

LSUHSC-S

LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER - SHREVEPORT

APPLICATION FOR FACULTY PROMOTION AND TENURE

PROMOTION AND TENURE SUBMISSION VERIFICATION

By my signature below, I indicate that I have prepared and reviewed the content of my **Application for Promotion and/or Tenure**, which is attached and submitted as part of my promotion packet.

My application is to be reviewed for:

_____ Promotion to the rank of _____

_____ Tenure

_____ Tenure only

Please check the appropriate current Academic Pathway:

School of Medicine

Basic Scientist		Basic Scientist Educator		Clinical Scientist		Clinical Educator		Clinical Attending
TP	NTP	TP	NTP	TP	NTP	TP	NTP	NTP

School of Allied Health Professions

Didactic Educator		Clinical Educator
TP	NTP	NTP

I verify the material I have prepared is correct and accurate as represented.

Signature

Current Title

Date

Name _____

Academic Pathway: _____

PERSONAL DATA

(Please note that red font, italicized "instructions" are to be deleted in the final versions. Furthermore, all data must be presented in chronological order, oldest first. When filling out the Biographical Data section of this form, keep in mind the effort distribution associated with your academic pathway. The descriptions of your activities should showcase areas of strength and expertise that will be judged during consideration for promotion or tenure.)

Current Title:

Business Address:

Business Telephone and Fax:

Business email Address:

Home Address:

Home Telephone:

Birthdate and Birthplace:

Citizenship:

Education:

Undergraduate

Graduate/Medical

Internship

Residency

Post-Doctoral Research Fellowships

Clinical Fellowships

Other (i.e. JD, MPH, MBA, MHA, Career Development Courses)

Certification: *(if applicable, ECFMG, USMLE, clinical board certification, etc)*

Licensure (if applicable):

State, license number, effective dates

Medical/Professional Employment History and Research Appointments:

Membership in Professional and/or Scientific Organizations:

Name _____

Academic Pathway: _____

Awards and Honors: In chronological order by academic year, please list any recognition of excellence that you have received. In the Area of Award Designation column, please list whether the award was for clinical service, teaching, research, or humanitarian/community service. Indicate the source of the recognition, such as a professional organization, university committee, etc., in the appropriate column. In the last column, indicate if the award is local, regional, national, or international. **(include sabbaticals and their dates):**

Awards and Honors

<u>Date(s) of Recognition</u>	<u>Area of Award Designation</u>	<u>Source of Recognition</u>	<u>Recognition type</u>

Name _____

Academic Pathway: _____

ACADEMIC PATHWAY SUMMARY*

TOTAL % EFFORT OF YOUR POSITION: _____ (e.g., full time – 100%; half time – 50%)

Table 1. Total Hours Per Year Spent on Research/Scholarly Activity, Clinical Service, Teaching and Leadership/Administrative Service^a

	<u>Previous 3-5 years</u> <u>Estimated average hours</u>	<u>Most recent 12 months</u> <u>Average hours</u>
1) Research/Scholarly activity (non-teaching) ^b		
2) Clinical service ^{b,c}		
3A) Formal Didactic Teaching of med students, grad students, residents, post-docs, allied health students, etc. (Contact hours from Tables 2-3)		
3B) Bedside Clinical teaching ^c		
3C) Education Administration		
3D) Scholarly activity in education		
3E) Mentoring and Advising		
4) Leadership/administrative service		
Totals*		

*For detailed information on Academic Pathways, please refer to the TIME AND EFFORT DISTRIBUTIONS FOR COMPENSATED PATHWAYS section of the LSUHSC-S Promotion and Tenure policy available on the LSUHSC-S Library website home page.

^aNote: the total hours per year must add up to 2000 for a full-time employee based on a hypothetical 40-hour work week and 50-week year. If a position entails less than a 100% commitment, the total hours will reflect the fractional percentage effort (e.g., 1600 hours for an 80% effort position). Naturally, it is understood that some faculty members put in more than 40 hours per week. This effort above and beyond the call of duty is best addressed by the department chair in his/her narrative evaluation section.

^bThe hours listed here should reflect activities described more fully in the sections outlining Scholarly Activity (1) and Clinical Service (2) below.

^cDO NOT double count clinical service and clinical teaching. The descriptions below are provided to help you attribute your time as accurately as possible to one category (clinical service) or the other (clinical-oriented teaching). All these activities are important missions of the university.

- 1) Research/scholarly activity includes lab research, managing lab activities, writing grants and papers, attending conferences as a presenter, giving invited talks, keeping current with the field (e.g., CME credits or certified online training), etc.
- 2) Clinical service is defined as patient-oriented activity when there is no education of students, residents and/or other learners. Besides direct clinical activity (e.g., patient care, surgery, reading x-rays, preparing a pathology report), this would include consultations with colleagues, filing notes, billing activities and managing electronic health records. If an activity could be construed as both clinical service and clinical teaching, please assign the hours to one or the other category to reflect your Academic Pathway time distribution.
- 3A) Teaching refers to formal didactic teaching (hours should be listed in Table 2). This typically refers to teaching in recurring courses with slides or problem sets (small group settings), but non-recurring teaching should also be reflected in this total (Table 3). It also includes formal clinical teaching of students & residents in regularly-scheduled activities such as morning report, case conferences & Grand Rounds.

Name _____

Academic Pathway: _____

- 3B) Bedside Teaching (teaching in the patient-care areas) is defined as trainee education delivered with a patient present (bedside teaching) or focused on patient specimens/x-rays/etc. (e.g., Pathology or Radiology service) in the presence of students, residents and/or other learners.
- 3C) Administrative educational activity refers to time spent on such activities as training director, course director, writing and grading test questions, preparing for lectures, including updating material, and dealing with student issues outside of class.
- 3D) Scholarly educational activity may include formal research on educational methods, evaluation of teaching methods, attending conferences dealing with educational issues and the like.
- 3E) Please estimate the time spent directly mentoring or supervising trainees who are **formally assigned to you** and are listed in Table 7.
- 4) Leadership/Administrative service includes committee memberships and similar activities, not including administration of educational activities listed above.

Name _____

Academic Pathway: _____

1) SCHOLARLY ACTIVITY

Journal Publications: *(oldest first; please use separate sub-headings to indicate published, accepted for publication, and submitted for publication. Include complete reference)*

Peer reviewed:

Other, not peer reviewed:

Books:

Book Chapters:

Videos, Electronic Media, and Multimedia Publications:

Published Abstracts:

Grants and Contracts: *(Please note role on grant, i.e. PI, co PI, consultant, etc. Include dates of awards, percentages of effort, and annual & total budgets of awards.)*

Funded

Pending funding

Non-funded applications (last three years)

Inventions and Patents:

Research Review Committees: *(e.g., NIH study section, research foundation reviewer, etc. Note role)*

Scientific Presentations/Posters: *(Include complete references concerning title, dates and location. Please use an asterisk (*) to indicate those presented by you.)*

Invited Presentations and Seminars: *(Please list titles of presentations and locations.)*

Plenary lectureships or refresher courses at professional meetings/symposia: *(Please list titles and locations.)*

Editorial Posts and Activities:

Journal editorships or associate editorships

Reviewer contributions *(list journals and number of reviews annually)*

Name _____

Academic Pathway: _____

2) CLINICAL SERVICE

Clinical Leadership: *(e.g., Clinic Chief, Section Chief, Director of Outpatient Services, etc.)*

Clinical Responsibilities (Recurring): *(recurring/daily activities, e.g., attending on Inpatient Unit, clinician at Outpatient Services, or staff Radiologist. Briefly describe your major responsibilities in list format and include estimated time spent, e.g., 2 hr/day or half-day in clinic.)*

Clinical Responsibilities (Additional): *(This would include non-recurring activities such as call, weekend consults, health fair clinics, or other.)*

3) TEACHING EXPERIENCE AND RESPONSIBILITIES (TEACHING PORTFOLIO)

INSTRUCTIONS: Please complete Tables 2 and 3.

3A) FORMAL DIDACTIC TEACHING

Table 2 should include formal teaching activities/responsibilities that you perform in a recurring fashion in one of the educational programs of LSUHSC-S (e.g. providing lectures in a graduate school course each year, conducting a small group session in a medical school clerkship every 4-6 weeks, etc.). Educational programs include diploma or certificate-bearing programs of LSUHSC-S (e.g. undergraduate education programs, post-graduate training programs) as well as post-doctoral education and continuing education programs for faculty. Please provide the course and topic under the column with the heading - Activity Title.

Table 3 should include teaching activities/responsibilities that you have performed in one of the LSUHSC-S educational programs in a non-recurring fashion (e.g. lecture given in one CME course offered by a clinical department) or teaching activities that you perform at sites other than LSUHSC-S (e.g. lecture to community group on a medical topic, presentations given at UniversityHealth hospital, lectures at another medical center or at a national meeting).

Types of teaching that should be included are formal teaching in courses such as lectures and small group sessions, as well as clinically-oriented didactic teaching such as Morning Report, Departmental Grand Rounds, Departmental Seminar Series, Tumor Board, Chief’s or Chairman’s Rounds *which you directed or in which you presented a case or topic*. DO NOT list conferences that you simply attended or to which you contributed a random comment.

TABLE 2. Repetitive Ongoing Teaching Responsibilities at LSUHSC

<u>Dates</u>	<u>Activity Title</u>	<u>Type of Audience</u>	<u>Contact Hours</u>	<u>Lecture</u>	<u>Small Group/ Clinical Didactic</u>	<u>Bedside/ Case-based</u>	<u>One-on-one</u>

Name _____

Academic Pathway: _____

TABLE 3. Non-repetitive and Non-LSUHSC-S Teaching

<u>Dates</u>	<u>Activity Title</u>	<u>Type of Audience</u>	<u>Contact Hours</u>	<u>Lecture</u>	<u>Small Group/Clinical Didactic</u>	<u>Bedside/Case-based</u>	<u>One-on-one</u>

3B) BEDSIDE CLINICAL TEACHING (TEACHING IN PATIENT CARE AREAS):

Table 2 should include clinical-oriented teaching activities/responsibilities that you perform in a recurring fashion in one of the educational programs of LSUHSC-S. Examples of bedside clinical teaching that would be appropriate for inclusion are Medicine ward rounds, afternoon Psychiatry consult service, teaching in the operating room, explaining interpretation of radiologic studies to residents or students, demonstrating procedures for physical therapy students, etc. Please describe the type of teaching in the Table under the column with the heading - Activity Title.

Table 3 should include clinical-oriented teaching activities/responsibilities (examples listed above) that you have performed in one of the LSUHSC-S educational programs in a non-repetitive fashion. The activity may be non-recurring because it is subject to a variable call schedule (e.g. trauma call), an unscheduled substitution for another attending on a service or team, or similar circumstances.

3B.1) TEACHING EVALUATIONS: *(Please provide unedited samples of evaluations for the last 2 years from learners containing trainee or attendee comments for teaching activities listed above. This includes Formal Didactic Courses, Clinical Didactic Teaching (e.g., residents' courses), and Departmental or Interdisciplinary conferences and CME activities.)*

Name _____

Academic Pathway: _____

3C) EDUCATION ADMINISTRATION: *(Please provide an accurate total of the hours involved in this activity on a yearly basis [per week X 50] and enter in Table 1.)*

Course/Clerkship/Residency/Fellowship or CME course Directorships: *(Please include a brief description (e.g., course or program title) HERE and include dates of service.)*

School/Institutional Educational Committee Involvement: *(Please provide a brief description HERE of your involvement and should include dates of service.)*

3D) SCHOLARLY ACTIVITY IN EDUCATION & TEACHING: *(Please estimate the hours involved in this activity on a yearly basis [per week X 50] and enter in Table 1.)*

ALL OF THE FOLLOWING ENTRIES MUST BE ON TOPICS RELATED TO TEACHING/EDUCATION

Journal Publications on teaching/education:

Peer reviewed:

Other, not peer reviewed:

Books:

Book Chapters:

Videos, Electronic Media, and Multimedia Publications:

Published Abstracts:

Grants, Contracts, Scholarships, etc., specifically related to teaching/education only: *(For all grants below, please note role on grant, i.e. PI, co PI, consultant, etc. Include dates of awards, percentages of effort, and annual & total budgets of awards or applications.)*

Funded

Pending funding

Non-funded applications (last three years)

Presentations at meetings (includes presentations, Posters and Invited Plenary Sessions) that you have given **on teaching/educational topics only:**

Invited Presentations and Seminars on teaching/educational topics only (at other academic institutions):

Name _____

Academic Pathway: _____

Editorial Posts and Activities (for education journals only – e.g. the journal *Academic Medicine*):

Journal editorships or associate editorships

Reviewer contributions *(list journals and number of reviews annually)*

Participation in national medical education or scientific education organizations or agencies as an examination question writer or reviewer or as abstract/presentation reviewer (e.g. AAMC or NBME):

Development or Application of Novel Teaching Methods, Materials, & Assessment Tools:

In Table 4, list any novel teaching methods, materials, assessment tools, or other educational contributions. Also include any educational studies you conducted related to teaching methods, assessment of learner knowledge, skills or attitudes, and other activities where education is the major focus. *DO NOT include lecture handouts or PowerPoint slides made for a lecture or its associated podcast. You may write a brief narrative describing your innovative teaching methods, materials or assessment tools (include attachments or active links to those materials.). If applicable, this should include a brief description of any role you play in regional or national educational organizations.*

Table 4- Novel Teaching Methods, Materials, Assessment Tools Developed or Used

<u>Curriculum, educational material/ teaching methods/ assessment tools developed or applied</u>	<u>Dates of use in an educational program</u>	<u>LSUHSC-S School in which it is used</u>	<u>Course/Program in which it is used</u>	<u>Level of Learners</u>	<u>If not used in LSUHSC-S, where used</u>

In Table 5, list, in chronological order by academic year, any meetings, conferences, symposia, or other related activities (on any scientific, clinical or educational topic) you have organized or chaired at the international, national, or regional level. Indicate your specific role in each.

Table 5 – Educational Meetings/Conferences that you organized or chaired

<u>Dates</u>	<u>Event</u>	<u>Level of attendee</u>	<u>Your role</u>

Name _____

Academic Pathway: _____

In Table 6, list any **Continuing Education or Faculty Development** you received to improve your abilities ***as an educator***: *(This should include courses, conferences or workshops attended with the express purpose of enhancing your teaching skills.)*

Table 6 – CE or Faculty Development on subjects related to teaching/education

<u>Date</u>	<u>Name of Activity</u>	<u>Activity type (Seminar/ Workshop/ etc.)</u>	<u>Your educational role to which this added training relates</u>

List any **Regional/National/International EDUCATIONAL societies/organizations of which you are a member** (include membership on committees or subcommittees of professional organizations if those committees are the education committees of the organization): *(Please note any leadership responsibilities)*

3E. Mentoring and Advising

Table 7: In chronological order, please provide information about any student, resident or fellow that you formally advise or mentor. This should include all medical students, allied health students, residents, fellow and junior faculty. The individual must be a formal advisee assigned to you as supervisor and not just students or residents in the program in which you teach or work. College and high school students mentored as part of research/intern programs should be listed individually in the space provided below this Table.

Table 7 – Mentoring & Advising

<u>Dates</u>	<u>Name</u>	<u>Status</u>	<u>Your Role</u>	<u>Position of Advisee</u>

Name _____

Academic Pathway: _____

3E.1: Dissertation/Thesis Committees: *(Provide the name and Department affiliations of students whose committees on which you have served and state whether you were/are a member or chair of the committee. List the dates of committee service.)*

Table 8 – Dissertation/Thesis Committees

<u>Student Name</u>	<u>Department</u>	<u>Masters/ PhD</u>	<u>Dates of committee service</u>	<u>Your role</u>

3E.2: List all publications, posters, projects, or other materials prepared by students/advisees that you mentored in a research setting and indicate your name as well as the student's with bold font:

3E.3: In chronological order, please list any undergraduate and high school students that you have mentored in a formal setting, along with the dates of their participation:

Name _____

Academic Pathway: _____

4) LEADERSHIP/ADMINISTRATIVE SERVICE: *(MUST include dates)*

University/Institutional Service: *(Please note leadership responsibilities)*

Departmental committees

School committees

Teaching Hospital committees

Other LSUHSC (campus) committees

Special assignments – ad hoc task forces/working groups, projects, etc.

Administrative Responsibilities: *(MUST include brief [1-2 sentences] narrative description)*

Departmental

School

LSUHSC (campus)

Teaching Hospital

Interdisciplinary/other program (center or program)

(Administration of educational programs/courses/CME should be listed under teaching experience)

Regional/National/International Professional society committees: *(note leadership responsibilities)*

Community Service Activities: *(must include brief narrative description of activities)*

Name _____

Academic Pathway: _____

**5) REPUTATION (scope of applicant's reputation and influence) -
To be completed by applicant's department (School of Medicine) or program (School of Allied Health Professions) head.**

This section should include a list of the names, academic rank, academic institution, and contact information for each individual submitting a letter of recommendation for the applicant. Applicants may provide/suggest names of individuals for these letters to the department/program head, however, the department head is responsible for listing those individuals (here) and for soliciting, receiving, and including those letters in the completed application packet.

Scope of reputation and influence should be addressed by the applicant's department/program head in the Promotion & Tenure Review Request section entitled EVALUATION BY DEPARTMENT CHAIR/HEAD.