

VII. APPOINTMENTS TO THE CLINICAL TRACK

A. 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. Appointments are made for up to seven years and are renewable.

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.

B. Ranks in the Clinical Track

The Clinical Track includes four ranks: clinical instructor, clinical assistant professor, clinical associate professor, and clinical professor. The working title (Assistant Professor, Clinical Track) is used on all appointment and promotional correspondence and the curriculum vitae. Routine correspondence (e.g., patient correspondence, scholarly work, etc.) can use shorter working titles, e.g. Assistant Professor without identifying track. The official title (Clinical Assistant Professor) will be reflected in university human resources databases. Time in rank alone is NOT sufficient for advancement in rank.

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

Clinical Instructor

A Clinical 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 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 Assistant Dean for Clinical Track Faculty.

Clinical Assistant Professor

A Clinical Assistant Professor has excelled in clinical care and teaching, and these are the primary requirements for appointment or promotion to this rank.

1. 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.

2. 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.

3. Scholarship

An Assistant Professor should show progress toward becoming scholarly engaged in their field. On the Clinical Track, invited presentations as well as publication of articles in professional journals, chapters, reviews, abstracts, textbooks, videotapes, or other educational materials are evidence of scholarly contributions and are usual features of faculty at this rank.

4. 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 promotion or appointment at this level, although some evidence of scholarly contribution is generally expected as noted above. New faculty members with evidence of distinct clinical expertise may also be appointed at this level.

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

Clinical Associate Professor

A Clinical 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.

1. 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).

2. *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.

3. *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, or some other mode of communicating results and ideas.

4. *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.

Clinical 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.

C. Criteria for Appointment and Promotion in the Clinical Track

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

1. 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.

2. 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.

In the Adjunct Clinical Track, sufficient involvement in the educational program of the department 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.

3. Scholarship

Promotion to the senior levels of the Clinical Track requires scholarly engagement and productivity. Excellence in scholarship or academic achievement is evidenced by published peer-reviewed and other creative work, participation in grant-funded research, success in training graduate and professional students in scholarly methods, participation and leadership in professional associations, and in editing of professional journals. 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 other creative ways to education. 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.

4. *Service*

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

The Appointment Process for the Clinical Tracks: An Overview

University procedures call for search committees for all academic positions of half-time effort or more. In these procedures, the University recognizes the importance of diversity among its faculty. Although appointments in **Adjunct Clinical Track** are not monitored by the Affirmative Action procedures of the University, it is the policy of the Medical School to seek as diverse a group of faculty as possible as teachers and role models for students.

Recommendations for new appointments may be submitted at any time, but departments should allow time for the multistep processing, as outlined below, to avoid delays in salary payments to faculty members.

- For clinical instructor appointments submit recommendation packet to the Faculty Affairs Office *at least one month* before effective date.
- For clinical assistant professor appointments submit recommendation packet to the Faculty Affairs Office *at least two months* before effective date.
- For clinical associate professor and clinical professor appointments submit recommendation packet to the Faculty Affairs Office *at least three months* before effective date.

The appointment process has a specific sequence of steps, dependent upon the level of the position. All appointments are made by the president of the University.

Clinical Instructor Level

1. Authorized and legitimate search, in accordance with Affirmative Action guidelines. (See separate instructions.)
2. Forwarding of draft offer letter and the Appointment Activity Record (AAR) to the Faculty Affairs Office for approval; after approval, sending of offer letter to candidate.
3. Forwarding of Criminal Background Check Authorization Form to the Faculty Affairs Office.
4. Assembly of appointment recommendation packet for candidate; see details below.
5. Forwarding of completed appointment recommendation packet to the Faculty Affairs Office.
6. Approval by Assistant Dean for Clinical Track Faculty.
7. Processing of financial and personnel paperwork.

Clinical Assistant Professor

1. Authorized and legitimate search, in accordance with Affirmative Action guidelines. (See separate instructions.)
2. Forwarding of draft offer letter and the Appointment Activity Record (AAR) to the Faculty Affairs Office for approval; after approval, sending of offer letter to candidate.
3. Forwarding of Criminal Background Check Authorization Form to the Faculty Affairs Office.
4. Assembly of appointment recommendation packet for candidate; see details below.
5. Forwarding of completed appointment recommendation packet to the Faculty Affairs Office.
6. Review by CLINACAP.
7. Approval by the Medical School Executive Committee.
8. Processing of financial and personnel paperwork.

Clinical Associate Professor and Clinical Professor

1. Authorized and legitimate search, in accordance with Affirmative Action guidelines. (See separate instructions.)
2. Forwarding of draft Letter of Intent and the Appointment Activity Record (AAR) to the Faculty Affairs Office for approval; after approval, sending of the Letter of Intent to the candidate.
3. Forwarding of Criminal Background Check Authorization Form to the Faculty Affairs Office.
4. Assembly of appointment recommendation packet for candidate; see details below.
5. Forwarding of completed appointment recommendation packet to the Faculty Affairs Office.
6. Review by CLINACAP.
7. Approval by the Medical School Executive Committee.
8. Endorsement by the dean, executive vice-president for medical affairs, the provost and the president.
9. Forwarding of draft offer letter to the Faculty Affairs Office for approval; after approval, sending offer letter to candidate.
10. Processing of financial and personnel paperwork.

The Appointment Packet: Forms and Documentation to be Submitted by the Department

Procedures for review of appointments in the Clinical Tracks are similar to those for appointments in the Instructional Track, and the documentation required differs only slightly from that required in the Instructional Track.

1. Transmittal Letter from the Department Chair to the Dean

This letter introduces the candidate, requests the appointment, and states the proposed date of appointment. To help prevent delay in processing, the letter may also point out any unusual features about the appointment -- for example, an explanation of an asymmetrical evaluation. The appointment process will be compromised if this letter is missing.

2. Form B (Three-Page Summary of Appointment Recommendation)

Use of this form allows all the people who must review the packet to have a standard for comparison. Form B is a useful document to have in the file of each faculty member, particularly as it relates to career development plans.

FORM B FOR CLINICAL TRACK FACULTY APPOINTMENTS

While the format is similar to that used for instructional track faculty appointments, the content and emphasis are very different:

- **FORM B HEADINGS:** The 3-page summary ("Form B") should focus attention on the candidate's contributions as a clinician and teacher. While Instructional Track summaries describe contributions in the order of Teaching-Research-Service, Clinical Track summaries will more accurately describe contributions in the order of Service/Professional Work-Teaching-Scholarship.
- **SERVICE:** Service activities include administrative or committee work for departmental, school, university, or national organizations.
- **PROFESSIONAL WORK:** Candidates' clinical service should be described in terms of quality, as well as quantity.
- **TEACHING:** Teaching is an important component of Clinical Track appointments. Clear documentation of quality, as well as quantity, of teaching activities is necessary.
- **RECENT AND SIGNIFICANT PUBLICATIONS:** Inclusion of Clinical Track candidates' "Recent and Significant Publications" in the Scholarship section is encouraged if appropriate.
- **SOLICITATION LETTERS:** External reviewers should be asked to use different criteria when evaluating Instructional and Clinical Track candidates. While evaluation of Instructional Track faculty highlights their research accomplishments, evaluation of Clinical Track faculty members should focus on clinical and educational achievements.

- **EXTERNAL AND INTERNAL REVIEWERS:** Many external reviewers are able to comment knowledgeably about candidates' contributions to the field, and the impact of candidates' work. However, most external reviewers have not directly observed candidates' performance as clinicians and teachers. In these cases, it may be beneficial to include letters from objective internal reviewers who can provide unbiased evaluations of candidates' teaching and/or clinical care.
- **CAREER DEVELOPMENT PLAN** (for clinical instructor and clinical assistant professor): One of the measures of our success at an academic institution is our skill at developing the careers of our younger faculty members. Some explicit statement regarding a plan for career development should be included in each of the three-page summaries (Form B). This plan need not be verbose, but it should target some career goals and explain the tactics for achieving these goals. For example, mentorship pairings could be elucidated, academic support along with protected time could be outlined, space needs could be addressed and funds related to career development, research, travel and other forms of career support might be listed here.
- **OVERALL:** Summaries should provide **accurate and complete** descriptions of candidates' contributions and accomplishments. Exaggeration and embellishment of achievements are inappropriate.

3. Curriculum Vitae in Medical School Format

The formats for the curriculum vitae and bibliography are in Appendix B, since these same formats are used for all faculty procedures. Note that information on date of birth, gender, social security number, marital status, or family members of the candidate should *not* appear on the curriculum vitae.

4. Reprints

For all appointments at the level of clinical assistant professor, clinical associate professor, or clinical professor, submit copies of reprints of no more than five of the nominees' most significant articles that demonstrate scholarly activity. (Copies of these same five articles should be sent to people from whom external letters of evaluation are solicited.) In the Clinical Track, examples of professional materials other than peer-reviewed articles may be used.

5. Bibliographic Notes.

A single page document that explains for each paper, why the author selected the paper, what unique and seminal contributions might have been made, and exactly what constitutes the author's contribution to the paper (including an explanation of the authorship position). Each paper should be keyed to its place in CV. The citation survey may be useful to demonstrate impact of some or all of the candidate's papers. The number of citation hits can be mentioned **if** this information is thought to give good evidence of impact. The URL to check on citations is as follows:

<http://www.lib.umich.edu/taubman/>

- Click on Databases by Subject
- Under Medicine click on Science Citation Index (Web of Science)
- "Full Search/Science Citation Index Expanded/All Years/
Cited Ref Search/Author's Name/Lookup"

6. Letters of Evaluation

The recommendation packet for each nominee is to include complete current letters of evaluation. For senior-level appointments (clinical associate professor or clinical professor) a minimum of five external letters is required. Letters beyond the minimum are encouraged. For junior-level appointments (clinical instructor or clinical assistant professor), three to five letters are required, all of which may be internal. Letters beyond the minimum are encouraged.

External Evaluators

“Arm’s-length reviewers” exclude close collaborators who have worked with the candidate in the preceding ten years, present or former mentors/supervisors, and close personal friends; two of the review letters may be from persons who have seen the clinical work and actual teaching but who are outside of the candidate’s department (i.e. within the University of Michigan, but outside the candidate’s department), and has not a co-authored papers with the candidate. (Three letters must be from persons outside the University of Michigan. The reviewers should be individuals in the relevant field who can critique the candidate’s work and scholarly contributions.) There is little need to exceed the Provost’s request for five letters, outside the safety factor of perhaps getting one or two additional letters in case a reviewer fails to meet our deadlines. All letters solicited and received must be included in the appointment packet. *Letters of evaluation must be signed; if received via an-email response, they must include the email address header.*

Internal Evaluators

Internal reviewers are considered to be any University of Michigan faculty member within the school, unit, or department of appointment. Letters from internal reviewers can be helpful because they are presumed to have a good sense of both the candidate and the work.

7. Letters Used to Solicit Evaluations

A new model solicitation letter is attached. The chair should elicit suggested names of reviewers from candidate but also include other appropriate reviewers in final solicitation list. The letter should stress that we seek a measured, unbiased evaluation. Evaluators will be asked to describe, very specifically, impact in field or seminal contributions in cases of senior level faculty. The evaluators should receive the candidate’s CV, the five papers, the bibliographic notes, and our descriptions of faculty tracks & ranks. FOIA considerations need to be mentioned. Several chairs send the external evaluators a note or card of thanks after receiving the evaluations, with a mention of the subsequent length of process and time of outcome. This costs little and garners good will from those asked to study and report on our faculty. *One copy of the solicitation letter for external reviewers must accompany the appointment packet.*

List of External Reviewers: This list must be in alphabetical order by last name of the reviewers. A short statement for each reviewer should include the reviewer's position, fields of expertise, important contributions and standing in the discipline, and appropriateness of that individual to provide an unbiased expert evaluation. Any close professional associations with the candidate such as dissertation committee, post-doc supervisor, co-author, etc. should be disclosed.

8. Teaching Evaluations

It is important to supply the Faculty Affairs Office with relevant teaching documentation, even for external candidates. Some primary unedited data on teaching should be indicated in the appointment packet. Typical examples of acceptable measures of teaching ability include summary sheets of systematic, standardized student surveys. Students may be undergraduates, graduate students, medical students, house officers, fellows, or continuing medical education participants. Be certain to mention the standards used, e.g., “scale of 1 to 5, with 5 being outstanding.”

Educator's Portfolio. Our Department of Medical Education has created a two to four page Medical School model, which should include teaching activities; documentation of teaching awards or citations; summaries of comments or evaluations for seminars, conferences, lab supervision, etc.; and documentation of research concerning the educational process. More information is available at:
<http://www.med.umich.edu/medschool/faculty/portfolio.htm>

The Teaching Activity Form (for adjunct clinical track appointments only) documents the type of teaching and quantity of teaching that the candidate will be engaged in. A minimum of 50 hours of teaching annually is required for appointment on the adjunct clinical track. (See Appendix G)

9. Appointment Activity Record (AAR) Material

The search process and AAR requirements for appointments are described in a separate section of this handbook. The original, completed AAR must accompany the appointment packet.

10. Financial and Personnel Materials as Appropriate

New Hire to University of Michigan: Appointment Request Form #36400, Supplemental Appointment Information #36100, Faculty Personnel Record Form, I-9 Employment Eligibility Form.

Non-U.S. citizens without a U.S. Social Security number must have a copy of the receipt showing that number was applied for from the Social Security Administration.

New Appointment for Current University of Michigan Employee: the Job Data/Department Budget Earnings Change Submittal Form, reflecting change in title, FTR, short code funding, etc.

Non-U.S. citizens with an expired work authorization end date on the I-9 may need a new I-9.

Please double check figures and signatures to avoid delays in processing.

11. Clinical Privileges Request (for Adjunct Clinical Track only)

In the case of Adjunct Clinical Track faculty appointments, the chair should submit the *Request for Dean's Endorsement of Courtesy or Visiting Medical Staff Privileges at UMHC* form for clinical privileges approval. (See Appendix K)

12. Final Form of Offer Letter

The draft should have been approved by the Faculty Affairs Office. A copy of the offer signed by the candidate as accepted must accompany the packet.

APPOINTMENT PACKET CHECKLIST for the Clinical Tracks

*Please forward materials to the Faculty Affairs Office as a complete packet.
Incomplete packets cannot be processed.*

- 1. **Transmittal letter from the department chair to the dean**
- 2. **Form B**
- 3. **Curriculum vitae in Medical School format**
- 4. **Five reprints (clinical assistant professor level and above)—one copy of each**
- 5. **Bibliographic Notes**
- 6. **Letters of evaluation** (at least three arm's length and two from outside the department who are not co-authors for clinical associate professor or clinical professor; three to five for clinical instructor or clinical assistant professor, all of which may be internal)
- 7. **Copies of letters used to solicit evaluations and a list of external reviewers that include a brief statement regarding the qualifications of each reviewer.**
- 8. **Teaching Evaluations/Educators Portfolio (for Adjunct Clinical Faculty include the Teaching Activity form)**
- 9. **Appointment Activity Record (AAR)**
- 10. **Financial and personnel materials as appropriate** - Appointment Request Form #36400, Supplemental Appointment Information #36100, Faculty Personnel Record form, Form I-9 (or the Job Data/DBE Change Submittal form for current employees).
- 11. **Clinical privileges request** (Adjunct Clinical Track only)
- 12. **Final form of offer letter** (Draft should have been approved by Faculty Affairs Office)

Appointment Renewals in the Clinical Tracks

Adjunct Clinical Track

Each year on June 30, each clinical department will review its Adjunct Clinical Track appointees to identify and confirm the 50-hour teaching requirement and the continued programmatic needs for each faculty member. The department will then submit a letter from the department chair to the dean, recommending the reappointment of the faculty who meet the 50-hour criterion, documented on the Teaching Activity Form (Appendix G), and identifying those faculty whose appointment will not be renewed.

Clinical Track

Regular Clinical Track members are usually appointed for periods up to seven years. Evaluation of these appointments should occur annually and reappointment should be based upon the faculty member's performance and needs of the department and Medical School.

Clinical Privileges for Adjunct Clinical Track Faculty

Appointments to the attending medical staff of the University of Michigan Hospitals require an Instructional Track (lecturer, instructor, assistant professor, associate professor, or professor) appointment in the Medical School or Dental School or a full-time **Clinical Track** (clinical instructor, clinical assistant professor, clinical associate professor or clinical professor) appointment in the Medical School. Defined cohorts of physicians in the community may be eligible for appointment to the courtesy Medical Staff as Clinical Associates in specified programmatic areas (Pediatrics and Obstetrics). Under exceptional circumstances, individuals holding **Adjunct Clinical Track** faculty appointments may be eligible for appointment to the courtesy Medical Staff, but these are exceptions to the Medical Center's general policy of a closed staff. Courtesy Staff appointments are annually renewed and require the written endorsement of the dean.

In determining whether to endorse an application for appointment to the Courtesy Medical Staff, the dean will consider the extent to which the appointment can be expected to further one or more of the following objectives:

- To enable extraordinary contributions to U-M educational or research programs.
- To meet a critical service need that cannot be fulfilled by existing faculty.
- To provide a defined cohort of community practitioners access to a specific facility or technology not otherwise available locally.
- To meet a compelling University, public service, or community relations goal.

The following considerations are also relevant:

- The extent to which the arrangement would benefit UMMC, the University, and the community.
- The UMMC resources needed to carry out the Courtesy Staff member's anticipated clinical activity.
- The potential for conflict of interest or conflict of commitment.
- The nature of the individual's professional activities outside UMMC.
- Professional liability considerations.

Chairs should explain the rationale for the Medical Staff appointment in a separate letter that accompanies the appointment recommendation packet.