



MEDICAL SCHOOL
UNIVERSITY OF MICHIGAN

Faculty Handbook

Table of Contents

I.	Introduction.....	Page 3
II.	Medical School Strategic Plan.....	Page 4
III.	Medical School Organization and Leadership.....	Page 5
IV.	Facilities.....	Page 11
V.	Medical School Administrative Offices.....	Page 12
VI.	Medical School Bylaws.....	Page 15
VII.	Faculty Tracks and Categories.....	Page 16
VIII.	Faculty Expectations.....	Page 18
	A. Expectations for Each Professional Rank.....	Page 18
	B. Expectations for the Tenure Track.....	Page 18
	C. Expectations for the Research Professor Track.....	Page 22
	D. Expectations for the Research Scientist Track.....	Page 24
	E. Expectations for the Clinical Track.....	Page 26
	F. Expectations for Supplemental Appointments and Other Titles.....	Page 31
IX.	Glossary of Terms.....	Page 35
X.	Policies and Procedures.....	Page 38
XI.	Resources.....	Page 45

I. Introduction

The University of Michigan Medical School is committed to creating the future of health care through discovery. This includes offering an educational experience that sets the standard for discourse, intellectual rigor and creativity. Throughout our 20 clinical and 9 basic science departments, we are committed to a single mission:

“To transform health through bold and innovative education, discovery, and service.”

This handbook is intended to serve as a supplement to both *The University of Michigan Faculty Handbook* (<https://www.provost.umich.edu/faculty/handbook/>) and the Medical School Bylaws (<https://faculty.medicine.umich.edu/medical-school-bylaws>), as well as 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 this document or the other referenced resources, please contact your department chair, division/section chief, or the Medical School Office of Faculty Affairs.

We hope that faculty will reference both this handbook and the University Handbook to answer questions as they 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 at <https://medicine.umich.edu/medschool/>.

II. Medical School Strategic Plan

As the health care landscape continues to shift and change, our future success requires an organizational commitment to innovation, collaboration, and fiscal stewardship. Together we will bring to life new ideas, systems, and technologies that enable us to improve the health of communities near and far. With the input of a multidisciplinary team of faculty, staff, and learners, we have developed a strategic plan founded on five strategic pillars required for long-term growth and vitality: People, Discovery, Education, Care, and Service. We will pursue these pillars in a vibrant and inclusive learning community, equipped with the resources and infrastructure necessary to enable their successful implementation and sustainability.

This strategic plan will be our ‘roadmap’ as we pursue our mission. Our goals, strategies, and tactics will be nimble, allowing us to adapt to the unexpected. This plan will align our strengths, inform our business decisions, and guide where we will invest our energy and resources.

Mission

To transform health through bold and innovative education, discovery, and service.

Strategic Pillars

- **People:** Recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.
- **Discovery:** Create transformative knowledge that advances science and improves health.
- **Education:** Cultivate a learning community that engages all in bold and innovative education for the advancement of science, health and health care delivery.
- **Care:** Deliver outstanding patient care and improve health for local, state, national, and global populations while caring for each other.
- **Service:** Engage and collaborate with our institutional, local, state, national, and global communities to advance health and science.



The full 2019-2024 Medical School strategic plan is published on the Medical School website at <https://medicine.umich.edu/medschool/about/strategic-plan-2019-2024>.

III. Medical School Organization and Leadership

Michigan Medicine is the name of the University of Michigan's academic medical center and is comprised of the University of Michigan Health System (UMHS) and its University of Michigan Medical Group practice; the Medical School; and Michigan Health Corporation, which is the legal entity that allows UMHS to enter into partnerships, affiliations, joint ventures and other business activities. Michigan Medicine's unified structure removes siloes and facilitates collaborations that serve to better-integrate research, patient care and education across the organization.

This cohesive organizational structure is supported by a robust leadership structure, which reinforces Michigan Medicine's tripartite mission of patient care, education, and research. As the Dean of the Medical School, the Executive Vice President for Medical Affairs (EVPMA) for UM, and the Chief Executive Officer for Michigan Medicine, Dr. Marschall Runge has oversight of, and is accountable for, all aspects of Michigan Medicine. He reports to the President of the University of Michigan in his role as EVPMA and to the Provost in his role as Dean. Dr. Runge utilizes a matrixed team approach that advances each element of the tripartite mission in a coordinated and highly collaborative manner via the three Executive Vice Deans: Dr. Weinstein serves as the Executive Vice Dean for Academic Affairs and Chief Academic Officer; Dr. Kunkel serves as the Executive Vice Dean for Research and Chief Scientific Officer; and Dr. Miller serves as the Executive Vice Dean for Clinical Affairs and President of UMHS. This team works closely to bring about optimal strategic and operational performance for all three missions of Michigan Medicine.

The leadership team establishes the strategy and priorities in fulfillment of the Medical School's mission, working closely with the associate and assistant deans, the leaders of our departments, centers and institutes, and with the University administration. Together they oversee the administrative functions of Medical School Administration, and ensure coordination of initiatives that support the education, research and service elements of the tripartite mission. More information about the leadership team is available on the Medical School website at <https://medicine.umich.edu/medschool/about/school-leadership>. Contact information for each team member is available via MCommunity at <https://mcommunity.umich.edu/>.

A. *Medical School Dean*

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

Dean/Executive Vice President for Medical Affairs (EVPMA)

Dr. Marschall Runge, the EVPMA/Dean, takes lead responsibility for the following key activities of UMMS and UMHS:

- Oversight of all Departmental Chairs of UMMS including hiring, complementation, and performance;
- Managing campus-wide governance and leadership relationships, including the Regents, the President, the Provost and relationships with the Deans of the other schools of the University;
- Representing the Medical School in discussions and decisions with respect to University strategy and policy with the Provost and other Deans of the University;
- Decisions to fund and launch programs, centers and major initiatives that span multiple departments across the Medical School; and
- Managing the economics of the Medical School and Health System, including decisions with respect to funds flows across the enterprise.

B. *Executive Leadership*

Debra F Weinstein, M.D.

Executive Vice Dean for Academic Affairs, Medical School

Medical School Chief Academic Officer, Michigan Medicine

This position is responsible for the day-to-day operations of the Medical School as well as the development and implementation of the Medical School's strategic plan. It collaborates extensively with the senior leadership group to ensure that the education components of the mission are seamlessly and effectively integrated with the operations of UMHS. It also takes lead responsibility for the following activities:

- Ensuring that all University academic governance and policy standards are followed;
- Leading the recruitment of new Chairs for the Clinical Departments and collaborating with the Executive Vice Dean for Research in the recruitment of new Chairs for the Basic Science Departments;
- Establishing performance objectives for the Clinical Department Chairs and evaluating their annual performance, as well as overseeing faculty performance expectations for members of the Clinical Departments;
- Overseeing efforts to ensure faculty well-being and effectiveness;
- Developing and monitoring aligned compensation plans across the Departments; and
- Lead in the development of facilities and capital plans with respect to the educational components of our mission.

Steven Kunkel, Ph.D.
Executive Vice Dean for Research, Medical School
Chief Scientific Officer, Michigan Medicine

Dr. Steve Kunkel is responsible for the research-related components of our mission, including establishing and implementing our enterprise research strategy and goals, and ensuring these objectives are well aligned and integrated with Michigan Medicine's overall academic and clinical goals and aspirations. He also takes the lead for the following key activities:

- Ensuring all policies and standards are followed with respect to research activities across the Medical School;
- Leading the recruitment of new Chairs for the Basic Science Departments;
- Establishing performance objectives for the Basic Science Department Chairs and evaluating their annual performance, as well as establishing overall faculty performance expectations for members of the Basic Science Departments;
- Allocating research space and overall management of research cores and other infrastructure; and
- Provide leadership in the identification of research opportunities and requisite resources that span multiple departments and schools.

David C. Miller, M.D., M.P.H
Executive Vice Dean for Clinical Affairs, Medical School
President of University of Michigan Health System

Dr. David C. Miller serves as the Executive Vice Dean for Clinical Affairs and President of UMHS, which consists of the adult University Hospital and Cardiovascular Center, the Children's and Women's Hospital, the ambulatory care operations of the health system, the clinical faculty practice plan, and affiliations such as Metro Health in Grand Rapids along with other specific collaborations and joint ventures with other health systems. In this capacity, Dr. Miller is responsible for the overall operations of UMHS as well as the development and implementation of the strategic plan for the clinical enterprise, ensuring that these goals and objectives are well aligned and integrated with the academic and research components of our mission. In addition, he has lead responsibility for the following key activities:

- Providing regular reports to the UMHS Board, an advisory board established by the University Regents, with delegated responsibility for governance of the clinical enterprise;
- Ensuring all policies and standards are met or exceeded with respect to the clinical operations of Michigan Medicine, including clinical quality and patient safety;
- Leading in the identification of clinical program opportunities and initiatives that span multiple departments and schools; and
- Leading in the development of facilities and capital plans with respect to the clinical components of our mission.

C. *Senior Leadership*

David J. Brown, M.D.

Associate Vice President and Associate Dean for Health Equity and Inclusion

Dr. Brown leads the Michigan Medicine Office for Health Equity and Inclusion (OHEI) and Michigan Medicine's diversity, equity and inclusion initiatives. OHEI includes pipeline programs, diversity professional development and education, mentorship programs and health equity research.

Matthew C. Comstock, MBA, MHSA

Executive Director for Administration

Chief Operating Officer

Matthew 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.

Teri A. Grieb, Ph.D.

Associate Dean for Research Strategy

Senior Director for Research

Dr. Grieb works closely with the CSO to develop and implement strategies that facilitate the growth and expansion of research initiatives and funding opportunities across Michigan Medicine. She will work to enhance the quality and quantity of externally sponsored research. She will coordinate and administrate activities related to the strategic advancement of the Medical School research portfolio; setting the strategic goals and objectives for the research enterprise, while monitoring key metrics that will guide programmatic decisions.

Joseph C. Kolars, M.D.

Senior Associate Dean for Education and Global Initiatives

Josiah Macy, Jr., Professor of Health Professions Education

Professor of Internal Medicine

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.

Daryl K. McDaniel, MBA
Chief of Staff, Clinical Enterprise

Daryl McDaniel directs the administrative, financial and operational activities of the U-M Health System (UMHS) Office of the President and serves as an advisor to the president. He also provides leadership for the business activities and strategic initiatives of the clinical enterprise, including collaborating with the clinical leadership team to implement the strategic direction. He is the point of contact in the UMHS Office of the President for all clinical corporate office administrative functions and serves on multiple leadership committees.

Michael W. Mulholland, M.D., Ph.D.
Senior Associate Dean of Clinical Affairs
Executive Director, University of Michigan Medical Group
Professor of Surgery

Dr. Mulholland is responsible for executive leadership and oversight of UMMG, our multidisciplinary faculty practice, as well as ambulatory care operations, eHealth initiatives, physician workforce planning, and more. He works closely with all relevant entities to develop, deploy and integrate clinical care with the research and educational missions of the Medical School.

Paige E. Manz, MBA
Academic Chief of Staff

The Academic Chief of Staff supports the executive vice dean for academic affairs, providing executive oversight and leadership over multiple academic-related initiatives, senior leadership meetings and forums, communications priorities, and multiple additional staff and engagement duties. This includes department chair searches and department, center and institute external reviews. This position collaborates with the Academic Cabinet leadership team to implement the Medical School's strategic plan. It also provides oversight of the day-to-day functions of the EVPMA/Dean's Office, ensuring that personnel needs are met and the office functions at the highest level.

Quinta Vreede, MHSA
Chief Administrative Officer, Michigan Medicine
Chief of Staff, Office of the Dean/EVPMA

Quinta Vreede oversees key Michigan Medicine administrative functions, including regulatory compliance, government relations, facility planning, public relations and marketing. In addition to her CAO role, she also serves as chief of staff to the Dean/EVPMA.

Brian J. Zink, M.D.
Senior Associate Dean for Faculty and Faculty Development
Professor of Emergency Medicine

Dr. Zink serves as a senior advisor to the Medical School leadership team on faculty issues and is responsible for oversight of the appointment, promotion and tenure processes. He also leads the Office of Faculty Affairs and Faculty Development (OFAFD) in supporting and informing the career progression of individual faculty, while working with Medical School departments on all faculty career aspects, from recruitment through retirement. The OFAFD also oversees Medical School committee elections, as well as other faculty milestones.

Associate and Assistant Deans

From admitting graduate and medical students, to guiding the careers of the faculty from appointment to promotion, as well as ensuring we conduct our research, teaching and clinical care with the highest ethical standards, the associate and assistant deans of the Medical School are appointed to manage specific aspects of the administration of the Medical School and are available to guide and support our faculty, staff, students and trainees. A complete list of Associate and Assistant Deans is available on the Medical School website at:

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

IV. Facilities

Michigan Medicine is home to one of the largest academic medical complexes in the world, boasting a robust facilities portfolio that supports our clinical, educational, and research missions. These facilities include:

The **A. Alfred Taubman Biomedical Science Research Building (BSRB)**, with its glass façade stretching from the ground to the top floor, is an impressive structure that is also distinctive in its layout, with laboratories separated from office and collaborative spaces by a soaring atrium.

The **A. Alfred Taubman Health Sciences Library** provides a natural light-filled education hub that supports in-person, collaborative, active learning.

The **Brehm Tower at the W.K. Kellogg Eye Center Complex** includes 230,000 square feet spanning eight stories, housing seven eye care clinics with new suites for refractive surgery and cosmetic surgery. On the upper floors, laboratories foster discoveries in both ophthalmology and diabetes.

The **Medical Science Building 1 (MS1)** provides a bridge from the Medical School to our healthcare facilities. It houses several laboratories, offices, and various support services.

The **Medical Science Building II (MSII)** is similar to MS1 with more than 50,000 square feet of research space. In addition to serving as the home base for several basic science departments, MSII also has lecture halls and other facilities dedicated to educating future physicians and scientists.

The **Medical Science Research Buildings 1, 2 and 3 (MSRB I, II, III)** house the Medical School's largest collection of square footage devoted to research. Many of the University's top investigators conduct leading-edge scientific inquiry in the towers.

The **North Campus Research Complex (NCRC)** is part of the University of Michigan's North Campus and is comprised of 28 buildings comprising 2.1 million square feet of office, research, and manufacturing space acquired from Pfizer in 2009.

Combined with the neighboring facilities of Michigan Medicine — including the **University Hospital, Samuel and Jean Frankel Cardiovascular Center** and **C.S. Mott Children's Hospital and Von Voigtlander Women's Hospital** — Michigan is home to one of the largest academic medical complexes in the world.

More detailed information about each of these facilities is available on the Medical School website: <https://medicine.umich.edu/medschool/about/facts-figures/medical-campus-buildings>

V. Medical School Administrative Offices

A. *Office of Continuing Medical Education and Lifelong Learning*

<https://ww2.highmarksce.com/micme/index.cfm?>

The Office of Continuing Medical Education and Lifelong Learning (CME-LL) facilitates the dissemination of high quality continuing medical education designed to enhance patient care by improving the knowledge, competence, and performance of physicians. The team serves and supports the institution, CME planners, and individual CME participants within and beyond Michigan Medicine in their achievement of professional and clinical excellence.

B. *Office of Faculty Affairs and Faculty Development*

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

The Office of Faculty Affairs is responsible for the career events for all faculty holding appointments at the University of Michigan Medical School. They work with the departments on all faculty career aspects, from recruitment through retirement.

Faculty advisory committees review and recommend appointments, promotions, and professorships to the Executive Committee of the Medical School. Faculty Affairs also oversees the Medical School committee elections, as well as other faculty milestones, such as the third-year reviews and sabbaticals.

The Office of Faculty Development has developed a comprehensive, competency-based curriculum to meet the challenges associated with research, teaching and managing in the academic health care environment. Development opportunities include courses with specific learning objectives, mentoring education and support, and on-site, customizable programs. This dynamic program is designed to enhance the experience and/or expertise of our faculty and to support their career progression.

C. *Office of Global REACH*

<http://globalreach.med.umich.edu/about>

The Office of Global REACH helps facilitate and promote Medical School international initiatives in research, education, and collaborations in health. As the Medical School builds a critical mass of scholars and interdisciplinary thinkers to support its global health mission, Global REACH helps propel this expansion by:

- Enhancing opportunities for educational exchanges;
- Growing a network of faculty associates and faculty affiliates interested in global health issues;
- Facilitating international research collaborations;
- Providing opportunities for visiting scholars to benefit from the expertise available at

- the University of Michigan; and
- Promoting diversity and health equity to produce the next generation of global health leaders.

D. *Office of Graduate and Postdoctoral Studies*

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

The Office of Graduate and Postdoctoral Studies (OGPS) serves as an information hub and resource for graduate students, postdoctoral fellows, and faculty. Their team aims to provide a foundation and community for trainees to explore the next step of their careers in the biomedical sciences. To this end, the team develops programs and pathways for graduate students and postdoctoral fellows to grow intellectually, personally, and professionally on their scientific journey.

E. *Office of Graduate Medical Education*

<https://msa.med.umich.edu/education-global-initiatives/graduate-medical-education>

The Graduate Medical Education (GME) Office has oversight of the Accreditation Council for Graduate Medical Education (ACGME), American Board of Obstetrics and Gynecology (ABOG), Commission on Dental Accreditation (CODA), and Council on Podiatric Medical Education (CPME) accredited training programs to ensure all GME accredited training programs offer the highest caliber of training and graduate highly competent, professional leaders in all areas of health care.

F. *Office of Grant Review and Analysis*

<https://research.medicine.umich.edu/our-units/grant-services-analysis>

The Office of Grant Review & Analysis 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.

G. *Office of Health Equity and Inclusion*

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

The Office for Health Equity (OHEI) and Inclusion develops mechanisms for inclusion, diversity and cultural sensitivity among faculty, students and staff at Michigan Medicine. OHEI advances clinical care for under-served patient populations through research and education, all aimed at transforming health care and ensuring health care equity.

H. *Office of Medical Student Education*

<https://medstudents.medicine.umich.edu/student-support/omse-quick-contacts>

The Office of Medical Student Education (OMSE) supports the needs of future, current, and past medical students. Activities include admissions, financial aid, evaluation and assessments, and insurance.

I. *Office of Regulatory Affairs*

<https://medicine.umich.edu/medschool/about/key-initiatives/ethics-integrity/office-regulatory-affairs>

The Office of Regulatory Affairs works to build and maintain a strong foundation of regulatory good standing upon which the Medical School's missions can flourish. The mission is to lead or facilitate the prevention and resolution of concerns, disputes, and compliance issues related to laws, regulations, 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.

J. *Office of Research*

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

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.

K. *U-M Medical Group*

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

The U-M Medical Group (UMMG) is Michigan Medicine's Faculty Group Practice, established in 1996 as a single integrated, multi-specialty physician group. The UMMG is governed by a Board of Directors, which is advisory to the Dean of the Medical School. The UMMG supports the Medical School tripartite mission of patient care, education, and research. The Board is comprised of all department chairs and five 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.

VI. Medical School Bylaws

The Executive Faculty of the University of Michigan Medical School, as described in Section 4.1(b) of the Amended and Restated Bylaws of the University of Michigan Medical School (Medical School Bylaws), is designated in Section 5.02 of The Bylaws of the University of Michigan Board of Regents (Regents Bylaws) as the governing body of the Medical School, and, as such, has the authority to determine its organization and major operating procedures, consistent with the Regents' Bylaws and subject to the ultimate authority of the University of Michigan Board of Regents. The responsibility and authority for some aspects of governance are delegated to several committees of the Executive Faculty, while other functions remain the province of the Executive Faculty at large. The appropriate organizational plans, rules, and regulations are provided in the Medical School Bylaws, which, in turn, are based on provisions of the Regents' Bylaws, and in the event of any conflict between the Medical School Bylaws and the Regents' Bylaws, the Regents' Bylaws shall supersede the Medical School Bylaws.

As set forth in Section 11.37 of the Regents' Bylaws, Executive Faculty consist of all faculty members of the rank of professor, associate professor, assistant professor, clinical professor, clinical associate professor, clinical assistant professor, research professor, research associate professor, research assistant professor, and assistant research scientist. The Executive Faculty also include instructors, clinical instructors, and lecturers who have appointments of halftime or more and who have been appointed for more than one year.

The fully Amended and Restated Bylaws of the University of Michigan Medical School may be found at: <https://faculty.medicine.umich.edu/medical-school-bylaws>

VII. Faculty Tracks and Categories

The Medical School utilizes three faculty tracks in addition to several supplemental appointments: Tenure Track, Research Track, and Clinical Track. Faculty members are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. They are also expected to serve as effective mentors for medical students, graduate students, post graduate trainees, and junior faculty. Respect for diversity and engagement in the community of the university and the world at large are the norms.

A. Tenure Track

The Tenure Track (also known as the Instructional Track) was the original full-time faculty track in the Medical School with ranks of assistant professor through professor. Tenure must be achieved by Tenure Track Faculty no later than the end of the tenth year of the tenure probationary period. (Regents Bylaw 5.09 and Standard Practice Guide 201.13). Tenure track faculty undergo departmental review for promotion and tenure prior to or during the seventh year of the tenure probationary period. Following departmental review, the faculty member may continue for full tenure review by the Medical School and the University, or may be granted an extension of final tenure review up until the ninth year of the tenure probationary period in keeping with the University's policy. The Tenure 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.

B. Research Track

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 research investigator, seven years for research assistant professor and six years for 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.

C. Clinical Track

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. The Medical School recognizes that there are multiple pathways for promotion possible within this track, and therefore individuals choose one

of five clinical track pathways. Pathway identification serves to facilitate faculty progress towards promotion and may be identified in the promotion materials to assist in the evaluation of the faculty member. 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.

In addition to the three faculty tracks, there are additional faculty categories.

A. Emeritus Faculty

Emeritus faculty are formally retired from the University and include all faculty with emeritus and active emeritus appointments.

B. Supplemental Faculty

Supplemental Faculty includes Adjunct Faculty and Visiting Faculty, each as defined below.

1. Adjunct Faculty

Adjunct faculty contribute to research and teaching missions of the Medical School while maintaining primary employment outside the Medical School.

2. Visiting Faculty

Visiting faculty spend specified lengths of time at the University, usually before returning to their home institution.

More information about each of these faculty tracks is available on the Medical School website at <https://faculty.medicine.umich.edu/office-faculty-affairs>.

VIII. Faculty Expectations

A. 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 the responsibilities of academic position
3. Promotion to the next level is determined by the track-specific metrics.

B. Expectations for the Tenure Track

1. Definition of the Tenure Track

The Tenure Track was the original full-time 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. Tenure Track faculty have no significant employment outside of the University of Michigan. Tenure may be granted by the Board of Regents to Tenure 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 Tenure Track.

Faculty in the Tenure 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.

2. Ranks in the Tenure Track

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

a. 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 show evidence of trajectory of obtaining external research funding. 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. Appointments to assistant professor, a tenure-track position, require review by the Medical School Advisory Committee on Appointments, Promotions, and Tenure (ACAPT) and approval by the Medical School Executive Committee. (A review of progress will be conducted by the Medical School upon completion of the third and sixth years in rank).

b. Associate Professor

Appointment to associate professor is given only to persons of well-established professional position and demonstrated scholarly 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 independent level of external research funding typically from federal sources 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 and for subspecialist that practice in fields where board certification is not typical. 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.

c. Professor

Appointment to professor is given only to persons of nationally and internationally established professional reputation and demonstrated scholarly 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, and sustained independent level of external research funding typically from federal sources 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.

3. *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

a. Teaching

Essential qualifications for appointment or promotion are 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.

b. Scholarship and Research

All Tenure 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.

c. 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 responsibilities, 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.

d. 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.

C. Expectations for the Research Professor Track

1. 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. These 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.

2. 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.

a. Research Assistant Professor

Candidates who are appointed or promoted to this rank must have a record of publications in peer-reviewed journals in which of several 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 Medical School Advisory Committee on Primary Research Appointments, Promotions, and Titles (APRAPT) and approval by the Medical School Executive Committee. At the Medical School, time- in-rank limit for the Research Assistant Professor is seven years, with a possible extension to 10 years. A review of progress will be conducted by the Medical School upon completion of the third year in rank.

b. Research Associate Professor

Appointment or promotion to this rank requires independent, distinguished, and productive research that has been consistent over a number of years. 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 or international 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 to Research Professor.

c. 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 maintained a 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.

D. Expectations for the Research Scientist Track

1. 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. These 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.

2. 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.

a. 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 service 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. At the Medical School, the time-in-rank limit for the Research Investigator is four years. The Research Investigator can be promoted to Assistant Research Scientist on the Research Scientist Track or to Research Assistant Professor on the Research Professor Track.

b. 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. At the Medical School, the time- in-rank limit for the Assistant Research Scientist is six years, with the possibility of an extension according to established guidelines and approval by the Medical School EVPMA/Dean and Vice President for Research. (A review of progress will be conducted by the Medical School upon completion of the third year in rank).

c. 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/Executive Vice President for Medical Affairs and the Vice President for Research. 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 to Research Scientist.

d. 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/Executive Vice President for Medical Affairs and the Vice President for Research.

E. Expectations for the Clinical Track

1. 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 with the exception of those faculty holding simultaneous UM and VA-AA appointments and, under rare exceptions, those so approved under this policy: (<https://michmed-medicalschool.policystat.com/policy/7156187/latest>). Faculty appointments are made for up to three years and are renewable annually.

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.

2. Clinical Track Pathways

As a part of the University of Michigan, the Medical School continues to use a single “clinical track” but recognizes that there are multiple pathways for promotion possible within this track. Pathway identification serves to facilitate faculty progress towards promotion and may be identified in the promotion materials to assist in the evaluation of the faculty member. There are five pathways: Clinician-Research Scholar, Clinician-Educator, Clinician-Patient Safety/Quality Innovator, Clinician-Leader/Administrator and Clinician-Individualized. Details regarding the pathways along with descriptions may be found at: <https://faculty.medicine.umich.edu/office-faculty-affairs/clinical-track/clinical-track-pathways>

3. Ranks in the Clinical Track

The Clinical Track includes five ranks: clinical lecturer, 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 (instructor, assistant professor, associate professor, professor).

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

a. Clinical Lecturer

In the past, some Clinical Track faculty were appointed as Clinical Lectures, however, use of this rank is no longer recommended. Those currently appointed in rank with this title were

transitioned to a new title in 2021. 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. Appointments of clinical lecturers are the prerogative of 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. The appointments are for one year and are renewable, typically for a maximum to four years. Clinical Lecturers may be recommended for appointment to a new track and rank and are not subject to the annual promotion process.

b. 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 level of 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.

c. Assistant Professor

An Assistant Professor has excelled in clinical care and teaching, and these are the primary requirements for appointment to this rank. **Clinical Assistant Professors may be appointed. An application for promotion is not required for faculty members who move in rank from Clinical Instructor to Clinical Assistant Professor.**

i. 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.

ii. 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.

iii. Scholarship

An Assistant Professor should show progress toward becoming scholarly engaged in their field. On the Clinical Track publication of peer-reviewed articles in professional journals, book chapters, clinical guidelines and review articles are evidence of scholarly contributions. These contributions, along with invited presentations and abstracts, are usual features of faculty at this rank. In recognition of the changing nature of academic medicine, a broadened range of activities has been designated as counting toward fulfilling the scholarly requirements for appointment or promotion. These may be found at: <https://faculty.medicine.umich.edu/office-faculty-affairs/clinical-track/clinical-track-pathways>

iv. 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 appointment at this level.

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

d. 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.

i. 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).

ii. 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.

iii. 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, peer-reviewed clinical guidelines, review articles, and/or some other mode of communicating results and ideas. In recognition of the changing nature of academic medicine, a broadened range of activities has been designated as counting toward fulfilling the scholarly requirements for appointment or promotion. These may be found at: <https://faculty.medicine.umich.edu/office-faculty-affairs/clinical-track/clinical-track-pathways>

iv. 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.

e. 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.

4. 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 Tenure Track, and the Research Track, not only in accomplishments but also in the mechanics of appointment and promotion.

The examples described below are illustrative and therefore not the only criteria allowed.

a. 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.

b. 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.

c. Scholarship

Promotion to the senior levels of the Clinical Track requires scholarly engagement and productivity. Excellence in scholarship or academic achievement is evidenced by peer-reviewed publications. 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 clinical guidelines. 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.

In recognition of the changing nature of academic medicine, a broadened range of activities has been designated as counting toward fulfilling the scholarly requirements for appointment or

promotion. These may be found at: <https://faculty.medicine.umich.edu/office-faculty-affairs/clinical-track/clinical-track-pathways>

d. Service

Many organizational service activities are expected of more senior faculty in the Clinical Track, such as participation in committee work, Institutional Review Board, 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.

F. Expectations for Supplemental Appointments and Other Titles

1. Definitions of Supplemental and Other Titles

Supplemental Titles are used for special faculty appointments that fall outside the standard categories.

a. LEO 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 the constraints of University appointment procedures, and must be approved by the Dean's Office of Faculty Affairs. Appointments in this title fall under the terms and conditions set forth in the UM/LEO collective bargaining agreement.

b. Visiting

This title may be used in conjunction with all tenure, 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.

c. 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 Tenure Track, Clinical Track, or Research Track.
- May be compensated or uncompensated.

Increased collaboration between the University and private 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 private industry. 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 addressed and 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 *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. Rare exceptions may be made only in extraordinary circumstances.

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.

i. Adjunct Tenure Track

Adjunct Tenure (Instructional) Track Faculty appointments are used to supplement teaching in

a specific field; to facilitate in-depth research collaboration that otherwise would not exist 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.

ii. 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. This appointment would be used to facilitate collaboration that otherwise would not exist. 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.

iii. 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 have sufficient involvement in the educational program of the department which 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. 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.

iv. Adjunct Physician Instructor

Adjunct Physician Instructor faculty are physicians who are credentialed at healthcare facilities other than at the University of Michigan and who do not have effort (dry appointment). These faculty provide less than 50 hours of direct participation in clinical and/or didactic education per year within the context of University of Michigan Medical School clerkships, courses, rotations, or electives.

v. 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 settings. Adjunct Clinical Associates are usually community physicians.

d. Emeritus

An honorary title received upon retirement (assistant professor, associate professor, professor, research professor, associate professor-clinical track and professor-clinical Track) conferred 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

and must be renewed annually.

2. 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 Tenure 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 a tenure track, research track, or clinical track 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.

3. Supplemental Promotions

Visiting faculty, appointed for a year or less, are normally not considered for promotion. 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 a Tenure Track associate professor promotion.

4. 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 faculty (excluding dry (0%) appointments).

IX. Glossary of Terms

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.

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.

Clinical Care

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

Clinical Track

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

Clinical Track Pathways

The Medical School recognizes are multiple pathways for promotion within the clinical track: Clinician-Research Scholar, Clinician-Educator, Clinician-Patient Safety/Quality Innovator, Clinician Leader/Administrator, and Clinician-Individualized. Pathway identification serves to facilitate faculty progress towards promotion and may be identified in the promotion materials to assist in the evaluation of the faculty member.

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.

Full-Time Faculty

For the purposes of external surveys and other such activity, full-time faculty includes all faculty members who receive full-time remuneration from institutional sources (e.g., medical school, parent university, affiliated hospital, or health care organization). A Medical School appointment is defined as a twelve-month appointment (as opposed to a nine-month appointment).

Tenure 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.

LEO 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's 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 of 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 Tenure Track faculty at the ranks of Associate Professor or Professor.

Tenure Probationary Period (Tenure Clock)

The maximum probationary period of Tenure Track faculty consists of service with the University for a total of ten years in the ranks of assistant professor or higher. Tenure 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.

X. Policies and Procedures

Below is a list, in alphabetical order, of University of Michigan and Medical School policies and procedures relevant to Medical School faculty. Please note that this list is not exhaustive.

A. Equal Opportunity and Non-Discrimination

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).

For more details about the Diversity and Nondiscrimination Policy at the University of Michigan, please refer to the Office of Institutional Equity website at <https://sapac.umich.edu/resource/94>.

B. 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>

C. 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 policies and guidelines to address faculty activities involving potential conflicts of interest. These policies and disclosure forms are available online at: <https://msa.med.umich.edu/regulatory-affairs/conflict-interest>. Faculty are required to disclose their Outside Interests annually and as needed to update disclosures in M-Form, available online at: <https://minform.it.umich.edu/minform/>. Faculty must disclose the Outside Interests of both themselves and their immediate family members. Once submitted, such disclosure will be routed to the appropriate Department Chair or dean for review. When reviewing disclosures, Faculty outside interests must enhance the Faculty's usefulness as a teacher and scholar (see Regents' Bylaws Section 5.12). Eligible outside interests may not include the performance of functions that otherwise are more appropriately performed within the UMHS, including education, research, establishment of non-profit entities, patient chart reviews and clinical activity. (see Medical School Bylaws, 4.2.d)

Since the adoption of the first Medical Service Plan in 1973 by the Regents of the University of Michigan, it has been both University and Medical School policy that Medical School faculty are not permitted to perform outside clinical activities. Faculty may provide volunteer external clinical activities, providing they obtain approval from their Department Chair and the Senior Associate Dean for Clinical Affairs under the provisions of the policy. (see PolicyStat ID: 7156187)

D. Dispute Resolution Options

1. Mediation Services

<https://oie.umich.edu/mediation-services/>

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. Mediation Services may be reached by calling the number above to schedule a consultation, by emailing mediation.services@umich.edu or by using the Online Inquiry form at the website above.

2. 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

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

Tenure Track Faculty:

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

Research Track Faculty:

Daniel Goldstein, M.B.B.S.
Professor
Department of Internal Medicine
Office: 734-936-1407
Email: drgoldst@umich.edu

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 certain 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 an aspect of a faculty member's employment that falls within the jurisdiction of the grievance procedure. The Medical School and its departments are expected to rely scrupulously and consistently on decision-making procedures that are fair and commonly known.

E. **Hosting and Travel Expenses**

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

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.

2. **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 at travel.office@umich.edu. Departments may have more restrictive limits and guidelines. Please check with department administration before expenses are incurred.

F. 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 shall take place on an annual basis and should be conducted by the department chair or division chief/section head.

G. Professional Standards for Faculty

The University of Michigan is committed to building a campus environment in which all members of our community can learn and grow. The University of Michigan Medical School is similarly dedicated to providing all our members with respect and opportunities to contribute to our mission. To achieve this, we expect faculty members to show respect to others, to act with integrity and civility, and to contribute to strengthening an environment that values diversity and inclusion and is free from discrimination and harassment. For more information about the University's professional standard for faculty, visit: <https://spg.umich.edu/policy/201.96>.

H. Prohibitions for Sexual, Romantic, Amorous, and/or Dating Relationships Between Teachers and Learners

The University of Michigan strives to create and maintain a community that enables each person to reach their full potential. To do so requires an environment of trust, openness, civility, and respect. The University is firmly committed to a policy of prohibiting behaviors that adversely impact a person's ability to fully participate in the scholarly, research, educational, patient care, and service missions of the University. All faculty must therefore read, understand and follow this University standard practice which may be found at: <https://spg.umich.edu/policy/601.22>.

I. Responsibilities of Individual Members of the Faculty

Members of the Faculty must maintain and demonstrate competence in their disciplines, as well as professional and personal integrity. Faculty members are expected to offer mentorship within the entire learning community, including mentorship to Faculty colleagues. Faculty members are expected to set a high example of collegiality in the workplace with respect for personal boundaries and diversity and inclusion. Faculty members must avoid behaviors that interfere with or adversely affect a community member's ability to learn or fulfill the individual's professional responsibilities. Confidentiality in clinical, research, administrative and other professional roles must be assured. In addition to the Regents' Bylaws and the Medical School Bylaws each of which apply to all Faculty members, special rules such as the Medical Staff Bylaws ("Medical Staff Bylaws"), the University of Michigan Medical Group Bylaws ("UMMG Bylaws") and research guidelines and principles pertain where applicable. Faculty who

provide clinical patient care must have and maintain the appropriate clinical credentials and privileges approved by the applicable governing body. (see Medical School Bylaws, 4.2)

J. 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. For more information about the policy and the reporting process, visit the Office of Institutional Equity website at <https://sapac.umich.edu/resource/94>.

K. Tenure

The maximum probationary period of non-tenured Tenure 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 tenure 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.

L. 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.

M. Third and Sixth Year Reviews

In addition to the annual department review, the Office of Faculty Affairs offers a review for all assistant professors in his/her third year and sixth year. These reviews are 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. Faculty are strongly encouraged to take advantage of this review. The third and sixth year reviews are **mandatory** for Research and Tenure Track Assistant Professors.

XI. Resources

The University of Michigan provides several resources for faculty members, many of which are highlighted below.

Things to Discuss with Department Administration

The department administrator or designee may be able to help with the following items and may also serve as a resource for general questions that are not answered in this handbook.

- Computer/lab equipment
- Grant preparation
- Hiring support staff
- Immunizations
- Lab coats
- Maintenance/Repairs
- Moving expense reimbursement
- Obtaining keys
- Purchasing
- Radioactive material use
- Remote access for computers
- Administrative support staff
- Space assignments
- Travel advance and travel expense reimbursement

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.

Michigan Medicine Wellness Office

The Michigan Medicine Wellness Office provides centralized coordination, development and implementation of programs and initiatives designed to improve and support wellness for faculty, staff, and learners. The team partners with institutional stakeholders to develop, implement, and track a strategic wellness plan.

Michigan Medicine Office of Counseling and Workplace Resilience (OCWR)
<https://hr.umich.edu/benefits-wellness/health-well-being/mental-health-counseling-consultation-services/michigan-medicine-office-counseling-workplace-resilience>

OCWR 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 workplace 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

Educator Guide

The Office of Medical Student Education has published the Educator Guide to support faculty who work with University of Michigan medical students. The guide includes information on the school's curricular transformation and many educational policies and procedures (e.g., the learning environment, mistreatment). Faculty who are new to teaching, or are just learning about the curriculum, are encouraged to review this important information at

<https://umich.app.box.com/s/b6i363ply8ktj38dvgthzhfqadepta8w/file/571697303263>.

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.

Work/Life Resource Center

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.