## FORM HP-D – I Last update – 01/2014

**MICHIGAN STATE UNIVERSITY**

**Office of the Provost**

### HEALTH PROGRAMS RECOMMENDATION FOR PROMOTION

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name: Date:

|  |
| --- |
|  |

Present Rank Appointment Basis  AY or  AN

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
|  |

## 

## Primary Department Name Second Department Name Other Dept. Name

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
|  |

## 

## 

## Primary College Name Second College Name Other College Name

## Years of full-time MSU Health Programs service as of next July 1 as:

ASSISTANT PROFESSOR HP        
ASSOCIATE PROFESSOR HP

Years of full-time faculty experience as of next July 1 (MSU & other)

|  |
| --- |
|  |

|  |
| --- |
|  |

Highest Degree Institution Date:

Additional Training/Education/Certifications/Licensure

Review Period Begin Date:

(The review period begins with the date of appointment or most recent reappointment/promotion.)

**RECOMMENDATION BY DEPARTMENT CHAIRPERSON:**

    Promote to Associate Professor HP

    Promote to Professor HP

## Recommendation by Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Recommendation by Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Primary Chairperson Signature Second Chairperson Signature Other Chairperson Signature

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Primary Dean Signature Second Dean Signature Other Dean Signature

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Provost Signature

Attachments: Reappointment form (or Change of Status if promotion does not coincide with reappointment)

HP Faculty Appointment/Reappointment Memorandum

HPP0402

## FORM HP-D – II SUMMARY INFORMATION - Patient care services, instruction, scholarly productivity and research, and institutional services

**Summary Ratings of Contributions by Department Chairperson:**

The purpose of this summary is to assess the candidate’s performance in relationship to expectations across the functional areas within the academic and broader community. For relevant sub-functions, indicate the faculty member’s performance by placing an “X” under the most appropriate rating (from excellent to poor). Performance should be evaluated relative to most appropriate comparison group and to assigned duties as reflected in percentage of time. For example, the most appropriate level of comparison for the function of “scholarly productivity and research” is a national/international comparison within the discipline.

# Performance Ratings

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Function | Sub-Functions | **Assignment% of Time** | Excellent | Very Good | Avg. | Below Avg. | Poor |
| PATIENT CARE SERVICES | Patient Care Delivery |  |  |  |  |  |  |
|  | Consultation |  |  |  |  |  |  |
| INSTRUCTION\* | Pre-Clinical |  |  |  |  |  |  |
|  | Clinical |  |  |  |  |  |  |
|  | Resident |  |  |  |  |  |  |
|  | Post-Doctoral |  |  |  |  |  |  |
|  | Advising |  |  |  |  |  |  |
|  | Other |  |  |  |  |  |  |
| SCHOLARLY PRODUCTIVITY & RESEARCH | Scholarly Productivity & Research |  |  |  |  |  |  |
| INSTITUTIONAL SERVICES | Committee Service |  |  |  |  |  |  |
|  | Administrative Service |  |  |  |  |  |  |
| OTHER\*\* | Other (specify) |  |  |  |  |  |  |
| OVERALL RATING |  |  |  |  |  |  |  |

\* Include credit courses only, on and off campus.

\*\* See Form HP-D-IVE, “Additional Reporting.”

## FORM HP-D – II SUMMARY INFORMATION, continued

## Summary Statements by Chairperson and Dean:

1. Summary comments by Department Chairperson\*. (Provide comments by function and across functions, citing strengths and weaknesses.)

1. Summary statement by Dean\*.

##### \*If the reporting period differs from the usual review period, please justify and support that period.

##### FORM HP-D – III A PATIENT CARE SERVICES

**Summary evaluation of Patient Care Services by Department Chairperson/Practice Director:**

Evaluate the faculty member’s contributions in patient care. Dimensions to be addressed may include (but are not limited to):

* *contributions to group practice; clinical skills, knowledge; operation, development and improvement of patient care services; quality assurance*
* *satisfaction of patients/clients, cost effectiveness;*
* *internal/external clinical studies, research*
* *leadership in patient care issues*
* *peer assessment, professional recognition*

##### FORM HP-D - III B CLINICAL AND PRE-CLINICAL TEACHING

**Summary Evaluation of Instruction by Department Chairperson/Practice Director:**

Evaluate the faculty member’s scholarly contributions in **instruction**. Assess credit instruction activities, and instructional activities related to residents and post-doctoral fellows, and continuing professional education. Dimensions to be addressed may include (but are not limited to):

* *Credit instruction, on and off campus and clerkship activities; course, clerkship and residency curriculum development; experimental curricula; development of instructional materials such as textbooks, videotapes, or software; technology enhanced instruction;*
* *Non-credit instructional activities including the development of certificate programs, community programs, extension programming, etc.;*
* *International instruction such as instruction abroad, comparative/international courses on campus, etc.;*
* *Patient care activities in support of instruction;*
* *Academic advising (making clear what the appropriate responsibilities and expectations are); and*
* *Instructional activities in professional/clinical, extension, international, or urban arenas.*

The evaluation should address the scholarship, significance, impact, and attention to contextof the faculty member’s accomplishments as evidenced, for instance, in: *SIRS forms or resident evaluations; peer evaluation of instruction; evaluations by affected groups; teaching portfolios, including course syllabi, examinations; websites, etc.; publications and presentations related to pedagogy; guest lectures and visiting/adjunct appointments; grants received in support of instruction; and instructional awards or other forms of professional/alumni recognition.*

## FORM HP-D - III C SCHOLARLY PRODUCTIVITY AND RESEARCH

**Summary Evaluation of Scholarly Productivity and Research by Department Chairperson:**

Evaluate the faculty member’s scholarly contributions in **scholarly productivity and research**. Dimensions to be addressed may include (but are not limited to):

* *Discovery of new knowledge, including creative activities, and originality of approach;*
* *Development of innovative problem-solving strategies or methodologies;*
* *Application and dissemination of knowledge, including extension activities;*
* *Patient care activities in support of research and creative activities; and*
* *Research and creative activities in outreach, professional/clinical, extension, international, or urban arenas.*

The evaluation should address the scholarship, significance, impact, and attention to context of the faculty member’s accomplishments as evidenced, for instance, in: *publications, presentations, poster sessions, websites, etc.; performances and exhibits; scores, showings, recordings, and curatorial activities; citations of one’s work by others; evaluations by peers and affected groups including comments by outside evaluators, journal editors, referees, etc.; grants received in support of research; and research awards or other forms of professional/alumni recognition.*

**FORM HP-D – III D INSTITUTIONAL SERVICES**

## Summary Evaluation of Academic Service by Department Chairperson:

1. Evaluate the faculty member’s scholarly contributions in activities in **service within the academic community**—within professional and scholarly organizations or within the University. Dimensions to be addressed may include (but are not limited to):

* *Membership in professional organizations/societies external to the University;*
* *Role as editor of scholarly or professional journal or other similar publication;*
* *Leadership role in internal academic governance and/or in external professional organizations;*
* *Membership on department/school, college and university governance committees;*
* *Ad hoc service* *involvement in special study groups/committees, service on internal/external review panels, member of grievance panels, etc.; and*
* *Academic service activities in outreach, professional/clinical, extension, international, or urban arenas.*

## The evaluation should address the scholarship, significance, impact, and attention to context of the faculty member’s accomplishments as evidenced, for instance, in: *committee accomplishments (policies, reports, organizational changes), evaluation by committee colleagues/chairperson or organization executive officers, and service awards or other forms of professional/alumni recognition.*

2. Evaluate the faculty member’s scholarly contributions in **service within the broader community**. Dimensions to be addressed may include (but are not limited to):

* *Application of scholarship to voluntary roles in community-based organizations;*
* *Establishment of community links, voluntary leadership roles in community-based organizations;*
* *Success in achieving grants and other forms of support for community service activities;*
* *Success in completing assignments and projects for community service activities;*
* *Responsiveness to societal needs and attention to the assets and goals of external groups;*
* *Effectiveness in promoting the inclusion and advancement of diverse groups;*
* *Development and evaluation of innovative approaches, strategies, technologies, and systems of service delivery.*
* *Broader community service activities in professional/clinical, extension, international, or urban arenas.*

## The evaluation should address the scholarship, significance, impact, and attention to context of the faculty member’s accomplishments as evidenced, for instance, in: *publications, programs offered; presentations, performances, exhibits, broadcasts, websites, brochures and other print materials, and collection development; grants received in support of community activities; evaluations by affected groups including comments by outside evaluators, conference organizers, and/or media representatives.*

## FORM HP-D – IV A PATIENT CARE SERVICES

1. Describe clinical service responsibilities. Divide ambulatory from hospital responsibilities. Designate percent of time for each. Activities to be addressed include those patient care obligations for which patients are billed and/or seen in MSU based facilities, and/or affiliated community hospitals. The statement should include a summary/assessment of the quality of services rendered. Such evidence could include income generation, evidence of patient satisfaction, peer evaluations and/or recognition, etc.

1. Provide statement of consultation services, including percent of time, and evidence of peer referrals. Describe for each year of the period to be covered by the review.

## FORM HP-D - IV B CLINICAL AND PRE-CLINICAL TEACHING

The faculty member is encouraged to use a range of evidence demonstrating instructional accomplishment, which can be included in portfolios or compendia of relevant materials.

1. **Undergraduate and Graduate Credit Instruction:**

Record of instructional activities for at least the past six semesters. Include only actual participation in credit courses (on- or off-campus instruction) or virtual university on-line courses. In determining the “past six semesters,” the faculty member may elect to exclude any semesters during which s/he was on leave; additional semesters may be included on an additional page. Fill in or, as appropriate, attach relevant print screens from CLIFMS\*.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Semester and  Year | Course  Number | Credits  (Number  or Var) | Number of Sections  Taught  Lec Rec Lab | Number  of  Students | Number  Of  Assistants\*\* | Notes |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Non-Credit Instruction:**

List other instructional activities including non-credit courses/certificate programs, licensure programs, conferences, seminars, workshops, etc. Include non-credit instruction that involves international, comparative, or global content delivered either to domestic or international groups, either here or abroad.

\*Consult departmental staff who are authorized to enter data on the web-based CLIFMS (Course Load, Instruction, Funding and Modeling System) system and can search for course sections and enrollments by faculty name, per semester.

\*\*May include graduate and undergraduate assistants, graders, and other support personnel.

**FORM HP-D – IV B CLINICAL AND PRE-CLINICAL TEACHING**, continued

## Academic Advising:

**a.** Faculty member’s activity in the area of academic advising. The statement may include commentary on supplementary materials such as recruitment activities, international student advising, evidence of peer recognition, and evidence of student recognition.

Undergraduate:

Graduate:

Graduate/Professional:

Other:

**b.** Candidate’s undergraduate advisees (if applicable to individual under review):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Freshman | Sophomore | Junior | Senior |
| Number of current undergraduate advisees |  |  |  |  |

**c.** Candidate’s graduate/graduate-professional advisees (limit to principal advisor or committee chairpersonship status):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Masters | Doctoral | Professional |
| Number of students currently enrolled or active |  |  |  |
| Number of graduate committees during the reporting period |  |  |  |
| Degrees awarded during the reporting period |  |  |  |
| Degrees awarded during career |  |  |  |

**FORM HP-D – IV B CLINICAL AND PRE-CLINICAL TEACHING**, continued

1. **List of Instructional Works:**

List publications, presentations, papers, grants received (refer to Form HP-D-IVF), and other works that are primarily in support of or emanating from instructional activity.

1. **Other Evidence of Instructional Activity:**

Cite other evidence of instructional productivity such as works/grants in progress or under review (refer to Form HP-D-IVF). Address instructional goals and approaches; innovative methods or curricular development; significant effects of instruction; and curatorial and patient care activities, etc. Include evidence of instructional awards and peer recognition (within and outside the university).

## FORM HP-D - IV C SCHOLARLY PRODUCTIVITY AND RESEARCH

1. **List of Research/Creative Works:**

Attach a separate list of publications, presentations, papers, and other works that are primarily in support of or emanating from Research and Creative Activities. Indicate how the primary or lead author of a multi-authored work can be identified. The list should provide dates and, in particular, accurately indicate activity from the reporting period. Items to be identified:

1. Books
2. Book chapters
3. Bulletins or monographs
4. Articles
5. Reviews
6. Papers and presentations for learned professional organizations and societies
7. Artistic and creative endeavors (exhibits, showings, scores, performances, recordings, etc.)
8. Reports or studies

Indicate peer-reviewed or refereed items with a “\*”.

Indicate items with a significant outreach component with a “\*\*” (determined by the faculty member)

1. **Quantity of Research/Creative Works Produced:**

For each of the categories listed in question one above, list the number of research and creative works produced.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| During the  reporting period |  |  |  |  |  |  |  |  |
| During career |  |  |  |  |  |  |  |  |

1. **Number of Grants Received** (primarily in support of research and creative activities; refer to Form D-IVE):

|  |  |  |  |
| --- | --- | --- | --- |
| During the reporting period: |  | During career: |  |

**4. Other Evidence of Research/Creative Activity:**

Cite other evidence of research and creative productivity such as: seminars, colloquia, invited papers; works/grants in progress or under review (refer to Form D-IVE); patents; formation of research-related partnerships with organizations, industries, or communities; curatorial and patient care activities, etc. Include evidence of peer recognition (within and outside the university).

## FORM HP-D - IV D INSTITUTIONAL SERVICES

1. **Service within the Academic Community**
2. **Service to Scholarly and Professional Organizations:**

List significant committee/administrative responsibilities in support of scholarly and professional organizations (at the local, state, national, and international levels) including: elected and appointed offices held; committee memberships and memberships on review or accreditation teams; reports written and submitted; grants received in support of the organization (refer to Form HP-D-IVF); editorial positions, review boards and ad hoc review requests; and programs and conferences planned and coordinated, coordinated or served on a panel or chaired a session. Include evidence of contributions (e.g., evaluations by affectedgroups or peers.

1. **Service within the University:**

List significant committee/administrative responsibilities and contributions within the University. Include service that advances the University’s equal opportunity/affirmative action commitment. Committee service includes: appointed and elected university, college, and department ad hoc or standing committees, grievance panels, councils, task forces, boards, or graduate committees. Administrative responsibilities include: the direction/coordination of programs or offices; admissions; participation in special studies or projects; collection development, care and use; grants received in support of the institution (refer to Form HP-D-IVF), etc. Describe roles in any major reports issued, policy changes recommended and implemented, and administrative units restructured. Include evidence of contributions (e.g., evaluations by peers and affected groups).

## FORM HP-D - IV D INSTITUTIONAL SERVICES, continued

**2. Service within the Broader Community:**

As a representative of the University, list significant contributions to local, national, or international communities that have not been listed elsewhere. This can include (but is not restricted to) outreach, MSU Extension, Professional and Clinical Programs, International Studies and Programs, and Urban Affairs Programs. Appropriate contributions or activities may include technical assistance, consulting arrangements, and information sharing; targeted publications and presentations; assistance with building of external capacity or assessment; cultural and civic programs; and efforts to build international competence (e.g., acquisition of language skills). Describe affected groups and evidence of contributions (e.g., evaluations by affected groups; development of innovative approaches, strategies, technologies, systems of delivery; patient care; awards). List evidence, such as grants (refer to Form D-IVF), of activity that is primarily in support of or emanating from service within the broader community.

## FORM HP-D - IV E ADDITIONAL REPORTING

1. **Evidence of Other Scholarship:**

Cite evidence of “other” scholarship as specified on p. 2 in the “summary rating” table (i.e., functions outside of patient care services, instruction, scholarly productivity and research and institutional services within the academic and broader community). Address the scholarship, significance, impact, and attention to contextof these accomplishments.

1. **Integration across Multiple Mission Functions:**

Discuss ways that your work demonstrates the integration of scholarship across the mission functions of the university.

**3.Other Awards/Evidence:**

Cite other distinctive awards, accomplishments of sabbatical or other leaves, professional development activities, and any other evidence not covered in the preceding pages. (If the reporting period differs from the usual review period, then justify and support that period here.)

**FORM HP-D - IV F GRANT PROPOSALS**

List grant proposals submitted during reporting period relating to teaching, research and creative activities, or service within the academic and broader community. Include grants in support of outreach, international, urban, and extension activities.\*

|  | |  |  | Status | | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name of Granting Agency (Grantor:) Focus of Grant (Focus:) | Date Submitted | $ Amount Requested | Pending | $ Amt Funded | Not Funded | $ Amount Assigned to Faculty Candidate (if Applicable) | Principal/Co-Investigators (if not faculty candidate) |
| **I.** | **Instruction** |  |  |  |  |  |  |  |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  | | | | | | | |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  | | | | | | | |
| **II.** | **Research/Creative Activity** |  |  |  |  |  |  |  |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  | | | | | | | |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  | | | | | | | |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  | | | | | | | |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
| **III.** | **a.** **Service – Academic Community** |  |  |  |  |  |  |  |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  | | | | | | | |
| **III.** | **b** **Service – Broader Community** |  |  |  |  |  |  |  |
|  | **i. MSU Extension** |  |  |  |  |  |  |  |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  | | | | | | | |
|  | **ii. Professional/Patient Care Activities** |  |  |  |  |  |  |  |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  | | | | | | | |
|  | **iii. International Studies and Programs** |  |  |  |  |  |  |  |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  | | | | | | | |
|  | **vi. Urban Affairs Programs** |  |  |  |  |  |  |  |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |
|  |  |  |  |  |  |  |  |  |
|  | **v. Other** |  |  |  |  |  |  |  |
|  | Grantor: |  |  |  |  |  |  |  |
|  | Focus: | | | | | | | |