

**Faculty Development**

---

## Awarding Faculty Rank to Non-tenured Physician Faculty in a Consortium Medical School

Jay C. Williamson, MD; Susan Labuda Schrop, MS; Anthony J. Costa, MD

*Many medical schools struggle to identify an appropriate system to award faculty rank to non-tenured physician faculty. A key element needs to be balanced recognition of teaching and scholarly activities. At the Northeastern Ohio Universities College of Medicine (NEOUCOM), clinical teaching is accomplished predominantly by volunteer physician faculty whose major responsibilities are patient care and teaching. In addition to our system for awarding rank to faculty in a tenure track, NEOUCOM devised a system for awarding faculty rank to volunteer, non-tenure physician faculty that equitably recognizes teaching, service, and scholarly activity with assigned "units" of accomplishment for each criterion. We now have an effective two-track system for our non-tenure physician faculty that objectively assesses and recognizes academic productivity in all three areas and standardizes requirements for promotion. This paper discusses 3 years of experience with this two-track system and its effect on the rank of physician faculty in the Department of Family Medicine.*

(Fam Med 2008;40(1):32-9.)

Medical schools struggle with the need to reward clinical faculty and retain their services, but the methods for doing so vary from institution to institution. Indeed, in 1998 the Association of American Medical Colleges surveyed US allopathic medical schools and found faculty evaluation and compensation systems to be areas of frequent change.<sup>1</sup> A more recent survey of appointment and promotion policies for medical school clinical faculty identified a trend of appointing new faculty to time-limited contract positions as opposed to tenured appointments. There was also an increasing differentiation of clinical faculty into two groups, researchers and clinicians, with separate tracks to accommodate the differences in their roles and responsibilities.<sup>2</sup>

Although the number of clinicians who dedicate the majority of their academic time to teaching is increasing, their academic advancement is slower than that of research faculty, with the differences explained by factors such as time and other resources available for scholarship.<sup>3</sup> In many institutions, it is the volunteer faculty who dedicate the majority of their academic time to teaching, rather than to scholarship as defined by research.

The need for volunteer faculty and the importance of recognizing their contributions has been discussed in the literature for more than 20 years. In 1983, Barondess referred to volunteer faculty as "the hope of the future."<sup>4</sup> Historically, volunteer faculty members reported satisfaction with their roles in medical education, but the increasing need for volunteer faculty to accomplish required clinical teaching responsibilities conflicted with a corresponding increase in their higher patient loads. Pressured by the need to see more patients to remain fiscally solvent, volunteer faculty feel they have less time to teach residents and students, and this, in turn, presents a threat to recruitment and retention efforts.<sup>5-7</sup>

Volunteer faculty nonetheless continue to appreciate the opportunity to teach and place a high value on resources that enhance their role as medical educators.<sup>8</sup> The increasing need for volunteer clinical faculty and interest expressed by volunteer faculty to participate in academic activities has led many medical schools to consider new compensation packages that include tangible rewards for teachers as well as incorporating their contributions into faculty rank considerations.

Northeastern Ohio Universities College of Medicine (NEOUCOM) has devised a ranking system that specifically recognizes and rewards the contributions of its volunteer clinical faculty. This paper will discuss the evolution of the NEOUCOM faculty appointment and

promotion system for non-tenured physician faculty members and how the new system has influenced the rank of physician faculty in our department of family medicine.

### *Setting*

A community-based, consortium 6-year BS/MD medical school, NEOUCOM has no academic health center. Rather it depends heavily on community-based health care facilities for student education. The college has almost 1,800 clinical faculty, the vast majority of whom are physicians who volunteer their time to the medical school and are employed by associated hospitals or are in private practice. Department of Family Medicine faculty comprise almost 13% of the total, which includes hospital residency-based faculty and community-based preceptors, behavioral scientists, and educators.

### *Old Faculty Appointment System*

NEOUCOM previously had a three-track system for awarding rank to clinical faculty based on contributions to teaching, service, and scholarly activity. (At NEOUCOM, only basic science and community health science faculty are eligible for tenure. All clinical faculty are appointed to non-tenure ranks.) Those whose contributions consisted primarily of unstructured teaching (ie, preceptors) were assigned to Track A, with “clinical” preceding their rank (eg, clinical assistant professor of family medicine). Those whose contributions included both teaching and service to the medical school were assigned to Track B, also with “clinical” as part of their title but in a different location (eg, associate professor of clinical family medicine). Finally, those who taught and provided service as well as engaged in scholarly activity (primarily research and publication of peer-reviewed papers) were assigned to Track C, with no “clinical” qualifier as part of their title (eg, professor of family medicine).

### *New Faculty Appointment System*

In 2001, clinical faculty members representing 11 clinical specialties were surveyed to determine their needs as volunteer faculty members, their satisfaction with teaching, and rewards they desired. The survey confirmed the desire of voluntary faculty to teach, to give back to their profession, and to hold academic rank, which in some cases could be used to negotiate a small decrease in malpractice insurance premiums. This survey also revealed that many physicians were unhappy with the current system for faculty rank and promotion, citing the lack of objectivity and explicit criteria for advancement.

A task force composed of the 11 clinical department chairs was charged with assessing the current system for faculty appointment and promotion and defining a new system. In addition to considering information

about the faculty rank systems from other Ohio medical schools and community-based schools similar to NEOUCOM, feedback from NEOUCOM faculty was of critical importance. Through a nominal group process, chairs provided input regarding the specific activities in each of three categories—teaching, scholarship, and service—that should be considered in rank and promotion decisions as well as the number of units, or merit points, that should be assigned for each activity (Table 1). They also recommended the number of units that needed to be accumulated during a 3-year period. The resulting two-track system, approved by the clinical faculty and the institution’s governing body, recognizes faculty contributions to teaching, service, and scholarship.

Track I represents “unqualified” appointments and Track II those appointments with the “clinical” qualifier in the title. Track I requires a minimum number of units for entry at each level of appointment. Board certification and service (to a hospital, health department, or the medical school) are required of physicians. Educational activities must involve medical students or other graduate students. Similar criteria have been established for Track II, but there is no minimum number of hours for entry at the clinical assistant professor level (Table 2). In both tracks, as faculty members advance in rank, more units of activity are required, including educational activities at local, regional, and national levels. It is important to note that outstanding teachers can achieve units in the scholarly activity category with or without publications. This flexibility attempts to recognize scholarly dissemination by considering presentations on a par with other scholarly accomplishments, such as grants and peer-reviewed papers.

Faculty are reviewed for consideration for reappointment every 3 years. Faculty whose contributions have increased and have achieved the required minimum time at a specified rank can be recommended for a lateral move between the two tracks or promotion. Those who participate in NEOUCOM-related activities but do not reach the next higher level of required units of contribution remain at their assigned rank. Although faculty are rarely denied reappointment or moved to a lower rank due to a decrease in activity, a faculty member might be moved from Track I to Track II at the same level due to a decrease in scholarly contributions during the 3 years preceding the reappointment. Many of the clinical departments have undergone this 3-year review under the new system, including the Department of Family Medicine, which completed its 3-year reappointment cycle in 2005.

### **Methods**

To evaluate the impact of the new system on the rank of physician faculty in the Department of Family Medicine, we assessed the movement of faculty

Table 1  
Summary of Non-tenured Faculty Rank Award Units

<i>Activity</i>	<i>Units</i>	<i>3-year Max</i>
<b>TEACHING</b>		
Unstructured medical student and resident teaching	1 per session	150
Structured teaching on clinical campus	5 per session	150
Structured undergraduate teaching at Rootstown	10 per session	150
Recipient of teaching excellence award at the clinical campus and/or Rootstown setting	10 per award	60
Member of NEOUCOM's Professional Development Advising Team	10 per year	30
Course leadership	15 per year	45
Principal investigator or co-principal investigator of a funded educational grant	50 per grant	150
Co-investigator of a funded educational grant	15 per grant	90
<b>SERVICE</b>		
Membership on NEOUCOM committee	10 per committee per year	90
Chairperson of NEOUCOM committee	15 per committee per year	90
Membership on Academic Council and/or Academic Review and Promotions Committee and/or Clinical Council	15 per committee per year	90
Membership on hospital or health department committees	5 per committee	30
Service to or membership on boards of regional or national medical, scientific, or public health organizations	10 per board per year	60
<b>RESEARCH AND SCHOLARLY ACTIVITY</b>		
Principal investigator or co-principal investigator of a funded research grant	50 per grant	150
Co-investigator of a funded research grant	15 per grant	90
Contributing investigator in a multi-center clinical trial or study	5 per study	30
Grants reviewer at the national level	25 per organization	150
Journal reviewer for a refereed journal	5 per article reviewed	60
Case report in a refereed journal	5 per publication	30
Member of an editorial board—peer-reviewed journal	10 per board per year	60
Writing an invited editorial in a refereed journal	15 per editorial	90
Original publication in a refereed journal	25 per publication	150
Publication of a book, book chapter, or article review	25 per publication	150
Editor of a refereed journal	20 per journal	120
Assistant editor of a refereed journal	15 per journal	90
Invited visiting professor and/or guest lecturer outside own institution	10 per presentation	60
Presentation at a national meeting	20 per presentation	120
Presentation at a regional meeting	10 per presentation	60
Consultant to an externally funded grant, medical or scientific organization, or site or department review	5 per consultation	30
Member of a national consensus panel	20 per panel	120
Scholarly consultation	10 per project	90

Table 2  
Criteria for Rank

Track I	Track II
<p><b>For all levels:</b> Board certification and recertification or active candidate as recognized by the American Board of Medical Specialties or equivalent academic accomplishment</p>	<p><b>For all levels:</b> Board certification and recertification or active candidate as recognized by the American Board of Medical Specialties or equivalent academic accomplishment</p>
<p><b>Assistant professor of family medicine</b></p> <ul style="list-style-type: none"> <li>• More than 50 units per year of involvement in the College of Medicine averaged over a 3-year appointment cycle</li> <li>• Service to the hospital and/or health departments and/or NEOUCOM</li> <li>• Educational activities must include involvement in medical student or other graduate student education</li> <li>• Education of residents is encouraged</li> <li>• A mentoring and supervisory role is strongly encouraged</li> </ul>	<p><b>Assistant professor of clinical family medicine</b></p> <ul style="list-style-type: none"> <li>• Any activity in the College of Medicine that involves medical student or resident education</li> <li>• A mentoring and supervisory role is strongly encouraged</li> </ul>
<p><b>Associate professor of family medicine</b></p> <ul style="list-style-type: none"> <li>• More than 100 units per year of involvement in the College of Medicine averaged over a 3-year appointment cycle</li> <li>• The usual time in the rank of assistant professor prior to advancing to associate professor is 7 years; however, a minimum of 5 years is required at the rank of assistant professor prior to advancing to rank of associate professor (prior academic rank at NEOUCOM or other institutions may be recognized)</li> <li>• Service to hospital committees and/or health departments and/or NEOUCOM involvement</li> <li>• Educational activities must include significant involvement with medical student education</li> <li>• Educational activities including participation at the local and regional levels, such as presentations or participation in Grand Rounds</li> <li>• Education of residents is strongly encouraged</li> <li>• A mentoring and supervisory role is strongly encouraged</li> <li>• A minimum of 10 units per year averaged over a 3-year appointment cycle must be obtained through scholarly activity</li> </ul>	<p><b>Associate professor of clinical family medicine</b></p> <ul style="list-style-type: none"> <li>• More than 100 units per year of involvement in the College of Medicine averaged over a 3-year appointment cycle</li> <li>• The usual time in the rank of assistant professor prior to advancing to associate professor is 7 years; however, a minimum of 5 years is required at the rank of assistant professor prior to advancing to rank of associate professor (prior academic rank at NEOUCOM or other institutions may be recognized)</li> <li>• Educational activities significantly involving medical student education are encouraged</li> <li>• Education of residents is strongly encouraged</li> <li>• A mentoring and supervisory role is strongly encouraged</li> </ul>
<p><b>Professor of family medicine</b></p> <ul style="list-style-type: none"> <li>• More than 150 units per year of involvement in NEOUCOM averaged over a 3-year appointment cycle</li> <li>• A minimum of 7 years is required at the rank of associate professor prior to advancing to the rank of professor (prior academic rank at NEOUCOM or other institutions may be recognized)</li> <li>• Major involvement in committees at consortium hospitals and/or health departments and/or significant involvement in committees at NEOUCOM; leadership in these committees highly desirable</li> <li>• Demonstration of professional standing in organizations appropriate to the discipline</li> <li>• Educational activities must include significant involvement with medical student education. Educational activities must include participation at the local, regional, and national levels</li> <li>• Educational activities should include involvement in resident education when feasible</li> <li>• A mentoring and supervisory role is strongly encouraged</li> <li>• A minimum of 50 units annually must be in the scholarly category</li> <li>• Written attestation by Council chair documenting educational and scholarly excellence</li> <li>• Letters of recommendation from at least two individuals from outside the consortium who are professionally qualified to render an opinion about the suitability of the candidate, as agreed upon by Council chair and the director of the Division</li> </ul>	<p><b>Professor of clinical family medicine</b></p> <ul style="list-style-type: none"> <li>• More than 150 units per year of involvement in NEOUCOM averaged over a 3-year appointment cycle</li> <li>• A minimum of 7 years is required at the rank of associate professor prior to advancing to the rank of professor (prior academic rank at NEOUCOM or other institutions may be recognized)</li> <li>• Demonstration of professional standing in organizations appropriate to the discipline</li> <li>• Educational activities are encouraged to include significant involvement with medical student education</li> <li>• Educational activities are encouraged to include involvement in resident education when feasible</li> <li>• A mentoring and supervisory role is strongly encouraged</li> <li>• Written attestation by Council chair documenting clinical and educational excellence</li> </ul>

between qualified and unqualified tracks at our first reappointment cycle after implementation of the new system.

In 2005, faculty in the Department of Family Medicine were asked to complete a reappointment form and list their teaching, scholarly, and service activities and units claimed for the past 3 years related to NEOUCOM and its affiliated hospitals. Completed reappointment forms were reviewed by department administrators. Validity of the self-reported activities was established by comparing the activities with those logged in a departmental database. Based on the number of units claimed, faculty were assigned to one of the two tracks consistent with their level and type of activity.

For each physician faculty member, we compared the reappointment rank with the previous rank, which had been determined under the former system. We then reviewed data about each faculty member who had moved from a clinical track to an unqualified track (or vice versa) to determine which factors (teaching, service, and scholarly activity) were responsible for that movement.

Faculty included in the analysis were physicians who were either full- or part-time status and reappointed to the faculty. Emeritus and retired physicians, behavioral scientists, and educators, who were too few in number, were excluded from the analysis. Descriptive statistics were used to describe and categorize the results from this review. The NEOUCOM Institutional Review Board considered this project to be exempt from formal review.

## Results

Of the 163 physicians who were reappointed to the Department of Family Medicine faculty, 51 (31.3%) moved from qualified to unqualified faculty ranks. That is, they moved to Track I of the new system, which resulted in the removal of the word "clinical" from their rank. Tables 3 and 4 describe the major categories of scholarly and service activities and the units accrued by physician faculty considered in their reappointment.

Of the 123 assistant professors reappointed, 36 (29.3%) moved to Track I from a previously qualified faculty rank, primarily because of their involvement in committees of the medical school and/or the hospital at which they practice. Of the 23 associate professors reappointed, 11 (47.8%) moved to Track I, which requires a minimum of 30 units of scholarly activity over a 3-year time period. Approximately 30% of the total number of units earned by the associate professors (390 of 1,285 units) were in scholarly categories representing presentations at outside institutions, regional meetings, and national meetings. One particularly active faculty member accounted for 210 units or 54% of the total.

Of the 14 professors reappointed, four (28.6%) moved from a qualified to an unqualified rank. These faculty

were moved due to contributions in many areas, but primarily due to earning a significant number of units in the presentation category of scholarly contributions.

## Discussion

Volunteer faculty place value on professional activities that enhance their role as medical educators, including educational opportunities, services or gifts, recognition by the school, and academic appointments.<sup>9</sup> But, these faculty often have little time and few resources to engage in the type of scholarly activities that are necessary for rank and promotion in most traditional tenure-track systems.<sup>3</sup>

Obtaining research grants and publishing research articles in peer-reviewed journals are not inherently more scholarly than excellent teaching. Research and publication became a priority after World War II, when federal agencies began funding research in academic medical centers. In that sense, traditional faculty appointment and promotion systems reflect more the need for external funding than they do the need for excellent medical education.<sup>10</sup> An expanded definition of scholarship can be influenced by many factors, including the discipline, institutional and/or academic unit priorities, and faculty interests.<sup>11</sup> Although Braskamp and Ory<sup>12</sup> agree that much of faculty work can be viewed in terms of its scholarship, for too many years, the words scholarship and research have been used synonymously, which does an injustice to both terms, especially scholarship. They indicate that work is scholarly if "its purpose is to disseminate information, provide consultation, and transfer knowledge, and if it engages professionals and participants in problem solving and enhances current practice."<sup>12</sup>

The system we describe recognizes scholarship more broadly, a recognition that is consistent with the priorities of our institution and its faculty and with the recommendations of Boyer, who proposes four general areas that that should be viewed as scholarship—discovery (creating knowledge and publication), integration (putting knowledge into context that can generate new knowledge), application (community service), and teaching.<sup>13</sup> Also consistent with Boyer's recommendations, our system recognizes the dual, albeit inseparable, role of faculty as teachers and scholars by allowing faculty to earn the majority of their units toward faculty rank in teaching-related activities in all three of our categories—the teaching category by providing educational support to the medical school and associated hospitals, though extramural educational contributions in the scholarship category, and through service to the college community. Nationally, clinical department chairs recognize that scholarship is broader than the publication of journal articles—scholarship was ranked fourth in importance behind teaching skills, overall clinical skills, and coordination of training pro-

Table 3  
Accrued Scholarly Units

Activity	Assistant Professor* n=36	Associate Professor n=11	Professor n=4
Principal investigator or co-principal investigator of a funded research grant	m=50.0 range=n/a Σ=50 n=1	m=100.0 range=50–150 Σ=200 n=2	m=0 range=n/a Σ=0 n=0
Co-investigator of a funded research grant	m=90.0 range=n/a Σ=90 n=1	m=52.5 range=15–90 Σ=105 n=2	m=0 range=n/a Σ=0 n=0
Contributing investigator in a multi-center clinical trial or study	m=16.7 range=5–30 Σ=50 n=3	m=10 range=n/a Σ=10 n=1	m=0 range=n/a Σ=0 n=0
Journal reviewer for a refereed journal	m=0 range=n/a Σ=0 n=0	m=13.3 range=5–20 Σ=40 n=3	m=30.0 range=n/a Σ=30 n=1
Member of an editorial board—peer-reviewed journal	m=0 range=n/a Σ=0 n=0	m=20.0 range=n/a Σ=20 n=1	m=10.0 range=n/a Σ=10 n=1
Original publication in a refereed journal	m=75.0 range=n/a Σ=75 n=1	m=30.0 range=25–50 Σ=150 n=5	m=25.0 range=n/a Σ=25 n=1
Publication of a book, book chapter, or article review	m=0 range=n/a Σ=0 n=0	m=50.0 range=n/a Σ=50 n=1	m=66.7 range=25–150 Σ=200 n=3
Invited visiting professor and/or guest lecturer outside own institution	m=26.7 range=20–30 Σ=80 n=3	m=16.7 range=10–30 Σ=50 n=3	m=30.0 range=10–60 Σ=120 n=4
Presentation at a national meeting	m=23.3 range=10–40 Σ=70 n=3	m=50.0 range=20–120 Σ=200 n=4	m=50.0 range=20–80 Σ=100 n=2
Presentation at a regional meeting	m=30.0 range=10–50 Σ=90 n=3	m=20.0 range=10–60 Σ=140 n=7	m=15.0 range=10–20 Σ=30 n=2
Consultant to an externally funded grant, medical or scientific organization or site, or departmental review	m=30.0 range=n/a Σ=30 n=1	m=30.0 range=30 Σ=60 n=2	m=0 range=n/a Σ=0 n=0
Scholarly consultation	m=12.0 range=10–30 Σ=120 n=10	m=37.1 range=10–90 Σ=260 n=7	m=50.0 range=10–90 Σ=100 n=2
Total scholarly activity	m=18.2 Σ=655	m=116.8 Σ=1,285	m=166.3 Σ=665

\* There are no required units for appointment at the assistant professor level, although units were reported by some faculty.

The following categories have been omitted from the table for simplification purposes since no physician faculty members reported any units of activity: grants reviewer at a national level, case report in a refereed journal, writing an invited editorial in refereed journal, editor of a refereed journal, assistant editor of a refereed journal, and member of a national consensus panel.

m—average number of hours reported by faculty in that category  
Range— minimum and maximum number of units reported  
Σ—total number of units reported  
n—number of faculty reporting activity in that category  
n/a—not applicable

Table 4  
Accrued Service Units

<i>Activity</i>	<i>Assistant Professor</i> <i>n=36</i>	<i>Associate Professor</i> <i>n=11</i>	<i>Professor</i> <i>n=4</i>
Member of a NEOUCOM committee	m=37.9 range=20–60 Σ=530 n=14	m=59.0 range=20–90 Σ=590 n=10	m=87.5 range=80–90 Σ=350 n=4
Chairperson of a NEOUCOM committee	n/a	m=15.0 range=15 Σ=30 n=2	m=67.5 range=45–90 Σ=135 n=2
Membership on Academic Council and/or Academic Review and Promotions Committee and/or Clinical Council	m=35.0 range=15–60 Σ=105 n=3	m=35.0 range=20–45 Σ=140 n=4	m=75.0 range=45–90 Σ=225 n=3
Membership on hospital or health department committees	m=21.7 range=5–30 Σ=650 n=30	m=24.1 range=5–30 Σ=265 n=11	m=30.0 range=30 Σ=90 n=3
Service to or membership on boards of regional or national medical, scientific, or public health organizations	m=26.7 range=5–30 Σ=160 n=6	m=32.5 range=20–50 Σ=130 n=4	m=45.0 range=30–60 Σ=90 n=2
Total service	m=40.1 Σ=1,445	m=105.0 Σ=1,155	m=222.5 Σ=890

m—average number of hours reported by faculty in that category

Range—minimum and maximum number of units reported

Σ—total number of units reported

n—number of faculty reporting activity in that category

n/a—not applicable

grams when evaluating the performance of physician educators. Unfortunately, members of promotion committees do not always agree with that point of view.<sup>14</sup>

The new system for appointing and promoting our physician faculty at NEOUCOM, reached by consensus of the clinical department chairs and faculty, is more objective and better represents our institutional values and our model of delivering medical education. It recognizes the contributions that volunteer faculty make to the teaching programs, service to the medical school and hospitals, and scholarly activity. It also recognizes that committee involvement from a faculty largely non-tenured and not medical school based, shows commitment to and desire to participate in medical school activities. Further, this system enumerates contributions that then can be used to create unique profiles for departments and divisions, allow for inter-departmental comparisons, and assess the alignment of contributions with the missions of the department and the institution.<sup>15</sup>

Our recognition of scholarship in a more broad sense had a substantial influence on the number of faculty

who made a lateral change in rank from Track II to Track I and dropped the “clinical” designation from their title. It would appear that developing a faculty rank system for volunteer faculty that values teaching and recognizes a variety of scholarly contributions equally does allow non-tenured faculty at a community-based medical school to be recognized through a lateral move in their faculty rank.

Implementation of this new system at NEOUCOM has raised many issues, particularly regarding counting and recording teaching hours. A major part of the total number of teaching units is unstructured teaching, which occurs on a daily basis as part of routine faculty teaching assignments, involving ward and clinic teaching of residents or students. An honor system was established to allow faculty to report this type of teaching without actual daily documentation. Structured teaching activities (eg, giving lectures, leading small-group discussions, teaching procedures), service activities, and scholarly accomplishments must be specified, requiring more careful ongoing documentation on the part of our clinical faculty. To

support faculty in this effort, the College of Medicine is developing a computer-based system to allow faculty to enter information directly into a central database as activities are completed.

We are in the process of evaluating our new system. One potential problem we foresee is faculty adapting to the new system and achieving an unqualified rank through a lateral move primarily by increasing the number of presentations they give and neglecting other scholarly work such as publications and grants. We will assess this problem during our next 3-year reappointment cycle.

### Conclusions

Colleges of medicine continue to seek appropriate faculty rank systems for non-tenured physician faculty. Developing such systems is a particular challenge with the increasing use of volunteer faculty. NEOUCOM has developed an objective two-track faculty rank system that rewards excellent extramural educational contributions, such as presentations at other institutions and professional meetings, on a par with research through an expanded concept of scholarly activity. This fits well in a system that relies primarily on volunteer faculty who are mostly hospital based and community based and not employed by the College of Medicine. NEOUCOM anticipates that this will lead to stronger ties between the college and its physician faculty and will encourage non-tenured faculty to continue teaching in the college of medicine.

*Acknowledgments:* The authors express their appreciation to Joanne E. Fabick for her significant contribution to reviewing the faculty reappointment materials and the preparation of this manuscript and to Keith R. Powell, MD, and William G. Gardner, MD, for their contributions to an earlier draft of this manuscript.

*Corresponding Author:* Address correspondence to Dr Williamson, Northeastern Ohio Universities College of Medicine, Division of Clinical Sciences, 4209 State Route 44, PO Box 95, Rootstown, OH 44272-0095. 330-325-6587. Fax: 330-325-5904. jcw@neoucom.edu.

### REFERENCES

1. Jones RF, Gold JS. Faculty appointment and tenure policies in medical schools: a 1997 status report. *Acad Med* 1998;73(2):212-9.
2. Jones RF, Gold JS. The present and future of appointment, tenure, and compensation policies for medical school clinical faculty. *Acad Med* 2001;76(10):993-1004.
3. Thomas PA, Diener-West M, Canto MI, Martin DR, Post WS, Streiff MB. Results of an academic promotion and career path survey of faculty at the Johns Hopkins University School of Medicine. *Acad Med* 2004;79(3):258-64.
4. Baroness JA. Voluntary clinical faculty. The hope of the future? *Arch Intern Med* 1983;143(2):338-40.
5. Simon J, Zippin D. The extent of volunteer faculty integration in teaching hospital settings. *J Med Educ* 1983;58:34-8.
6. Zinsmeister CS, Siu AL. Clinical teaching by voluntary faculty. *Acad Med* 1993;68(5):355-6.
7. Vath BE, Schneeweiss R. Volunteer physician faculty and the changing face of medicine. *West J Med* 2001;174:242-6.
8. Dent MM, Boltri J, Okosun IS. Do volunteer community-based preceptors value students' feedback? *Acad Med* 2004;79(11):1103-7.
9. Kumar A, Kallen DJ, Mathew T. Volunteer faculty: what rewards or incentives do they prefer? *Teach Learn Med* 2002;14(2):119-23.
10. Beasley BW, Wright SM. Looking forward to promotion: characteristics of participants in the Prospective Study of Promotion in Academia. *J Gen Intern Med* 2003;18(9):705-10.
11. Diamond RM. Defining scholarship for the 21st century. *New Directions for Teaching and Learning* 2002;90:73-80.
12. Braskamp LA, Ory JC. Assessing faculty work. Enhancing individual and institutional performance. San Francisco: Jossey-Bassey/John Wiley & Sons, Inc, 1994.
13. Boyer E. Scholarship reconsidered: priorities of the professoriate. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching, 1990.
14. Atasoylu AA, Wright SM, Beasley BW, et al. Promotion criteria for clinician-educators. *J Gen Intern Med* 2003;18(9):711-6.
15. Howell LP, Green R, Anders TF. A mission-based reporting system applied to an academic pathology department. *Hum Pathol* 2003;34(5):437-43.