# Perelman School of Medicine COAP Guidelines

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## Introduction

The Perelman School of Medicine (PSOM) at the University of Pennsylvania has 4 full time faculty tracks to support the heterogeneous academic achievements of our talented faculty. The diversity of contributions by our faculty is critical to maintaining the excellence of the medical faculty as a whole.

The purpose to this document is to provide guidance to faculty and departments on the processes and procedures related to faculty appointments and promotions. Several key terms that appear throughout this document are defined here to promote better understanding of the process:

- Collaborative research - distinctive contributions to a team of contributing investigators that result in publication and are recognizable by Extramural Consultants and others. Individual investigators should be able to identify their unique, original, and expert skills and ideas contributed to a project.
- Community engagement - institutional, local, national, and international community contributions that are closely aligned with and complementary to a candidate's academic work. Such activities should reflect innovations in science, medicine and healthcare that lead to demonstrable improvement in knowledge, health (individual or population), health care or health delivery.
- Impact - the direct effect of one's work on science, medicine, health care, patient care and/or our community. It can be assessed by a variety of metrics. See metrics in Appendix A.
- Institutional citizenship - participation in service relevant to a faculty member's academic activities and to the missions of the school and University. It encompasses efforts including but not limited to mentoring, professionalism, and health equity.
- Professionalism - exemplary behavior including the demonstration of honesty and integrity in all realms of work, respect for patients, colleagues, staff and learners at all levels, evidence of continuous learning and self-management toward a goal of personal betterment, the encouragement of questions, debate, and acceptance of diverse viewpoints without prejudice or bias, and consistent with the Penn Medicine Professionalism Statement.
- Trajectory – momentum in pursuit of one's career path. It is expected that the trajectory of one's career grows over time. Promotion anticipates continued upward trajectory and impact. Trajectory will be interpreted within the context of mitigating life circumstances.

# The COAP and its Activities

The primary role of the PSOM Committee on Appointments and Promotions (COAP) and COAP Subcommittee for Academic Clinician (AC) and Clinical tracks (COAP-ACC) is to assess candidates for appointment to the school's faculty, to assess progress and compliance with appointment requirements and track expectations for reappointment, and to assess the totality of faculty contributions for promotion. The appropriate peer group reviews each type of case with ultimate authority for all cases resting with COAP. Additionally, COAP works closely with departmental chairs, vice chairs, division chiefs, departmental COAPs, and mentors to guide individual faculty members as they develop their academic careers. COAP members are selected by the Dean in consultation with the Senior Vice Dean for Academic Affairs and the Chair(s) of the PSOM COAP from professors in the Standing Faculty (Tenure and Clinician-Educator tracks) and includes the Chair(s) of the COAP-ACC. Chair(s) of the COAP-ACC will be professors on the Academic Clinician track and members are appointed by same process as described for COAP. Terms of service are staggered for continuity reasons. All COAP business is confidential, and members are required to sign a Non-Disclosure Agreement.

The COAP and COAP-ACC usually meet twice a month during the academic year to review every faculty appointment, reappointment, and promotion. Committee members evaluate each dossier and vote to recommend in favor or against the proposed action, or to defer for additional information. The COAP evaluates Tenure, Clinician-Educator (CE), Research, Adjunct, Visiting, and Wistar track faculty actions. AC and Clinical track faculty actions are evaluated by the COAP-ACC. AC track promotions and appointments to Associate Professor and Professor are presented by the Chair of the COAP-ACC at COAP meetings. While AC or Clinical track actions are not voted on by COAP, these actions can be further evaluated by the full COAP if requested. The Dean presents the approved recommendations for appointments at, or promotions to, associate and full professor in the Standing Faculty and Research tracks to the University's Provost's Staff Conference (PSC) where the decision is reviewed and then sent for a final decision by the Provost. The PSC members, composed of deans and other senior-level university officials who are advisory to the Provost, review the dossiers independently. In most, but not all cases, the decision of the Provost agrees with the recommendations of a school's COAP. The Provost may decline to approve a recommendation or may defer decision until additional information is provided. Approved recommendations for appointments and reappointments at the level of assistant professor in all tracks and promotions in the Academic Clinician track are presented to the Provost's Staff Conference Subcommittee by the Senior Vice Dean for Academic Affairs.

# APPOINTMENTS AND PROMOTIONS

## Initial Appointment and Reappointment of Assistant Professors

The COAP recommends that candidates for appointment or promotion be encouraged early on, well before their mandatory promotion review, to follow a career path consistent with their own interests and talents and the strategic goals of both their department and PSOM. It is essential that candidates fully understand what is expected for them to successfully advance in their academic pathway. Initial appointments and reappointments should be made in a track appropriate for the individual and consistent with the goals and expectations of the track. Track selection and the professional development of the faculty member should be reviewed by the faculty member and department chair/division chief at least annually and the Academic Plan should be adjusted accordingly.

## Track Changes

Though it should be rare, there are times when a track change may be appropriate for individuals who have substantially changed the direction of their careers, and such change meets the strategic needs of the department and PSOM. The University does not formally recognize track "conversions or transfers between tracks"; any change in track requires a resignation from the current faculty position and appointment to the new faculty position. Track changes into the Standing Faculty (Tenure or CE tracks) require a national search in addition to departmental and school support.

In general, all track changes must be completed by the year prior to the final (or only) reappointment. Track changes from the Research track (or by CE track basic scientists with no clinical duties) to the Tenure track result in the probationary period being shortened (from 10 years to 7 years), thus such track changes must be completed by the end of the first appointment (generally by year 3, if no approved extensions).

Requests for changes in track must be preliminarily reviewed by OAA and supported by the Executive Vice Dean before a department can move forward with the standard new appointment requirements. See preliminary support requirements. Any change in track must comply with PSOM and University policies (as detailed in the Faculty Handbook).

## Advisory Letters

If COAP identifies concerns in a candidate's dossier at the time of reappointment, the COAP chair will advise the department chair in writing through an Advisory Letter that highlights the apparent concerns identified by the COAP's review of the dossier based on these guidelines. The purpose of the Advisory Letter is constructive and designed to help the candidate effectively address concerns as determined by the COAP prior to the mandatory review. The Advisory Letter should be shared with the candidate and their mentor(s).

## Overview of Tracks

In general, faculty tracks are distinguished by combinations of scholarly products, teaching, and clinical work. Individuals who will emphasize building and sustaining an independent research program are most appropriate in the Standing Faculty, Tenure track. For physician scientists with clinical responsibilities, the mandatory promotion review begins in the department in year 8 and continues into the ninth year at the school and university, whereas for basic scientists with no clinical responsibilities the mandatory review occurs in the fifth and sixth year (assuming no extensions to the probationary period have been granted). Typically, physician scientists on the Tenure track will have about 20% clinical effort. A minimum of 10% clinical effort is required.

Individuals who plan to develop and sustain a record of scholarly productivity, which may include involvement in collaborative and independent research efforts and other peer-reviewed published works are most appropriate for the Standing Faculty, Clinician-Educator track. The Clinician-Educator track includes practicing physicians, psychologists, biostatisticians, epidemiologists, informaticians, bioethicists, clinical, laboratory, and social scientists as well as others who support clinical work in a direct manner. It emphasizes sustained scholarly productivity. Faculty on this track are expected to demonstrate excellence in teaching while those with clinical responsibilities must also demonstrate excellence in clinical care. Assuming no extensions, the mandatory review for the Clinician-Educator track begins in year 8 within the department and continues into the ninth year at the school and

university. For those CE track faculty without direct patient care, the academic plan will articulate their activities that support clinicians and clinical care.

Individuals who contribute to an existing research program, are at least initially involved in primarily collaborative research, who will not care for patients, and who will not emphasize teaching are most appropriate for the Research track of the Associated Faculty. Assuming no extensions, the mandatory review for promotion in the Research track begins in year 8 in the department and continues into year 9 at the school and university.

The Tenure, Clinician-Educator and Research tracks all require continuous and incremental scholarly productivity, including peer-reviewed publications, for success. Across these tracks, the COAP recognizes a broad range of peer-reviewed scholarly activities, including but not limited to: all areas of biomedical and health-related research; implementation science; scholarship promoting community engagement, nondiscrimination and antibias efforts; medical education; health policy; ethics; and other scholarly pursuits.

The Academic Clinician track is intended for faculty members who demonstrate impactful contributions to clinical care and education and who develop an Area of Concentration (AoC) in which they become recognized. While many AC faculty are engaged in clinical research and clinical trials, research is not a requirement of faculty on the AC track and their roles in federally sponsored research will be limited. See policy on AC Research Effort. Appointment at the assistant professor rank will generally be for three years. Individuals, following review and approval by the COAP, may serve as Academic Clinicians at the assistant professor level without limit of time through successive reappointments. There is no mandatory review timeline for promotion on the Academic Clinician track. No later than their second reappointment as Assistant Professor, faculty must designate an Area of Concentration (AoC). Potential AoCs include a broad array of areas including and not limited to clinical expertise/niche, medical education, community service and engagement, nondiscrimination and antibias efforts, health and healthcare equity, quality and safety, clinical operations, health policy and advocacy, global health and informatics.

## Process

A dossier consisting of a Personal Statement, Chair's Recommendation Letter, Academic Plan, curriculum vitae (CV), and depending on the track and appointment or promotion, internal and/or external letters and an Education Portfolio, is submitted by the chair to the Office of Academic Affairs. The Personal Statement is a critical part of the dossier and is an invaluable document to assure that a person reviewing the dossier understands the candidate's career narrative, including any mitigating factors that might have affected their development and trajectory. This narrative offers an opportunity to illuminate one's role in collaborative efforts, and to explain the rationale for transitions of research interests based upon evolution of the field and/or one's interests and expertise.

For the Education Portfolio, the Education Officer for the departmental COAP obtains comprehensive records on the candidate's educational activities and then provides a detailed summary report to the departmental COAP. An Education Portfolio is not done for Research track faculty because teaching is not required in this track. Faculty on the Tenure, CE, and AC tracks are required to provide at least 100 teaching credits per year as defined by PSOM.

For appointments and promotions at the level of associate professor or professor in the Tenure,

Clinician-Educator and Research tracks, letters are requested from Extramural Consultants from peer institutions in the faculty member's field who are able to evaluate the candidate's academic impact and, where applicable, their clinical and teaching abilities. Extramural Consultant solicitations are conducted by PSOM COAP.

For appointments and promotions at the level of associate professor or professor in the Academic-Clinician track, peer references are solicited to evaluate the candidate's impact in the designated Area of Concentration. Peer Reference solicitations are conducted by the department.

# COAP STANDARDS FOR PROMOTION OR APPOINTMENT

## Overview

### All Faculty Tracks

Institutional citizenship and professionalism are core features of the promotions process. Institutional citizenship includes service relevant to faculty member's academic activities and to the missions of the school and University. It encompasses efforts related to mentoring, professionalism, and health equity. All PSOM faculty seeking promotion are expected to exhibit sustained professional behavior. Professionalism refers to exemplary behavior including the demonstration of honesty and integrity in all realms of work, respect for patients, colleagues, staff and learners at all levels, evidence of continuous learning and self-management toward a goal of personal betterment, and the encouragement of questions, debate, and acceptance of diverse viewpoints without prejudice or bias. Department chairs are expected to attest to the sustained professionalism of a faculty candidate in the chair recommendation. Persistent professionalism concerns will be carefully considered during the evaluation process.

For candidates who are being proposed for appointment to the rank of associate professor or professor, the COAP will consider the totality of the candidate's previous accomplishments, reputation, and the potential impact the candidate will have on the prestige and mission of the PSOM and the University of Pennsylvania. Previous leadership roles and prior institutional impact may be relevant for individuals being appointed to major academic leadership positions. Likewise, reputation and impact accrued in a faculty position at the appointed rank or equivalent at a peer institution, may be considered as part of the promotions process.

## Standing Faculty and Research Track

Fundamental to promotion in the Standing Faculty and research track is evidence of continuous scholarly productivity and an evaluation of the totality of the impact of a candidate's body of work. Impact is typically assessed using metrics listed in Appendix A. Where possible, impact should include consideration of the validation and reproducibility of a candidate's work overtime. Community engagement must be closely aligned with and inform a candidate's scholarly work if to be considered a substantial contributor to the overall assessment of impact. Such activities should reflect innovations in science, medicine and healthcare that lead to demonstrable improvement in knowledge, health (individual or population), health care or health delivery.

There is no set formula for promotion. Each candidate for promotion will have generated a highly unique set of contributions that will be independently evaluated. This independent review highlights the critical need for the Personal Statement, a well-described career narrative that identifies significant achievements and, when appropriate, mitigating circumstances. There must be clear evidence of

national impact and recognition for consideration of promotion to associate professor and national/international impact for consideration of promotion to professor. An upward trajectory of an individual's achievements and impact will be carefully evaluated during consideration of promotion to professor.

The timing of a promotion request is not relevant to the assessment of a case for promotion. The decision to promote is based on the peer review of one's impact in their field. Generally, promotion to associate professor does not occur before the second or final reappointment. It is recognized that some faculty on a steep trajectory may be ready for promotion sooner. Generally, no faculty will be eligible until after successful completion of their first reappointment unless they have completed at least 2 years in a faculty position in a peer institution. Such proposals will be rare and should be pre-reviewed by the PSOM COAP chairs prior to initiating a request for promotion in the department.

Promotion to Associate Professor, and awarding of tenure if relevant, must be achieved by the end of the mandatory review year within the 7-year or the 10-year probationary period as defined by track. Promotion to Associate Professor in the standing faculty can only be voted on once at the level of the school. If a candidate is turned down by PSOM COAP at any point within the candidate's probationary period, the case will not move forward to the Provost and a terminal year appointment will be issued. Department Chairs may request to present an appeal to a negative COAP Decision if they have concerns that there has been an error in process and/or omission. Following an appeal presentation, the committee will re-consider the case. Such a re-vote will be considered final. Any case approved by COAP but subsequently declined by the Provost, even before the mandatory review year, cannot be reconsidered and a terminal year appointment will be issued.

A faculty member is eligible for promotion to Full Professor **three years** after their appointment or promotion to Associate Professor. The effective date of the new rank must be at least three years after the effective date of the previous promotion/appointment. Because the formal review process begins in the d-COAP and takes approximately one full year, the department can begin its evaluation the year before the proposed effective date in keeping with that year's procedures and schedule due dates.

If a proposal to Professor is declined by any of the review committees, the candidate may be brought forward again, but the effective date must be at least three years after the previously proposed effective date.

## Academic Clinician Track

Fundamental to promotion in the AC track is evidence of engagement and impact in one's Area of Concentration, education, and practice related activities. Engagement in this context refers to institutional, community, national and international contributions that may be closely aligned with and complementary to a candidate's Area of Concentration or may be examples of institutional citizenship.

The decision to promote is based on the peer review of one's impact in their AoC. Time to promotion is unique to each candidate. Most commonly, promotion to Associate Professor does not occur before the second reappointment. However, it is recognized that some faculty on a steep trajectory may be ready sooner, and therefore faculty are eligible for consideration following the first reappointment (thus, year 4). Time in rank at a previous institution may be considered when assessing a candidate's trajectory and engagement, thus candidates with at least two years in a faculty appointment prior to PSOM, could be considered concomitantly with the first reappointment. Such proposals will be rare and should be pre-reviewed by the PSOM COAP ACC chair prior to initiating a request for promotion in the department.

If a promotion to Associate Professor is declined by COAP-ACC, the candidate may be brought forward again, but no sooner than 3 years following the effective date of the original submission.

AC track faculty are eligible for promotion to Full Professor **three years** after their appointment or promotion to Associate Professor. The effective date of the new rank must be at least three years after the effective date of the previous promotion/appointment. If a promotion to Professor is declined by any of the review committees, the candidate may be brought forward again, but the effective date must be at least 3 years after the previously proposed effective date.

## Standing Faculty – Tenure Track

### Promotion to Associate Professor

The main criteria for promotion is evidence of continuous scholarly productivity since the initial appointment to the Standing Faculty and the national impact of a candidate's body of work. Impact refers to the direct effect of one's work on science, medicine, healthcare, and/or our community. The assessment of impact for this rank will focus on the review of one's independent research program that has produced a series of peer-reviewed original research articles and which is funded by highly competitive peer reviewed federal and foundation-based awards for which the candidate serves as principal investigator. The impact of the candidate's work within their field of expertise and within team science is expected to have continuously evolved and/or expanded in a clear upward trajectory since their appointment and must be clearly described in the candidate's dossier.
Collaborative and interdisciplinary research will also be considered especially when the faculty member's contributions were important to the success of the project.

Successful candidates will have had impact in their area of expertise such that their achievements will be acknowledged by Extramural Consultants. (Additional metrics of impact can be found in Appendix A.) In addition, there should be records of educational impact, professionalism, and institutional citizenship as well as clinical excellence for those involved in clinical care.

### Promotion to Professor

The main criteria for promotion at this rank is evidence of continuous and upward trajectory of scholarly productivity since the last promotion that has resulted, when appropriate, in the international impact and recognition of the candidate's academic pursuit. The successful candidate will be among the top scholars in the country in their area of expertise, with evidence of having significantly expanded the impact of their independent research program since promotion to associate professor.

Over the course of their associate professorship, most individuals will have been awarded multiple highly competitive peer reviewed federal and foundation-based awards as principal investigator and will currently serve as a principal investigator for one or more awards. The impact of the candidate's work within their field of expertise and within team science is expected to have continuously evolved and/or expanded in a clear upward trajectory since the last promotion and must be clearly described in the candidate's dossier. Collaborative and interdisciplinary research will also be considered.

Successful candidates will have significantly advanced science, education, medicine, and/or other pursuits in their area of expertise with such advancements acknowledged by Extramural Consultants. In addition, there should be increasing records of educational impact, sustained professionalism, and institutional citizenship as well as sustained clinical excellence for those involved in clinical care.

(Additional metrics of impact can be found in Appendix A.)

## Standing Faculty – Clinician-Educator

### Promotion to Associate Professor

The main criteria for promotion is evidence of continuous scholarly productivity reflecting a defined focus resulting in national impact of a candidate's body of work since their appointment. Impact for this rank will include an assessment of scholarly productivity (defined as original peer reviewed publications, editorials, chapters, and reviews). (Additional metrics of impact can be found in Appendix A.) Collaborative and interdisciplinary research, and team science is expected and encouraged and will be strongly considered but the candidate's role must be clearly described in the dossier.

Successful candidates will have scholarly pursuits, as acknowledged by Extramural Consultants, that have advanced an aspect of PSOM's mission with respect to science, medicine, healthcare, education, community engagement, etc. Extramural funding (as PI or co-I) is not required for those with clinical privileges but is required for those without other sources of support. Extramural funding may be used as evidence to support an evolving reputation and scholarly impact. In addition, there should be records of participation and excellence in educational impact, professionalism, and institutional citizenship as well as clinical excellence for those involved in clinical care. Details regarding metrics of impact are in Appendix A.

### Promotion to Professor

The main criteria for promotion is evidence of continuous and upward trajectory of scholarly productivity since promotion as associate professor that has resulted in an evolving national (often international) impact of a candidate's body of work. Impact at this rank will include an assessment of scholarly productivity defined as original peer-reviewed publications, editorials, chapters, and reviews in addition to other scholarly metrics listed in Appendix A. Community engagement must be closely aligned with and inform a candidate's scholarly work if to be considered a substantial contributor to the overall assessment of impact. Collaborative and interdisciplinary research, and team science is expected and encouraged and will be strongly considered but the candidate's role must be clearly described in the dossier.

Successful candidates will have continued to advance a scholarly aspect of medicine in their area of expertise with such advancements acknowledged by Extramural Consultants. Grant funding (s PI or co-I) is not required for those with clinical privileges but is required for those without other sources of support. Grant funding may be used as evidence to support reputation. In addition, there should be increasing records of educational impact, sustained professionalism, and increasing institutional citizenship as well as sustained clinical excellence for those involved in clinical care.

## Associated Faculty – Research Track

### Promotion to Associate Professor

The main criteria for promotion is evidence of continuous scholarly productivity since their last reappointment and the national impact of a candidate's body of work. Impact for this rank will include an assessment of collaborative or independent research of high quality with a distinctive, original, and expert intellectual contribution that is recognized by Extramural Consultants. A series of peer-reviewed original research articles in respected journals should present a coherent body of research accomplishments. As in the above Standing Faculty tracks, it is important that the dossier clearly

communicates the candidate's specific contributions and impact in collaborative science. The candidate may have independent research grant support, usually from federal organizations, in addition to support from participation in collaborative grants. (Additional metrics of impact can be found in Appendix A.) Mentorship of graduate students or postdoctoral fellows, while not required, should be of high quality. In addition, there should be records of sustained professionalism and institutional citizenship.

### Promotion to Professor

The main criteria for promotion is evidence of continuous and upward trajectory of scholarly productivity since the last promotion that has resulted in the international impact of a candidate's body of work. The successful candidate will be among the top scholars in the country and show leadership in their area of expertise.

Successful candidates will have been awarded extramural funding as principal investigator since their last promotion, will currently serve as a principal investigator for one or more federal grants, and demonstrated substantial growth in independent scholarly leadership. Research professors are expected to be members of national research societies, study sections and national organizations. Mentorship of graduate students or postdoctoral fellows, while not required, should be of high quality. In addition, there should be sustained professionalism and increasing institutional citizenship as well as sustained clinical excellence for those involved in clinical care. (Additional metrics of impact can be found in Appendix A.)

## Associated Faculty – Academic Clinician Track

### Promotion to Associate Professor

The main criteria for promotion is the demonstration of high-quality engagement in education, clinical service, and the candidate's designated Area of Concentration (AoC). Engagement will be carefully considered and refers to institutional, community, national and/or international contributions that are closely aligned with a candidate's Area of Concentration. Throughout their career, some AC faculty may develop more than one concentration, but there should be one, clear, primary AoC which will be the focus of peer assessments at the time of promotion.

Successful candidates for promotion to Associate Professor, will be recognized by Peer References outside of one's division for demonstrated engagement in their designated AoC. Engagement for this rank can be demonstrated by invitations to speak across PSOM; service on internal or external committees; application of new models in education, patient care etc. For further description of metrics, refer to the AC Track Appendix. Promotion to this rank also requires high-quality engagement in the candidate's primary domain(s) of education and clinical work (either direct patient care or a role supporting patient care) and exhibit sustained professionalism. Candidates for initial appointment at this rank must have documented meritorious academic service on the faculty of a peer medical school and be recognized for contributions in a designated AoC to be considered favorably.

### Promotion to Professor

Achieving the rank of Professor on the AC track is not time-based, but rather an honor reflecting a candidate's continuous, upward trajectory and expanding impact in their field since the last promotion or appointment at Associate rank. The primary criteria for promotion to Professor is evidence that the candidate is broadly recognized as a leader in their designated AoC as assessed by

Peer References external to and across the Penn Medicine/CHOP systems. For most, the scope of reputation will be regional or national, but in smaller, niche fields, and depending on candidate's role, it may be more limited. Leadership can be demonstrated through roles in regional/national organizations; invited lectures outside of PSOM; recognized roles in delivery of regional/national, or CME programs etc. For further description of metrics, refer to the AC Track Appendix. A holistic review of each candidate will be performed by the COAP-ACC to assess reputation in the context of the candidate's primary AoC. Promotion to Professor also requires sustained high-quality engagement and demonstrated impactful contributions to clinical care and in the candidate's designated domain(s) of education. Candidates for initial appointment at this rank must have documented meritorious academic service on the faculty of a peer medical school and must have demonstrated regional/national impact in their AoC to be considered favorably.

For further description of promotion standards and metrics of impact for faculty in the Academic Clinician track refer to the AC Track Appendix.

## Associated Faculty – Clinical Track

Members of the Clinical Faculty are expert clinicians with some educational requirements. Clinical Faculty are required to provide at least 50 teaching credits per year as defined by the PSOM. Contributions in the areas of academic scholarship, medical administration and community service are especially welcomed. Ordinarily for appointment as Clinical Assistant Professor, the candidate is expected to be board eligible or certified in his or her specialty and to have evidence of clinical teaching experience (experience as a trainee is acceptable).

### Clinical Associate Professor

Reappointment in the clinical track will occur every 5 years with the possibility of promotion after 5 years at each successive rank. Candidates must demonstrate excellence as a medical educator through participation in clinical teaching, lectures, and/or formal courses, a local reputation for delivering high quality clinical care, and show sustained professionalism. Contributions in other areas of academic scholarship, medical administration, and community service will be considered. Exceptional achievements, such as scholarly contributions to the literature, national distinctions or unusual educational or administrative service, may be considered for accelerated promotion to Clinical Associate Professor. Candidates for initial appointment at a rank of associate or professor must have documented teaching excellence at a comparable medical school.

### Clinical Professor

The position of Clinical Professor is reserved for regionally distinguished clinicians with a continuing and sustained high level of commitment to Penn Medicine. Promotion to this rank will require demonstration of ongoing commitment to and excellence in clinical care, education, and sustained professionalism. Exceptional achievements, such as scholarly contributions to the literature, national distinctions or unusual educational or administrative service, may be considered for accelerated promotion to Clinical Professor. Faculty are eligible to be recommended for promotion to the rank of professor after the first reappointment (5 years at the associate rank).

## Other Categories

Colleagues may be proposed for appointment or promotion as Adjunct, Wistar, or Visiting Faculty.

Criteria for these positions are available on the Office of Academic Affairs website.

# APPENDIX A: DEMONSTRATING IMPACT FOR PROMOTION

Fundamental to promotion in all full-time faculty tracks (Academic Clinician, Clinician-Educator, Research and Tenure) is the totality of the impact of a candidate's body of work and the individual's upward trajectory over time. Impact refers to the direct effect of one's work on science, medicine, healthcare, and/or our community. The Clinician-Educator, Research and Tenure tracks emphasize scholarly achievements. Community engagement must be closely aligned with and inform a candidate's scholarly work if to be considered a substantial contributor to the overall assessment of impact. Such activities should reflect innovations in science, medicine and healthcare that lead to demonstrable improvement in knowledge, health (individual or population), health care or health delivery.

The sections below highlight examples of how impact can be demonstrated and is not meant to be a checklist of necessary requirements to achieve promotion. The Personal Statement should reflect a description of demonstrated impact for the achievements listed.

For specific metrics for the AC track, **click here**

## Scholarly Activity

Fundamental to promotion in the Standing Faculty and Research track is evidence of continuous scholarly productivity and an evaluation of the totality of the impact of a candidate's body of work. Any area of research consistent with mission of the PSOM is acceptable as long as impact and an upward trajectory of an individual's achievements over time can be demonstrated.

Demonstration of impact requires evidence of successful translation of new knowledge into new approaches, techniques, devises, programs etc. and may include:

- Peer-reviewed research papers
    - Citations of work
    - Contribution to work
    - Authorship
- Grant funding
- Academic awards
- Participation in study sections, organizing committees, etc.
- Editorial leadership roles
- External lectures and invited talks
- Patents and commercialization aligned with primary research program
- Identifiable contributions to team science
- Validation by extramural consultants.

## Education

Fundamental to promotion in the Academic Clinician, Clinician-Educator, and Tenure tracks is the totality of the impact of a candidate's educational activities as measured by high quality engagement and excellence over time. Promotion to professor requires ongoing engagement and demonstrated excellence.

**High quality engagement**

- Teaching in any of the defined categories of education
- Leadership roles in teaching or educational programs

- Innovation in local classroom teaching methods or novel application of existing teaching methods
- Developing educational products such as curriculum, assessment tools or programs, policy statements, technologies such as simulation, etc.
- Leading or substantive participation in committees related to education
- Involvement in local mentoring programs, particularly outreach programs and those that promote health equity
- Participation in CME, research, and inter-professional meetings
- Participation in the development of scholarly products related to education

**Excellence in education**

- Internal and external evaluations
- Outcomes of successful mentorship such as scholarly products, regional and national presentations by trainees, trainee career trajectory, etc.
- Course or program evaluations that reflect educational leadership roles
- Awards for teaching, mentoring, contributions and/or innovation related to education.
- Invited lectures to disseminate new knowledge related to successful education programs, interventions, curricula that have been generated by the candidate.
- Funding or scholarship specifically related to education.
- National leadership roles in education/training committees and professional societies

## Clinical

For those faculty with clinical responsibilities, impact may be demonstrated as follows:

- Contribution to the development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care locally such as a community-based program, clinical care model, practice guidelines, an innovative application of an existing technology, etc.
- Service on committees in area of clinical expertise such as developing guidelines and policies for health equity, clinical management, evaluating clinical programs, etc.
- Leadership roles in professional organizations, courses or programs related to clinical expertise
- Invitations to share expertise through invited talks, book chapters, clinical reviews
- Awards for contributions and/or innovation in the area of clinical expertise
- Regional, national, and international patient referrals
- Engagement/collaboration in clinical trials
- Clinical awards