Promotion and Tenure Guidelines
For Faculty in the College of Health Professions

Standards for Promotion to Assistant Professor	Standards for Promotion to Associate Professor	Standards for Promotion to Professor
The criteria for the rank of Assistant Professor are possession of the terminal degree or its equivalent (usually taken to be preparation and training comparable to the accepted doctoral program in time, continuity, professional standards and applicability to the field of specialization); evidence indicating promise of teaching performance of a high order of effectiveness (including such positive acknowledgment of the effectiveness of advising as may be available); evidence indicating promise of scholarly publications and research; and evidence indicating promise of service to the University, profession or community. (UDMPU Contract, 2016-2021) _____	The criteria for the rank of Associate Professor shall include successful completion of the probationary period (six-year probationary clock); teaching excellence (including such positive acknowledgement of the effectiveness of advising as may be available); scholarly publications, research, or other professional accomplishments of merit; and service to the department, the profession and the community. (UDMPU Contract, 2016-2021) _____	The criteria for the rank of Professor, in addition to those for Associate Professor, are eight (8) years of teaching experience at the college or university level (or equivalent); teaching excellence; (including such positive acknowledgment of the effectiveness of advising as may be available); scholarly publications, research or other professional accomplishments of distinction in the field; and service and leadership in the University, the profession, or the community. (UDMPU Contract, 2016-2021) _____

Terms for Scholarly Productivity for Tenure Track

1. **Tenure** is intended for faculty with terminal degrees who wish to engage in research and scholarly activities in the CHP.
   Terminal degree is identified by each discipline within the college.

2. **Scholarship** is the generation, synthesis, translation, application, and dissemination of knowledge that aims to improve health and transform healthcare. Scholarship is the communication of knowledge generated through multiple forms of inquiry that informs practice, education, policy and healthcare delivery. The hallmark attribute of scholarship is the cumulative impact of the scholar's work on their specific area of expertise and on health care (AACN, 2018). Scholarship is inclusive of discovery, teaching, integration, and application (Boyer, 1990).

   a. The ***scholarship of discovery or scientific inquiry*** relates to traditional research endeavors which generate new knowledge through original research and theory development. The scholarship of discovery or scientific inquiry takes the form of primary empirical research, analysis of large data sets, theory development and testing, methodological studies including implementation science, health services research, and philosophical inquiry and analysis. Furthermore, the scholarship of discovery results in new knowledge, refines or expands existing knowledge, and is translatable into practice. Research scholars regardless of settings use similar designs and methods in understanding phenomena, examining relationships, or testing interventions with their different populations of interest (AACN, 2018).

   b. The ***scholarship of teaching*** is inquiry directed at the transfer of knowledge. Within this perspective, scholarship includes the discipline-focused work that brings new insight into the service and practice arena and contributes to the development of knowledge. The scholarship of teaching focuses on the transmission, transformation, and extension of knowledge (Boyer, 1990). Teaching scholars develop, evaluate, and improve curricula, student learning, and teaching methodologies. The scholarship of education focuses on the understanding, describing, and teaching of learning endeavors as well as controlling, predicting, and disseminating outcomes of teaching-learning processes.

   c. The ***scholarship of practice*** incorporates application and integration. It is a critical component in bridging the theory to practice gap (Boyer, 1990). The scholarship of practice interprets, draws together and brings new insight to original research. This interconnection of ideas is used to change practice and solve problems. The practice scholar applies evidence to practice, incorporating implementation and translation science. Scholarship is guided by a multitude of innovative methods of inquiry that are informed through practice with an aim of improving and transforming healthcare

delivery and outcomes. Practice scholars apply and integrate evidence to and from practice (AACN, 2018).

i. The ***scholarship of application*** is directly related to the need to address and resolve specific issues within practice – related to individual patients, organizations, systems and social problems (Boyer, 1990). Development of clinical knowledge is created by practice scholars who question why certain methods are used and work to make improvements in practice (Peterson & Stevens, 2013). Internal evidence is generated through outcomes management, quality improvement, and evidence-based practice projects that translate evidence into practice and policy to improve care and outcomes (Melnyk, 2013). The implementation of evidence-based practices generates local knowledge related to how best to improve healthcare processes and outcomes that may be transferable as best practices. Velasquez, McArthur, and Johnson (2011) describe application and integration in terms of engagement and optimization. Engagement refers to the meshing and integration of knowledge into practice: whereas, optimization is the phase in which knowledge and theory generation is viewed as dynamic and ongoing, continuously inspiring new questions and innovations.

ii. The ***scholarship of integration*** emphasizes the interconnection of ideas and brings about new insights on original research and interfaces between multiple disciplines. Integration combines knowledge in new creative applications that change paradigms and offer keen insights to solve problems. It has a collaborative and outcome focus. An example of integration includes healthcare policy, which is critical to generating support for healthcare innovation and improvement in the public domain. The scholarship of healthcare policy includes: problem identification, problem analysis, stakeholder engagement, policy development, policy enactment (designing programs, influencing rules and regulations), policy implementation, policy/program evaluation, and the dissemination of evidence-based best practices (AACN, 2018).

Assumptions for Scholarship in CHP

1. Scholarship will be progressive in nature demonstrating performance, impact or significance, and/or recognition.
2. Scholarly work must be continuous, organized, and conducted with a stated purpose.
3. The scholarship will be based in the area of the faculty's expertise.
4. Practice informs teaching, service and scholarship and as such, may be incorporated into the dossier as a demonstration of expertise that contributes to practice scholarship.

5. All faculty members are expected to participate in scholarly activities appropriate to their appointment, position and rank.
6. It is the responsibility of the faculty member through the assembly of their dossier and application for promotion and tenure, to demonstrate the manner in which their body of scholarly work meets the criteria.
7. Publications in predatory journals will not be considered when determining if faculty have met CHP standards for scholarly productivity for each rank.
8. When preparing the dossier, faculty should list active presentations to substantiate scholarly productivity, however, continuing education sessions attended should be listed separately as faculty development.

Guidelines for Scholarship Excellence for Tenure for the College of Health Professions Detroit Mercy

These lists of examples are by no means exclusive. Other activities and items of evidence of scholarly work may be produced by the faculty that demonstrate scholarship of discovery, teaching or practice application and integration.

Examples of Evidence Related to the Scholarship of Discovery

The scholarship of discovery is advanced in a variety of ways, which include, but is not limited to:

Primary empirical research is the systematic collection of data to answer an empirical question or test a hypothesis. A variety of designs are used, including experimental, quasi- experimental, descriptive, qualitative, exploratory, and case studies. Methods include ethnography, historical, critical inquiry research, critical research designs, and community- based participatory research. Data may include, but are not limited to, primary empirical measurements, observations and specimens, genetic materials, personal oral accounts regarding the phenomenon of interest, historical documents and art work, and data from community focus groups. The choice of design in the scholarship of discovery is dependent on the research question and a number of factors such as importance of internal and external validity, data availability, or urgency of the decisions.

Analyzing large data, a field of inquiry often referred to as "Big Data," is a component of scientific inquiry that analyzes combined existing data from previous studies to form a large data set to provide meaningful results to improve health interventions and outcomes (Raghupathi & Raghupathi, 2014).

Theory development is the process of drawing together scientific and experiential knowledge, predictive power with respect to an area of experience. Scientific theories suggest explanations for phenomena that may be subjected to empirical tests

Methodological studies, including implementation and translational science, involve the development and testing of new or revised methods of inquiry that generate knowledge.

Implementation science seeks to identify barriers (personal, economic, and management) to effective evidence translation and examines the causal relationships of the interventions and the outcomes. The aim of translational science is to promote the rapid translation of research outcomes to clinical care to provide evidenced-based treatments (National Institutes of Health, 2017).

Health services research examines how people get access to health care, how much care costs, and what happens to patients as a result of this care. The main goals of health services research are to identify the most effective ways to organize, manage, finance, and deliver high-quality care; reduce medical errors; improve patient safety; and impact policy formation and revision (Agency for Healthcare Research and Quality, 2002).

Philosophical inquiry is metaphysical, epistemological, and ethical and involves critical reasoning and argument that is systematic, rational, and critical. It seeks to answer questions related to the meaning of health and illness in the context of human life, how we acquire and evaluate knowledge, and the standards of conduct of life. Whether arguments are inductive or deductive in nature, assumptions are thoroughly examined and principles of logical thought and proof are followed.

- Peer-reviewed publications of research, theory, or philosophical essays
- Peer-reviewed presentations (podium or poster) of research, theory, or philosophical essays
- Grant awards in support of research or scholarship
- Mentorship of junior colleagues in research or scholarship
- State, regional, national, or international recognition as a scholar in an identified area
- Positive peer evaluations of the body of work

Examples of Evidence Related to the Scholarship of Teaching

The scholarship of teaching is advanced through various methods:
-dissemination of knowledge related to teaching/learning
-Writing of comprehensive program reports that reflect educational/program outcomes
-and the utilization and evaluation of updated applications and practices into teaching and learning.

- Publications:
    - Peer-reviewed journal articles related to teaching methodology or learning outcomes, case studies related to teaching-learning, learning theory development, and development or testing of educational models or theories;
    - Published text books, chapters or other learning aids;
- Presentations (podium or poster) related to teaching and learning
- Accreditation or other comprehensive program reports
- Design of outcome studies or evaluation/assessment programs
- Development of interdisciplinary educational programs
- Lead educational programs

- Grant awards in support of teaching and learning
- Application of technology to teaching and learning
- Application of current best clinical practices into teaching and learning
- State, regional, national or international recognition as a master teacher
- Positive peer assessments of innovations in teaching

Examples of Evidence Related to the Scholarship of Practice

The Scholarship of Practice may be advanced in numerous ways:

Application of competencies that promote the evaluation of clinical knowledge, new practice strategies, and systems of care that facilitate utilization of evidence-based processes. Strategies such as information technology and research are often used to evaluate and improve care. The development of quality indicators and innovative healthcare delivery models are critical to the scholarship of practice. In order to support the use of these competencies, new practice-based roles within health systems must be developed and implemented.

Establishment of academic-practice partnerships that leverage the expertise of nursing faculty and clinicians to integrate systems of health care, improve health outcomes, and foster development of financially viable new models of care leveraging the talents and expertise of nursing faculty with clinical staff through academic-practice partnerships, new questions may emerge requiring research that generates evidence to inform new best practices as a result of such partnerships (Bleich, Hewlett, Miller,& Bender 2004; Peterson & Stevens, 2013; AACN, 2016).

Measuring patient, organizational, and administrative outcomes that includes metrics relevant to patients, organizations, systems, and policymakers (e.g., cost, care outcomes, patient and provider satisfaction) facilitates data-driven decisions, and allows for impact analysis of outcomes in all arenas.

- *Evaluating interprofessional team outcomes* is imperative for the delivery of team-based care. The development of the interprofessional healthcare team effectiveness and team science is evolving to produce optimal safety and quality outcomes. Components of team evaluation may include organizational context, task design, team process, team psychosocial traits, and team effectiveness, which are defined by patient/provider outcomes (Van Dijk-de Vries et al., 2016). Potential outcomes may incorporate use of guidelines or standards, patient and provider satisfaction, clinical process improvement, collaborative behavior, and error rates (Reeves, Perrier, Goldman, Freeth,& Zwarenstein, 2013).
- Peer-reviewed publications of research, case studies, technical applications, or other practice issues
- Presentations (podium or poster) related to practice
- Consultation reports
- Integrative reviews of the literature related to practice

- Studies of systems in healthcare, original interdisciplinary research and integrative models of paradigms across disciplines
- Evaluation of systems of care and the analysis of innovative healthcare delivery models, program evaluation and QI projects
- Reports of meta-analyses related to practice problems
- Policy papers designed to influence stakeholders, organizations or governments
- Reports compiling and analyzing patient or health services outcomes
- Development and refinement of practice protocols and strategies
- Products, patents, license copyrights
- Reports of interdisciplinary programs
- Interdisciplinary grant awards
- Grant awards (internal/external) in support of practice
- Peer reviews of practice
- State, regional, national, or international recognition as a master practitioner
- Maintains professional certifications, degrees, and other specialty credentials
- Establishing academic practice partnerships
- Dissemination of research findings for public knowledge
- Model program implementation
- Leads teams and disseminates results within organization(s)

Criteria for Scholarship Excellence

Standards for Promotion to Assistant Professor	**Standards for Promotion to Associate Professor**	**Standards for Promotion to Professor**
1. The criteria for the rank of Assistant Professor as written in UDMPU Contract effective 2016-2021 _____ 2. Maintains current knowledge of scholarly literature in at least one area of specialization 3. Consistently engages in scholarly activities	1. The criteria for the rank of Associate Professor as written in UDMPU Contract effective 2016-2021 _____ 2. Documented evidence of performance must be shown in scholarship 3. Documented evidence of impact must be shown in scholarship 4. Authorship on 2 refereed publications 5. Production of 3 additional scholarly outputs	1. The criteria for the rank of Professor, as written in UDMPU Contract effective 2016-2021 _____ 2. Documented evidence of performance must be shown in scholarly activity 3. Documented evidence of impact must be shown in scholarship 4. Recognized nationally or internationally in area of scholarly expertise. 5. Documented evidence of national recognition must be shown in teaching, service, or scholarly productivity 6. Authorship on four refereed publications since promotion to Associate Professor

Guidelines for Teaching Excellence for Tenure for the College of Health Professions Detroit Mercy

Teaching Excellence

The teaching criteria provide indicators of a faculty members teaching effectiveness, mastery of subject related to clinical practice or theoretical knowledge, and application of teaching/learning principles. Formal student evaluations, evaluations by faculty who have observed classroom or clinical teaching, and evaluations by faculty who have worked with the candidate in the planning and evaluation of curriculum are considered as documentation of teaching performance. The candidate is responsible for the submission of review materials including analysis of student evaluations.

Assumptions for Teaching Excellence in CHP:

1. Teaching excellence is considered progressive in nature so that as faculty move up in rank the level of expertise is cumulative.
2. Faculty assume responsibility for self-evaluation and improvement of teaching performance.
3. Teaching criteria should include evidence of expertise in the areas of;
    a. Foundational expertise
    b. Promotion of learning
    c. Curriculum planning, development and evaluation
    d. Advising and mentoring of students and other faculty
    e. Participation in the process for program accreditation, evaluation, growth and development.

Examples of Evidence

These examples are by no means exclusive. Other activities and items of evidence of teaching excellence may be produced by the faculty.

- Unedited student course evaluations
- Peer evaluations
- Evaluations from clinical agencies
- Syllabus revisions and course development
- Peer reviewed or invited manuscripts/presentations
- Awards for teaching or clinical practice
- Consultation, site visitor

- Teaching and program grants
- Letters acknowledging mentorship of colleagues
- Participation in faculty development activities
- Current clinical certification
- Leadership with curriculum development and revision
- Self-statement with supportive evidence
- Center of Excellence Grants, training and program grants
- Demonstrates collaborative efforts in team teaching
- Coauthored manuscripts or posters with students and/or faculty
- Faculty supervisor for directed studies, and/or masters or doctoral scholarly projects
- Writes supporting evidence for compliance with accreditation standards for program.
- Teaching informed by practice and/or joint appointments and academic practice partnerships

Criteria for Teaching Excellence

Standards for Promotion to Assistant Professor	**Standards for Promotion to Associate Professor**	**Standards for Promotion to Professor**
1. Demonstrates expertise and knowledge in content area. 2. Demonstrates evidence from peers and students of effective and quality teaching 3. Participates in curriculum planning, implementation and evaluation.	1. Demonstrates advanced knowledge in content area. 2. Demonstrates evidence from peers and students of effective and quality teaching 3. Serves as resource for curriculum planning, implementation and evaluation.	1. Is considered a valued consultant in the professions' scientific body of knowledge and education process. 2. Documented evidence of performance must be shown in teaching.

4. Demonstrates consistent and effective promotion of learning to students in the clinical, internship, or classroom setting. 5. Incorporates research and evidenced-based findings and best practices and theory into teaching. 6. Provides leadership in planning, teaching or managing classroom, clinical or internship experiences for students. 7. Participates in course/curricular evaluation and/or revision. 8. Assumes responsibility for academic advisement and academic counseling. 9. Participates as a committee member for student thesis, research or projects. 10. Participates in review, establishment and implementation of policies regarding evaluation, progression and graduation.	4. Designs and implements creative and innovative learning delivery and opportunities. 5. Incorporates and participates in the development of research and evidenced-based findings and best practices and theory into teaching. 6. Serves as a resource in planning, teaching, managing classroom and/or clinical or internship experiences for students. 7. Provides a leadership role in evaluating, revising, developing, and implementing curriculum. 8. Demonstrates mentorship for student achievements. Guides and supports less experienced faculty in student advisement and academic counseling and course management and evaluation.	3. Recognized for sustained quality and creativity in curriculum development and implementation. 4. Demonstrates a sustained pattern of creative, innovative and effective teaching. 5. Develops research and evidenced-based findings and best practices and theory for teaching. 6. Serves as a resource in teaching excellence for colleagues within and beyond the College of Health Professions. 7. Assumes responsibility for the evaluation and continuous improvement of curriculum. Assumes responsibility for the improvement of curricular design and development. 8. Serves as a resource in the process of student

11. Teaching conforms to standards of accrediting bodies.	9. Participates as a committee member or chair for student thesis, research or project. 10. Serves as a resource to other faculty (i.e. adjunct, course leaders, etc.) to refine effective delivery of accurate and appropriate information to students in classroom, lab or clinical. 11. Provides input into policies regarding student admission evaluation, and/or progression. 12. Participates in the process of compliance with standards of accrediting bodies.	advisement and academic counseling and course management and evaluation. 9. Provides leadership and guidance to the committees of student thesis, research or project. 10. Actively contributes to the continuous improvement of less experienced faculty in policy, curriculum and counseling and teaching skills. 11. Serves as resource for the development of policies and/or standards for student admission, evaluation or progression. 12. Provides consultation to administration related to compliance to accrediting bodies.

Guidelines for Service Excellence for Tenure for the College of Health Professions Detroit Mercy

Service Excellence

The service criteria provide indicators of a faculty member's commitment to the mission of the institution, the college, the professional group with which he or she is aligned, and to the community. It is the responsibility of the faculty member to submit a list of his or her committee and professional organization memberships and to describe the specific activities and contributions they have made to each. When appropriate, the Review Committee may ask for clarification or elaboration of the faculty member's contributions. Contributions in service may be demonstrated at local, and/or state, regional, national and international levels. There is no expectation that a faculty member need contribute at all levels.

Assumptions for Service Excellence in the CHP:

1. Service excellence is considered progressive in nature so that as faculty move up in rank the level of commitment and leadership is cumulative.
2. Faculty must demonstrate continued dedicated service to the 1) college and university; 2) community and 3) profession.
3. The mission of the University states that "The University of Detroit Mercy, a Catholic university in the Jesuit and Mercy traditions, exists to provide excellent, student-centered, undergraduate and graduate education in an urban context. A UDM education seeks to integrate the intellectual, spiritual, ethical, and social development of our students."

Examples of Evidence

These examples are by no means exclusive. Other activities and items of evidence of service excellence may be produced by the faculty.

- Documentation of participation, contribution and leadership on committees for the
  - College
  - University
  - Profession
  - Community
- Awards, honors or other recognition for service
- Elected office or chair positions
- Service on advisory boards, task forces, projects or initiatives aimed at the betterment of the 3 general areas of service
- Collaboration with community outreach organizations or support services

Criteria for Service Excellence

Area of Service	**Standards for Promotion to Assistant Professor**	**Standards for Promotion to Associate Professor**	**Standards for Promotion to Professor**
Profession	Active involvement in advancement of the profession through membership and involvement in professional organization or council.	Provides leadership in service activities which influences professional practice, research or education advancement.	Sustained record of leadership and service which influences professional practice, research, education or administration.
Community	Participates in local or regional community programs.	Participates in local or regional community programs.	Participates in local or regional community programs.
College and University	Active participation on department, college and university committees, council or task forces.	Provides leadership on department, college and university committees and is otherwise meeting the goals of the institution, e.g., program development and maintenance, facilitating the career development of other faculty.	Sustained leadership on department, college and university committees and is otherwise meeting the goals of the institution, e.g., program development and maintenance, facilitating the career development of other faculty. It is expected that a full professors' level of service to the University is advanced and recognized.

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