



# Faculty Handbook

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## **Introduction**

### **I. Welcome**

When the University of Michigan founded its medical school in 1850, it immediately assumed a leadership role in American academic medicine.

We were the first medical school in the United States to recognize the importance of, and to build, a university hospital for physician instruction. We also were a pioneer in the introduction of the modern science-based curriculum, and were among the first schools to change the role of the student from passive observer to active participant in the learning process through high-caliber laboratory instruction and clerkships.

We also enjoy a unique place in the annals of education as one of the very first major medical schools to admit female students and minorities. In 164 years of service to students, these firsts, and many more, have galvanized our reputation as one of the nation's premier public research-oriented medical schools.

The Medical School was the University's first professional school, and since graduating its first class of six students in 1851 – a group which paid a mere \$5 for two years of medical education – we have become a leader in preparing the physicians and scientists of the future.

Our world-renowned patient care is provided by members of the University of Michigan Medical Group including nearly 1800 U-M faculty physicians who care for patients at three U-M hospitals, 40 U-M health centers and other facilities throughout the state of Michigan. It is in these same facilities that our students will take their education from learning to practicing.

This handbook is intended to serve as a supplement to *The University of Michigan Faculty Handbook* - <https://www.provost.umich.edu/faculty/handbook/> and to assist members of the Medical School faculty. Every effort has been made to include all pertinent information; however, if there are questions that are not addressed in the University Handbook or in this document, please see your department or division/section administrator.

We hope that faculty will keep this handbook, along with the University Handbook, as a reference for questions that may arise during employment. Please direct any questions or recommendations for future editions of this handbook to Lisa Turek (laturek@umich.edu ) in the Office of Faculty Affairs. Additional information is available at the Medical School website <https://medicine.umich.edu/medschool/>

### **II. Medical School Organization**

Medical School Administration is the administrative entity that operates the Medical School under the direction of the Executive Vice President for Medical Affairs/Dean.

Teaching, research and clinical care often cross traditional departmental boundaries, particularly in the school's interdisciplinary centers and institutes and programs. The Medical School's close proximity and the cooperative relationships with other colleges and schools of the University, including the School of Public Health and College of Engineering, foster opportunities for creative research and educational collaborations.

Our faculty, partnered with a dedicated staff, is committed to creating the future of health care through discovery. This includes offering a medical education that sets the standard for discourse, intellectual rigor and creativity. Throughout our 20 clinical and nine basic science departments, we are committed to a single mission:

*To educate students, physicians and biomedical scholars and to provide a spectrum of comprehensive knowledge, research, patient care and service of the highest quality to the people of the state of Michigan and beyond.*

*In 2017, the Medical School's academic leadership announced a transformed UMMS mission statement: "To transform health through bold and innovative education, discovery, and service."*

In addition to crafting an updated mission, they also constructed a set of strategic pillars for the school: people, discovery, education, care and service.

**People** – to recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.

**Discovery**

– to create transformative knowledge that advances science and improves health. Education  
– to cultivate a learning community that engages all in bold and innovative education for the advancement of science, health and healthcare delivery.

**Care** – to deliver outstanding patient care and improve health for local, national, and global populations while caring for each other.

**Service** – to engage and collaborate with our institutional, local, state, national, and global communities to advance health and science.

### III. Facilities

<https://medicine.umich.edu/medschool/about/facts-figures/facilities>

Driving on Washtenaw Avenue in Ann Arbor — through the eastern edge of the University of Michigan campus — visitors come upon a breathtaking facility that serves as the southern gateway to the University of Michigan medical campus.



Dedicated in 2006, the **A. Alfred Taubman Biomedical Science Research Building (BSRB)** is an example of the Medical School's commitment to world-class facilities for our faculty and staff. With a glass façade stretching from the ground to the top floor, it is an impressive structure that also is distinctive in its layout — with laboratories separated from office and collaborative spaces by a soaring atrium.



Just past the BSRB is a large green space leading to the front steps of the sprawling Medical School with its mix of laboratories, classrooms and other educational spaces dedicated to our students. Site of the former Kresge Complex, this open space reflects the ever-changing landscape of the U-M Medical School.



When the University of Michigan acquired the **North Campus Research Complex (NCRC)** (<http://ncrc.umich.edu/>) in 2009, it brought on-line more than just a new group of buildings dedicated to biomedical research. The NCRC is an opportunity for the University to broaden its contributions as one of the nation's premier research universities and strengthen its ability to stimulate new business through partnerships with businesses in the private sector. By bringing together researchers and partners from different disciplines and industries, the NCRC fosters a collaborative environment that encourages discovery, innovation and creativity and helps catalyze the transformation of the regional economy.

Michigan is home to one of the largest academic medical complexes in the world.



Combined with the neighboring facilities of the U-M Health System — including the **University Hospital** (<http://www.uofmhealth.org/our-locations/university-hospital>) **Comprehensive Cancer Center** (<http://mcancer.org/>), **Samuel and Jean Frankel Cardiovascular Center** (<http://www.uofmhealth.org/our-locations/cardiovascular-center>), **C.S. Mott Children’s Hospital** (<http://www.mottchildren.org/>) **Von Voigtländer Women’s Hospital** (<http://www.uofmhealth.org/our-locations/womens-hospital>)



To remain competitive in the world of 21st-century education, we also are committed to keeping our facilities state-of-the-art. In July, 2015, we completed a \$55-million renovation of the **A. Alfred Taubman Health Sciences Library** (<https://www.lib.umich.edu/taubman-health-sciences-library>), a project that transformed the facility from a traditional book repository to a natural light-filled education hub that supports in-person, collaborative, active learning.

#### **IV. Medical School Leadership and Administrative Offices**

Brief descriptions of each of the offices are included below.

The senior leadership team of the Medical School establishes the strategy and priorities in fulfillment of the school's mission, working closely with the associate and assistant deans, the leaders of our departments, centers and institutes, and with the University administration. The senior leadership team oversees the administrative functions of Medical School Administration, and ensures coordination of initiatives that support the education, research and service elements of the tripartite mission.

##### **A. Medical School Dean**

**Marschall S. Runge, M.D., Ph.D.**

**647-9351**

**Executive Vice President, Medical Affairs (EVPMA) and CEO**

The Dean, EVPMA and CEO is an executive officer of the University of Michigan, reporting directly to the President and serving as a member of the President's senior leadership team. The Dean, EVPMA and CEO is responsible for the leadership and management of Michigan Medicine, which includes all patient care, research activities, the Medical School and the Michigan Health Corporation.

##### **B. Executive Leadership**

**Carol R. Bradford, M.D., M.S.**

**764-8175**

**Executive Vice Dean for Academic Affairs,  
Medical School Chief Academic Officer, Michigan Medicine**

Dr. Bradford works closely with the Vice President for Medical Affairs and Dean and the executive leadership team to execute the academic mission of the Medical School and Michigan Medicine. This includes supporting the organization's learners (medical students, graduate and postdoctoral students, residents and fellows) and teachers (faculty, staff, learners, and patients and families). She oversees all educational programs and global initiatives; the recruitment and retention of faculty, including department chairs and center/institute directors; and faculty affairs/faculty development. She chairs the Academic Cabinet and Dean's Advisory Council-Chairs meetings, and often serves as chair for the Medical School Executive Committee.

**Steven Kunkel, Ph.D.**

**764-9283**

**Executive Vice Dean for Research, Medical School  
Chief Scientific Officer, Michigan Medicine**

Dr. Kunkel works closely with key stakeholders to develop and implement a robust strategy to foster excellence in biomedical research and clinical translation to improve disease prevention and treatment, in addition to promoting fundamental basic science research. He also facilitates the formation of new strategic partnerships across the Medical School and main university campus, and supports and advocates for existing partnerships. He serves as a key member of the Michigan Medicine leadership team and assists with recruiting and retention efforts, faculty workforce planning, and facility and capital planning for the research enterprise.

**David A. Spahlinger, M.D.**

**936-3568**

**Executive Vice Dean for Clinical Affairs, Medical School President,  
University of Michigan Health System**

Dr. Spahlinger serves as executive vice dean for clinical affairs in the Medical School and president of the U-M clinical enterprise. The clinical enterprise of the U-M academic medical center includes U-M Medical Group physicians and other health professionals at the University Hospital, the Frankel Cardiovascular Center, C.S. Mott Children's Hospital, the Von Voigtlander Women's Hospital, and the many U-M health centers located throughout Michigan. Building upon many of his successes, Dr. Spahlinger established two Accountable Care Organizations (ACOs). The Pioneer ACO, which U-M participated in from its launch in January 2012 through December 2013, involved the collaboration of more than 1,800 U-M and Integrated Health Associates (IHA) physicians caring for over 24,000 Medicare fee-for-service patients. In 2014-15, Dr. Spahlinger worked with other U-M leaders to envision and implement a new organizational structure for the U-M academic medical center, designed to make the most of U-M's tripartite mission of patient care, research and education. He was chosen to lead the clinical enterprise of the academic medical center. He continues to work with U-M patients and their families, as well as with physicians and other health professionals at the U-M and across the state to ensure the academic medical center can achieve its mission to: 1) create the future of health care through the discovery of new knowledge for the benefit of patients and society; 2) educate the next generation of physicians, nurses, other health professionals and scientists; and 3) serve the health needs of our citizens.

### **C. Office of Research**

<https://research.medicine.umich.edu/office-research>

**Steven L. Kunkel, Ph.D.**

**764-3611**

**Senior Associate Dean for Research**

Dr. Kunkel provides direction for the school's research mission, including setting goals for developing a major global presence for the Medical School's research enterprise.

The Office of Research is constantly striving to enhance the research enterprise, including maintaining an investigator-focused infrastructure, facilitating and diversifying investigators' avenues for funding and streamlining research processes. From enabling technologies of the Biomedical Research Core Facilities to proposal review by the Grant Review & Analysis Office to clinical study development by the Michigan Institute for Clinical & Health Research, the Office of Research comprises over a dozen units offering a wide range of support to the research community. Across the spectrum, the Office of Research team's primary mission is to foster an environment of innovation and efficiency that serves the Medical School research community and, ultimately, contributes to positive patient impact.

#### **D. U-M Medical Group**

<https://medicine.umich.edu/medschool/patient-care/u-m-medical-group>

**Michael W. Mulholland, M.D., Ph.D.**

**647-9872**

**Senior Associate Dean for Clinical Affairs**

Dr. Mulholland is responsible for executive leadership and oversight of the University of Michigan Medical Group – the operating unit of the U-M clinical enterprise that consists of all ambulatory operations and collaborates closely with the U-M hospitals. He works to develop, deploy and integrate clinical care with the research and educational missions of the Medical School.

The University of Michigan Medical Group (UMMG) was initially established as the Faculty Group Practice (FGP) in 1996 as a single integrated, multi-specialty physician group. The UMMG supports the Michigan Medicine tripartite mission of “leaders and best” patient care, education and cutting edge basic and translational research. The UMMG is governed by a Board of Directors which is advisory to the Dean of the Medical School. The Board is comprised of all department chairs and 5 non-chairs that represent cohorts of faculty. The Board of Directors meets monthly. Several standing committees of the UMMG Board provide recommendations and advice to the Board.

#### **E. Office of Faculty Affairs**

<http://faculty.medicine.umich.edu/>

**Margaret R. Gyetko, M.D.**

**615-6981**

**Senior Associate Dean for Faculty & Faculty Development**

Dr. Gyetko is responsible for oversight of the appointment, promotion and tenure processes. Under her leadership, the Medical School has developed a robust faculty development program designed to support the acquisition of skills in teaching and research to further the advancement of faculty careers. Dr. Gyetko’s outstanding credentials in faculty affairs administration include seven years of service as the Department of Internal Medicine’s associate chair for faculty affairs. Her commitment to addressing faculty issues includes service as chair of the Medical School’s Task Force to Evaluate the Instructional Track. At the University level, she was a member of the Gender in Science and Engineering Committee and currently serves on the Committee to Consider a More Flexible Tenure Probationary Period.

#### **F. Office of Regulatory Affairs**

<https://medicine.umich.edu/medschool/about/keyinitiatives/ethicsintegrity/office-regulatory-affairs>

**Raymond J. Hutchinson, M.D., M.S.**

**647-1576**

**Associate Dean for Regulatory Affairs**

Dr. Hutchinson provides leadership, expertise and advice on regulatory issues that impact research in the Medical School and the U-M Health System, including human subject and animal research. He also chairs the Medical School’s Compliance Committee and the Conflict-of Interest Committee, co-chairs the IRBMED Leadership Committee, and serves as liaison on research regulatory issues for the Office of Research and Graduate Studies to the Executive Vice President for Medical Affairs, Office of the Vice President for Research, and the Office of Human Research Compliance Review, among others. Dr. Hutchinson serves as a contact for

investigators in solving problems related to research regulatory issues, and also interacts with federal and State agencies to enable the Medical School to anticipate, influence and plan for new research regulations.

The mission of the Office of Regulatory Affairs is to lead or facilitate the resolution of concerns, disputes, and compliance issues related to laws, regulations, institutional policies, accreditation and certification requirements, and other professionally accepted standards that impact the activities and reputation of the Medical School. Most regulations and standards are designed to protect people, animals, the environment, public dollars and trust, and/or our institutional integrity – shared goals that we can all work together to support and achieve.

**G. Office of Medical Education**

<https://medicine.umich.edu/medschool/education>

**Joseph Kolars, M.D.**

**615-5552**

**Senior Associate Dean for Education and Global Initiatives**

Dr. Kolars serves as the Medical School’s lead for the oversight and expansion of our education mission and our global initiatives. In this role, he leads our efforts to adapt and enhance the full spectrum of medical training - from undergraduate to continuing education to biomedical research education – and to bring it together with global impact.

**H. Office of Health Equity and Inclusion (OHEI)**

<https://ohei.med.umich.edu>

**David J. Brown, M.D.**

**936-4240**

**Associate Vice President and Associate Dean for Health Equity and Inclusion**

Dr. Brown leads the Michigan Medicine Office for Health Equity and Inclusion and the health system’s diversity, equity and inclusion initiatives. OHEI includes pipeline programs, diversity professional development and education, mentorship programs and health equity research. Dr. Brown re-started the Michigan Otolaryngology Diversity Team, which won the U-M Distinguished Diversity Leadership Award in 2013. He is a member of the Society of University Otolaryngologists Diversity Committee and currently, regional representative for the Association of American Medical College’s Group on Diversity and Inclusion and serves as a member of the AAMC GDI Steering Committee.

**A complete list of Associate and Assistant Deans and current contacts can be found here:**

<https://medicine.umich.edu/medschool/about/school-leadership/associate-assistant-deans>

## **I. Administrative Services**

**Matthew C. Comstock, M.B.A., M.H.S.A.**

**763-5202**

**Executive Director for Administration and Chief Operating Officer, Medical School**

Matt Comstock is responsible for planning, organizing, evaluating and monitoring administrative and financial functions to ensure that the academic and administrative needs of the Medical School are addressed. This includes implementing the strategic direction and ensuring the appropriate resources and support are made available to carry out the school's tripartite mission. Mr. Comstock is responsible for overseeing the school's \$1.4 billion all-funds total financial budget, financial planning and analysis, and capital planning. He is the point of contact in the Dean's Office for all department, center and institute administrators. He serves on multiple leadership committees, including the dean's cabinet and chairs the school's senior administrative staff groups.

**A complete list of Medical School Administrative Office contacts can be found here:**

<https://medicine.umich.edu/medschool/about/contact-us>

## Faculty Tracks Overview

The Medical School utilizes three faculty tracks in addition to several supplemental appointments and we will describe each of these separately. Faculty members are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. Respect for diversity and engagement in the community of the university and the world at large are the norms. Affirmative Action Guidelines apply to all tracks.

- The ***Instructional Track*** was the original fulltime faculty track in the Medical School with ranks of assistant professor through professor (the instructor title is no longer utilized in this track). Tenure can only be sought, awarded or held in the Instructional Track. Tenure must be achieved by Instructional Track Faculty by the end of the tenth year of the tenure probationary period. (Regents Bylaw 5.09 and Standard Practice Guide 201.13). Instructional track faculty undergo departmental review for promotion and tenure prior to or during the seventh year of the tenure probationary period. The Instructional Track duties encompass; instruction of medical students, graduate students, residents, and other trainees; scholarly activity that is typically manifested by medical research; organizational contribution to the mission of the Medical School; and in many instances professional work that usually relates to health care.
- The ***Research Track*** began in 1974 and has two pathways; the Research Professor Track and the Research Scientist Track. The research investigator rank lies in the Research Scientist Track. Promotion beyond this rank ascends through the research professor or research scientist pathway. As the titles indicate, Research Track faculty have a predominant commitment to the research arena. There is a mandated ascension in rank (four years for the research investigator and six years for the research assistant professor and assistant research scientist), such ascension reflects achievements in research. Faculty members in the Research Professor Track are engaged in teaching missions within the context of research programs in the Medical School.
- The ***Clinical Track*** began in 1986 and actively contributes to the clinical and teaching missions of the Medical School, as well as scholarship and administration. The ranks are instructor through professor. Although there is no mandated ascension in rank, ascent to senior level titles requires scholarly engagement and productivity as well as excellence in health care and teaching.
- The ***Supplemental Appointments and Other Titles*** are used for entry level faculty (lecturers/clinical lecturers) before assignment to the Instructional Track or Clinical Track or for special faculty appointments that fall outside the standard categories. Adjunct (or supplemental) faculty contribute to research and teaching missions of the Medical School while maintaining primary employment outside the Medical School. Visiting faculty spend specified lengths of time at the University of Michigan, usually before returning to their home institution.

## **I. Expectations for Each Professional Rank**

### **Professor**

1. National and international stature
2. Significant impact on their field
3. Recognition as a thought leader in relevant professional organizations
4. Ongoing commitment to Institutional missions and citizenship

### **Associate Professor**

1. National or regional stature
2. Recognition by peers for significant scholarly contributions to their field
3. Emerging role as a thought leader in relevant professional organizations
4. Substantive participation in Institutional missions and citizenship

### **Assistant Professor**

1. Local or regional stature
2. Shows progress toward becoming a scholarly leader in their field
3. Participation in relevant professional organizations
4. Contributions to Institutional missions

### **Instructor/Investigator**

1. Training relevant to chosen career path
2. Declared willingness to fulfill responsibilities of academic position

Promotion to the next level is determined by the track specific metrics.

## **II. Instructional Track**

### ***A. Definition of the Instructional Track***

The Instructional Track was the original fulltime faculty track in the Medical School. Members of this track are expected to make contributions to the Medical School in the areas of scholarly research, teaching, organizational service, and health care if it pertains to their professional field. Instructional Track faculty have no significant employment outside of the University of Michigan. Tenure may be granted by the Board of Regents to Instructional Track faculty at the ranks of associate professor or professor. Medical School faculty members assigned to the Ann Arbor Department of Veterans Affairs Medical Center, the Howard Hughes Medical Institute, or to the Life Sciences Institute may be included in the Instructional Track.

Faculty in the Instructional Track are voting members of the Executive Faculty (governing faculty) and University Senate, have representation on the Executive Committee of the Medical School and University Senate Assembly, and are candidates for tenure, sabbatical, and emeritus status.

### ***B. Ranks in the Instructional Track***

The Instructional Track includes three professorial ranks: assistant professor, associate professor, and professor. In the past, some Instructional Track faculty were appointed as instructors, but this is no longer the case inasmuch as two promotional events would be necessary during the eight-year pre-tenure period.

#### ***Assistant Professor***

Assistant professor is the rank appropriate to a person who has demonstrated competence in teaching and scholarly activity, but has yet to achieve exceptional status as a teacher or regional/national recognition in their professional field. Persons who have begun to publish scholarly work and/or who may have had teaching responsibilities (e.g., seminars, bedside instruction, small group interactions, and/or didactic activities) before their initial faculty appointment, may begin their faculty careers at the rank of assistant professor. Some others achieve this rank by being appointed from the rank of lecturer/clinical lecturer. Appointments to assistant professor, a tenure-track position, require review by the Advisory Committee on Appointments, Promotions, and Tenure (ACAPT) and approval by the Medical School Executive Committee.

#### ***Associate Professor***

Appointment to associate professor is given only to persons of well-established professional position and demonstrated scholarly or creative ability that positively impacts their field. Those promoted or appointed to this rank must have achieved national recognition for scholarly accomplishment of significance as evidenced by: evaluations from independent national leaders in their field, national lectureships, memberships on editorial boards and peer review committees, significant involvement in peer organizations beyond membership, and scholarship. Scholarly independence or a strong collaborative contribution to a scientific team effort is typical for associate professors. Usually this is evidenced by peer-reviewed publications published over the previous five years. For those with a predominate expectation of clinical or laboratory research, a sustained level of external research funding is the norm. An associate professor must have demonstrated a significant contribution to the educational missions of this school or another medical school. If it pertains to their professional field, high quality clinical care or clinical service is expected. Persons with clinical responsibilities are board certified before they become associate professors,

recognizing that exceptions may be granted by the Medical School Executive Committee for some internationally-trained physicians who do not fulfill American Board requirements but bring critical expertise to the medical school. The associate professor signals the passage into medical academia's senior rank. Unless otherwise specified, appointments and promotions to associate professor are with tenure although persons may be appointed as associate professors without tenure. Appointments and promotions to associate professor require review by ACAPT; approval of the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President; and approval by the Board of Regents.

### ***Professor***

Appointment to professor is given only to persons of nationally and internationally established professional reputation and demonstrated scholarly or creative ability. This title is our highest academic rank. All of the expectations for the associate rank pertain in equivalent or greater measure for the professor. The difference between the ranks of professor and associate professor is primarily one of ongoing achievement usually over a period of five-to ten-years; promotion to professor is not automatic after a certain time in rank as associate professor. A person appointed to the rank of professor must have demonstrated *continued* scholarship, productive research, contributions to the teaching mission, organizational service, and clinical care when relevant to career. This ongoing achievement is roughly equivalent in quantity to the accomplishments that gained the previous promotional step. National and international impact must pertain to this person's work. Continued and consistent publication that contributes significantly to an area of knowledge is essential. It is expected that the case for promotion to the professorial rank may reference the work done to achieve the rank of associate professor, but will be based largely on new work accomplished since the last promotional review. For those predominantly involved in clinical, educational, or laboratory research, sustained external funding is the norm. Unless otherwise specified, appointments and promotions to professor are with tenure; persons may be appointed as professors without tenure. Appointments and promotions to professor require review by ACAPT; approval of the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President; and approval by the Board of Regents.

### ***C. Criteria for Appointment and Promotion***

Teaching, scholarship/research, and service are three areas examined in all appointment and promotion considerations. As we are a Medical School, contributions to health care and human welfare are also a substantial area of consideration for many of the faculty. Interdisciplinary work is a core value of a medical School and needs to be accounted for in the evaluative process. Some individuals of great value to our institution have truly outstanding performance and contributions in one area when compared with the norm of faculty performance in that area, yet the performance in other areas may be satisfactory only. A recommendation for appointment, promotion, or the award of tenure to a nominee with such an asymmetrical mix of qualifications must be justified by the department chair. In all cases, the minimum requirements must be met. Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion.

#### ***1. Teaching***

Essential qualifications for appointment or promotion are personal integrity and the ability to teach one's professional area of knowledge to relevant learning groups. Critical elements to be evaluated include experience, knowledge of subject matter, skill in presentation, interest in students, ability to stimulate youthful minds, capacity for

cooperation, mentorship, and enthusiastic devotion to teaching. A teaching portfolio helps convey the scope of instructional accomplishment. The full responsibility of the teacher as a guide and friend extends beyond the walls of the classroom, laboratory, or clinical arena into other phases of the life of the student as a member of the University and world community. It also involves the duty of initiating and improving educational methods both within and outside the faculty member's department. Outcomes of instruction in the form of teaching evaluations can be described. Pedagogical research and funding are strong evidence of teaching expertise. The spectrum of instruction spans the gamut from premedical students and graduate students to established practitioners.

## **2. *Scholarship and Research***

All Instructional Track faculty must be individuals of scholarly ability and achievement. Scholarship may be categorized in terms of the scholarship of discovery (basic research), scholarship of integration, scholarship of application, and scholarship of education. The University of Michigan is a research university committed to extending and understanding the knowledge base of humanity. Accomplishment in scholarship is typically demonstrated by the quality and quantity of published and other creative work. Interdisciplinary work, success in training graduate and professional students (as attested to by academic/research positions obtained), participation and leadership in professional associations, and editing of professional journals are measures of success and stature in scholarship. Peer reviewed papers and grant funding are strong evidence of scholarship with high impact. Independent and peer-reviewed funding is the norm in research-based careers. There should be a strong prediction of continued excellence throughout the faculty member's professional career.

## **3. *Service***

Service may consist of organizational service in the Medical School and University, in the public sector, or in the national organizations of a faculty member's peer group. Service may include participation in committee work and other administrative tasks, counseling, internal review boards, and special training programs within the Medical School and University. The University also anticipates that many of its instructional faculty will render extramural services to other schools, industry, relevant professional organizations, governmental agencies, and the public at large. These services may be paid (within University guidelines), advisory, or volunteered. Organizational and volunteer services are of importance, although given less weight in promotion and appointment decisions than are teaching, scholarship, and clinical activities, when relevant to career.

## **4. *Health Care/Clinical***

Many faculty have a professional role related to health care, generally in terms of clinical responsibility, teaching or research. Competence is expected at entry levels in the faculty ladder and excellence is expected at the higher levels. Excellence is evidenced by documentation from independent authorities in the relevant field, regional reputation, and published work of clinical successes, innovations, or insights.

# **III. Research Professor Track**

## **A. *Definition of the Research Professor Track***

The Research Professor Track in the Medical School consists of three ranks: Research Assistant Professor, Research Associate Professor, and Research Professor.

Research Professor Track faculty actively contribute to the Medical School research and

teaching missions. Research Professor Track faculty appointments are intended for individuals whose primary activity is research; and who also teach and mentor within the context of research in the Medical School. Substantive curricular teaching by Research Professor Track faculty may be reflected in a fractional appointment in another track.

Research Professor Track faculty are voting members of the Executive Faculty and University Senate, have representation on the Executive Committee of the Medical School and University Senate Assembly, and are candidates for emeritus/emerita status. They do not qualify for sabbatical leave but may be granted leaves for educational or training purposes.

## ***B. Ranks and Criteria for Appointment and Promotion***

Research Professor Track faculty must have achieved or demonstrated the potential for autonomy as independent scientists or as part of a scientific team and excellence in initiation, direction and completion of research projects. A record of substantial teaching and mentoring within the context of one or more research programs with postdoctoral fellows, junior research colleagues, or students at any level is an expectation in the Research Professor Track.

### ***Research Assistant Professor***

Candidates who are appointed or promoted to this rank must have a record of publications in peer-reviewed journals in which they are a primary or senior author. Participation in national and international professional meetings is usually present. Candidates for Research Assistant Professor will have evidence of extramural funding (often mentored K awards and/or foundation grants); with a strong potential for independent “R01 NIH type” proposals. Contributions to education and Institutional citizenship are typical. Candidates at this rank typically have documented teaching and mentoring within the context of one or more research programs with postdoctoral fellows, junior research colleagues, or students at any level.

Appointments and promotions to research assistant professor require review by the Advisory Committee on Primary Research Appointments, Promotions, and Titles (APRAPT) and approval by the Medical School Executive Committee. The time- in-rank limit for the Research Assistant Professor is six years. (A review of progress will be conducted by the Medical School upon completion of the third year in rank).

### ***Research Associate Professor***

Appointment or promotion to this rank requires independent, distinguished, and productive research that has been consistent over a number of years and has gained national or international recognition. There should be clear evidence of obtaining significant independent external funding as principal investigator; past the level of initial research grants and fellowships. There should be a strong record of publication in peer-reviewed journals, including numerous first-author and/or senior-author publications and evidence that this accomplishment will continue. Many researchers appointed or promoted to Research Associate Professor also have a substantial record of book chapters, abstracts, and textbook co-authorships.

A Research Associate Professor must have produced research that has achieved a national reputation. A candidate for this rank should have a record of invited national lectures, seminars, study sections, and *ad hoc* reviews. Candidates at this rank will have a record of

substantial teaching and mentoring, both in quantity and quality, within the context of one or more research programs with postdoctoral fellows, junior research colleagues, or students at any level. Institutional citizenship is expected to achieve this rank but cannot substitute for distinguished research performance. Promotion to Research Associate Professor signals the passage into medical academia's senior rank.

Appointments and promotions to Research Associate Professor require review by APRAPT; approval by the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Vice President for Research, the Provost and Executive Vice President for Academic Affairs, and the President. There is no time-in-rank limit for this position. However, longevity in this rank is not sufficient evidence of accomplishment or merit for promotion.

### ***Research Professor***

Appointment and promotion to this highest rank in the Research Professor Track requires an internationally recognized record of continued excellence in research. A Research Professor will have a substantial and continued record of first-author and/or senior-author publications in peer-reviewed journals. A Research Professor will have served as principal or co-principal investigator on center grants, major grants (e.g. NIH R01) or equivalent and demonstrate a maintained record of such funding. National and international lectures, seminars, study sections, and *ad hoc* reviews are expected of a Research Professor. Research Professors are expected to perform mentoring, supervising, and laboratory or research based teaching in a number of venues. Institutional citizenship is expected of a Research Faculty.

Appointments and promotions to research professor require review by APRAPT; approval by the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Vice President for Research, the Provost and Executive Vice President for Academic Affairs, and the President.

## **IV. Research Scientist Track**

### ***A. Definition of the Research Scientist Track***

The Research Scientist Track in the Medical School consists of four ranks: Research Investigator, Assistant Research Scientist, Associate Research Scientist, and Research Scientist.

Research Scientist Track faculty actively contribute to the Medical School's research mission. Research Scientist Track faculty appointments are intended for individuals whose primary activity is research; either in a team science/co- investigator role or as an independent scientist.

Research Scientist Track faculty (except for research investigators) are voting members of the Executive Faculty and University Senate, have representation on the Executive Committee of the Medical School and University Senate Assembly, and are candidates for emeritus/emerita status. They do not qualify for sabbatical leave but may be granted leaves for educational or training purposes.

### ***B. Ranks and Criteria for Appointment and Promotion***

Research Scientist Track faculty are typically part of a scientific team or have achieved independence in a research program and have demonstrated excellence in initiation,

direction and completion of research projects. A record of peer-reviewed publications is expected.

### ***Research Investigator***

A person appointed to the position of Research Investigator must hold a doctoral degree or its equivalent in professional and technical experience and typically has completed two or more years of postdoctoral work. The typical candidate for this position is someone whose scholarly reputation is equivalent to a person who has recently completed a Ph.D. or M.D. and/or postdoctoral training and demonstrates evidence of potential for scholarship. Candidates for research investigator are not expected to have a record of Institutional citizenship or teaching, although achievement in these areas is a welcome addition.

Research Investigator positions are intended for persons for whom a full-time career in research is expected. Appointments are recommended by the Department Chair or unit head, within the constraints of the University appointment procedures, and must be approved by the Dean's Office of Faculty Affairs. The time-in-rank limit for the Research Investigator is four years. The Research Investigator can be promoted to Assistant Research Scientist or to Research Assistant Professor on the Research Professor Track.

### ***Assistant Research Scientist***

Candidates who are appointed or promoted to this rank must have a record of publications in peer-reviewed journals. Participation at professional meetings is typically present. Candidates for Assistant Research Scientist should demonstrate potential for scholarly development, possibly as part of a larger research program.

Appointments and promotions to Assistant Research Scientist require review by the Advisory Committee on Primary Research, Appointments, Promotions, and Titles (APRAPT) and approval by the Medical School Executive Committee. The time-in-rank limit for the Assistant Research Scientist is six years. (A review of progress will be conducted by the Medical School upon completion of the third year in rank).

### ***Associate Research Scientist***

Appointment or promotion to this rank requires a growing national and/or international scholarly reputation. Independence in research is not required, but may be developing as represented by a substantial record of collaborative funding as a team scientist (usually as co-investigator). There should be a strong and sustained record of publication in peer-reviewed journals, including a number of first-author and/or senior-author publications and evidence that this accomplishment will continue. A candidate for this rank should have a record of participation in or presentation at professional meetings. Promotion to Associate Research Scientist signals the passage into medical academia's senior rank.

Appointments and promotions to Associate Research Scientist require review by APRAPT; approval by the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Vice President for Research, the Provost and Executive Vice President for Academic Affairs, and the President. There is no time-in-rank limit for the Associate Research Scientist. However, longevity in this rank is not sufficient evidence of accomplishment or merit for promotion.

### ***Research Scientist***

Appointment and promotion to this highest rank in the Research Scientist Track requires an internationally recognized record of continued excellence in research productivity and

contributions. A Research Scientist will have a sustained record of first-author and/or senior-author publications in peer-reviewed journals. A Research Scientist will have served as principal investigator on center grants, major grants (e.g. NIH R01) or equivalent. A significant and sustained record of participation in relevant professional meetings is expected of a Research Scientist.

Appointments and promotions to Research Scientist require review by APRAPT; approval by the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Vice President for Research, the Provost and Executive Vice President for Academic Affairs, and the President.

## **V. Clinical Track**

### ***A. Definition of the Clinical Track***

The Clinical Track is designed for those pursuing a career that focuses mostly on clinical care and teaching with a variable degree of involvement in scholarship and organizational service in the Medical School. Although there is no mandated ascension in rank, scholarly engagement and ascent in rank are desirable. The University is the sole employer of Clinical Track faculty. Appointments are made for up to seven years and are renewable.

Faculty in the Clinical Track are voting members of the Executive Faculty of the Medical School and have representation on the Executive Committee of the Medical School. They are not members of the University Senate and do not participate in the election of representatives to the University Senate Assembly, and do not qualify for sabbatical leave although other types of leave may be granted for specific educational or training purposes. Clinical privileges in the units are granted only by the Medical Staff Executive Committee on Clinical Affairs (ECCA). Clinical Track faculty may be candidates for emeritus/emerita status.

### ***B. Ranks in the Clinical Track***

The Clinical Track includes four ranks: instructor, assistant professor, associate professor, and professor. The official title (Assistant Professor, Clinical Track) is used on all appointment, promotional, university human resources correspondence and the curriculum vitae. Routine correspondence (e.g., patient correspondence, scholarly work, etc.) can use shorter working title, e.g. Assistant Professor without identifying track. Time in rank alone is NOT sufficient for advancement in rank.

To obtain a faculty position in the clinical track for persons without an MD degree, a terminal degree in their field is expected.

#### ***Instructor***

An instructor is fully trained to provide clinical care and is qualified to participate in educational programs at the University of Michigan Medical School. Appointment to this rank requires evidence that the individual has received an appropriate medical and graduate medical education and documentation of full clinical competence. Certification by the relevant professional board must be pending or completed, recognizing that exceptions for some internationally trained physicians may be granted by the Medical School. Evidence of competence in clinical and didactic teaching is expected. Letters from individuals with firsthand knowledge of the candidate are helpful in documenting the candidate's clinical competency, suitability for an academic medical environment, potential as a teacher and clinical role model, and potential for growth in clinical and scholarly areas. Publications in

a candidate's professional field are encouraged but not required. Instructor appointments are made by the department chair or unit head, within the constraints of University appointment procedures, and must be approved by the Dean's Office of Faculty Affairs.

### ***Assistant Professor***

An Assistant Professor has excelled in clinical care and teaching, and these are the primary requirements for appointment or promotion to this rank.

#### ***1. Clinical Work***

Clinical excellence is documented by letters, which may be from local sources and must attest to the quality of clinical service. Certification by a relevant professional board or the equivalent is a usual expectation at this rank, although this qualification may be in progress at the time of appointment according to the requirements of the relevant professional board; exceptions for some internationally trained physicians may be granted by the Medical School.

#### ***2. Teaching***

Quality of teaching is usually documented by objective teaching evaluations from the learner groups that are being taught (medical students, residents, fellows, undergraduate and graduate students as well as peer education), letters, and awards. If the candidate comes from an outside institution, letters describing the teaching efforts and quality are required.

#### ***3. Scholarship***

An Assistant Professor should show progress toward becoming scholarly engaged in their field. On the Clinical Track, invited presentations as well as publication of articles in professional journals, chapters, reviews, abstracts, textbooks, videotapes, or other educational materials are evidence of scholarly contributions and are usual features of faculty at this rank.

#### ***4. Service***

The candidate's organizational service, if present, to his or her department should be documented. For faculty members with predominantly clinical effort, several years of postgraduate clinical experience (post residency or post fellowship) combined with excellent teaching evaluations may qualify for promotion or appointment at this level, although some evidence of scholarly contribution is generally expected as noted above. New faculty members with evidence of distinct clinical expertise may also be appointed at this level.

Appointments and promotions to assistant professor require review by the Advisory Committee on Clinical Track Appointments and Promotions (CLINACAP) and approval by the Medical School Executive Committee.

### ***Associate Professor***

An Associate Professor has excelled in teaching and clinical work, and has achieved a regional or national reputation in his or her area of expertise. Peer-reviewed published scholarship and service to the institution, regional or national organizations is expected. The associate professor signals the passage into medical academia's senior rank. Individuals at this rank are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. Typically, a reputation of this sort is documented by letters from impartial external sources.

**1. Clinical Work**

As an Associate Professor on the clinical track, development as a clinician has progressed to the point of establishing broad interdepartmental and regional recognition by professional colleagues for clinical expertise. This is usually documented in letters from colleagues and peers who attest to the clinical excellence. Appointment or promotion to this rank requires board certification or the equivalent (although occasional exceptions for some internationally trained physicians may be granted by the Medical School)

**2. Teaching**

Evidence of continued valuable contribution to medical education is expected. This may be through customary teaching situations (lectures, clinical instruction of students and residents, mentorship pairing, or scholarly work with trainees including formal evaluations to assess quality) or through the preparation of educational materials, including educational brochures and learning aids, textbook chapters, reviews, videotapes, web based learning, and other instructional interfaces. Teaching evaluations from all learner groups should be available. Administration and organization of teaching programs are also valued activities, and creativity in their execution can be documented by letters from appropriate knowledgeable faculty, students, and peers.

**3. Scholarship**

The candidate should have produced scholarship that influences knowledge and/or clinical care. Scholarship should include peer – reviewed papers, but may also include books, book or web based chapters, or some other mode of communicating results and ideas.

**4. Service**

Administration or leadership at the school level or at local, regional, or national organizations are a typical feature of this rank.

Appointments and promotions to associate professor require review by CLINACAP; approval by the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost, and Executive Vice President for Academic Affairs, and the President.

**Professor**

Appointment and promotion to this highest rank in the Clinical Track requires continued outstanding teaching, mentoring and clinical service. A national reputation is expected in scholarship, research or teaching.

A Clinical Professor has many products of their scholarly activity and will have a substantial record of first-author and/or senior-author publications in peer-reviewed journals that have resulted in broad peer recognition in their area of expertise. Service in regional or national specialty societies or boards is the norm. Institutional citizenship is expected of a Senior Clinical Faculty.

Appointments and promotions to professor require review by CLINACAP; approval by the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost, and Executive Vice President for Academic Affairs, and the President.

### **C. *Criteria for Appointment and Promotion***

The criteria for appointment and promotion in the Clinical Track will be applied with an emphasis on the impact of the nominee on his or her professional environment. This impact may be in the teaching arena, in professional activity usually manifested by clinical care, in institutional citizenship (organizational, administrative, community, or volunteerism for example), or in scholarship and research.

Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion to a senior level. Although tenure is not a facet of Medical School Clinical Track, the University and the Medical School envision parallelism between the Clinical Track, the Instructional Track, and the Research Track, not only in accomplishments but also in the mechanics of appointment and promotion.

#### **1. *Clinical Work***

A clinical faculty member has usually significant clinical responsibilities and a high level of clinical competency is expected in all ranks. Clinical excellence may be documented by letters from UM faculty and current or former colleagues as well as former trainees. Letters typically attest that the nominee is considered by the medical community as a clinical resource, is sought out for clinical expertise, and has a strong referral base. By their nature these letters will often come from sources that have personal knowledge of the individual's clinical skills and character. A clinician is a role model for medical students and must demonstrate outstanding compassionate patient care, collegiality, integrity, professional excellence, respect for diversity, engagement in community, and commitment to individual learning and scholarship.

#### **2. *Teaching***

Successful teaching of medical students and residents is an important component of the Clinical Track. In the senior ranks, sophisticated and broad-based educational achievement is expected with the creation/ integration of new (clinical) knowledge and the teaching of other teachers.

Educational excellence may be demonstrated in a variety of settings. Some faculty will have assigned responsibility for teaching individual medical students and house officers one-on-one in the course of delivering clinical care or for organizing and leading clinical educational programs. The educational roles of other clinical faculty may involve a broad range of educational activities targeted at diverse audiences such as organizing or participating in local or regional CME activities or developing patient education tools, health profession education modules, or public health education programs. Objective evaluation of teaching from all learner groups should be available. In addition to the usual peer sources, letters from former trainees or from colleagues may document educational impact in special circumstances.

In the Adjunct Clinical Track, sufficient involvement in the educational program of the department is defined as a minimum of *50 hours of direct participation* in clinical education per year or an *equivalent contribution* to the academic mission of the Medical School, as documented by the department chair or unit leader.

#### **3. *Scholarship***

Promotion to the senior levels of the Clinical Track requires scholarly engagement and productivity. Excellence in scholarship or academic achievement is evidenced by published

peer-reviewed and other creative work, participation in grant-funded research, success in training graduate and professional students in scholarly methods, participation and leadership in professional associations, and in editing of professional journals. The ideal clinical professor is a scholar, engaged in life-long professional learning related to some clinical aspect of the human condition. Written evidence of scholarship may also include chapters, review articles and other creative ways to education. Individual scholarship is an essential part of the clinical professoriate, as it professes its work through instruction and role modeling for the next generation of physicians.

#### **4. *Service***

Many organizational service activities are expected of more senior faculty in the Clinical Track, such as participation in committee work, IRB, administrative tasks, counseling, and special training programs. Medical staff activities (such as leadership of or service on a quality assurance, risk management, or utilization review committee) also pertain to this type of service. In addition, the University expects many of its staff to render extramural services to relevant professional organizations other schools, industry, governmental agencies, and the public at large. Examples include:

- Memberships and offices held in professional societies.
- Continuing participation and leadership roles in medical service organizations (e.g., American Cancer Society, Planned Parenthood, American Red Cross).
- Public service activities that relate to the health of the general public.

Usually a promotion is based on a balance between all 4 areas discussed above. In exceptional circumstances a faculty member may have had a profound effect on his or her environment in the role of clinician, educator and/or with extensive administrative responsibilities. This may qualify the candidate for appointment or promotion to a senior level, with such extraordinary service offsetting to some degree the usual expectation of scholarly activity. In this case, letters of support must explain the individual's impact with great detail and specificity.

## **VI. Supplemental Appointments and Other Titles**

### **A. *Definitions of Supplemental and Other Titles***

Supplemental Titles are used for entry level faculty before assignment to one of the three principal tracks (e.g. lecturers/clinical lecturers) or for special faculty appointments that fall outside the standard categories.

#### ***Clinical Lecturer***

Some faculty members are appointed as clinical lecturers by the Medical School before moving into the Instructional Track or Clinical Track. Clinical lecturers have shown competence as teachers and hold a doctoral degree or its equivalent in professional and technical experience. An appointment as a clinical lecturer does *not* start the tenure clock for a faculty member. If a person is appointed clinical lecturer as the result of a normal, open, national search process that includes posting, advertising, and efforts to secure a diverse applicant pool, an Affirmative Action document is filed at the time of the initial appointment as clinical lecturer. Otherwise, the clinical lecturer must compete in a national search process in order to be recommended for appointment at a higher rank. Appointments of clinical lecturers are the prerogative of the department chair or unit head, within constraints of University appointment procedures, and must be approved by the Dean's Office of Faculty Affairs. The appointments are for one year and are renewable, usually for up to four years.

### ***Lecturer***

The lecturer title pertains to those individuals whose sole responsibility is to teach in an academic setting. Appointments of lecturers are the prerogative of the department chair or unit head, within constraints of University appointment procedures, and must be approved by the Dean's Office of Faculty Affairs. The appointments are for one year and are renewable, usually for up to four years.

### ***Visiting I***

This title may be used in conjunction with all instructional, clinical, and research titles.

- Appointees to this title *must* have employment responsibilities with another institution of higher education and are usually on leave from that institution. (e.g. A professor from UCSF who is here for a six month sabbatical).
- Appointees may be full-time, with a maximum length of appointment of one year or less.
- Written requests to extend appointments beyond one year may be granted under unusual circumstances. Such requests must specify what contributions the visiting faculty member has made, why an extension is needed, and what provisions are being made for allocation of space and for payment of any salary.

### ***Adjunct***

According to the Regents' Bylaws (Sec. 5.22 Adjunct Professorships and Sec. 5.23 Clinical Instructional Staff):

- Require annual renewal.
- Are part-time (less than 50%).
- Are used for the Instructional Track, Clinical Track, or Research Track.
- May be compensated or uncompensated.

### ***Further Special Notes on Adjunct Faculty***

Increased collaboration between the University and industry has resulted in requests for faculty appointments in the Medical School from qualified employees of industrial companies. These appointments should enhance the Medical School's instructional programs and foster research collaboration with industry. Adjunct appointments are appropriate for individuals with special talents to provide this industrial interface. People whose primary employer is a for-profit organization should be appointed only as adjunct faculty.

In 1990, the Medical School Executive Committee compiled procedures, privileges, and restrictions for adjunct faculty whose primary employment is with an industrial organization. At the time of appointment, there must be full disclosure of all details of employment status so that any potential for conflict of interest can be prospectively addressed. Ownership of intellectual property must be thoroughly disclosed: the nominating chair should define claims to patent ownership and royalties and should identify eligibility to publish and present findings. Appointment of adjunct faculty as principal investigators on University extramural grants will not occur under ordinary circumstances. Any University space, for example, must be requested by the department chair of the prospective adjunct faculty and must be used primarily for the academic benefit of the department and the Medical School.

Adjunct faculty are generally *not* eligible for clinical privileges at the UMHS or VAMC. Adjunct faculty may be involved in medical education, graduate medical education, or clinical research in the clinical setting at UMHS, but they should *not* be the attending of record or responsible for the delivery of patient care.

Adjunct faculty are not voting members of the Executive Faculty of the Medical School, may not serve on the Executive Committee of the Medical School, are not members of the University Senate, nor participate in the election of representatives to the University Senate Assembly.

#### ***Adjunct Instructional Track***

Adjunct Instructional Faculty appointments are used to supplement teaching in a specific field; to facilitate research collaboration with individuals in other units of the School or University, with individuals at other educational or health care institutions, or with scientists employed by industry; or to permit faculty or trainees who are leaving the University to complete ongoing educational or research responsibilities.

#### ***Adjunct Research Track***

Adjunct Research Faculty appointments are made when an individual's primary employment responsibilities lie outside the University. This appointment indicates that the individual is working for a limited portion of his/her time (part-time) on a research project housed in the Medical School. Adjunct appointments may be made at any research faculty rank, but must be consistent with the individual's professional qualifications as specified in this document.

#### ***Adjunct Clinical Track***

Adjunct Clinical Track faculty are usually in the private practice of medicine outside the University of Michigan; in other words, the University is not the sole employer. These appointments are at 0% to 49% effort, are for no longer than one year, are renewable, and are without tenure. Ranks in the Adjunct Clinical Track follow the same guidelines mentioned above and must fulfill the 50 hours of teaching requirement per year. Even though appointments in this track are not mandated to follow the Affirmative Action procedures of the University, it is the policy of the Medical School to seek as diverse a group of people as possible as teachers and role models for students.

#### ***Adjunct Physician Instructor***

Adjunct Physician Instructor clinical track faculty are governed by the same rules and expectations as Adjunct Clinical Track faculty with the exception of fulfilling the 50 hours of teaching requirement per year. These faculty may provide less teaching as long as it is within the context of University of Michigan Medical School clerkships, courses, rotations, or electives.

#### ***Adjunct Clinical Associate***

A non-faculty title given to a health care provider under special circumstances by the Medical School to provide health care in university outpatient settings. Adjunct Clinical Associates are usually community physicians.

#### ***Clinical Associate***

A non-faculty title given to a health care provider under special circumstances by the Medical School to provide health care in university outpatient settings. Clinical

Associates are employees of the University of Michigan.

### ***Emeritus***

An honorary title received upon retirement (assistant professor, associate professor, professor, research professor, associate professor-Clinical Track and professor-Clinical Track) given by the Regents on recommendation of the School. An “active status” appointment may be requested for retirees who wish to continue their clinical, research, or service activities to the institution. An active appointment is necessary if the retiree requires clinical privileges, receives payment for clinical services or teaching, or continues to be formally involved in research grant activity.

### **B. Supplemental Appointments**

Supplemental appointments are made under the same criteria as appointments in the regular tracks to which they correspond. For example, the criteria for a visiting or adjunct associate professor are the same as for an associate professor in the Instructional Track: the recommendation packet has the same documents and the approval procedure is the same. ACAPT, APRAPT, or CLINACAP has jurisdiction according to whether the supplemental appointment is an instructional, research, or clinical appointment. No Appointment Activity Record (AAR) is required for any supplemental appointment, but departments are urged to be aware of the need for diversity among UMHS faculty.

### **C. Supplemental Promotions**

Visiting faculty, appointed for a year or less, are normally not involved in any promotion considerations. The appointment of each adjunct faculty member, however, is subject to annual review and renewal. A request for promotion to a higher level may be made, with documentation, as would be required in the corresponding regular track. An adjunct associate professor, for instance, must meet the requirements of an Instructional Track associate professor promotion.

### **D. Joint Appointment Criteria**

Joint appointments are implemented in a secondary or tertiary department for instances of substantial and ongoing academic or clinical collaboration beyond routine collegial interactions. The primary or home department usually is responsible for the paperwork. Joint appointments are extraordinary; they are not used for perfunctory title dissemination or routine recruitment enticements. They may be funded or unfunded (dry). Joint appointments, without tenure, can be initially requested for up to three years, and can be administratively renewed for additional years at the request of the department. A Memorandum of Understanding (MOU) should be generated for all new joint appointments at the assistant/associate and full professor level for tenure track/tenured instructional faculty (excluding dry (0%) appointments).

## **Glossary**

### **Adjunct**

Adjunct appointments are used to supplement teaching in a specific field; to facilitate research collaboration with individuals in other units of the School or University, with individuals at other educational or health care institutions, or with scientists employed by industry; or to permit faculty or trainees who are leaving the University to complete ongoing educational or research responsibilities. Adjunct appointments are part-time appointments (less than 50%).

### **Adjunct Clinical Track**

Adjunct Clinical Track faculty are usually in the private practice of medicine outside the University of Michigan; in other words, the University is not the sole employer. These appointments are at 49% or less. Ranks in the Adjunct Clinical Track follow the same guidelines as the Clinical Track below.

### **Adjunct Physician Instructor**

Adjunct Physician Instructor faculty are governed by the same rules and expectations as Adjunct Clinical Track faculty with the exception of fulfilling the 50 hours of teaching requirement per year.

### **Clinical Associate**

A non-faculty title given to a health care provider under special circumstances by the Medical School to provide health care in university outpatient settings.

### **Clinical Care**

The provision of health services and medical care to patients or experimental subjects.

### **Clinical Lecturer**

A preliminary entry level position to the faculty ladder.

### **Clinical Track**

Supports the clinical and teaching missions of the Medical School. There are four faculty ranks within this track: instructor, assistant professor, associate professor, and professor.

### **Emeritus/Emerita**

An honorary title after retirement (assistant professor, associate professor, professor, research professor, associate professor-Clinical Track and professor-Clinical Track), given by the Regents on recommendation of School.

### **Instructional Track**

Members of this track are expected to make contributions to the Medical School in the areas of scholarly research, teaching, organizational service, and clinical care as it pertains to professional fields of study. There are three faculty ranks within this track: assistant professor, associate professor, and professor.

### **Joint Appointments**

Are implemented in a secondary or tertiary department for instances of substantial and ongoing academic or clinical collaboration, beyond routine collegial interactions.

### **Lecturer**

A preliminary entry level position to the faculty ladder. This title is used for individuals who have primarily didactic teaching roles.

**Research Track**

Supports the Medical School research and teaching missions. There are four faculty ranks within this track: research investigator, research assistant professor, research associate professor, and research professor.

**Research Scientist Track**

Actively contributes to the Medical School's research mission. There are four faculty ranks within this track: research investigator, assistant research scientist, associate research scientist, and research scientist.

**Scholarship**

1. The methods discipline, and attainments of specialists in branches of knowledge.
2. Systematized knowledge resulting from study and research in a particular field.

**Supplemental Titles**

Special faculty appointments that fall outside the standard categories (e.g. visiting/adjunct).

**Tenure**

May be granted by the Regents to Instructional Track faculty at the ranks of Associate Professor or Professor.

**Tenure Probationary Period (Tenure Clock)**

The maximum probationary period of Instructional Track faculty consists of service with the University for a total of ten years in the ranks of assistant professor or higher. Instructional track faculty undergo departmental review for promotion and tenure prior to or during the seventh year of the tenure probationary period.

**Visiting I**

Appointees to this title *must* have employment responsibilities with another institution of higher education and are usually on leave from that institution.

## Medical School Policies and Procedures

### A. Tenure

The maximum probationary period of non-tenured Instructional Track faculty consists of service with the University for a total of 10 years in the rank of “full-time” assistant professor or higher (bylaw 5.09) and SPG 201.13. See “Appointment Fraction,” below, for the definition of “full-time.”

This 10-year period constitutes what is commonly referred to as the University's "tenure clock."

In practice, however, the Medical School reviews untenured faculty members for tenure in the sixth or seventh year of the tenure probationary period. This period of time constitutes the Medical School's tenure clock, which may not exceed the University's tenure clock.

As a result of a formal review, those who are not recommended for tenure during the sixth or seventh year of the probationary period are normally offered a time in rank extension, not to exceed a total of 10 years on the instructional track.

Alternatively, a 1-year terminal appointment for the year following the review may be offered, which the faculty member must serve within the University's 10-year tenure clock.

Tenure may be conferred after a shorter period than specified above.

### B. Termination and Non-reappointment

Termination of a faculty member, whether by non-reappointment or by termination within the term of appointment, requires proper notice. Time frames for notices of non-reappointment can be found in the Standard Practice Guide (201.88)(<http://spg.umich.edu/>). Layoffs for lack of funds are subject to specific procedures found in the Standard Practice Guide (201.72). The department chair or is responsible for notifying faculty members who are due to receive notices of non-reappointment.

### C. Performance Planning and Evaluation

Regular and structured review of faculty members' accomplishments, future goals, and progress toward promotion is an integral part of faculty development. The performance evaluation should review accomplishments during the past year and expectations for the coming year. Aspects of performance should be evaluated, including teaching, scholarly activities, and clinical activities (if applicable); service within the department, Medical School, University, and professional organizations (i.e. committee participation, administrative assignments); and overall progress toward promotion and tenure (if applicable). Performance evaluations should take place on an annual basis and should be conducted by your department chair or division chief/section head.

### D. Third Year Reviews

In addition to the annual department review, the Office of Faculty Affairs offers a review for all assistant professors in his or her third year on track. This review is conducted by the appropriate assistant dean (depending on track). The purpose is to discuss with the faculty member any concerns they may have in terms of their academic life and to identify any areas of strength and potential weakness and to inform them about the promotion process. **You are strongly encouraged to take advantage of this review.** Completion of a third year review for anyone in the Assistant Research Scientist title is mandatory.

## **E. Code of Conduct**

Ethical, law-abiding behavior is expected of our Workforce at UMHS. This expectation reflects UMHS's values of respect, compassion, trust, integrity, efficiency and leadership. All UMHS Employees must read and sign/agree to The Code of Conduct Attestation, every year. More information can be found at:

<http://med.umich.edu/u/compliance/pdfs/CodeofConductBooklet2012.pdf>

## **F. Conflict of Interest (COI), Outside Employment, Expert Witness**

Faculty need to be aware of potential conflicts of interest in their professional and personal activities. Conflicts of interest can arise in situations involving interactions with pharmaceutical companies, consulting activities, and service as an expert witness.

The Medical School has developed the policies and guidelines to address faculty activities involving potential conflicts of interest. These guidelines describe faculty responsibilities regarding conflicts of interest when individuals are engaged in external employment and professional consulting, entrepreneurial activities in research and technology development, medical-legal consultation and continuing medical education, gifts, honoraria, and related activities.

Guidelines for documenting and managing conflicts of interest have been developed to protect faculty members. All outside activities must be documented. Remember, this documentation is for your own protection.

## **G. Grant Review and Analysis**

<https://research.medicine.umich.edu/office-research/grant-review-analysis/about-grant-review-analysis>

<http://orsp.umich.edu/about-orsp>

The Grant Review & Analysis Office is part of Research in the Medical School, which serves several functions for the Medical School, Medical School Administration (MSA), and Hospitals and Health Centers (HHC). Responsibility includes review of all proposals routed through eResearch Proposal Management (eRPM) and materials transfer agreements involving Medical School faculty and/or space for compliance with school, university and sponsor guidelines. This office team as signature authority on behalf of the Dean of the Medical School and are authorized by the University to submit electronic PHS proposals directly to the sponsor.

## **H. Dispute Resolution Options**

### **1. Faculty Ombuds**

<http://www.umich.edu/~facombud/>

The Office of the Ombuds is a confidential, impartial, informal, and independent resource for information or conflict management that serves all faculty members of the University of Michigan community. The Office assists those who seek guidance with the resolution of academic or administrative issues and disputes that are not being adequately addressed through other University processes. It is a safe place to express concerns. In addition to the University Faculty Ombuds, the Medical School has Unit Ombuds who are also available as a source of information concerning University policies or for conflict management.

### **Clinical Track Faculty:**

Danielle 'Kim' Turgeon, M.D.  
Professor Department of Internal Medicine  
Office: 734-764-6860  
Cell: 734-717-2351  
Email: [kturgeon@umich.edu](mailto:kturgeon@umich.edu)

### **Instructional Track Faculty:**

John Wiley, M.D.  
Professor, Department of Internal Medicine  
Office: 734-615-6621  
Cell: 734-635-4447  
Email: [jwiley@med.umich.edu](mailto:jwiley@med.umich.edu)

### **Research Track Faculty:**

Daniel Goldstein, M.B.B.S.  
Professor, Department of Internal Medicine  
Office: 734-936-1407

## **2. *Mediation Services***

<http://www.umich.edu/~mediate/>

Mediation Services provides individual, private consultation regarding workplace concerns, or the services of a trained neutral mediator to help resolve work-related disputes. These services provide an alternate, informal channel to resolve problems, for instances when the grievance process may not be desired or appropriate. Faculty may use these confidential services at any time. There is no charge for this service. You can reach Mediation Services by calling the number above to schedule a consultation, by emailing [mediation.services@umich.edu](mailto:mediation.services@umich.edu) or by using the Online Inquiry form at the website above.

## **3. *Grievance/Faculty Appeal Procedures***

<https://hr.umich.edu/working-u-m/my-employment/academic-human-resources/faculty-grievance-procedures>

Faculty Appeal Procedures are available to all faculty with complaints concerning the terms and conditions of their employment. These policies are available when there is a charge that the school or a department has reached a decision concerning any aspect of a faculty member's employment that is manifestly unfair or illegal. The Medical School and its departments are expected to rely scrupulously and consistently on decision-making procedures that are fair and commonly known. Grievants may challenge all aspects of the decision making process, except those which involve conclusionary judgments about professional competence. The procedures are not available for challenges to the desirability of unit or University policy, nor are they available for claims that are patently frivolous or without merit.

For information on the University's grievance procedures, please see Standard Practice Guide 201.8 at <https://hr.umich.edu/working-u-m/management-administration/uhr-procedures/20108-grievances-dispute-resolution>

## **I. Hosting and Travel Expenses**

<http://spg.umich.edu/policy/507.10-1>

**Hosting policy:** The University recognizes hosting as an appropriate use of University funds. Such hosting activities are expected to contribute to, or result from, legitimate University related business and are subject to University limits and guidelines.

**Travel policy:** Reimbursement may be allowed to faculty and others for reasonable and necessary expenses subject to University limits and guidelines incurred in connection with approved travel on behalf of the University.

See the Standard Practice Guide for specific limits and guidelines (SPG 501.04-1). Information is also available from the Accounts Payable and Travel Office 764-8212 or via e-mail [travel.office@umich.edu](mailto:travel.office@umich.edu). Departments may have more restrictive limits and guidelines. Please check with your department administrator before expenses are incurred.

## **J. Things to Discuss with Your Department Administrator**

Your department administrator or designated supervisor may be able to help you with the following items and also serve as a resource to you, if you have any general questions that are not answered in this handbook.

1. Computer/lab equipment
2. Grant preparation
3. Hiring support staff
4. Immunizations
5. Lab coats
6. Maintenance/Repairs
7. Moving expense reimbursement
8. Obtaining keys
9. Purchasing
10. Radioactive material use
11. Remote access for computers
12. Secretarial support
13. Space assignments
14. Travel advance and travel expense reimbursement

## **Medical School Service Departments**

### **A. A. Alfred Taubman Health Sciences Library**

[www.lib.umich.edu/taubman](http://www.lib.umich.edu/taubman)

The A. Alfred Taubman Health Sciences Library is one of the largest health science libraries in the country. It provides services to the School of Nursing, College of Pharmacy, and the UM Health System. The library provides access and instruction for many databases and full-text resources as well as reference service in the library and electronically. The collections include over 3,000 print and electronic journals with campus and remote access to all electronic resources. The Library has two fee-based services: the Literature Search Service and the Photocopy Service. Materials that are not available in the University Libraries may be requested through the Taubman Interlibrary Loan Department. The library underwent a \$55-

million renovation in 2015.

## **B. University Tech Transfer**

[www.techtransfer.umich.edu](http://www.techtransfer.umich.edu)

U-M Tech Transfer is the University organization responsible for the transfer of University technology to the marketplace. The mission of the Tech Transfer office is to effectively transfer University technologies to the market so as to generate benefits for the University, the community and the general public. The tech transfer team offers a full set of services to ensure effective technology transfer, including, disclosure facilitation, patenting and other protections, start-up assistance, licensing, legal support, and decision support.

## **University Policies and Procedures**

### **A. Diversity and Nondiscrimination Policy**

The University is committed to a policy of nondiscrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, or Vietnam-era veteran status. The University also is committed to compliance with all applicable laws regarding nondiscrimination and affirmative action.” (Regents Bylaws Sec. 14.06, “Non Discrimination and Affirmative Action.”)

For more details about the Diversity and Nondiscrimination Policy at the University of Michigan, please refer to the University Faculty Handbook.

<http://www.provost.umich.edu/faculty/handbook/8/>

### **B. Sexual Harassment Policy**

It is the policy of the University of Michigan to maintain an academic and work environment free of sexual harassment for students, faculty, and staff. Sexual harassment is contrary to the standards of the University community. It diminishes individual dignity and impedes equal employment and educational opportunities and equal access to freedom of academic inquiry. Sexual harassment is a barrier to fulfilling the University’s scholarly, research, education, and service missions. It will not be tolerated at the University of Michigan.

The entire text of the University of Michigan Sexual Harassment Policy, Standard Practice Guide 201.89-0 is available on-line at: <http://spg.umich.edu/policy/201.89-0>

#### **1. Consensual Relationships**

Romantic and sexual relationships between supervisor and employee or between faculty or other staff and students are not expressly prohibited by University policy. However, even when both parties have consented to the development of such relationships, they can raise serious concerns about the validity of the consent, conflicts of interest, and unfair treatment of others. Similar concerns may be raised by consensual relationships between senior and junior faculty members.

In the event of a charge of sexual harassment, the University will, in general, be unsympathetic to a defense based upon consent when the facts establish that a professional faculty-student, staff-student, or supervisor-employee power differential existed within the relationship.

#### **2. Response and Procedures**

The University encourages persons who believe that they have experienced or witnessed

sexual harassment to come forward promptly with their inquiries, reports, or complaints and to seek assistance within the University. Individuals also have the right to pursue a legal remedy for sexual harassment in addition to or instead of proceeding under the sexual harassment policy.

A claim under the sexual harassment policy may be brought by the University or by a faculty, staff, or student member of the University community based on the conduct of any University employee.

There are several processes that may be used to address sexual harassment issues and complaints: confidential counseling, inquiries about sexual harassment, informal resolution process, and formal investigation. Please see the Standard Practice Guide Sexual Harassment Policy for details about each of these options.

### **C. Americans with Disabilities Act (ADA)**

<https://ssd.umich.edu/article/americans-disabilities-act-ada>

The University has a number of policies that relate to promoting diversity and preventing discrimination. Through University policies, as well as applicable state and federal laws, the University provides a supportive and inclusive environment in which members of this community can pursue their educational and professional objectives.

#### 2.B.1 Regental Statement of Nondiscrimination Regarding Race, Sex, Color, Religion, Creed, National Origin or Ancestry, Age, Marital Status, Sexual Orientation, Gender Identity, Gender Expression, Disability, or Vietnam Era Veteran Status

As the governing body of the University of Michigan, the Regents have adopted the following policy on nondiscrimination, a version of which appears on all official University documents:

The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status. The university also is committed to compliance with all applicable laws regarding nondiscrimination and affirmative action. Bylaw 14.06 (revised April 2009).

### **D. University Resources**

The University provides several resources for faculty members. Detailed descriptions of these resources are available from the Benefits Office and are included in the University's Faculty Handbook.

#### ***1. Office of Counseling and Workplace Resilience***

<https://hr.umich.edu/benefits-wellness/health-well-being/mental-health-counseling-consultation-services/michigan-medicine-office-counseling-workplace-resilience>

FASAP is a University of Michigan program that offers a number of services designed to help staff, faculty, and their immediate family members with personal difficulties encountered at both work and home. Their services include:

- Short-term counseling services to all staff, faculty, and their immediate

- family members on personal, emotional, family and work place issues
- Personalized coaching services to assist with achieving professional or personal goals such as overcoming procrastination, improving work organization and completion of specific projects
  - Critical incident, trauma and grief counseling
  - Brown/Bag Educational Presentations on a variety of emotional and mental health topics
  - All FASAP services are free of charge and confidential

## **2. *Work Connections (Illness and Injury Support Services)***

<http://www.workconnections.umich.edu/>

Work Connections is an integrated disability management program developed by the University of Michigan to assist faculty and staff —and supervisors — when there is an illness or injury that prevents an employee from working.

## **3. *Work/Life Resource Center***

[www.umich.edu/~hrra/worklife](http://www.umich.edu/~hrra/worklife)

The Work/Life Resource Center is a starting point for the University community to learn about resources and tools to promote work/life balance. This is a free service for University of Michigan faculty.

## **General Information**

### **A. Benefits and Wellness**

<https://hr.umich.edu/benefits-wellness>

One of the ways the University of Michigan strives to attract and retain an outstanding faculty is through its benefits programs. Faculty and their dependents are eligible for a variety of benefits with a significant portion of the cost underwritten by the University. Many benefits, such as health insurance and retirement plans, are administered centrally through the Benefits Office