

**CHAIR'S TEMPLATE- MEDICAL EDUCATOR**  
**For Employed or Affiliated Faculty- Promotion/Appointment**

The Chairperson's letter must summarize the evidence supporting the nomination for senior rank. Detailed, evidence-based information is required for each criterion. In this professional category, the nominee must select one leg to focus on and area to demonstrated positive outcomes.

Dear SAPC Chair:

**INTRODUCTORY PARAGRAPH with BACKGROUND INFORMATION**

• **PROMOTION:**

I am writing to nominate (*name and degree of nominee*) for promotion to (*Associate Professor/Professor*) in the Department of (*name of department*) in the Medical Educator professional category, (*in-residence track or affiliated track of HHC, TStF, THOCC, Connecticut Children's, Jackson Laboratory, etc.*).

**APPOINTMENT:**

- I am writing to nominate (*name and degree of nominee*) for appointment as (*Associate Professor/Professor*) in the Department of (*name of department*) in the Medical Educator professional category, (*in-residence track or affiliated track of HHC, TStF, THOCC, Connecticut Children's, Jackson Laboratory, etc.*).

In this letter I will review (*nominee's name*) experience and the rationale for their (*promotion/appointment*) in the (*professional category*) based on (a.1, a.2, a.3, or a.4).

*DESCRIBE NOMINEE'S CONTRIBUTIONS, CURRENT ACTIVITIES AND AREAS OF EXCELLENCE BASED ON THE PROFESSIONAL CATEGORY FOCUSING ON THE "LEG"*

Describe nominee's professional competence and provide *detailed, evidence-based* information and *objective evidence* of improvement for *ONE* of the following:

- a.1 **Clinical achievement** – Although appointment and promotion nominees should feel free to document more than one clinical achievement, for nominees who select the clinical achievement criterion, *a single focused accomplishment* should be chosen as the basis for appointment or promotion:
  - a) clinical protocol and guidelines
  - b) clinical program
  - c) quality initiatives that demonstrate objective positive impact in the quality of patient care
- a.2 **Research** – Evidence of sustained publication in peer reviewed professional journals w/ emphasis given to first or corresponding authorships
- a.3 **Education** – Objective evidence of significant contributions to *one* of the following:
  - a) new or innovative educational program
  - b) new or innovative curriculum
  - c) leadership of new or innovative educational programs
  - d) new or innovative assessment tools
  - e) a recognized leader in the skills of mentoring/advising
- a.4 **Health Service Management** – Achievement in measured through *one* of the following:
  - a) Objective evidence of personal contributions to the development and improvement of clinical programs or clinical support programs which improve the effectiveness, efficiency, safety, timeliness, patient-centeredness equity of health care delivery
  - b) Development of effective physician leadership programs or scholarly evaluation of health care delivery

**LOCAL AND REGIONAL RECOGNITION**

Nomination to *Associate Professor* requires evidence of local and regional recognition (you must include contributions to UCONN Health as part of local contributions if promotion is being considered).

Nomination to *Professor* requires evidence of significant institutional influence and regional and national recognition (if international influence exists, please add).

**CONTRIBUTIONS TO EDUCATION**

Teaching excellence is an important component of the criteria for promotion in each professional category and every track. Comment on the nominee's active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate.

**CLINICAL ACCOMPLISHMENTS**

If the nominee is a clinician, provide information on nominee's clinical competence including specific examples of the nominee's expertise and effectiveness in delivering high quality clinical services. Describe any patterns of adverse events, complaints, difficulty in working with colleagues, students or staff and any malpractice-related issues.

**SUPPORTING ACTIVITIES**

Include any additional activities that will support the nomination.

**SUMMARY**

Provide a paragraph summarizing the nomination.

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(*Department Chair Name and Signature*)

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(*Center Director Name and Signature*)