UNM | SCHOOL of MEDICINE

10/28/2004

STATEMENT OF PROFESSIONALISM

Approved at General Faculty Meeting: 10/24/2002

The statement below supplements section 1.2.4 *Personal Characteristics* and the *1987 STATEMENT ON PROFESSIONAL ETHICS* in the 1998 Policy on Academic Freedom and Tenure of the UNM Faculty Handbook.

A faculty member's personal characteristics and professional behavior are important to the extent that they have an impact on the missions of the School of Medicine, the Health Sciences Center, and the University of New Mexico. In the School of Medicine, there is a commitment to the attributes of professionalism, which include altruism, accountability, excellence, duty, honesty, integrity and respect. For clinical faculty engaged in patient care, there is a further responsibility to apply these attributes to their interactions with patients, patient families, and significant others such that patient health care needs and the privacy and confidentiality of patient information takes precedence over self-interest.

While maintaining independence of thought and action, all faculty should work effectively with diverse peers, supervisors, subordinates, patients and learners. Information used in the appraisal of personal characteristics and professionalism may be acquired from peers, subordinates, supervisors, patients, and learners (e.g. letters of recommendation and other written comments from those who are in a position to provide an informed evaluation). The personal nature of this information requires that it be handled with prudence.

IMPORTANT NOTE (August 1997): THE SPECIFIC PERFORMANCE LEVELS IN EACH SECTION BELOW ARE GUIDELINES, NOT COMMANDMENTS. It is the responsibility of the Chair to justify a positive tenure or promotion recommendation either because a faculty member's record meets or exceeds the stated performance levels or because the faculty member's accomplishments and contributions, although they do not meet some of the stated performance levels, nevertheless constitute a compelling argument for tenure or promotion.

I. SCHOLARSHIP, RESEARCH, CREATIVE WORKS

A. **Introduction**

"Scholarship" as a separate category of performance needs to be defined. It is obvious that teaching can be done in a scholarly manner, as can patient care. Indeed, it is clear that academic physicians and scientists must be scholarly in their teaching and patient care, and that scholarly performance is a defining characteristic of a professional in an academic career. Nevertheless, it is necessary to distinguish between the adjective "scholarly," as just used, and the noun "scholarship" as used in the context of an

academic institution, including this one. The UNM Faculty Handbook and the current Faculty Appointment and Tenure and Promotion Guidelines of the SOM include "scholarship, research, and creative works" together in a single category, and indicate that activity in this area should produce published works that lead to recognition beyond the boundaries of the University of New Mexico. The Faculty Handbook says this:

> A faculty member's scholarship, research, and other creative work should make a contribution to the particular field of interest and serve as an indication of professional competence. The result of this kind of activity normally finds expression in publication, or other media appropriate to the field, and where appropriate, should be reflected in teaching. In no case, however, should a person's productive effort be measured by mere quantity. [B-19]

The current Faculty Appointment and Tenure and Promotion Guidelines (for Tenure Track faculty) of the SOM, Comments and Recommendations for Chairs, say this:

> Advancement in academic medicine depends on adequate qualification in three areas: teaching, scholarship/research/creative work, service and/or administration.
>
> 1. Promotion and the granting of tenure in any department requires established excellence in at least two of the three areas and at least some level of competence in the third.
> 2. All recommendations should be accompanied by a number of letters from individuals outside of this university.
> 3. ...the argument is made stronger if the letters are from those peers who have never worked with but know the accomplishments of the candidate.
> 4. All letters of evaluation from peers outside of the university should clearly indicate whether or not the person being recommended has a prestigious reputation at the national and/or international level.

The current Faculty Appointment and Tenure and Promotion Guidelines of the SOM (for Tenure Track faculty) say this:

2. ...not all scholarship need be in conventional biomedical research. Here are some examples: activities in development of new teaching techniques and programs; recognition by peers for contributing ideas about research, patient care, or teaching; recognition of the candidate as a responsible and effective critic, as well as certain other activities. To ensure that such activities are given proper consideration, the chair needs proper documentation of these kinds of scholarship. **Most important, such contributions should have some recognition beyond the boundaries of the University of New Mexico** (emphasis added).
3. ...evidence should be presented showing the recommended person as having national and/or international recognition.

It is clear from the above that the Faculty Handbook and the current Guidelines and Comments of the SOM intend that tenure and promotion in the tenure track be granted to those whose activities lead to outcomes that are reviewed by peers outside this institution and that create for the candidate regional, national, or international recognition. Even if the activities are other than those traditionally associated with biomedical research, they must still lead to peer-reviewed products upon which regional, national, or international reputations can be based.

The above statements and definitions represent fairly the breadth of activities that are valued within this institution in the area of scholarship/research/creative works. The candidate and the chair, by reading these statements, should understand that a case for competence or excellence in this area requires documentation that the candidate's activities have led to the creation of peer-reviewed products that have gained for the candidate regional, national, or international recognition.

B. **Performance Levels Supporting Tenure and Promotion**

0. To be considered **competent** in scholarship/research/creative work the individual must show activity comparable to others of the same rank within the discipline at an average or above average level. This will *usually* include:
    i. Works published in appropriate peer-reviewed venues.
    ii. Published works that concern biomedical subjects or issues of importance to the SOM.
    iii. One peer-reviewed publication per year, on average, not including the first year. Fewer than one published work per year would require documentation that the importance of the work clearly required more than one year to complete.
    iv. Scholarship/research/creative activities that are characterized by continuity.
    v. The individual must be a major contributor to the work. That is, he/she must be first or corresponding author, or must demonstrate that the work could not have been done without the individual's contribution.
    vi. Attempts to obtain extramural funding to support the scholarship/research/creative work.
    vii. Evidence must be provided that the individual has at least a regional reputation based on his/her scholarship/research/creative activities.

Accomplishments and activities substantially different from those listed above would require full documentation and justification in the tenure/promotion dossier.

C.

0. To be considered **excellent** in scholarship/research/creative work the individual must show activity comparable to others of the same rank within the discipline at peer institutions. This will *usually* include:
   . Works published in peer-reviewed venues of **outstanding quality**.
   i. The published works should be of **outstanding significance** to biomedical science or to the SOM.
   ii. The number and/or the quality of the published works should be substantial and should be substantially greater than what constitutes evidence of "competence." The actual number of published works will vary according to discipline.
   iii. The activity must be characterized by continuity.
   iv. The individual must be a major contributor to the work. That is, he/she must be first or corresponding author, or must demonstrate that the work could not have been done without the individual's contribution.
   v. The individual should have **extramural funding on which he/she is the principal investigator**. If the candidate is not the PI, it must be demonstrated that his/her contribution is crucial to the funding of the proposal and to the success of the project.
   vi. Evidence must be provided that the individual has an emerging or established national or international reputation.

Accomplishments and activities substantially different from those listed above would require full documentation and justification in the tenure/promotion dossier.

D.

0. Promotion to Full Professor based on excellence in scholarship/research/creative works will require clear evidence that the individual has an established national or international reputation in the area of scholarly emphasis. Further, in addition to the above, there should also be documented evidence that the individual has been an effective mentor of at least one other faculty member. In this context mentoring means establishing a long-term relationship that aids the other faculty member in reaching his/her career goals, e.g., helping in the development of a scholarly program that results in peer reviewed works, applications for external funding, memberships in national organizations, etc.

II. PATIENT CARE

A. **Introduction**

Performance levels in patient care are evaluated based on both quality and quantity parameters. In order to achieve over-all "excellence," when compared to local and national peers in their specialties, faculty members are required to demonstrate

"excellence" in all of the "quality" parameters, and at least meet expectations in the "quantity" parameters. Similarly, in order to achieve "competence," when compared to local and national peers in their specialties, faculty members are required to demonstrate "competence" in the "quality" parameters, and meet expectations in the "quantity" parameters.

B. **Quality**

1. **Parameters**. Quality of patient care should be judged primarily using the following parameters:
    i. **Knowledge Base**. The fund of knowledge required by the faculty member to make well informed decisions in patient care. Current knowledge of specialty and subspecialty is particularly important.
    ii. **Clinical Judgement.** The ability to effectively apply information to a particular patient or situation.
    iii. **Ethics.** The priorities which the faculty member follows in providing patient care. Providing each individual patient with the best possible care is the highest priority.
    iv. **Patient Rapport and Satisfaction.** Communication and interaction with patients will vary greatly across specialties; however, effective patient communication skills are required of the faculty member (where applicable).
    v. **Technical Skills.** The skills required of the faculty member to effectively perform procedures, make diagnoses, and perform diagnostic tests required in his or her specialty/ subspecialty.
    vi. **Innovation and Applied Scholarship.** The application, integration and dissemination of existing knowledge in an effort to improve health care at the personal, community, or population level.

2. **Evaluation**. The above six parameters will be judged by:
    i. **Peer Review.** Evaluations by faculty members, residents, medical students, and staff. Particular emphasis will be placed on the reviews of senior faculty members in the same department/ division as the faculty being reviewed.
    ii. **Patient Outcome.** An appropriate review (as developed by the department chair) of objective and/or subjective treatment outcome parameters.
    iii. **Examinations.** It is expected that the faculty member pass appropriate board and recertification exams in their specialty.

C. **Quantity**

1. **Parameters:** The quantity of patient care should be judged primarily by:
   i. **Number of patients seen.**
   ii. **Number of procedures performed** (if applicable).
   iii. **Clinical RVUs** (accounts for number and type of visits, procedures).
   iv. **Clinical billings and collections.**
   v. **Percentile rank** (Items 1-4 above compared to peers nationally at other similar academic institutions, if the information from other institutions is available).

2. **Evaluation**
   How quantitative standards will be set: The above four parameters will be judged by division head and department chair expectations. The department chair and division head are in the best position to set a standard for, and assess the amount of clinical productivity of the faculty member. In setting a standard for a desired level of clinical productivity the following are among the factors which should be considered within each department/division:
   - Patient care demands and limitations.
   - The amount of support available to the faculty member in providing patient care (clinic conditions and staffing, O.R. time, etc.)
   - The amount of time, and level of activity expected of the faculty member in other areas such as scholarly work and teaching (and the level of support available in those areas). Thus, quantitative standards may well be different for clinical vs. tenure track faculty.

   (Note: It may be advisable for the dean to review the quantitative standards set by department chairs prior to their implementation.)

D. **Performance Levels Supporting Tenure and Promotion**
   The standards listed below are meant as general guidelines, not necessarily as strict criteria.
   1. To be considered **competent** in patient care, the individual should:
      . Be considered a competent clinician by students, residents, fellows and faculty;
      i. Be a consulting physician at the local level.
      ii. Contribute to clinical or professional program(s).

   2. To be considered **excellent** in patient care, the individual should:

. Be considered an excellent clinician by students, residents, fellows, faculty, and regional peers.
i. Have an emerging or established regional, national, or international reputation as a consulting physician or professional.
ii. Play an essential role in developing and/or directing clinical or professional program(s).
iii. Devise or implement a new clinical method or protocol which receives local, regional, national, or international recognition.

3. Promotion to full professor based on excellence in patient care will require clear evidence that the individual has an established regional, national, or international reputation as a consultant or professional; and that he/she has directed regional, national, or international clinical or professional program(s). Further, there should be documented evidence of mentoring, i.e., that the candidate has made significant long-term contributions to the professional and career development of other faculty.

III. EDUCATION AND TEACHING

A. **Introduction**

The University of New Mexico School of Medicine has an international reputation for educational innovation, educational research, quality in teaching, and commitment to teaching within the faculty. It is within this context that parameters to define competence and excellence in teaching have been developed. Competence and excellence in teaching will be evaluated both on quality and quantity parameters that are compared to local and national peers. Performance levels considered to be competent and excellent are given in the last section of this document.

It is strongly recommended that each faculty member maintain a teaching portfolio that documents teaching activities in an ongoing manner. This will allow the faculty member to express the unique qualities of her or his teaching while displaying areas of special expertise.

B. **Quality**

Both learner and peer evaluation of teaching is important. Although the Teacher Development Task Force is currently working to standardize and improve the quality of the evaluation of students in various components of the School of Medicine curriculum, methods of continuing peer evaluation of faculty must be developed that give effective feedback to faculty and that aid the departmental faculty and Chairs and the Dean in making tenure and promotion decisions.

1. **Parameters**
    i. **Stimulation of critical thinking and reasoning**- Good teachers role model and facilitate learners acquiring the necessary skills to gather information and critically examine information. They present information and evaluate understanding of that information in a way that does not encourage rote learning.
    ii. **Facilitation of learning**- Learning in medicine and biomedical science is a lifelong process. The teacher should facilitate acquisition of the skills necessary to continue that process of identifying problems and gathering information to solve them long after formal education is complete.
    iii. **Clinical skills**- Instruction and supervision of students in a clinical setting is an important and highly valued aspect of medical student instruction.
    iv. **Presentation skills**- Presentations should stimulate students and should encourage thinking and problem solving.
    v. **Instructional innovation** - Introduction and incorporation of improvements in teaching methods.
    vi. **Quality of written materials used in teaching**- Written material used in teaching (hand-outs, syllabi, lab manuals) should augment teaching. They should be clear and concise and should stimulate critical thinking and problem solving.
    vii. **Effective evaluation**- Faculty should be able to give students specific behavioral feedback, both formative and summative, that leads to a behavioral change (seeking new information, improved technical skill, improved critical thinking, improved communication with patients, etc.).
    viii. **Identification of problems in education**- Faculty should identify ineffective educational activity (from a lecture, case, lab, or seminar series to an entire curriculum) and implement corrective measures. The effectiveness of the corrective measures should be assessed.
    ix. **Effectiveness in teaching/educational committees**- Active participation in educational committees is the responsibility of faculty members. These can be departmental, within the Health Sciences Center, or in the local, regional, or national community.
    x. **Receptivity and involvement with mentoring activity**- For promotion to professor, a faculty member must actively participate in assisting less experienced faculty to improve their teaching. This is a long-term commitment to the less experienced faculty.

2. **Evaluation**
    i. **Learner evaluation**- In teaching, learner evaluation is critical, for the learner is the person who must judge whether or not learning has been facilitated. Methods that assure effective learner feedback need to be sought out or developed. If possible, feedback from learners should be narrative and with behavioral examples.

ii. **Peer review**- General teaching skills in multiple formats should be evaluated by other faculty members who have directly observed the faculty member in teaching situations. Again, methods to assure effective peer review need to be sought out or developed.

Evaluation of faculty teaching by learners and peers may occur in a variety of situations and settings such as lectures, lab sessions, tutorials, inpatient rounds and surgery, ambulatory clinics, grand rounds, teaching or supervision of graduate students, teaching or supervision of medical students a variety of clinical settings, teaching in postgraduate or continuing education programs. Persons who have been mentored should provide information for the promotion and tenure dossier about the ways in which the mentor has helped them advance their careers. Other educational activity such as course development, syllabus development, directorships, committee activity, invited lectures, etc. can best be assessed by peer information. Teaching awards would, of course, be an indication of the quality and effectiveness of a faculty member's achievement.

C. **Quantity**

Following is a list of categories of educational activities. By no means would one faculty member be expected to excel or even participate in most or all of these activities. Because departmental missions are so variable, amounts and types of teaching should be agreed upon for each department by the Dean and the Chair.

- **Teaching**- Teaching activities occur at several levels (undergraduate, medical student, graduate student, residents, peers, and/or community) and in several formats (problem based learning, lectures, seminars, clinical skills, labs, ambulatory and inpatient settings, and/or the student process assessments). Interdisciplinary teaching occurs within and between basic and clinical scientists, multiple departments, the several schools and colleges in the Health Sciences Center, and between SOM faculty and those of other institutions.
- **Development** - This category includes those activities that are critical to medical education but may not include direct student contact. Examples include development of curricula and syllabi, faculty development, organization and development of courses and blocks, development of interdisciplinary curricula, development of community educational sites (for example, sites used for the Practical Immersion Experience) and/or community educational activities.
- **Leadership** - Educational leadership has a service component as well as an educational component. This would include service on an educational committee and/or chairing a committee (Educational Council, Integrating Group, CSPE, Admissions, etc.), a block or clerkship, graduate studies committee, and directors/organizers of courses.

- **Advising** - This would include the advising of students and residents, junior faculty, staff, and could also include the role many faculty play as advisors to community groups and advisory boards.
- **Mentoring**- Mentoring refers to the active role that more experienced faculty take in helping to advance the career of another faculty member by improving his or her educational productivity over a period of time.

6. **Parameters**
   i. Preparation and teaching for lectures, labs, clinical skills, tutorials, seminars, grand rounds, patient conferences, continuing education settings
   ii. Attending in the inpatient or ambulatory settings
   iii. Supervision and teaching of graduate students
   iv. Level of involvement of educational development (new lectures, courses, seminar series, blocks, continuing education courses, syllabi, case writing)
   v. Service on educational committees or leadership/organization of courses, blocks, grand rounds, etc.

7. **Evaluation**
   Total number and quality of hours are both important. For example, giving one great lecture per year is not adequate nor is giving a large number of poor lectures. Quantity cannot be measured necessarily by numbers of student contact hours. Lecture preparation and evaluation may take many hours while attending in a clinic may not require preparation.
   The Relative Teaching Unit (RTU) document should be to quantify individual teaching effort.

D. **Performance Standards**

- **Competence**- In order to demonstrate overall competence when compared to local and national peers, the faculty member should be satisfactory to good in the quality parameters and should meet expectations for local and national peers in the quantity parameters.
- **Excellence**- To achieve overall excellence when compared to local and national peers, the faculty member should be very good to excellent in the quality parameters and should meet expectations for local and national peers in the quantity parameters.
- **Promotion**- For promotion to full professor based on excellence in teaching, a faculty member should demonstrate progression in achievement, should be widely recognized for excellence of teaching, and should show evidence of successful mentoring of other faculty.

IV. EXCEPTIONAL QUALIFICATIONS

Because it is possible that individual faculty members could make crucially important contributions to the missions of the SOM and yet not meet the standards stated above, it is necessary that the faculty and Chair of each department, the Dean's advisory committees, the Dean of the SOM, and the Vice President for Health Sciences must also be able to recognize such individuals by recommending and granting tenure and/or promotion to them. Such cases will be exceptional and uncommon.