

[Department of Radiology – March 2012]

***Department Standards of Performance According to Rank***

**Ph.D. or non-clinical M.D. :**

Research, Teaching, Scholarly activity, Mentorship

- 80% base salary coverage by grants, teaching contributions (ie paid teaching assignments)
- Scholarly activity: 2 peer reviewed first or last author publications per year
- Teaching – assigned teaching with good teaching evaluations
- Mentorship – primary responsibility for graduate students, post-docs, fellows, or medical students

**M.D. or M.D. Ph.D. with Clinical Responsibilities:**

Clinical, Teaching, Scholarly activity/Research, Mentorship

- 100% of base salary coverage by: clinical activity, grants (including clinical trials), administrative appointments, endowments
- Teaching- assigned teaching with good teaching evaluations
- Scholarly activity - 2 peer reviewed first or last author publications per year or other equivalent teaching materials
- Mentorship – students, residents, fellows

**Both:**

Professional activities on institutional, state, national levels:

- Committees
- Leadership positions
- Reviewer panels
- Contributions to CME programs

**Full Professor:**

Professional activities on international levels:

- Editorial boards,
- Visiting lectureships

## Teaching Activities

### Operational Criteria for Teaching

Teaching includes any of the following activities:

1. Teaching of students and post-graduate students, residents or fellows in the classroom, laboratory, or other specific area of expertise, etc.
2. Direction of graduate research.
3. Teaching of students and post-graduate students, residents, or fellows in the clinical setting.
4. Curriculum development: development of objectives, materials and methods, methods of evaluation, etc.
5. Student, resident, or fellow advising and counseling; student, resident, or fellow recruiting.
6. Facilitation of teaching efforts of the faculty, e.g., helping to assess the value of teaching objectives, or of methods of evaluation, providing content material for courses of study, etc.
7. Serving as a member of education, curriculum, or admissions committees.
8. Serving as a faculty instructor in continuing medical education activities.
9. Organization of a new teaching program, or integration of teaching effort within or between departments.
10. Development of teaching techniques.
11. Development of short courses or "workshops" for students, residents and fellows, postgraduate professionals, and lay public.
  
12. Development of teaching materials for any medium, including web based venues.

Evidence of the quality of a faculty member's efforts in teaching must come from student, resident or fellow evaluations, peer evaluations, teaching awards, recognition by faculty or professional organizations, etc.. For example:

1. Faculty evaluation of the objectives, methods and materials of courses that have been designed and taught by the individual.
2. Student, resident, or fellow evaluation of the performance of the individual.
3. Evaluation of teaching effectiveness by faculty who have taught with the individual or have observed the individual's teaching skills.
4. Evaluation concerning the performance of students, residents, and fellows taught by the individual whenever possible and appropriate.
  
5. Development of teaching materials, such as the preparation of a syllabus, book of procedures, course of study, laboratory manual, development of testing procedures or other modes of evaluation. This would include educational efforts directed at students, residents and fellows, postgraduate professionals, and the lay public.
  
6. Publication of peer reviewed educational research.
  
7. Invitations to teach, or to give educational presentations, by other departments, or outside the institution.
8. Published reviews of educational materials developed by the faculty member. A commitment to assigned teaching with responsibilities to include lecturing, facilitating small groups, instructing in laboratories, and other forms of participation in formal courses for medical students, residents, fellows, and/or graduate students.

### Standards of Performance for Meritorious and Excellent Performance

**Meritorious**

**Excellent**

- Meritorious evaluations by students, residents, or fellows, as part of a systematic evaluation program.
- Meritorious evaluations by peers, as part of a systematic evaluation program.
- Meritorious evaluations of courses and curricula, as part of a systematic evaluation program.
- Meritorious performance data for students, residents and/or fellows, where these can be attributed largely to the individual faculty member.
- Educational presentations or workshops at local and regional meetings and national/international professional societies.
- Meritorious evaluation by faculty mentored by the candidate.
- Excellent evaluations by students, residents, or fellows as part of a systematic evaluation program.
- Excellent evaluations by peers, as part of a systematic evaluation program.
- Excellent evaluations of courses and curricula, as part of a systematic evaluation program.
- Excellent performance data for students residents or fellows, where these can be attributed largely to the individual faculty member.
- Leadership role in educational activities at local and regional meetings and national/international professional societies.
- Teaching awards from students or peers.
- Publication of teaching materials in peer-reviewed repositories.
- National/international use of teaching materials.
- Visiting professorships.

## **Educational Scholarship**

Educational Scholarship represents the synthesis of facts and theories in creative formats that facilitate their understanding and use by others, and the development of creative methodologies that foster such understanding.

### **Meritorious**

- College-level teaching awards from peers.
- Publication of teaching materials in peer-reviewed repositories or journals.
- Development of teaching materials or curricular approaches that are adopted by other institutions.
- Publication of research on education and learning assessment in peer-reviewed journals.
- Presentation of research on education and learning assessment at national/international meetings.
- Research on the efficacy of creative new teaching materials, courses, and curricula.
- Writing review articles, textbook articles, or textbooks on content areas in health sciences education.
- Competitive local funding of educational research and development programs.

### **Excellent**

- National/international teaching awards.
- National/international use of teaching materials.
- Widespread impact of instructional, curricular, or learning assessment approaches.
- Sustained, peer-reviewed program of research on education and learning assessment.
- Competitive external funding of research program on education and learning assessment.
- Leadership role in national/international health sciences education professional societies.

## Scholarship

### Operational Definition of Scholarship

Scholarship requires the use of innovative ideas in the pursuit of knowledge. The quality of such an activity is best determined by critical review by one's peers and, to have an impact, the information must be disseminated. This is best accomplished by publication in appropriate journals, monographs, or books, and by presenting scientific papers and exhibits at scholarly meetings. Such activities provide the most compelling evidence of scholarship.

The following are methods by which scholarship is demonstrated (Relative importance is not necessarily indicated by item number).

1. Publication of articles in professional journals. Greater importance will be attributed to publications in journals that require a critical review, but all publications will be evaluated.
2. Publication of books, monographs, manuals, on paper or in electronic media. Material in these formats should advance the field in order to be considered scholarship; materials produced primarily for student teaching should be listed under teaching.
3. Invited or submitted presentations of original scientific data at major national or international meetings, or at major institutions or research organizations.
4. Demonstration of a sustained, externally funded, independent research program.
5. Leadership and/or organization of clinical trials.

### Standards of Performance for Meritorious and Excellent Performance

#### Meritorious

- Publication of articles in professional journals appropriate to the field of endeavor. Greater significance will be attributed to first and/or senior authored papers in peer reviewed journals, but all publications will be evaluated.
- Publication of books, chapters, monographs, or manuals on paper or in electronic media that are widely disseminated, evaluated by peers, and advance the field of endeavor.
- Award of extramural support commensurate with the area of interest.
- Demonstration of a sustained leadership role in an independent research program (e.g., research program leader or laboratory/clinic director).
- Evidence for a principal role in management and/or support of a

#### Excellent

- A substantial record of peer-reviewed first and/or senior authored publications that demonstrate evidence of originality as an investigator.
- A senior leadership role demonstrating superior competence and outstanding productivity on research projects.
- Consistent extramural support for an established research program.
- Service on National Advisory Councils or Boards, Editorship of journals, Leadership of national/international study sections, consensus panels, etc.
- Leadership of multi-institutional collaborative research projects.

collaborative research program (e.g., letters from program leader or members of the research program).

- Invited presentations of original scientific data at major national or international meetings, or at major institutions or research organizations.
- Development/award of patents for discoveries in the candidate's field.
- Leadership and/or organization of peer-reviewed clinical trials as documented by program reviews or letters.
- Service on study sections (or scientific peer review groups), consensus panels, etc.
- Leadership of national meetings or workshops.
- Service on editorial boards of journals.
- A national and/or international reputation as evidenced by external letters of reference.

## Clinical Scholarship

Any activities relevant to the conceptualization, evaluation, improvement, or delivery of clinical care that are innovative, widely disseminated, and promote advancement in the field are considered Clinical Scholarship.

### Meritorious

- Publication of peer reviewed articles in professional journals relevant to the clinical field of practice.
- Publication of books, chapters, monographs, or manuals on widely disseminated media.
- Invited audiovisual or poster presentations for clinical reviews or dissemination of innovative techniques at local clinically relevant venues.
- Development/award of patents for discoveries in the candidate's clinical field.
- Initiation and/or organization of investigator initiated clinical trials.
- Service on study sections or scientific peer review groups relevant to clinical field.
- Abstracts from contributions at national meetings or workshops.
- Service on editorial boards, or consistent contributions as ad-hoc reviewer for clinical journals.
- Site-leader for multi-institutional collaborative clinical studies.
- Award of extramural support for work in clinical area of interest.

### Excellent

- A substantial record of peer-reviewed first and/or senior authored publications that demonstrate evidence of mastery in the field.
- A senior leadership role demonstrating superior competence and outstanding productivity on clinical projects.
- Invited clinical review presentations or reports of experience with innovative techniques at major national or international professional meetings, or at major institutions.
- Leadership and organization of continuous medical education and other clinical review meetings.
- Service on National Advisory Councils or Boards, Editorship of journals in clinical areas.
- Leadership of national/international study sections, consensus panels, etc.
- Leadership of multi-institutional collaborative clinical studies.
- Consistent extramural support for an established research program

## Academic & Administrative Service

### Operational Criteria for Academic Service

A commitment of Service to the Department, College, University and the community is expected of all individuals. Although the degree of this commitment may vary, the amount and significance of the contribution by an individual can be documented. The following are examples of academic service:

1. Academic Service to Department, College, or University:
  - o Committees
  - o Administrative responsibilities
  - o Advisor, teaching responsibilities for residents, fellows
  - o Serving on graduate student or fellow thesis committees
  - o Advisor to student organizations
  - o Contributing to professional growth and development of junior colleagues (mentoring)
2. Academic Service outside the University:
  - o Journal editing
  - o Reviewing journal articles
  - o Reviewing grant proposals
  - o Serving as juror of exhibitions
  - o Serving on accrediting agencies or boards
  - o Holding offices in professional academic organizations
  - o Honors and awards from serving on committees of professional academic organizations
  - o Serving on professional/technical committees
3. Academic Service to the community (should be professionally related)
  - o Guest lectures
  - o Preparation of materials for paraprofessionals

The following examples are broadly defined as to encompass evaluation of both clinical and other academic services.

### Standards of Performance for Meritorious and Excellent Performance

#### Meritorious

- Participates in mentoring of trainees and junior faculty members
- Committee membership within the Department or College.
- Task force membership
- Thesis committee membership
- Student/faculty advisor or mentor

#### Excellent

- Formal primary mentoring of junior faculty members and trainees
- Committee membership at the university level.
- Task force membership at the university level.
- Major leadership role within a committee or task force.
- Appointment to position of significant responsibility within the Department, College or University.



- Journal reviewer
- Individual grant reviewer or local grant review committee
- Lectures to the lay public
- Media presentations/interviews
- Participation in health care planning programs
- Work with governmental agencies/legislature
- Leadership role in dealing with health issues at local level
- Board membership on health-related organizations or agencies.
- Officer in local professional organization.
- Membership on health organization/hospital committees
- Participation in public education and advocacy activities
- Editorial board of professional or scientific journals
- Federal/national study section or grant review committee
- Leadership role in dealing with health issues at regional, national or international levels.
- Leadership role in national/international professional organization.
- Membership on certification/licensure/specialty boards.
- Leadership role on health organization/hospital committees
- Session chair/moderator at national/international meetings

## Clinical Service

Members of either the tenure track or the non-tenure clinical track may contribute significantly in clinical service. Most difficult is the estimation and quantification of clinical skills and clinical service for the practicing clinician in the college.

Evidence of quality may be derived from one or more of the following:

1. Departmental and/or interdepartmental assessment by his or her peers.
2. Quality assurance and/or risk management assessments.
3. Patient satisfaction assessments collected by the institution.
4. Assessments from clinicians who utilize him or her as a consultant.
5. Receipt of clinical awards.
6. Evidence that a unique clinical service is provided.

The list below offers examples for the evaluation of clinical services and maintaining current eligibility and credentials to participate in the University of Iowa Physicians (UIP)

### Standards of Performance for Meritorious and Excellent Performance

#### Meritorious

- Departmental and/or interdepartmental recognition of excellence in clinical skills by peers.
- Consistently favorable reports on quality assurance and/or risk management assessments.
- Consistently favorable reports in patient satisfaction assessments collected by the institution.
- Creative, active participation in the evaluation of the effectiveness (quality, utilization, access, cost) of the care being provided.
- Evidence that a unique clinical service is provided.
- Timely completion of all medical records
- Maintenance of appropriate certifications and licensures (boards, BCLS, other training)

#### Excellent

- Recognition of mastery of clinical skills by:
  - becoming a regional source of referral for expert opinion.
  - invitations to participate in practice guideline committees, external program reviews.
  - invitations to consult with government, insurance, or commercial agencies.
- Creatively revises and improves quality assurance and/or risk management procedures.
- Recipient of awards for outstanding patient care delivery.
- Development of new techniques, therapies, or health care delivery systems that have improved the health of the population served.
- Timely completion of all medical records

- Maintenance of appropriate certifications and licensures (boards, BCLS, other training)

#### Operational Criteria for Professional Service

Members of either the tenure track or the non-tenure clinical track may contribute significantly in professional service. Activities in this category are used as one kind of evidence of professional productivity for salaried clinical track members.

Professional service includes contributions in the clinical setting beyond the provision of direct clinical service, and other professional activities not included in the categories of teaching, scholarship, and academic service. Included in this category, but not limited to these, are the following:

1. Development and evaluation of new forms of treatment, new surgical procedures or innovative diagnostic techniques.
2. Organization of a new, or reorganization of an existing, clinical service. Specific examples might include the development of a new inpatient referral service or treatment facility, reorganization of a critical care unit, or reorganization of an outpatient department.
3. Innovation or improvement of an existing clinical service, as evidenced by addition of new services, significant increase in the volume of patients, better patient outcomes, increased revenue production.
4. Effective participation and/or leadership in professional organizations.
5. Effective participation on and leadership of hospital committees.
6. Public or government service.
7. Presentations at professional meetings related to any aspect of the faculty member's professional productivity

### Operational Guidelines for Tenure Track

These guidelines assume that the Department Head apprises the faculty member of the criteria for promotion before or soon after appointment, that the quality of his or her academic performance has been periodically reviewed, and that the findings and their implications have been discussed with him or her.

The rank of Assistant Professor does not confer tenure, and the performance during that period should determine whether promotion is justified. Because the ranks of Associate Professor and Professor carry with them the University commitment of tenure, the future leadership of the departments and Carver College of Medicine is determined by the quality of such appointments.

1. ". . . rank will not be considered merely as a reward for long and acceptable service."  
(*University of Iowa Operations Manual*)
2. The maximum time in probationary status before promotion to Associate Professor with tenure is 6 years. This time may vary considerably and may be shortened for performance that is truly exceptional. It is clear, however, that time in rank cannot be the primary factor related to any promotion/ tenure decision. It is strongly encouraged that junior faculty are provided with sufficient time for scholarly pursuit.
3. Recognition. One of the qualifications for promotion to Professor is unmistakable evidence of recognition by peers at the national level, international level or both. Such evidence can be derived from: invitations to organize, chair or participate in panels, symposia or conferences; invitations to serve on the panels of the NIH or other granting bodies; invitations to serve as an editor to scholarly journals; election to membership in societies stipulating meritorious professional achievement; election to offices in national or international societies; letters written by peers outside the University; successful competition for awards, prizes, grants, or contracts; invited lectureships; invitations to be a visiting professor at other universities.
4. In considering the published evidence of academic creativity, where papers have many authors, the contribution of the candidate to the work should be defined and determined.
5. The quality and importance of published work should be considered more important than the number of publications.
6. Interdisciplinary research. The college recognizes that interdisciplinary research is becoming the norm rather than the exception. This type of research, which is associated with multi-author publications, can lead to questions about the independence of each individual author, particularly junior authors. In order to clearly identify an investigator's role in interdisciplinary research, annotation of the bibliography, in which the faculty member clearly describes her/his contribution to the work, is critical. Letters from other members of the research group can be used to identify the unique contributions of the investigator, and to indicate the level of contribution, on the spectrum from marginal to substantial. These letters would serve as supportive documents for the dossier, but would not replace the required independent review by outside neutral evaluators.
7. In considering the evidence for promotion, primary importance should be given to the productivity shown during the period of current rank. Contributions made before appointment to the current rank are of secondary importance because they forecast less about future productivity.
8. Consideration for promotion in clinical departments includes assessment of clinical skills and patient care as well as assessment of teaching and research. Examining the sum of the faculty member's contributions in teaching, research, and patient care is traditional in an evaluation of the clinical teacher, and strength in one area may compensate for less strength in another.
9. Decision regarding a change in track (from tenure to clinical) should take place prior to the end of the 5th year in rank if at all possible. Exceptions will be considered on a case by

case basis if accompanied by appropriate justification. At the time of track change, a new offer letter will be provided, including information related to promotion criteria in the clinical track. 10. A person may be appointed to the tenure track only once.