Professor
- 8 – 12 years academic experience: Associate Professor
- 12+ years academic experience: Full Professor

JOINT AND SECONDARY APPOINTMENTS

Faculty members may have appointments in more than one department. Joint appointments are arrangements in which a tenure track faculty member has a tenure track position in more than one department. Promotion depends on successful review in each department. Secondary appointment is the term given to all appointments other than the primary appointment; these may be non-tenure track or adjunct appointments. A faculty member may have
an appointment in multiple departments, subject to the requirements of those departments. Promotion within other departments depends on those departments’ reviews. Faculty for whom Family Medicine is the secondary appointment follow the same promotion process as other faculty at that rank in that track.

**TRACK CHANGES**

Faculty on tenure track may switch to other tracks. Switching from non-tenure track to tenure track is rare and, at minimum, can only occur after a competitive national search is conducted. Four external, independent letters of recommendation need to accommodate the request and will be reviewed by the full professors. In all cases, the faculty member considering a change in track should make a written request and have a discussion with the Department Chair.

**NON-PHYSICIAN FACULTY**

Non-physician professionals play an important role in departmental activities and are encouraged to develop their careers, including promotion and eventual eligibility for participation in the full professors group. In most cases, non-physicians must document excellence and scholarship for promotion at each faculty level.

**GUIDELINES FOR PROMOTION**

Guidelines and criteria for reappointment and promotion are included in Section 5 & 6 and packets necessary for reappointment and promotion review are in Appendix D. Table 1 is a comparison of tenure and non-tenure track faculty ranks and areas of excellence. All promotions require appropriate personal qualities, citizenship, leadership, honesty, integrity, and willingness to collaborate. For tenure track faculty, promotion to associate professor requires excellence in two of the areas (clinical work, teaching, research) and scholarship in one area. For non-tenure track faculty, promotion requires excellence in three areas, or excellence in two areas with scholarship in one area (clinical activities, teaching, research, administration, community professional service.) Sections 5 and 6 outline the specific requirements for regional, national, and international reputation. It is highly encouraged that faculty maintain a professional academic portfolio for their selected areas of excellence and scholarship to assist in the reappointment and promotion process. Promotions to Associate Professor and to Full Professor for both tenure and non-tenure track faculty require approval at both the Departmental and University level.

**Table 1: Comparison of ranks and areas of excellence/scholarship between Tenure Track and Fixed-Term Track**

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<th>TRACKS:</th>
<th>TENURE TRACK</th>
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<td>Community Professional Service</td>
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(Table 1: Comparison of ranks and areas of excellence/scholarship between Tenure Track and Fixed-Term Track)
ACADEMIC PORTFOLIO

Individual faculty members have primary responsibility for their own personal career development. In practical terms, faculty members are responsible for maintaining an academic portfolio that documents their activities and career development. Faculty members are responsible for the preparation of their packets (Appendix D) for reappointment and promotion in collaboration with the departmental administrator and their promotion and mentoring subcommittee.

All faculty are encouraged to maintain a professional academic portfolio to assist in the appointment, promotion, and tenure process. Outlined below are key elements to include for each area of excellence/scholarship.

Each faculty member should maintain portfolios in those areas in which they seek excellence. Academic portfolios are best maintained if done cumulatively as part of the annual review.

Personal Qualities

Citizenship – Emphasize the components of stepping up to help peers, giving back to the community or the discipline, supporting/involvement of the statewide department, including attendance at Wild Acres, and contributing to national organizations. Citizenship also includes leadership, honesty, integrity, and teamwork and collaboration. It is good to track examples of this, for use in the subcommittee’s letter supporting reappointment or promotion.

In addition to exhibiting the outlined personal qualities, all faculty are expected to maintain commitment to the goals of the Department, AHEC, and the University.

Clinical Activities

Excellence in clinical activities is an essential part of academic medicine and should combine superior performance with concern for the welfare of patients. Most Family Medicine faculty will choose Clinical Activities as one of their areas of excellence, so how we assess excellence is important. This can occur in two areas: 1.) recognition by peers within and outside the institution, and 2.) professional contributions to patient care. Possible criteria and documentation methods for clinical activities is outlined in Appendix B.

In the last decade, moreover, there have been increasing efforts on the part of health systems and practices to measure various elements of clinical performance – productivity, documentation, billing and, increasingly, quality. These metrics are now required by the School of Medicine and must be included in the promotion packets of faculty going up for promotion on excellence in Clinical Activities.

The faculty candidate for reappointment or promotion, with the assistance of department analysts, administrators, and quality champions, should document clinical activities, scope of practice, patient satisfaction scores, and quality metrics. Letters of recommendation should address clinical performance.

Details of what is measured—and therefore what is easily available—vary among health systems. What follows is an attempt to lay out the principles and measurements of basic components of clinical excellence.

1. Excellence in clinical care requires that at least 40% of the faculty’s FTE is spent in clinical care, including precepting.
2. Clinical productivity must be higher than the benchmarks used by the institution – better than median for outpatient care. This should be measured by RVUs or charges rather than receipts.

3. The general principle for promotion on the basis of clinical excellence is that quality metrics are higher than a national benchmark (such as NCQA recognition) or other measures of quality. Please note that we are not necessarily looking for faculty who are better than average faculty, but rather better than a national standard. Our hope and expectation is that our faculty will be above that standard.

4. Faculty are encouraged to include patient satisfaction scores and evidence of practicing cost-efficient, effective care. In both of these areas we recognize that there are differences across systems in the ability to generate such data.

The overall message is that while there is a value to specific letters from colleagues, which is what many other departments do, we expect actual measures of quality of care. We want all faculty across the state to deliver measurably excellent care in order to get promoted on the basis of clinical excellence.

**Teaching**

Teaching is an important activity of the UNC School of Medicine, and all candidates for promotion on the fixed term track must demonstrate positive contributions to this mission. School of Medicine policy requires an assessment of teaching as part of any recommendation for reappointment or promotion. The teaching contribution should be addressed in the teaching statement, teaching summary, and the Chair’s letter of recommendation. The teaching statement should be a component of the candidate’s curriculum vitae and should include a summary of the candidate’s activities as an educator and a statement describing the candidate’s specific area(s) of teaching expertise and accomplishments. The Chair’s letter must include a paragraph documenting the faculty member’s teaching contributions and placing the quality and quantity of such into the overall context of the Department’s teaching responsibilities. Teaching activities include professional, graduate and postgraduate teaching, course or clerkship directorship, residency and fellowship directorship, and mentorship for professional, doctoral and post-doctoral students. Possible criteria and documentation methods for teaching activities is outlined in *Appendix B*.

A formal Teaching Portfolio is only required for faculty members being recommended for promotion on the basis of excellence *and* scholarship in teaching.

The School of Medicine and the university have a specific approach to the documentation of teaching excellence. For Family Medicine faculty demonstrating scholarship in teaching, the *Teaching Portfolio* must contain the following components:

- A reflective statement of teaching goals and philosophy
- Detailed summary of the candidate’s teaching activities
- Summary of qualitative and quantitative evaluations of the candidate’s teaching activities collected from students, peers, and supervisors
- Documentation of major educational responsibilities
- Examples of the products of the candidate’s teaching
- List of teaching awards and accomplishments

Teaching quality can be documented via learner evaluations, supporting letters from current or former learners, and evidence of achievement of learners (e.g., post-docs who have become independent researchers). Teaching
quality may also be evidenced by teaching awards, and/or recognition as an outstanding academic role model or mentor for medical, allied health, graduate students, house staff and fellows.

Documentation of teaching evaluations should be comprehensive rather than selective. The portfolio should include all available evaluations for the date range under reappointment or promotion review. The subcommittee will review the evaluations for comprehensiveness. Isolated letters from learners are not strong evidence and should generally not be presented as evidence of excellence.

Evidence of peer evaluation of teaching, at least twice a year, is required for all faculty members. The topic but not the content of the review should be listed in the teaching portfolio.

**Research**

Faculty members must demonstrate evidence of focused work that is a significant contribution to the field of Family Medicine. There should be evidence that the applicant has developed their own ideas and direction rather than only having collaborated as a co-investigator. Recent scholarship should be predictive of continuing activity, and a description of research in progress and future plans must be supplied. Evidence of a lack of scholarship should be of significant concern to the promotion process. Possible criteria and documentation methods for research is outlined in Appendix B.

Research and scholarship will be documented in the curriculum vitae and, if appropriate, in the letters of recommendation. In addition, the candidate for promotion should submit one or more articles for consideration to the full professors. The subcommittee will assist the candidate in the choice of articles.

**Administration (fixed-term only)**

Excellence in administration can only be met for promotion for non-tenure track faculty and if it is used as an area of excellence there must be evidence of substantial leadership. These guidelines also apply to non-physician faculty. Faculty members choosing administration as an area of excellence should document their administrative responsibility, performance and innovation. Letters of recommendation should address this component of the faculty member's performance if the faculty member chooses administration as an area of excellence. It is rare for individuals to be promoted to Associate Professor or Professor with excellence in administration. An exception would be individuals who, for example, established new residency programs or someone who is a full-time medical director of a large health system. In many cases, administrative work will be subordinate to primary contributions in clinical care and education (eg., administration of clinical programs).

**Community Professional Service (fixed-term only)**

Excellence in community professional service can only be met for promotion for non-tenure track faculty and if used as an area of excellence there must be evidence of substantial leadership. These guidelines also apply to non-physician faculty. Faculty members should document their community professional service. This should include a variety of community professional service activities from participation in community organizations to review of articles and other contributions to the academic community. Ideally, excellence in community professional service is that which a.) improves the health of communities over and above the individual clinical contribution and b.) is closely integrated with the traditional missions of clinical care, teaching, and research. It is very rare for individuals to be promoted to Associate Professor or Professor with excellence in Community Professional Service.
SECTION 3:
**TIMING AND PROCESS OF PROMOTION FOR TENURE & NON-TENURE TRACK FACULTY**

The timing of reviews is similar for tenure track and non-tenure track faculty (Figures 2 & 3) with one exception: 1-year advance notice of reappointment or promotion is not required for faculty members in the fixed term track as it is for faculty in the tenure track. Fixed-term faculty do not follow the tenure clock, so there is more flexibility. On both tracks, truly outstanding individuals may be considered for early promotion, but it should be understood to be a rare occurrence.

**Tenure track** Assistant professors normally serve two probationary terms. The first of these is four years in duration, and the second is (technically) three years. However, in most cases, the promotion from assistant to associate professor will become effective at the beginning of the 7th year. The review of an associate professor with tenure for promotion to full professor is initiated at the beginning of the 5th year in rank as an associate professor. If an associate professor with tenure chooses not to pursue promotion, a mini-review focusing on career development is conducted every three years. (If a faculty member is initially given a 5-year appointment at the rank of associate professor without tenure, their review for reappointment as associate professor with tenure should be initiated at the beginning of the 4th year of the probationary term. Review to full professor will be at the beginning of the 10th year as associate professor). The permanent rank of associate professor should be considered an acceptable and honorable attainment rather than as an inevitable step on the path to full professorship. After a faculty member has been promoted to the rank of full professor, their performance will be reviewed every five years according to guidelines for post-tenure review.

Tenure track faculty who do not confer tenure lose their faculty appointment, though conversion to another track is possible at the discretion of the department chair. In rare cases, a delay of review for tenure may be granted. Faculty members are responsible for initiating this request in writing well in advance of the review.

**Fixed-Term** faculty members follow a similar timeline, with reappointment consideration taking place during the 3rd year in rank as Assistant Professor. After a successful reappointment review, fixed-term faculty will be reviewed for promotion to Associate Professor during the 5th years in rank with the earliest effective date being the beginning of the 7th year. Fixed-term faculty can request in writing delay of review for promotion for one year or a mini-review with a deferral of promotion for three years. Fixed-term faculty may remain in the rank of assistant professor indefinitely, but in all cases a mini-review is necessary every three years. Associate professors are evaluated for promotion to full professor during the 5th year, or if a mini-review is requested, every three years thereafter until they are promoted or retire. Non-tenure track full professors will be reviewed every five years by the assembled full professors, which is referred to as post full professor review.

**INSTRUCTOR TO ASSISTANT PROFESSOR**

Instructor is a transitional rank given to some faculty early in their career. Faculty may hold the rank for no more than four years. Promotion from instructor to assistant professor can occur at any time during this four-year period and requires a letter from the program director, a CV, and a review by the full professors as a consent agenda item.

**REAPPOINTMENT CONSIDERATION**

Reappointment review occurs during the third year of the initial probationary period of faculty appointed at the rank of assistant professor. Required materials for submission are outlined in *Appendix D: Guide 1.*
ASSISTANT TO ASSOCIATE PROMOTION

Promotion from assistant to associate professor occurs after successful reappointment has taken place. Promotion guidelines for assistant to associate professor on the tenure track are outlined in Section 5, and fixed-term criteria are outlined in Section 6. Appendix D: Guide 3 contains the necessary materials that need to be submitted for review by the full professors. Criteria for promotion are based on both personal qualities and excellence and scholarship, which are defined as being achievements of performance greater than would be expected from a competent faculty member.

PERSONAL QUALITIES. These include citizenship, leadership, integrity, and willingness to collaborate.

CRITERIA. Tenure Track: Excellence must be demonstrated in two of the following three areas, with scholarship in one: clinical activities, teaching, research. Excellence in community professional service will add strength to the case for promotion but cannot be an area of excellence. In addition, there must be evidence of progressive productivity and emerging national recognition or national reputation, depending on area of excellence/scholarship.

Fixed-Term Track Faculty: Documentation should include both personal qualities and contribution to the department’s mission. For non-tenure track faculty, promotion can be obtained via two routes: excellence in three of five areas: clinical, teaching, research, administration, and community professional service or excellence in two areas and scholarship in one. There should be evidence of regional or emerging national reputation.

ASSOCIATE TO FULL PROFESSOR PROMOTION

Promotion to full professor rank on either the tenure or non-tenure track is the highest honor the department can bestow. Promotion to full professor should be viewed as an achievement, not an expectation. In addition to documentation of excellence as described in the guidelines, promotion to full professor requires scholarship, national recognition (in some instances international), and evidence of substantial leadership. All full professors should demonstrate scholarship, but the nature and quantity of scholarship is expected to be different for clinician-teachers and for faculty whose focus is research. Promotion review occurs at both the departmental and university level.

Criteria for promotion are based on both personal qualities and excellence and scholarship, which are defined as being achievements of performance greater than would be expected from a competent faculty member. Promotion guidelines for associate to full professor on the tenure track are outlined in Section 5, and fixed-term criteria are outlined in Section 6. Appendix D: Guide 3 contains the necessary materials that need to be submitted for review by the full professors.

PERSONAL QUALITIES. These include citizenship, leadership, integrity, willingness to collaborate, and commitment to the goals of the department, AHEC, and the university.

CRITERIA. Tenure Track: Excellence must be demonstrated in two of the following three areas, with scholarship in one: clinical work, teaching, research. Excellence in community professional service will add strength to the case for promotion but cannot be an area of excellence. There must be evidence of progressive scholarly productivity and strong national or international reputation depending on excellence/scholarship.

Fixed-Term Track: Documentation should address personal qualities and address contributions to the department’s mission. For non-tenure track faculty, promotion requires excellence in two of the five areas: clinical
work, teaching, research, community professional service, and administration. National reputation, as expressed in collaborations, active participation in national committees, presentations, or reports of invitations at the national level is necessary, as is evidence of substantial leadership at the state or national level. Scholarship is also necessary for promotion to full professor rank, though the nature and amount of scholarship will differ according to the type of faculty.

**NON-PROMOTION MINI-REVIEW** (Fixed-Term and tenured Associate Professors only)

A mini-review can be requested by fixed-term faculty who have successfully been reappointed, or by associate professor with tenure. Mini-reviews are for faculty members who are not ready to undergo promotion review and are designed to provide career development feedback. A mini-review cannot serve the place of reappointment review. Mini-reviews allow for promotion deferral for three years and the review takes place at the departmental level only. Materials will be reviewed by the full professors and constructive feedback will be provided to the faculty member under review. Required materials for submission are outlined in *Appendix D: Guide 4*.

**APPOINTMENT & PROMOTION OF Adjunct Faculty**

Adjunct faculty members play a critical role in the statewide departments. They make vital contributions in one or more areas, such as teaching medical students or residents on rotations, providing supportive clinical sites, offering research opportunities, or mentoring. Typically, reimbursement for service is limited, and no more than 50% of time is spent on university activities (typically less than 20%). Adjunct faculty members do not undergo periodic review, are not expected to maintain an academic portfolio, are not required to part of a formal, ongoing career development process, and do not routinely participate in the full professors committee.

Community preceptors involved with the teaching of either family medicine residents or students are eligible for adjunct faculty appointments. The criteria for being nominated for one of these appointments is as follows:

1. At least one year of teaching family medicine residents and/or students who are on their clinical rotations.
2. Positive evaluations received from family medicine residents and/or students.
3. Displayed enthusiasm for both the specialty of family medicine and in teaching residents and/or students.

Adjunct faculty members are proposed for an initial rank via a letter from their program director and are reviewed as a consent item by the full professors. For adjunct promotion, a CV and a program director letter petitioning the chair for promotion are all that is required. Review at the UNC School of Medicine is not necessary.

Promotion of adjunct faculty is not bound by a specific timeline, although the timelines for tenure and non-tenure track faculty may serve as a guideline.

**POST TENURE & POST FULL PROFESSOR REVIEW**

Post tenure review requires review of tenured full professors every five years by both the department and the university. For a detailed outline of materials required for post tenure review, refer to *Appendix F*.

Post full professor review involves review of non-tenured full professors every five years by the department only. For a detailed outline of materials required for post full professor review please refer to *Appendix G*.

**EMERITUS FACULTY**

The UNC Department of Family Medicine acknowledges the special and substantial contributions of senior faculty on retirement by giving them the rank of emeritus faculty. Faculty members are eligible for emeritus status when they are no longer receiving pay or benefits and are retired. Duties are variable, ranging from no
involvement to selective involvement with academic activities, which will be negotiated annually or as necessary with the department chair.

All appointments to emeritus status will be reviewed by the full professors and appointed by the chair. For tenure track faculty, university approval is required. For non-tenure track faculty, no review outside of the department is required. Emeritus faculty will not be subject to ongoing reviews and appointment is for life. Appointment as emeritus faculty is for life.
(Figure 2. Reappointment to Assistant Professor and Promotion to Associate Professor Timeline.)
(Figure 3. Promotion from Associate Professor to Full Professor Timeline.)

- Faculty members will be notified of promotion review(s) 1 year in advance of scheduled date of Full Professor meeting.
SECTION 4: ROLES AND RESPONSIBILITIES IN THE REVIEW AND PROMOTION PROCESS

It is the responsibility of the faculty member’s program director/local chair to recommend the rank and track of the faculty member at the time of hiring. The supervisor will also lead review performance annually, at a minimum, and advise the faculty member in defining and developing areas of excellence and scholarship. The appointed promotion and mentoring subcommittee is also available to assist in developing areas of excellence and scholarship.

Upon hiring, the chair will appoint a promotion and mentoring subcommittee that will meet with an applicant at least twice before review for reappointment or promotion. A full professor will chair the subcommittee and must take an active role, as it is important for the subcommittee to work with the faculty member early in the process to identify requirements that need further development and to keep pace with the appropriate development of a reappointment or promotion packet.

FACULTY MENTORING AND PROMOTION

The core of our faculty mentoring and career development program is organized around a faculty mentoring and promotion subcommittee which consists of a subcommittee chair and two or three other faculty members who are assigned to a new faculty member when he or she joins the department. The subcommittee is selected by the associate chair for administration and the mentoring and promotion manager. The subcommittee will meet with an applicant at least twice before review for reappointment or promotion, preferably annually.

The subcommittee will consist of faculty members who have experience and interests that allow them to serve as supportive mentors to the faculty member. A full professor must chair the subcommittee and the other members must hold a faculty rank equal to or higher than the rank of the faculty member who is being served by the subcommittee. If possible, one subcommittee member will work outside of the campus of the faculty member.

The individual faculty members on a faculty’s mentoring and promotion subcommittee will continue to serve over time if they are able and effective in guiding the faculty member. The composition of the subcommittee may change if the faculty mentors are no longer able to serve or the faculty member’s interests and endeavors evolve such that other faculty will be more appropriate mentors.

ROLE OF THE SUBCOMMITTEE

The subcommittee meets at least once yearly and provides the framework to support faculty including:

- Guiding a successful career plan based on clinical care, teaching, research, community professional service, and/or administration
- Counseling around career goals
- Regularly review the faculty member’s academic activities, ensuring that faculty is on track for reappointment or promotion
- Encourage networking with colleagues, both inside and outside the department and UNC

The subcommittee will be responsible for ensuring that the teaching portfolio (only needed if excellence and scholarship are in teaching) is comprehensive per the portfolio guidelines. The subcommittee also for provides feedback to the faculty member and counsels him or her regarding career goals. The subcommittee will also be responsible for recommending which published article should be submitted to the full professors. In addition, the subcommittee is responsible for reviewing and approving the list of people writing letters of recommendation and peer evaluations.
SUBCOMMITTEE CHAIR

The subcommittee chair must take an active role in the mentoring and promotion process. It is important for the subcommittee to work with the faculty member early in the process to identify aspects of the reappointment or promotion packet that need further development and to review the overall packet. Subcommittee chairs are full professors in the department, tenured or non-tenured, who plan to work in the Department for at least another 3 to 5 years. His or her responsibilities as subcommittee chair include:

**Regular Meetings**

- The faculty member and the promotion and mentoring subcommittee chair will meet within a month of joining the department (included in orientation) and again in six months.
- Thereafter the faculty member and promotion and mentoring subcommittee chair will meet yearly along with the other members of the faculty’s subcommittee and more often as needed. The subcommittee chair and the faculty member can agree on how they will keep track of this.

**Promotions and Reappointment**

- Familiarize the faculty member with the reappointment and promotion process
- Review the reappointment or promotion package for comprehensiveness and completeness
- Key stakeholder in writing, finalizing, and presenting the subcommittee report during full professor’s meetings
- Communicate the details of the full professors’ committee discussion to the faculty member in writing, with a copy to the mentoring and promotion coordinator.

SUBCOMMITTEE REPORT

The subcommittee will submit a written report to the department chair and full professors (Appendix H). The report should contain a summary evaluation of the faculty member's training and accomplishments, evidence of a career development plan, assessment of performance in each mission with special attention to annual teaching summaries, and recommendations for reappointment or promotion and for future career development. This report will be summarized verbally to the assembled full professors committee.

The subcommittee report should specifically identify the areas of excellence and scholarship that the review candidate has chosen as the basis of reappointment or promotion. For faculty being promoted on the basis of excellence in teaching, a teaching summary must be included along with the subcommittee report.

A good subcommittee report consists of the following:

- Areas of excellence and scholarship are identified in the first paragraph
- A brief employment history with the department is given specifying the academic appointments and roles held by the faculty as well as accomplishments
- Each area of excellence is outlined in a separate paragraph with specific supporting evidence.
- Area of scholarship is outlined in a separate paragraph with specific supporting evidence.
- Next paragraph can wrap up personal qualities or any unusual attributes that enhance recommendation for reappointment/promotion
- Assessment of the adequacy of the teaching portfolio, if excellence and scholarship is in teaching
- Comment on personal characteristics/teamwork/mentorship
- Should include/assess letters of reference
- Committee’s recommendation
Executive Committee Chair’s Signature

FULL PROFESSORS MEETING

All tenure, clinical, and research track full professors in the statewide department will meet three to four times a year to review candidates for initial appointment, reappointment, promotion and to set departmental policy regarding the appointment and promotion process.

One of the subcommittee members, ideally the subcommittee chair, will present the subcommittee report and recommendations to the full professors committee. They will give a recommendation regarding reappointment or promotion to the department chair along with suggestions for career development to the individual faculty member. The subcommittee chair is also responsible for communicating the details of the discussion to the faculty member in writing with a copy to the department chair, who will send a summary letter to the faculty member.
## REAPPOINTMENT & PROMOTION REVIEW: TENURE TRACK FACULTY

### REQUIREMENTS FOR REAPPOINTMENT REVIEW | TENURE TRACK

**Assistant Professor**

- **Exhibit Personal Qualities** (defined in Section 2):
  - Citizenship
  - Leadership
  - Integrity
  - Honesty
  - Teamwork & Collaboration

- **Documented excellence** *(Appendix B)* and **scholarship** *(Appendix C)*

  For reappointment consideration (tenure track), there must be documented evidence of two areas of excellence and one area of scholarship. *(For example: excellence in educational scholarship and research, with scholarship in research.)* Areas can include:

  - Clinical Scholarship – emerging national reputation required
  - Educational Scholarship – emerging national reputation required
  - Research – national reputation required

- **Evidence of excellent regional and emerging national or national reputation:**
  - Reputation, as expressed in scholarly collaborations
  - Active participation in regional or national committees
  - Regional or national presentations and/or reports of invitations
  - Evidence of substantial leadership at the state, regional or national level

- **Submission of Reappointment Packet** *(Appendix D: Guide 1)*

- **Review Steps:**
  - Department Full Professors
  - Health Sciences Advisory Committee (HSAC)
  - UNC Appointment, Promotion, and Tenure Committee (APT)
## Requirements for Promotion | Tenure Track

### Assistant Professor to Associate Professor with Tenure

- **Exhibit Personal Qualities** (defined in Section 2):
  - Citizenship
  - Leadership
  - Integrity
  - Honesty
  - Teamwork & Collaboration

- **Documented excellence** *(Appendix B)* and **scholarship** *(Appendix C)*
  For promotion review to Associate Professor (tenure track), there must be documented evidence of two areas of excellence and one area of scholarship. *(For example: excellence in educational scholarship and research, with scholarship in research.)* Areas can include:
  - Clinical Scholarship – emerging national reputation required
  - Educational Scholarship – emerging national reputation required
  - Research – national reputation required

- **Evidence of excellent regional and emerging national or national reputation**
  - Must be documented in letters of reference external to the department (particular attention should be placed on the list of peer evaluators and letter writers)
  - Reputation, as expressed in scholarly collaborations
  - Active participation in regional or national committees
  - Regional or national presentations and/or reports of invitations
  - Evidence of substantial leadership at the regional or national level

- **Submission of Promotion Packet** *(Appendix D: Guide 2)*

- **Review Steps**:
  - Department Full Professors
  - SOM Appointment, Promotion, and Tenure (APT) Committee
  - SOM Dean’s Advisory Committee
  - Health Sciences Advisory Committee
  - UNC APT
  - Board of Trustees → approves
REQUIREMENTS FOR PROMOTION | TENURE TRACK
Associate Professor to Full Professor

- **Exhibit Personal Qualities** (defined in Section 2):
  - Citizenship
  - Leadership
  - Integrity
  - Honesty
  - Teamwork & Collaboration

- **Documented excellence** *(Appendix B)* and **scholarship** *(Appendix C)*
  For promotion review to Full Professor (tenure track), there must be documented evidence of two areas of excellence and one area of scholarship. *(For example: excellence in educational scholarship and research, with scholarship in research.)* Areas can include:
  - Clinical Scholarship – national reputation required
  - Educational Scholarship – national reputation required
  - Research – international reputation required

- **Evidence of national or international reputation**
  - Must be documented in letters of reference external to the department (particular attention should be placed on the list of peer evaluators and letter writers)
  - Reputation, as expressed in scholarly collaborations
  - Active participation in national or international committees
  - National or international presentations and/or reports of invitations
  - Evidence of substantial leadership at the national or international level

- **Submission of Promotion Packet** *(Appendix D: Guide 3)*

- **Review Steps**
  - Department Full Professors
  - SOM APT Committee
  - SOM Dean’s Advisory Committee
  - Health Sciences Advisory Committee
  - UNC APT
  - Board of Trustees → approves
### REQUIREMENTS FOR REAPPOINTMENT | FIXED-TERM TRACK

#### Clinical/ Research Assistant Professor

- **Exhibit Personal Qualities** (defined in Section 2):
  - Citizenship
  - Leadership
  - Integrity
  - Honesty
  - Teamwork & Collaboration

- **Documented excellence (Appendix B) and scholarship (Appendix C), or excellence in three areas**
  For reappointment consideration (fixed-term track), there must be documented evidence of 1.) two areas of excellence and one area of scholarship **or** 2.) three areas of excellence. *(For example: excellence in clinical activities and teaching, with scholarship in clinical activities; or, excellence in clinical activities, teaching, and research.)* Areas can include:

  - Clinical Activities
  - Teaching
  - Research
  - Administration
  - Community Professional Service

- **Evidence of regional or emerging national reputation**
  - Reputation, as expressed in scholarly collaborations
  - Active participation in regional/national committees
  - Regional or national presentations and/or reports of invitations
  - Evidence of substantial leadership at the state, regional or national level

- **Submission of Reappointment Packet** *(Appendix D: Guide 1)*

- **Review Steps**
  - Department Full Professors only
REQUIREMENTS FOR PROMOTION | FIXED-TERM TRACK
Clinical/ Research Assistant Professor to Clinical/ Research Associate Professor

☐ **Exhibit Personal Qualities** (Defined in Section 2):
  - Citizenship
  - Leadership
  - Integrity
  - Honesty
  - Teamwork & Collaboration

☐ **Documented excellence** *(Appendix B)* and **scholarship** *(Appendix C)*, or **excellence in three areas**
For promotion review to Associate Professor (fixed-term track), there must be documented evidence of 1.) two areas of excellence and one area of scholarship or 2.) three areas of excellence. *(For example: excellence in clinical activities and teaching, with scholarship in clinical activities; or, excellence in clinical activities, teaching, and research.)* Areas can include:
  - Clinical Activities
  - Teaching
  - Research
  - Administration
  - Community Professional Service

☐ **Evidence of regional or emerging national reputation**
  - Must be documented in letters of reference external to the department (particular attention should be placed on the list of peer evaluators and letter writers)
  - Reputation, as expressed in scholarly collaborations
  - Active participation in regional or national committees
  - Regional or national presentations and/or reports of invitations
  - Evidence of substantial leadership at the regional or national level

☐ **Submission of Promotion Packet** *(Appendix D: Guide 2)*

☐ **Review Steps**
  - Department Full Professors
  - SOM Fixed Term Committee
  - SOM Dean’s Advisory Committee
### REQUIREMENTS FOR PROMOTION | FIXED-TERM TRACK
Clinical/ Research Associate Professor to Clinical/ Research Professor

- **Exhibit Personal Qualities (Defined in Section 2):**
  - Citizenship
  - Leadership
  - Integrity
  - Honesty
  - Teamwork & Collaboration

- **Documented excellence *(Appendix B)* and scholarship *(Appendix C)*
  For promotion review to Full Professor (fixed-term track), there must be documented evidence of two areas of excellence and one area of scholarship. *(For example: excellence in clinical activities and teaching, with scholarship in clinical activities.)* Areas can include:
  - Clinical Activities
  - Teaching
  - Research
  - Administration
  - Community Professional Service

- **Evidence of strong national reputation**
  - Must be documented in letters of reference external to the department (particular attention should be placed on the list of peer evaluators and letter writers)
  - Reputation, as expressed in scholarly collaborations
  - Active participation in national or international committees
  - National or international presentations and/or reports of invitations
  - Evidence of substantial leadership at the national or international level

- **Submission of Promotion Packet *(Appendix D: Guide 3)*

- **Review Steps**
  - Department Full Professors
  - SOM Fixed Term Committee
  - SOM Dean’s Advisory Committee
Appendix A

SCHOOL OF MEDICINE STANDARDIZED CURRICULUM VITAE FORMAT & STATEMENT EXAMPLES

- Reverse chronological order – in each section and subsection, please list all dates in reverse chronological order (i.e. most recent first)
- Include the last revision date and page numbers

1) **Personal Information:**
- Name
- Home Address
- Phone

[DO NOT include date of birth, place of birth (national origin), marital status, gender, race, religion or Social Security Number on the CV]

2) **Education**
- Includes postgraduate Training Fellowships, Residencies and Traineeships, certifications
- Degree, Awarding Institution, Date, Specialty

3) **Professional Experience -- Employment History**
- Position, rank and date of appointment

4) **Honors** (include dates)

5) **Bibliography and products of scholarship** (as applicable) – on all items, show author order
- Books and Chapters, including pages (do not include “in press/submitted” books or chapters here, they are to be placed immediately following books and chapters)
- In Press/Submitted (for books and chapters only) - include year and total number of typed pages (do not include “in process” books or chapters not formally submitted for publication)
- Refereed Papers/Articles, show author order and include pages (do not include “in press/submitted” articles here – they are to be placed immediately following refereed articles section)
  - Original research
  - Other peer reviewed articles
  - Editorial or letters
  - Published abstracts
- In Press/Submitted (for refereed articles only) – include year and total number of typed pages (do not include “in process” articles not formally submitted for publication)
- Refereed other products of scholarship (with electronic links displayed, if relevant)
- Products of interdisciplinary scholarship
- Products of engaged scholarship
- Products of creative activity such as performances and exhibitions
- Digital and other novel forms of scholarship (with electronic links displayed, if relevant)
- Refereed unpublished oral presentations and/or abstracts – can be divided by papers, panels, exhibits – should indicate solicited/invited
- Other, including book reviews and other products of scholarship (with electronic links displayed, if relevant)
6) **Teaching activities:**

- List courses for the past three years, number of students taught by section
- Give names of graduate students supervised, thesis titles, and completion dates for degree work since employment at UNC-Chapel Hill. Undergraduate honors projects should be included as well.
  - Course Director (list course)
  - Lecture
    - to students
    - to residents
    - to graduate students
    - to fellows or post-doctoral students
  - Grand Rounds
    - at UNC
    - outside UNC
  - Continuing Education Lecture
    - at UNC
    - outside UNC
  - Training grant director
  - Lab or Research Teaching/Mentorships
  - Clinical Teaching
  - Student Preceptorships
  - Attending on Clinical Service
  - Graduate Supervision, Committees
  - Other Supervision

7) **Grants** (role, amount, dates, agency)

This section should indicate degree of involvement in and level of responsibility for funded research (active grants should be listed first by award period, followed by pending grants and then completed grants by award period).

- Include title, type, relationship to project, dates, source
- Indicate role on grant (e.g., PI, co-PI, etc.)
- Show $ amounts and % effort for any grants for which you are PI or co-PI.

8) **Professional Service** (include offices held and dates held)

- To discipline
  - State, national, international offices or committees
  - Consultants
  - Editorial appointments
- Within UNC-Chapel Hill
  - Committees (Dates; indicate whether chairman or member)
  - Other Administrative activities (division, clinic, section or team)
- Other (site visits, review panels, etc.)

9) **Research Statement**

This should give a general overview of your interests and plans for the future. Be sure to emphasize collaborative roles and contributions.

10) **Teaching Statement**
A summary of your area(s) of expertise, accomplishments, and vision for the future, particularly as related to your scholarly activities, be they clinical, educational and/or research. In addition, this statement must contain a summary of your various activities as an educator, and it should reflect upon your overall teaching philosophy.

Don’t be afraid to highlight specific examples:
▪ How you reinvigorated a small group session
▪ Introducing cutting edge technology to your research staff, graduate students, fellows, etc.
▪ A one-on-one session that made a difference with a student
▪ A web-based workshop that has gone viral

11) **Service and Engagement Statement** (if applicable)

To access the School of Medicine standardized curriculum vitae format, visit the following link: [https://www.med.unc.edu/hr/files/2017/09/cv-standardized-format-revised-june-2014.pdf](https://www.med.unc.edu/hr/files/2017/09/cv-standardized-format-revised-june-2014.pdf)
Two examples of teaching statements from faculty on the clinical track

Example 1

TEACHING STATEMENT
As I reflect on my career, I am struck by how much has changed over the last three years, yet how much my passion and core values have remained the same. The obvious changes have been leadership of the Asheville longitudinal campus and its expansion, the development and direction of the Sarah Graham Keenan Rural and Underserved Medical Scholars Program, the oversight of the growth of the MAHEC undergraduate summer internship programs, and assumption of leadership of a newly created Center for Health Professions Education at MAHEC. I am so proud of the outcomes of these programs and cannot imagine a better place to be in my career path.

Despite a demanding administrative load, I have been able to continue to excel as a clinician educator. By continuing to see patients, precept, and teach all the Family Medicine (FM) didactics for the longitudinal program, I have honed my skills, and provided credibility and role modeling to my learners. I am most excited about the various ways I mentor, inspire, and connect with students. The achievements of my residents, medical students, and undergraduate learners through publications, national presentations, test scores, satisfaction, and growth bring me much joy. In addition, I am specifically excited that at least 8 of our 16 fourth years next year are choosing FM careers. I am very grateful and humbled by the various teaching awards that have honored my passion and joy for teaching.

Throughout my career, I have enjoyed scholarly activities. My emphasis has been on medical education topics, including innovative ways to teach and community preceptor needs. My most recent focus is on various teaching methods and outcomes in Longitudinal Integrated Clerkships (LICs).

I believe that I have achieved a national reputation through both my teaching and administration. Since 1998, I have given talks at the American Academy of Family Practice Board Review courses. Since 2010, there have been a cadre of twelve national speakers for these courses, and I am honored and humbled to be part of that group. My evaluations have been consistently positive and affirming, showing my skills as a teacher in front of large audiences beyond one-on-one or smaller group settings. Though a few of my manuscripts about LICs have yet to be published, I have presented in national meetings and have networked with many leaders. Several programs considering starting LIC sites are asking to visit us, and we have two schools schedules this summer. Our Asheville campus has been chosen to co-host the annual international Consortium for Longitudinal Integrated Conferences in the fall of 2015.

Through the busy last few years of my career, my core values by which I live both my personal and professional life have not changed. I believe in the power of interpersonal relationships and being truly present, maintaining balance in home and work, empowering others through team work, collaboration, and openness and transparency.

Example 2

Teaching Statement
My career is defined by a passion for teaching, for family medicine as a specialty and for being a part of the transformation of medicine.
Teaching family medicine is as rewarding as it is challenging. The process of becoming a doctor is difficult and I find it very rewarding to guide residents and medical students in this process. Third and fourth year medical students are learning by taking on the role of physicians. They are evolving from collecting information to synthesizing it and venturing into developing plans for patients. As they rotate through different specialties they are putting themselves in the shoes of each of the doctors with whom they work, and they are imagining if they could see themselves doing this job for their career. Medical students may feel inauthentic as they do this professional role playing because they are not yet physicians but residents may also feel that they are imposters as they are beginning to practice medicine. Almost all residents feel in some way that they are not good enough or smart enough to be practicing medicine. Being an imposter can be a normal developmental milestone on your path to becoming a physician but for many residents it can be a source of stress and block their further development as physicians. One of my roles as faculty advisor and teacher is to normalize the feeling of being inadequate and guide individual residents through the process of shedding the fear of being exposed as an imposter. From a systems perspective a residency that is set up to provide residents very frequent, constructive feedback can replace the self-doubt that students and residents may have with a clearer reflection of how they are actually performing. A vacuum of feedback allows the resident to fill in with their feelings of inadequacy.

As didactics director I am committed to innovative teaching techniques based on evidenced based principles of how people learn from the book Brain Rules by John Medina – repetition, application of learned principles to real situations, and use of maximum number of senses. Poorly constructed and delivered didactics are boring and overwhelming. When there was too much information presented and nothing was truly learned, learners’ feeling of inadequacy is reinforced. In order to address the standard problems with didactic sessions, I have developed themed didactics, such as Hypertension. Over a six week period of time the theme will be presented by different professionals (physicians and pharmacists) and in the context of different sub specialties (pediatrics, medicine, obstetrics). In the course of this themed block some concepts will be purposefully repeated and reinforced while a few new ones are woven in. Incorporating stories or videos of real patients in cases can provide an emotional hook to engage the learner and maximize learning. Throughout the six weeks block all services are coordinated to present hypertension cases in rounds. These techniques of planned repetition and building in new concepts are evidenced based ways to maximize retention of information which I have successfully implemented in themed didactics.

Transitioning from my love of teaching to my love of practicing family medicine I contend that Family Medicine is the centerpiece of good health care. Family Medicine encourages strong relationships with patients and families and supports the development of additional clinical expertise. Being a family doctor is infinitely challenging and rewarding. The longer I have been in practice the richer is my experience. As my connection to my patients grows over years, as I see patients through challenges a deep bond forms and I am gradually caring for a group of friends. I enjoy seeing a third-year resident’s first experience of that bond with patients. Professionally, there is no specialty in medicine that affords a greater ability to recreate oneself and grow. I am committed to practicing the full spectrum of family medicine, but I have also found it extremely interesting to develop a sub specialty in osteoporosis care, to be one of the leaders in osteoporosis in this community and to be a leader in improving the health of the entire community. Western North Carolina is full of graduates from MAHEC who are serving their community as primary care physicians but also pursuing a special interest or addressing a community need that brings specialized care to the community. I am one of many role models for the residents of how that might be accomplished.

Two examples of research statements from faculty on the clinical track
Example 1

RESEARCH STATEMENT

Most of my scholarly work has focused on teaching and residency related topics. I have a gift for developing curricula, clinical processes and building inter-professional teams. These interests have been reflected in my publications and presentations.

Inter-professional team based care is an essential part of the new Family Medicine. I developed a deep respect for the skill set of the clinical pharmacists when I partnered with them in patient care in our inter-professional Osteoporosis Clinic. From this experience has grown my primary research interest, how can we get clinical pharmacists into primary care practices in the community? How can we partner with them most effectively to take the best care of our patients? I am convinced that having a pharmacist as a partner who is physically practicing with you and who is as committed to the well-being of your patients as you are is key to improve patient outcomes. I am very excited to be a part of the transformation of Family Medicine and American healthcare.

Example 2

RESEARCH STATEMENT

Most of my scholarly work has focused on teaching and educational topics. The main themes include: interactive ways to teach, satisfaction and motivation of community preceptors, and preceptor teaching and various outcomes in Longitudinal Integrated Clerkships (LICs). I enjoy the creativity and collaboration of research, and feel fortunate to be able to incorporate scholarship so naturally with my teaching passion.

I have developed and shared innovative interactive ways of teaching. Two specific examples are “Stumpers,” a medical jeopardy computerized tool adapted for many topics, and many uses of the Audience Response System (ARS). With “Stumpers,” I published an article in Family Medicine and presented nationally at two annual spring Society of Family Medicine conferences. Though the ARS has now gained some momentum over the last decade, I was experimenting with it in the beginning stages and published and presented nationally early on. In addition, I was the first one to use it to teach in the American Academy of Family Practice Board Review Courses, a practice now used for all their courses throughout the year.

Preceptor satisfaction and motivation have also been an important part of my scholarly activity. I led our team in 2005 and 2011 in a comprehensive North Carolina survey focusing on preceptor satisfaction and rewards/incentives. Both studies led to two publications in Academic Medicine and one in Family Medicine and several national and regional presentations, many as an invited speaker. Numerous programs and AHECs have used our survey for their evaluation and research purposes.

Given my role in the Asheville longitudinal program and approaching the end of our fifth year, LIC teaching and outcomes has become my focus. I have co-authored an invited commentary in the North Carolina Medical Journal, and have presented various times regionally and nationally. I have two manuscripts submitted, one about the Asheville academic outcomes, including outstanding shelf and step 2 scores and one with an undergraduate student that focuses on medical student perceptions of best practices for precepting in LICs. Another one in the writing stage is a mixed methods survey and qualitative study with Harvard LIC about what makes longitudinal programs successful (in collaboration with a previous longitudinal student as lead author). Most recently, I was invited to write a chapter, entitled “advisors/mentoring” in the Alliance for Clinical Education’s first LIC international book. I look forward to continuing this LIC collaborative scholarship in the many years to come, especially in the role of co-chair of the Consortium for Longitudinal Clerkships international conference in October 2015.
## Appendix B

### DOCUMENTING – EXCELLENCE

#### TEACHING

**High Value**
- Achievement of students. High scores, awards, projects, publications, and presentations (evidence of mentoring by promotion applicant).
- Success in directing an educational program or course in medical school.
- Success in directing an educational program or course outside of medical school.
- Superior teaching evaluations by students and peers.
- Publication of an educational innovation.

**Medium Value**
- Documentation of specific teaching commitments and activities (at least three years).
- Visiting professorship at another institution.
- National presentation on an educational topic.
- Consultation on education to local, regional, and national groups or organizations.
- Development of innovative syllabi and course, which include handouts, objectives, and bibliographies. These must be provided as documentation.
- Significant teaching record in private practice (at least three years).

#### RESEARCH

**High Value**
- Role of Principal Investigator on funded research projects in last three years.
- Articles presenting own work in refereed or non-refereed journals (approximately four a year should be a goal). Greater weight will be given to first authorships and to publications in highly selective national journals.
- Evidence of methodological innovation.
- Membership on study section or external grant review board.
- Supporting letters from national references.
- Membership of a funding study section or refereed journals/editorial boards.
- Direction of a research fellowship program.
- Reviewer for appropriate journals (tenure track).

**Medium Value**
- Editorial and abstracts.
- Presentations at local, regional, or national meetings.

**Lesser Value**
- Supervision of student/fellow and resident research projects.
- Supporting letters from local colleague regarding research ability.
### CLINICAL ACTIVITIES

#### High Value
- Strong clinical metrics, above national average (examples could include RVUs, patient satisfaction/experience, patient referrals, quality metrics)
- Peer review of clinical skills, documented in supporting letters.
- Documentation of clinical roles and responsibilities.
- Innovations that improve patient care.
- Published case reports or clinical articles.
- Obtainment of funds to conduct clinical service/programs.
- Mentorship of a learner who publishes or develops clinical materials.
- Direction of a clinical fellowship.
- Documentation of excellent outcomes of patient care.

#### Medium Value
- Invitations to clinical presentations at national meetings.
- Invited consultation outside own clinical center.
- Clinical presentation at main departmental or CME conferences.
- Production of materials for clinical care (i.e., protocols, procedure guides, etc.).
- Organization/moderation of CME programs (leadership).
- Description of special clinical skills development and expertise.
- Presentation at institutional or other clinical workshops.
- Development of clinical educational materials for patients/public.
- Mentorship of learner skills/projects.
- Participation in state or national clinical committees.

#### Lesser Value
- Participation in clinical trials.
- Participation and leadership in departmental or hospital committees.
- Teaching in a clinical fellowship.
**ADMINISTRATION**  
(Fixed-Term Faculty Only)

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<th>High Value</th>
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<td>▪ Excellent track record of sustained excellence and innovation in a major administrative role, such as Family Medicine Director or Residency Director.</td>
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<tr>
<td>▪ Consulting outside of program/evidence of national reputation</td>
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<tr>
<td>▪ Innovation and performance</td>
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<tr>
<td>▪ Evaluation by peers and administrative staff.</td>
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<td>▪ Evidence of mentoring or supervising learners.</td>
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<tr>
<td>▪ Evidence of skills development in administration (e.g. courses, workshops).</td>
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<td>▪ Publications: a minimum of one article in refereed or non-refereed journal in previous years.</td>
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<th>Medium Value</th>
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<td>▪ Evidence of skills development in administration (e.g. courses, workshops).</td>
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<th>Lesser Value</th>
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<td>▪ Participation at conferences (one annually in last three years).</td>
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# COMMUNITY PROFESSIONAL SERVICE

(Fixed-Term Faculty Only)

## High Value
- Community or public service award by statewide, national, or international organization/institution.
- Service as an elected officer of local service agencies.
- Service on the board of directors for national service organization/institution.
- Presentation on some aspect of community service to a national or international organization/institution.
- Media accomplishments: state or national interviews/media stories on radio, television, magazines, social media, and newspapers.
- Successful grant writing for service-related activity.
- Publication in peer-reviewed journal on one or more aspects of community service.
- Recognition of accomplishments by colleagues through supporting letters.
- Overseas service and leadership.

## Medium Value
- Committee chair of a local or state organization/institution.
- Presentation on some aspect of community service to a statewide organization/institution.
- Directorship of free medical or indigent clinic.
- Receipt of a public service award from local organization/institution.
- Participation in a research project on community service.
- Service on the board of directors of local service agencies.
- Service as a faculty advisor for a student service organization.
- Mentorship of students in summer service projects.
- Media accomplishments: local interviews/media stories on radio, television, magazines, social media, and newspapers.
- Development of a curriculum for or teaching a community service course/elective.
- Initiation of a new program or service that meets community need.
- Participation in overseas service work.

## Lesser Value
- Service on a committee of a local or state charitable organization/institution.
- Free medical care given at a homeless or indigent clinic.
- Volunteer service in faith-based religious institutions (e.g. church, synagogue, etc.).
- Volunteer service in a non-profit community organization (e.g. United Way, Rape Crisis Center, Habitat).
- Supervision of student/resident projects in community service.
- Presentation on some aspect of community service to a local organization/institution (e.g. school talk on tobacco, grand rounds lecture).
- Attendance at a conference involving community service.
- Membership in professional and volunteer organizations that perform community service (e.g. AMA, AAFP, STFM).
Appendix C

SCHOLARSHIP DEFINITION & DOCUMENTING: SCHOLARSHIP

Scholarship is essential to the discipline of family medicine and its future. As a national leader in family medicine, the UNC Department of Family Medicine has a responsibility to develop and support scholarship among its statewide faculty. Our vision is to promote the discovery and dissemination of knowledge important to clinical practice, teaching, and the organization of health care. We aspire for our research and scholarship to answer questions that matter in the care of individuals and populations.

Every discipline must develop its own definition of scholarship. Family medicine, as a generalist discipline active in a wide variety of settings, must have a broad understanding of scholarship. Like other clinical disciplines, family medicine embraces the scholarship of discovery, the exploration of fundamental processes and relationships in clinical care, health services research, and policy. Recent examples of the scholarship of discovery from our department include work addressing factors influencing retention of physicians in National Health Service Corps, the effectiveness of Alzheimers special care units, the impact of the Mediterranean diet on blood lipids, and the long-term outcomes of the faculty development fellowship.

Scholarship in family medicine also includes the scholarship of integration, which interprets, draws together or brings new insight to original work. Recent department examples of the scholarship of integration include an information synthesis of the effectiveness of interventions for domestic violence, a section on prenatal care in the Essentials of Family Medicine, a POEM about the effectiveness of routine caesarian section for breech presentation, and an invited presentation at a national conference on the management of knee injuries.

Scholarship in family medicine includes the scholarship of application, which emphasizes engagement with practical problems and the development of new approaches to dealing with these issues. Recent examples of the scholarship of application include the Buncombe County project, a survey about the introduction of electronic medical records in residency sites, an intervention to reduce barriers to care among Hispanics, and a COPC-based intervention to reduce the racial disparity in adverse outcomes in diabetics.

It is important to distinguish between teaching and scholarship. Teaching is one of our most important commitments, but teaching, per se, does not represent scholarship unless it has direct impact outside of one’s own setting and peer group. Likewise, service and advocacy are fundamental parts of the ethos of family medicine but are considered scholarship only if tied directly to one’s special field of knowledge, flow directly out of one’s special field of expertise, and have impact outside of the immediate context of the service.

The UNC Department of Family Medicine understands that there are many valuable forms of scholarship. Certain aspects are constant: intellectual curiosity, a constant willingness to learn and to question old assumptions, honesty, a commitment to quality, and a commitment to share knowledge. In general, we will give higher value to scholarship that has an enduring form, demonstrates a sustained focus over time, receives recognition by peer review, and achieves impact outside of the local setting.
**DOCUMENTING: SCHOLARSHIP**

The UNC Department of Family Medicine acknowledges a broad definition of scholarship. Within this framework, however, emphasis should be placed on publication, progressive productivity, and a theme, with special recognition of reports in major journals and funding quality and quantity from external sources. The volume and nature of expected scholarship will vary for different faculty.

- For clinician-teachers, a reasonable guideline is one article every one to two years.
- For clinician-researchers, a reasonable guideline is four articles per year in refereed journals.

For **fixed-term faculty**, scholarship may relate to any of the core domains: clinical activities, teaching, research, administration, and community professional service.

For **tenure track faculty**, scholarship may relate to clinical activities, teaching, and research only. For the tenure track each of these areas a referred to as research, clinical scholarship, and educational scholarship.

### SCHOLARSHIP IN CLINICAL ACTIVITIES

<table>
<thead>
<tr>
<th>High Value</th>
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</thead>
<tbody>
<tr>
<td>Significant roles and contributions to multidisciplinary or collaborative work</td>
</tr>
<tr>
<td>Publication of a book or clinical articles modeling care: minimum of one every two years for fixed-term faculty, one to two per year for tenure track faculty. Must be in refereed or non-refereed journals and value is higher for being the first author.</td>
</tr>
<tr>
<td>Obtainment of funds to conduct clinical service/programs.</td>
</tr>
<tr>
<td>Mentorship of a learner who publishes or develops academic materials.</td>
</tr>
<tr>
<td>Direction of a clinical fellowship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medium Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invitation for consultation outside own clinical center.</td>
</tr>
<tr>
<td>Production of materials for clinical care (i.e., protocols, procedure guides, etc.).</td>
</tr>
<tr>
<td>Organization/moderation of CME programs (leadership).</td>
</tr>
<tr>
<td>Description of special clinical skills development and expertise.</td>
</tr>
<tr>
<td>Presentation at institutional or other clinical workshops.</td>
</tr>
<tr>
<td>Development of clinical educational materials for patients/public.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Lesser Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentorship of learner skills/projects.</td>
</tr>
<tr>
<td>Participation in state, national, or international clinical committees (reference requirements per rank and track)</td>
</tr>
<tr>
<td>Presentation at national meeting.</td>
</tr>
<tr>
<td>Participation in clinical trials.</td>
</tr>
<tr>
<td>Participation and leadership in departmental and/or hospital committees.</td>
</tr>
<tr>
<td>Community clinical services (e.g. volunteer at shelter, migrant clinic).</td>
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<tr>
<td>Teaching in a clinical fellowship.</td>
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<tr>
<td>SCHOLARSHIP IN TEACHING</td>
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<tr>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>High Value</strong></td>
</tr>
<tr>
<td>▪ Authorship/editorship of books or sections of books on education.</td>
</tr>
<tr>
<td>▪ Development of educational/audiovisual materials for distribution outside the institution.</td>
</tr>
<tr>
<td>▪ Minimum of one refereed article on education every two years. (tenure track requires 1-2 publications per year as first or senior author)</td>
</tr>
<tr>
<td>▪ Direction of a teaching fellowship program.</td>
</tr>
<tr>
<td>▪ Leadership (PI, CO-PI) in obtaining training grant.</td>
</tr>
<tr>
<td>▪ Significant roles and contributions to multidisciplinary or collaborative based work</td>
</tr>
<tr>
<td>▪ Innovative or novel educational approaches or materials</td>
</tr>
<tr>
<td><strong>Medium Value</strong></td>
</tr>
<tr>
<td>▪ Participation in educational committees in the medical school/the local institution.</td>
</tr>
<tr>
<td>▪ Participation in a teaching fellowship program.</td>
</tr>
<tr>
<td>▪ Presentation of paper/program/workshop at state and regional level.</td>
</tr>
<tr>
<td>▪ Active participation in writing a training grant.</td>
</tr>
<tr>
<td>▪ Presentation of paper/program/workshop at national level.</td>
</tr>
<tr>
<td>▪ Development of electronic/on-line teaching resources</td>
</tr>
<tr>
<td><strong>Lesser Value</strong></td>
</tr>
<tr>
<td>▪ Participation in educational conferences at the local institution as well as at the regional and national level.</td>
</tr>
<tr>
<td>▪ Participation in education committees at regional level.</td>
</tr>
<tr>
<td>▪ Membership in appropriate professional organizations.</td>
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</table>
## RESEARCH SCHOLARSHIP

### High Value
- Refereed publications: guideline of four articles a year, with greater weight given to first or senior authorships and to publications in selective national journals.
- Authorship/editorship of books from a reputable publisher.
- Role of principal investigator on a grant of more than $50,000 funded outside the institution.
- Editorship of journal/project/conference proceedings.
- Significant roles and contributions to multidisciplinary or collaborative-based work

### Medium Value
- Presentations/posters at regional and national conferences.
- Mentorship of research publications of colleagues, learners (provide details).
- Active membership on national research committee.
- Role of principal investigator on a funded research grant.
- Organization of research training/research conference.
- Consultancy to program/agency outside institution.
- Invitation to present research at other universities.

### Lesser Value
- Collaboration on unfunded research project.
- Development of research grant proposal. Manuscript must be made available to committee.
- Membership of local and regional research committees.
- Teaching participation in a research fellowship or teaching research course.
### SCHOLARSHIP IN ADMINISTRATION
**(Fixed Term Faculty Only)**

<table>
<thead>
<tr>
<th><strong>High Value</strong></th>
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<tbody>
<tr>
<td>▪ Program development and direction.</td>
</tr>
<tr>
<td>▪ Publication of papers and book chapters/materials.</td>
</tr>
<tr>
<td>▪ Innovation in administrative methods/procedures.</td>
</tr>
<tr>
<td>▪ Invitation to present outside of institution.</td>
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<tr>
<td>▪ Committee work at national level.</td>
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<thead>
<tr>
<th><strong>Medium Value</strong></th>
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<tbody>
<tr>
<td>▪ Dissemination of work at seminars, conferences and workshops.</td>
</tr>
<tr>
<td>▪ Committee work at AHEC state level.</td>
</tr>
<tr>
<td>▪ Presentations/posters at conferences inside and outside the institution.</td>
</tr>
<tr>
<td>▪ Development of administrative manuals.</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Lesser Value</strong></th>
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</thead>
<tbody>
<tr>
<td>▪ Committee work at divisional, departmental, and university levels.</td>
</tr>
<tr>
<td>▪ Production of annual administrative reports documenting activities.</td>
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</table>
**SCHOLARSHIP IN COMMUNITY PROFESSIONAL SERVICE**  
*(Fixed Term Faculty Only)*

<table>
<thead>
<tr>
<th>High Value</th>
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<tbody>
<tr>
<td>▪ Publications regarding community service projects.</td>
</tr>
<tr>
<td>▪ Success in obtaining grant support of community professional service projects.</td>
</tr>
<tr>
<td>▪ Institution and institutionalization of new program/service that impact state or national service.</td>
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<tr>
<th>Medium Value</th>
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<tbody>
<tr>
<td>▪ Invitation to present at national or state level.</td>
</tr>
<tr>
<td>▪ Presentation at state or national conferences.</td>
</tr>
<tr>
<td>▪ Publication of editorials in regional or state print media.</td>
</tr>
<tr>
<td>▪ Institution and institutionalization of new program/services that impacts local service.</td>
</tr>
<tr>
<td>▪ Mentorship of fellows or other faculty on service-related publications.</td>
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<table>
<thead>
<tr>
<th>Lesser Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Oral presentation at local meeting.</td>
</tr>
<tr>
<td>▪ Collaboration on funded service project.</td>
</tr>
<tr>
<td>▪ Published letters to editor in print media.</td>
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</tbody>
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# Reappointment Review

## Required Materials to be Submitted

1. **AREAS OF EXCELLENCE AND SCHOLARSHIP**
   - **Tenure Track.** For reappointment consideration, please indicate your two areas of excellence and one area of scholarship. Areas can include: research, clinical scholarship, or educational scholarship.
   - **Fixed-Term Track.** For reappointment consideration, please indicate your 1.) two areas of excellence and one area of scholarship or 2.) three areas of excellence. Areas can include: clinical activities, teaching, research, administration, or community professional service.

2. **CURRICULUM VITAE – with research and teaching statements**

3. **PEER EVALUATION FORMS – one per each area of excellence**
   Please provide names of peers to complete evaluation forms in your chosen areas of excellence/scholarship (one peer for each area). List should include the peers’ name, academic rank, address, and email. Our office will solicit the feedback from the people you have selected, but you should obtain their consent in advance.

4. **SELF-EVALUATION FORMS – one per each area of excellence**
   Complete self-evaluations in your chosen areas of excellence. Contact Ethan Pitts for appropriate forms (Ethan_Pitts@med.unc.edu, (984) 974-4879).

5. **LETTER OF SUPPORT FROM YOUR PROGRAM DIRECTOR OR SUPERVISOR**
   Please make the request directly from your program director or supervisor with instructions to email a signed PDF to Ethan Pitts at (Ethan_Pitts@med.unc.edu).

6. **MOST RECENT ARTICLE REPRINTS SINCE DATE OF HIRE**

7. **DESCRIPTION OF YOUR SHORT- AND LONG-TERM CAREER GOALS**
   This includes describing your future role in the department, the school of medicine, the health care system, and in family medicine as a discipline (see Appendix I for example).

8. **LIST OF TEACHING MATERIALS**
   This should include teaching materials that you have developed and implemented such as course syllabi, manuals, learning aids, and tools. (Please do NOT send copies of slide presentations).

9. **PEER/ FACULTY EVALUATIONS**
   Include peer/faculty evaluations you have collected over the years from didactic sessions

10. **LEARNER EVALUATIONS**
Promotion to Associate Professor
Required Materials to be Submitted

1. **☐ AREAS OF EXCELLENCE AND SCHOLARSHIP**

   **Tenure Track.** For promotion review to Tenured Associate Professor, please indicate your two areas of excellence and one area of scholarship. Areas can include: research, clinical scholarship, or educational scholarship.

   **Fixed-Term Track.** For promotion review to Associate Professor, please indicate your 1.) two areas of excellence and one area of scholarship or 2.) three areas of excellence. Areas can include: clinical activities, teaching, research, administration, or community professional service.

2. **☐ CURRICULUM VITAE – with research and teaching statements**

   CV must be in current University-approved format (see [https://www.med.unc.edu/hr/files/2017/09/cv-standardized-format-revised-june-2014.pdf](https://www.med.unc.edu/hr/files/2017/09/cv-standardized-format-revised-june-2014.pdf))

3. **☐ LETTERS OF RECOMMENDATION**

   A list of peers who are willing to evaluate your accomplishments and write letters of recommendation. This list should include their name, academic rank, address, and email. With the exception of those writing the Teaching Observation Letter, all referees must have attained the level of associate or full professor. The list of referees must be approved by the subcommittee chair prior to sending to Chapel Hill (Appendix E).

   **Tenure Track faculty** – total of seven letters of recommendation:
   i. Four external, *independent* letters of recommendation (two should be picked by the subcommittee chair and two by the faculty candidate). For faculty on the tenure track, external letters of recommendation cannot contain conflicts of interest, such as a previous collaborator, colleague, or anyone you have worked with in any capacity. – our office will solicit the letters.
   ii. Two internal letters
      a. One from program director or supervisor – please solicit the letter directly with instructions to email a PDF to Ethan_Pitts@med.unc.edu
      b. One peer letter – our office will solicit the letter.
   iii. One peer teaching observation letter – please solicit directly from a peer who has observed your teaching with instructions to email a PDF to Ethan_Pitts@med.unc.edu

   **Fixed-Term Track faculty** – total of five letters of recommendation:
   i. Two external, outside letters of recommendation – our office will solicit the letters.
   ii. Two internal letters
      a. One from your program director or supervisor – please solicit the letter directly with instructions to email a PDF to Ethan_Pitts@med.unc.edu
      b. One peer letter – our office will solicit the letter.
   iii. One peer teaching observation letter – please solicit directly from a peer who has observed your teaching with instructions to email a PDF to Ethan_Pitts@med.unc.edu

4. **☐ PEER EVALUATION FORMS – two per each area of excellence/scholarship**
Please provide names of peers to complete evaluation forms in your chosen areas of excellence (two peers for each area). List should include their name, academic rank, address, email, and phone number. Our office will solicit the feedback from the people you have selected, but you should obtain their consent in advance.

<table>
<thead>
<tr>
<th>5. ☐ TWO TO FOUR OF YOUR MOST RECENT ARTICLES REPRINTS</th>
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<tr>
<th>6. ☐ DESCRIPTION OF YOUR SHORT- AND LONG-TERM CAREER GOALS</th>
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<tbody>
<tr>
<td>Describe your future role in the department, the school of medicine, the health care system, and in the discipline of family medicine (see Appendix I for example).</td>
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</table>

<table>
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<tr>
<th>7. ☐ TEACHING SUMMARY</th>
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<tbody>
<tr>
<td>▪ A 1-2 paragraph narrative of your past and current teaching responsibilities, including your teaching goals and philosophy.</td>
</tr>
<tr>
<td>▪ List of teaching materials that you have developed and implemented such as course syllabi, learning aids, and tools.</td>
</tr>
<tr>
<td>▪ Peer and learner evaluations</td>
</tr>
<tr>
<td>○ A tabular summary of separate peer and learner evaluations which includes a quantitative average, scoring range, and normative scores (i.e., comparative with other faculty)</td>
</tr>
<tr>
<td>○ Documentation should be comprehensive rather than selective with inclusion of all available evaluations.</td>
</tr>
</tbody>
</table>

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<tr>
<th>8. ☐ TEACHING PORTFOLIO (only for excellence and scholarship in teaching)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A formal teaching portfolio is required only for faculty members being recommended for promotion on the basis of excellence and scholarship in teaching. The teaching portfolio must be included in the documentation submitted to the Dean’s office. Teaching quality can be documented via learner evaluations, supporting letters from current or former learners, and evidence of achievement of learners (e.g., post-docs who have become independent researchers). Teaching quality may also be evidenced by teaching awards, and/or recognition as an outstanding academic role model or mentor for medical, allied health, and graduate students, house staff and fellows. This portfolio must contain the following:</td>
</tr>
<tr>
<td>▪ A reflective statement of teaching goals and philosophy</td>
</tr>
<tr>
<td>▪ Detailed summary of the candidate’s teaching activities</td>
</tr>
<tr>
<td>▪ Summary of qualitative and quantitative evaluations of the candidate’s teaching activities collected from students, peers, and supervisors</td>
</tr>
<tr>
<td>▪ Documentation of major educational responsibilities</td>
</tr>
<tr>
<td>▪ Examples of the products of the candidate’s teaching</td>
</tr>
<tr>
<td>▪ List of teaching awards and accomplishments</td>
</tr>
</tbody>
</table>
## Promotion to Full Professor
### Required Materials to be Submitted

1. ☐ **AREAS OF EXCELLENCE AND SCHOLARSHIP**
   - **Tenure Track.** For promotion review to Tenured Full Professor, please indicate your two areas of excellence and one area of scholarship. Areas can include: research, clinical scholarship, or educational scholarship.

   - **Fixed-Term Track.** For promotion review to Full Professor, please indicate your two areas of excellence and one area of scholarship. Areas can include: clinical activities, teaching, research, administration, or community professional service.

2. ☐ **CURRICULUM VITAE** – with research and teaching statements
   

3. ☐ **LETTERS OF RECOMMENDATION**
   
   A list of peers who are willing to evaluate your accomplishments and write letters of recommendation. This list should include their name, addresses, and emails. With the exception of those writing the Teaching Observation Letter, all referees must have attained the level of full professor. The list of referees must first be approved by the subcommittee chair prior to sending to Chapel Hill (*Appendix E*).

   - **Tenure Track faculty** – total of seven letters of recommendation:
     i. Four external, independent letters of recommendation (Two should be picked by the subcommittee chair and two by the faculty candidate, please indicate who picked which two on this list.) For faculty on the tenure track, external letters of recommendation cannot contain conflicts of interest, such as a previous collaborator, colleague, or anyone you have worked with in any capacity.
     
     ii. Two inside letters
        a. One from program director or supervisor – please solicit the letter directly with instructions to email a PDF to Ethan_Pitts@med.unc.edu
        b. One peer letter – our office will solicit the letter
     
    iii. Peer teaching observation letter – please solicit directly from a peer who has observed your teaching with instructions to email a PDF to Ethan_Pitts@med.unc.edu

   - **Fixed-Term Track faculty** – total of seven required letters of recommendation:
     i. Four external, outside letters of recommendation – our office will solicit the letters.
     
     ii. Two internal letters:
        a. One from your program director or supervisor – please solicit the letter directly with instructions to email a PDF to Ethan_Pitts@med.unc.edu
        b. One peer letter – our office will solicit the letter
     
    iii. One peer teaching observation letter – please solicit directly from a peer who has observed your teaching with instructions to email a PDF to Ethan_Pitts@med.unc.edu

4. ☐ **PEER EVALUATION FORMS** – two per each area of excellence
   
   Please provide names of peers to complete evaluation forms in your chosen areas of excellence (two peers for each area). List should include their name, academic rank,
address, email, and phone number. Our office will solicit the feedback from the people you have selected, but you should obtain their consent in advance.

5. ☐ FOUR OF YOUR MOST RECENT ARTICLE REPRINTS

6. ☐ DESCRIPTION OF YOUR SHORT- AND LONG-TERM CAREER GOALS

Describing your future role in the department, the school of medicine, the health care system, and in the discipline of family medicine (see Appendix I for example).

7. ☐ TEACHING SUMMARY

- A 1-2 paragraph narrative of your past and current teaching responsibilities, including your teaching goals and philosophy.
- List of teaching materials that you have developed and implemented such as course syllabi, learning aids, and tools.
- Peer and learner evaluations
  - A tabular summary of separate peer and learner evaluations which includes a quantitative average, scoring range, and normative scores (i.e., comparative with other faculty)
  - Documentation should be comprehensive rather than selective and include all available evaluations.

8. ☐ TEACHING PORTFOLIO (only for excellence and scholarship in teaching)

A formal teaching portfolio is required only for faculty members being recommended for promotion on the basis of excellence and scholarship in teaching. The teaching portfolio must be included in the documentation submitted to the Dean’s office. Teaching quality can be documented via learner evaluations, supporting letters from current or former learners, and evidence of achievement of learners (e.g., post-docs who have become independent researchers). Teaching quality may also be evidenced by teaching awards, and/or recognition as an outstanding academic role model or mentor for medical, allied health, and graduate students, house staff and fellows. This portfolio must contain the following:
- A reflective statement of teaching goals and philosophy
- Detailed summary of the candidate’s teaching activities
- Summary of qualitative and quantitative evaluations of the candidate’s teaching activities collected from students, peers, and supervisors
- Documentation of major educational responsibilities
- Examples of the products of the candidate’s teaching
- List of teaching awards and accomplishments
# Non-Promotion Mini-Review (Promotion deferral for three years)

## Required Materials to be Submitted (Details for fixed-term only)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td><strong>☐ CURRICULUM VITAE – with research and teaching statements</strong></td>
</tr>
<tr>
<td></td>
<td>CV must be in current University-approved format (see <a href="https://www.med.unc.edu/hr/files/2017/09/cv-standardized-format-revised-june-2014.pdf">https://www.med.unc.edu/hr/files/2017/09/cv-standardized-format-revised-june-2014.pdf</a>).</td>
</tr>
<tr>
<td>2.</td>
<td><strong>☐ LETTER OF SUPPORT FROM YOUR PROGRAM DIRECTOR OR SUPERVISOR</strong></td>
</tr>
<tr>
<td></td>
<td>Please make the request directly from your program director or supervisor with instructions to email a signed PDF to <a href="mailto:Ethan_Pitts@med.unc.edu">Ethan_Pitts@med.unc.edu</a></td>
</tr>
<tr>
<td>3.</td>
<td><strong>☐ DESCRIPTION OF YOUR SHORT- AND LONG-TERM CAREER GOALS</strong></td>
</tr>
<tr>
<td></td>
<td>Describe your future role in the department, the school of medicine, the health care system, and in the discipline of family medicine. (See Appendix I for example.)</td>
</tr>
</tbody>
</table>
Appendix E  
LETTERS OF RECOMMENDATION  

Letters of recommendation, particularly from independent evaluators, are weighed heavily in promotion consideration by the department, the school of medicine, and the University of North Carolina – Chapel Hill. Particular thought and consideration should be placed when selecting external and internal letter writers. Letters for promotion on the tenure track should address the institutional requirement for progressive scholarly productivity and national reputation. Letters of recommendation, both internal and external, must be written by peers who have achieved the same rank or higher as the faculty member’s next sought rank.

<table>
<thead>
<tr>
<th>TENURE TRACK</th>
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<tbody>
<tr>
<td><strong>Promotion to Associate Professor AND Full Professor (7 letters)</strong></td>
<td></td>
</tr>
</tbody>
</table>
| - Four external, independent letters of recommendation  
  - These letters must be free of conflicts of interest and cannot be from a previous mentor, teacher, student, colleague, supervisor, etc.  
  - Must be on the tenure track and at the rank of promotion review or higher |  |
| - Two internal letters of recommendation  
  - One from program director or supervisor (faculty member to solicit)  
  - One from a peer |  |
| - Peer teaching observation letter (faculty member to solicit) |  |

<table>
<thead>
<tr>
<th>FIXED TERM TRACK</th>
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</thead>
<tbody>
<tr>
<td><strong>Promotion to Associate Professor (5 letters)</strong></td>
<td></td>
</tr>
</tbody>
</table>
| - Two external independent letters  
  - Two selected by subcommittee chair  
  - Two selected by faculty member |  |
| - Two internal letters  
  - One from program director or supervisor (faculty member to solicit)  
  - One from peer |  |
| - Peer teaching observation letter (faculty member to solicit) |  |

| **Promotion to Full Professor (7 letters)** |  |
| - Four external independent letters  
  - Two selected by subcommittee chair  
  - Two selected by faculty member |  |
| - Two internal letters  
  - One from program director or supervisor (faculty member to solicit)  
  - One from peer |  |
| - Peer teaching observation letter (faculty member to solicit) |  |
Appendix F
POST-TENURE REVIEW PORTFOLIO

THE SCHOOL OF MEDICINE - UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

All faculty members in the UNC School of Medicine who are about to undergo post-tenure review will facilitate the review process by preparing a detailed review portfolio, which should include:

INTRODUCTORY STATEMENT
This one page self-assessment will be written by the faculty member undergoing post-tenure review and should summarize the faculty member’s accomplishments during the preceding five years and his/her goals for the next five years. The five-year goals should include milestones that are aligned with annual performance evaluations conducted by the department. These plans can be modified annually by the faculty member, in consultation with the department chair.

UPDATED CURRICULUM VITAE
This document should be prepared according to the standard UNC-Chapel Hill format for Curriculum Vitae (see https://www.med.unc.edu/hr/files/2017/09/cv-standardized-format-revised-june-2014.pdf).

REVIEW OF SCIENTIFIC/SCHOLARLY ACTIVITIES *
A. A listing of all peer-reviewed and other publications during the past 5 years
B. A listing of scientific/research presentations made during the past 5 years
C. A listing of positions held on NIH study sections and/or comparable committees
D. A listing of associate editorships or positions on editorial boards
E. A listing of any other accomplishments
F. A listing of research support (please employ the format used for NIH other support)
   1. Active Support
   2. Pending Support

ADMINISTRATIVE DUTIES
A. Administrative positions held with a brief description of duties, responsibilities and time commitment.
B. Committee membership in the department, school of medicine, university, nationally, or internationally.
C. Other administrative duties/responsibilities

AWARDS/HONORS/RECOGNITION *
A. Please provide a listing of honors and awards received since the last review
* If this information is available to the post-tenure review committee in the Curriculum Vitae of the faculty member, it is not necessary to reproduce it separately in the Portfolio.

TEACHING
A. Courses (include semesters/year, number of of hours lectured, number of hours in lab, etc.)
   1. Course director (give course title)
   2. Course Instructor (give course title)
B. Resident supervision (clinic, inpatient) - days/week
C. Fellow supervision (clinic, inpatient) - days/week
D. AHEC lectures
E. Other teaching responsibilities

**CLINICAL ACTIVITIES**

A. Attending physician (months/year)
B. Consulting physician (months/year)
C. Clinic activities (days/week)

Once the faculty member has completed his/her portion of the portfolio it should be turned into the primary departmental chair’s office.

The chair of the primary department for each faculty member undergoing post-tenure review is responsible for preparing a letter in which he/she delineates (and places in both quantitative and qualitative perspective) the contributions that the faculty member makes to the overall activities of the department. In addition to activities such as research, teaching, clinical responsibilities and service commitments, the chair should address the faculty member’s mentoring of other faculty and staff as part of his/her service to the department and larger university community.

The departmental chair’s office will deliver the portfolio to the dean’s office for review.
INTRODUCTION

The UNC Department of Family Medicine has a formal process for reviewing non-tenure track full professors in a similar manner to that of the post-tenure review (PTR) for tenured professors mandated by the University of North Carolina at Chapel Hill.

This document defines in a formal manner the process of non-tenure review (NTR) for the UNC Department of Family Medicine. Like the PTR set forth by the UNC School of Medicine, the purpose of this NTR process is to promote faculty development, ensure faculty productivity, and provide faculty accountability. It is the intent of the leadership of the department of family medicine to implement this review process in a manner that is both constructive and fair and is as close as possible to the PTR process. The goals of the NTR are to enhance the quality of the school and the department, assist the professional development of each member of the faculty, and assure that all learners receive instruction that is of the highest quality. The process resembles the guidelines for PTR that have been defined by the board of trustees of the University of North Carolina at Chapel Hill and by the board of governors of the University of North Carolina.

All faculty members of the department who have been granted permanent full professor status will be reviewed every five years. As a general principle, the faculty members selected for review each year will be those with the longest accrued time since the last formal evaluation.

REVIEW POLICY

All members of the faculty of the department are expected to maintain the standards of excellence that are set forth in the existing tenure and promotion policy. The process of NTR should not be perceived as a threat to any member of the faculty. Rather, it represents a supplement and a logical extension to the various systems of review and ongoing career development that are currently in place in the department and the school of medicine. These include all the prior reappointment and promotion reviews of the faculty member and reviews related to leadership positions.

As with all of the other reviews that are conducted in the school of medicine, the specific areas that will be evaluated during the course of NTR include: 1) research and scholarly work; 2) teaching; 3) administration; 4) clinical activities (when applicable), and 5) community professional service.

REVIEW PROCESS

The steps that comprise the non-tenure review process include:

1. Like tenured professors, non-tenured full professors in the department of family medicine will undergo a review every five years.

2. The candidate for review will present him/herself to the full professors’ committee for feedback.

3. The chair of the department will identify eligible faculty members for review.

4. Professors scheduled for review will be notified at least six months in advance, allowing ample time to prepare review materials. This will provide the faculty member ample time to accumulate the various review materials.
5. The full professors will provide a written summary of their conclusions and recommendations to the department chair and to the faculty member.

**NON-TENURE REVIEW PORTFOLIO**

All faculty members undergoing non-tenure review will facilitate the review process by preparing a detailed review portfolio, which should include:

I. **INTRODUCTORY STATEMENT**: this 1-2 page self-assessment is written by the faculty member undergoing NTR and should summarize the faculty member’s accomplishments during the preceding five years and his/her goals for the next five years.

II. **UPDATED CURRICULUM VITAE**: This document should be prepared according to the standard UNC-Chapel Hill format for curriculum vitae.

III. **SUPERVISOR LETTER**

IV. **INPUT FROM THE CHAIR**
Appendix H

EXAMPLE: SUBCOMMITTEE REPORT

TO: Warren P. Newton, MD, MPH
    Chair, Department of Family Medicine

FROM: Margaret R. Helton, MD (Chair); Sue Slatkoff, MD; Bert Fields, MD

RE: Report and Recommendations of the Subcommittee to Review Mark Gwynne, DO, for Promotion to Clinical Associate Professor

DATE: Sept. 23, 2014

On Sept. 23, 2014, the above subcommittee met and reviewed the promotion package of Mark Gwynne, DO. He has strong letters of support and a comprehensive package of evaluations. Based on our review and discussion, we unanimously recommend that Dr. Gwynne be promoted to Clinical Associate Professor, on the basis of excellence in teaching, clinical care, and administration. This letter summarizes the subcommittee's review and evaluation.

Training and Work Experience

Dr. Gwynne received a B.A. from Swarthmore College in 1993 and a D.O. from Nova Southeastern University in Fort Lauderdale in 2001. His residency training was in the UNC-Chapel Hill Department of Family Medicine from 2001-2004 where he served as chief resident during his senior year. He began his academic career in 2004 as a Clinical Instructor in family medicine at UNC-CH and was promoted to Clinical Assistant Professor in 2007.

Clinical Work & Clinical Administration

Between his extensive past work at Chatham Hospital Inpatient and ED, along with his work at UNC-CH, he has developed into a skilled clinician in both outpatient and inpatient medicine across the entire life spectrum, including intensive care, acute care, and many procedures. This solid grounding in clinical medicine enhances his credibility as a clinical leader and has made him a competent and trusted administrator.

Mark’s undertook clinical administrative responsibilities within a year of his graduation from residency. He served as Medical Director of Chatham Primary Care from 2005-2010, Medical Director of Chatham Hospital Emergency Department from 2006-2008, Chief of Staff of Chatham Hospital from 2006-2010, and as Medical Director of Chatham Hospitalist Service from 2007-2013. During these years, he earned the trust of the community and developed an interest in finding creative solutions to drive innovation and quality improvement. He was immersed in the complexity within health care systems including the interplay of clinical care and reimbursement structures, management of interdisciplinary teams in and out of the hospital, and the changing role of physicians. His administrative skills were widely recognized and in 2010 he was recruited back to UNC-Chapel Hill where his accomplishments are significant:

- **Director of the Family Medicine Center**: Mark started as co-director of the family medicine center in 2010 and assumed the full directorship in 2013. He successfully manages the largest clinic in the UNC system, a complex family medicine center with 18,000 patients and 56,000 annual visits and collections of $5.8 million. He oversees the full scope of clinical
and ancillary services, clinical pharmacists, behavioral health and care management, procedural services, department managers and a large staff of clinical and clerical support.

- **Epic Implementation**: Mark led the effort to successfully implement Epic into the family medicine center, a monumental undertaking that went as smoothly as it possibly could have with minimal disruption to patient access or care and clinical revenue beyond what was projected.

- **ACTion: Accountable Care in Transitions**: This effort uses team-based care involving care managers and pharmacists to manage medically complex patients at increased risk for hospital re-admission. He has been asked to be the lead physician on the Outpatient Transitions Collaborative for the health care system.

- **NCQA PCMH Level 3 accreditation**: He coordinated and led an interdisciplinary team that developed a novel behaviorally based registry (tobacco use), clinically relevant and registry-based patient outreach efforts, and initial implementation of a clinic wide patient self-management process, leading to successful application for 2011 PCMH certification.

- **Embedded care management**: He secured funding and developed this innovation that supports clinicians and patients in the care of high need patients. He was a co-author on a paper that describes this organizational approach. He also developed a co-located psychiatry consult service in the FMC.

- **Lean Redesign**: The FMC is the showcase clinic in the health care system for this innovative approach to patient care and Mark is involved in the operational effort to implement this and acculturate the department to this approach.

- **CSI (Clinical Systems Improvement) Team**: Mark leads an interdisciplinary team that focuses on quality improvement within the FMC which focused on prevention and chronic disease management. Two national presentations by resident groups on quality improvement projects came out of this work.

- **PACE (Pt Satisfaction, Access, Continuity and Efficiency)**: Interdisciplinary team focused on the specific aspects of work flow, access and continuity within the FMC.

- **Patient Advisory Council**: Implemented an outpatient Patient Advisory Council that provides input and advice to the leaders in the family medicine center.

- **TeamSTEPPS**: Implemented a novel approach to outpatient communication and teamwork

- **Wellness@Work**: Successful implementation, direction and continuation of a health program for wellness, minor illness, and chronic disease management for employees at several organizations, including the Town of Chapel Hill. For this, he was recognized by the Triangle Business Journal in 2013.

- **UNCHC Primary Care Improvement Collaborative**: He led the family medicine teams in a collaborative to improved clinical quality metrics and addressed requirements for PQRS and Meaningful Use, which influenced population management aspects of Epic implementation.

- **I3 Collaborative**: I3 is a residency education and patient care collaborative involving primary care residency programs in North and South Carolina and Virginia. Mark is one of the leaders in this initiative.

### Teaching

Dr. Gwynne is an active and engaged teacher of family medicine residents and medical students with an encouraging style that honors the humanity of the learner while focusing clinical reasoning and critical thinking. He teaches as an outpatient preceptor and attends for four weeks on the inpatient service. He developed the rural emergency medicine and hospitalist rotations at Chatham Hospital that are highly valued by residents. Naturally, he also teaches practice management. He teaches quality improvement through mentoring the R3’s in their QI projects, using the Institute of Health Model for improvement. This has resulted in four consecutive years of presentations for residents at STFM. He fosters clinical leadership for senior residents by overseeing their development as team leaders. He mentors administrative interns and MPH students in quality improvement projects and clinical operations. He lectures
in the Resident Master Class Curriculum, which addresses practice management and QI. Mark has given Grand Rounds at Chatham Hospital, including topics such as the Patient Centered medical home and inpatient medicine.

Evaluations from Learners. Colleagues and residents give Mark excellent evaluations regarding his teaching. Sample comments from residents include: “Mark is the best attending I have worked with on FMIS, and his feedback was the most useful feedback I’ve received,” “Dr. Gwynne did a wonderful job of pushing me to think broadly and consider a wide thought process with all of my patients,” “Mark is one of my favorite attendings because his fund of knowledge is unbelievable! He knows things above and beyond what I expect an attending to know and he effectively teaches us what he can with each clinical encounter. He is kind, approachable, models excellent patient care and really fun to work with,” “Mark operates on a different, Zen-like wavelength than the rest of us and moves seamlessly between the roles of educator, supporter, advisor, and leader,” and “It is sad to see him have more administrative responsibilities only in that he is not as available to teach and learn from.”

Golden Apple Award. The crowning achievement in Mark’s teaching efforts over the past years is the 2013 Golden Apple award. This is awarded annually by the graduating class in recognition of excellence in clinical teaching. He has also been selected twice by the graduating class to deliver a Pearl lecture.

Scholarly Productivity
Mark has five publications and 10 abstracts from national presentations, including two clinical PURLs. His active work on quality improvement and curriculum has resulted in four consecutive years of national presentations at the Society of Teachers of Family Medicine annual spring conference. He has recently submitted two papers and has numerous potentially fruitful projects underway, including a study of referral curricula within I3 programs.

Personal Qualities
Mark has the requisite characteristics of leadership, citizenship, integrity, and willingness to collaborate. His calm demeanor, sense of humor, and sense of personal balance promote a healthy work environment and model behaviors that colleagues respect and learners hope to emulate.

Future Career Directions and Plans
Mark will continue to work on quality improvement and clinical innovation. He has earned a positive reputation across the health care center. Al Daugird, a major leader in UNC Health Care, considers Mark a “rising clinical leader” and sees “an expanding role for him at UNC as well as regionally and nationally.”

In addition to actually doing this work, Mark recognizes that the next steps in his academic development involve focused scholarly activities and dissemination in these areas. He would also like to explore teaching in the faculty development fellowship and would like to play a more active role in residency leadership.

Summary and Recommendations
The subcommittee unanimously and enthusiastically concludes that Dr. Mark Gwynne merits promotion to Clinical Associate Professor on the basis of excellence in clinical care, teaching, and administration.

[SIGN & DATE]
Appendix I

EXAMPLE: GOALS STATEMENT

GOAL STATEMENT

Introduction
When I was invited to join the faculty in the Department of Family Medicine in April 1997, I brought to the position extensive experience in administration, in curriculum development and design, and in teaching in public health, private industry, and medicine. Nonetheless, newly developed skills in primary care research and program evaluation initially defined my role in the department. Although I was appointed to the faculty based on my potential contribution to departmental research, all three areas (administration, teaching, and research) have melded my experiences as a faculty member promoting the Department’s mission. Further, community service has been a major focus, whether in administration, teaching, or research.

Teaching
To me, being an effective teacher in a clinical or community setting demands a strong expertise in curriculum development and design, an enthusiastic desire to communicate effectively with team members in the implementation and evaluation of curricula, and a pragmatic realization about the contributions a generalist educator can add to the department and the School of Medicine’s mission in the areas of medical education, patient care, and service to the community. My teaching roles and responsibilities reflect my generic background in curriculum development and design and in my passion for providing opportunities for new learners in all communities. I especially enjoy the creativity involved in curriculum development and design and in finding innovative ways to stimulate learners, particularly those who are skeptical or in need of clarification of their own goals. Additionally, I venture into undeveloped or underdeveloped areas in the field of medicine that contribute to reducing disparities in health care, particularly for diverse and vulnerable populations in North Carolina. I also make a concerted effort to include learners in that endeavor providing the opportunity for them to clarify their own values about working with the underserved, about research as a career, and life-long community service as part of their professions.

My teaching incorporates evidence-based research and inquiry, and integrates various aspects of community service to create a broad and extensive experience for various levels of learners. I co-direct the Working With the Underserved Preceptorship, an Interdisciplinary Summer Rural Health Team course, and an interdisciplinary course in Rural Health, all on the graduate and professional levels. Until 2003, I co-directed the Department’s Summer Student Research Assistantship Program. I gained much satisfaction and personal intrinsic reward, combining my interests in research, service, and administration in teaching the Summer Research Assistantship Program. When the Pre-Doctoral Section moved the program to the Office of Student Research, my role in departmental teaching was significantly reduced. Rather than directing the course, I now teach all medical students one three-hour session during the summer. Therefore, one of my long-term goals is to be more involved in teaching in other areas of the Department.

Short-term Goals (1-3 years) are organized by the three major functions within the department: Medical Student Programs, Residency Training, and Faculty Development Fellowship, and with my involvement in teaching in the community.
Medical Student Programs. I plan to continue collaboration with clinician and non-clinician faculty in the Pre-Doctoral section to create new approaches to involving medical students in working with underserved and vulnerable populations. I plan to do this by participating as a member of the faculty in the Education for Lifelong Serve project, which addresses community service and community scholarship. My specific goals are to:

1. Co-direct the Working with the Underserved Preceptorship, seeking feedback from both students and community preceptors on how we might best meet both student learner and community needs, with a longer-term goal of encouraging graduates to practice with underserved and rural populations or to conduct research on health disparities, which will also impact the lives of citizens of North Carolina.

2. Develop and direct a special course for students interested in working with Hispanic populations. This course, probably an elective for advanced studies in Spanish for Health Professionals, would include at least a two-week immersion in Mexico and feature a clinical rotation as part of the immersion. Mexico was selected because of the population profile of Spanish-speaking residents of NC.

Residency Training Program. I plan to negotiate a more active role in Residency Training as Director or Co-Director of the Community Medicine component. This role would utilize my expertise in curriculum development and design, my experience in working with the community, and my previous experience in participating as a member of an interdisciplinary primary care team in an outpatient and inpatient setting. I also believe that long-term, this curriculum will better prepare residents for their practice of family medicine, regardless of the population or location of the practice. I would like to strengthen the community medicine component by developing a longitudinal curriculum that is seamless, rather than the “pieces” that are now offered to residents. I also plan to continue to improve the Spanish Immersion course for residents based on direct feedback from learners and from program evaluation that examines the progression of learning during the weeklong session.

Faculty Development Fellowship. Short-term goals for the Fellowship are to expand my teaching responsibilities from the annual session on Use of the MBTI to a more active role as a research advisor and possibly instructor in professional development segment or in communications. I have experience in teaching in both of these areas and plan to observe during 2003-2004 to determine how I might best contribute. I also plan to continue my involvement in the integration of the community medicine component in the existing curriculum.

In summary, my short-term goals shape my long-term goals in teaching. In order to realize my long-term goal of a stronger teaching role in the Department. I must set the steps in motion by increasing collaboration with Residency and Faculty Development Faculty. These short-term goals also allow for a more collegian working relationship with faculty across the department, rather than limiting my activity to Pre-Doctoral Education.

Research
Short-term research goals involve data analysis and manuscript preparation for the long-term community-based research projects with which I have been involved. One of the projects spanned six years and the other, three years. In addition, I have assumed responsibilities for evaluation of minority populations’ projects on teen tobacco prevention. This is a new area.

Research/Short-Term Goals (1-3 years).
1. Complete the preparation of eight manuscripts by the end of 2003, with another three
manuscripts in 2004. These manuscripts are well underway, and many are in final stages of preparation.

2. Consult with the minority teen prevention project for tobacco prevention, crafting a strong evaluation as a core team member of the UNC evaluation staff.

3. Continue to write proposals where I can combine my interest in community service and in program evaluation and health services research.

**Long-term Research Goals (3-5 years).**

My long-term research goals are to continue community-based or participatory action research in the area of immigrant health and on the issue of domestic violence, where my research topic has clearly emerged. This is also an area where I have fostered national contacts and collaboration with colleagues of similar interest. To develop my interest in immigrant health and research in health disparities for underserved and vulnerable populations, I plan to spend a month in Mexico immersed in the culture and the language.

**Community Service**

Community service is an inherent part of both my personal and professional life and fits well within the Department’s mission and the mission of the University. I plan to continue focusing on the areas of Immigrant Health and Domestic Violence. My short-term goals in community service is to limit my focus to the two areas mentioned above, moving away from service in the area of alcohol and substance abuse. By limiting my focus, I believe that I will be able to contribute more in the areas of policy-making in the community and in the state, affecting access to and availability of health care.

**Summary**

My long-term goals are to follow the stated mission of the Department of Family Medicine, collaborating with the faculty within Aycock Building and the statewide family medicine program as well. I would like to finish my career as the Director of Community Medicine in the Residency Program and play a major role in teaching in the department, using my research and community service as the lynchpin to make that happen. While this may appear to be a drastic change of direction away from research I have always viewed research as a mechanism to help inform the areas of teaching and community service; therefore, it can take no less a role than the other areas of focus.
### Appointment, Promotion, and Tenure Resources

1. **UNC School of Medicine Guidelines for Appointment, Reappointment and Promotion of Faculty:**


4. **Trustee Policies and Regulations Governing Academic Tenure within the University of North Carolina:** [https://www.med.unc.edu/hr/files/2017/09/tenure.pdf](https://www.med.unc.edu/hr/files/2017/09/tenure.pdf)

5. **Research Resources:** [https://www.med.unc.edu/fammed/research/for-researchers/](https://www.med.unc.edu/fammed/research/for-researchers/)