

“AT CUMC” FACULTY TITLE–SCHOLARLY AREAS OF FOCUS

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	Investigator Focus (MD, DO, DDS, DNP, EdD, or PhD)	Educational Scholarship & Leadership Focus (MD, DO, DDS, DNP, EdD, or PhD)	Applied Healthcare or Public Health Interventions Focus (MD, DO, DDS, Dr PH, DNP or PhD)	Quality and Patient Safety Focus (MD, DO, DDS, DNP, PhD, DrPH, PsyD, EdD)
Description	The scholarship of knowledge development consists of discovery and the generation of new knowledge derived from traditional inquiry methodologies. It also may include analysis, synthesis and novel applications of existing observations, as well as positioning knowledge within larger, interdisciplinary contexts	The scholarship of education consists of promoting learning through effective application of the sciences of teaching and learning, leadership, and instructional design. This area of scholarship emphasizes the interdependence of theory, research, and practice in three related domains: • Direct involvement in the process of promoting learning • Support of infrastructure needed for learning • Development of products used by others in learning	The scholarship of application consists of the interaction between knowledge and its practical use, shifting theory to practice and practice to theory. Translation of evidence to practice are examples of the scholarship of applied health sciences and public health sciences. This emphasizes the scholarly application of knowledge in three domains: • Providing care/public health interventions • Developing/implementing clinical or public health programs • Developing/implementing clinical or public health programs used by others	The scholarship of quality and patient safety (QPS) may consist of the systematic study to understand and improve healthcare outcomes, costs, and patient safety. This area of scholarship embraces safety science and performance improvement methodologies and education in the following domains: • Data-driven analysis of safety events and system failures leading to sustainable practice and policy changes • Design, implementation, evaluation and dissemination of quality improvement projects and or patient safety research • Interprofessional education and faculty development programs that promote and disseminate QPS principles and priorities

The expectation for faculty concentrating on this area of focus will be a major investment of time in supported investigative work, which may include basic, translational, population based, clinical and educational research

Technology development and membership in multidisciplinary investigational teams with would also be appropriate Research may be in any discipline related to health sciences, including but not limited to:

- Laboratory research
- Clinical and translational research
- Population based research
- Health services/ Policy/Economics
- Outcomes research
- Biostatistics, Bioinformatics
- Novel applications of existing technologies or treatments
- Multidisciplinary research team membership with a critical, unique role
- Pedagogical research
- Humanities in the health sciences

The expectation for faculty concentrating on this area of focus will be a major investment of time in teaching, mentoring, evaluation, learning assessment; course or curriculum leadership; and the development of enduring educational materials

Examples, by domain, include: Involvement in the process of learning

- Lecturing,
- Facilitating small groups,
- Conducting laboratory tutorials,
- Precepting students, conducting teaching rounds,
- Mentoring trainees, serving on thesis committees,
- Preparing and administering knowledge or performance assessments

Support of the infrastructure needed for learning

- Course development and leadership;
- Curricular development and leadership;
- Course, clerkship, program, or fellowship leadership
- Leadership on education governance committees and task forces
- Involvement on committees that set curriculum guidelines/standards
- Development of educational products used for learning

The expectation for faculty concentrating on this area of focus is superb performance as clinicians or public health practitioners within their discipline Almost always faculty will also be expected to demonstrate excellence in selected educational activity as well, with an emphasis on excellence in teaching (i e, the first of three domains in pedagogy track)

Examples by domain within this track include: Providing Care

- Excellent reputation as an authority in a clinical or public health specialty and expert clinician or public health practitioner
- Leadership in clinical or public health professional societies or election to distinguished societies
- Developing/Implementing Clinical Programs
- Recognition by peers of clinical or public health leadership by participation in guideline writing, clinical quality assurance or development and application of clinical or public health interventions
- Clinical or public health program development and leadership

The expectation for faculty concentrating on this area of focus will be a major investment of time toward the improvement of quality and patient safety, which can be done through performance improvement work, research, teaching, mentoring, evaluation, learning assessment, course or curriculum leadership, or evidence of significant impact of improvements in the quality of care, patient outcomes, and patient safety

Examples include:

- Leading quality improvement and patient safety projects with evidence of local, institutional or regional impact
- Divisional, departmental or institutional quality and patient safety leadership
- Authorship of quality improvement and patient safety scholarly work including conference posters and peer reviewed papers
- Improving patient safety and systems of care by analyzing adverse events, identifying opportunities for change, and/or contributing to root cause analyses that inform corrective actions
- Contributions to teaching, training and mentoring in QPS principles including for trainees and faculty development.

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Major Focus*		• Authorship (both paper and electronic) of textbooks, tutorials, problem sets, teaching cases, simulation scenarios, or image libraries	Developing/Implementing Clinical Programs Used by Others • Clinical or public health reports, textbook chapters • Providing care, developing programs widely used by others	• Leadership in local, regional or national QPS committees and collaboratives that generate impactful reports or consensus guidelines. • Local, regional or national reputation as a quality and patient safety leader

The value of individual faculty accomplishments will be based on the quantity and quality of the form of scholarship. Evidence of quality and impact will tend to focus on the number of products documented. Evidence of quality will tend to be based on peer review within meaningful communities of practice (e.g., editorial boards, funding, service on study sections).

Examples include:

- Publication of research findings, that contribute new observations or that synthesize existing knowledge in a way that enhances the discipline
- Research presentations at national meetings, national recognition of leadership in a discipline by virtue of invited presentations
- Research support from federal, foundation or industry derived or primarily in a collaborative role as part of a research team
- Invited professorships, and lectures
- Development of innovative public health or clinical technology and/or interventions/treatments

The value of individual faculty accomplishments within the three domains of the educator area of focus varies according to the degree of quantity, quality, and scholarship documented in submitted evidence of the accomplishment.

Evidence of quantity tends to be countable units such as contact hours, number of learners, numbers of pages, etc.

Evidence of quality tends to be based on learner or peer perceptions of process (i.e., learner ratings of teaching) or the degree to which objectives were achieved (i.e., student test scores).

Evidence of scholarship is based on peer review and subsequent inclusion of the methods and/or outputs into a 'shared understanding' within meaningful communities of practice. These communities can be local (e.g., NYPH residency program directors), regional (e.g., geographically based subgroups within a professional society), national or international (interest group within a professional society).

While quantity and quality is manifest in all educational accomplishments, scholarship is usually manifest in those accomplishments where faculty have explicitly presented a product in a form that can be peer reviewed and made beneficial to others within the community.

The value of individual faculty accomplishments will be based on the faculty member's recognition as an expert within a clinical or public health discipline.

Evidence will tend to consist of the quantity and quality of specific documented events or products, with emphasis given to those that represent a form of scholarship (i.e., involve some form of peer review).

Examples include:

- Recognition as an expert clinician
- Invitations to give lectures, demonstrations, projects, training sessions
- Case presentations,
- Participation in quality improvement/ practice guideline development
- Clinical or public health evaluations or policy development
- Leadership in national societies of clinical or public health discipline
- Review publications related to clinical or public health specialty
- Editorial board membership of discipline specific publications
- Awards related to clinical or public health expertise
- Influence on innovations in clinical or public health practice.

The value of individual faculty accomplishments will be based on the faculty member's recognition as an expert within quality improvement and patient safety.

Evidence will tend to consist of the quality and quantity of specific documented events or products, with emphasis given to impactful quality and patient safety projects and education within the institution, peer reviewed scholarship.

Examples include:

- Local quality and patient safety projects with demonstration of improved care
- Development of teaching/education/curricular materials related to QPS. Mentorships of trainees or colleagues leading to scholarly QPS output.
- Presentation of work at divisional, department and professional meetings.
- Published toolkits, protocols, or guidelines adopted at other institutions
- Contributions to regional, national or international QPS reports or consensus statements
- Original research articles in QPS, including cross-institutional collaboratives

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Scholarly Products Expected**	• Membership on multidisciplinary or collaborative research teams, in which the faculty member's contribution is substantive and recognizable • Membership on research advisory panels • Membership on editorial boards	Examples include: • Presentation of work at professional meeting • Development of teaching materials in both paper, electronic formats, and simulation technologies • New curricular offerings, and written syllabi • Development of educational methodology, educational assessment tools • Descriptions of educational innovations • Involvement on local or national committees that set curriculum or other educational guidelines/standards	• Notable contributions of especial importance within CUMC related to the clinical or public health discipline	• Patient safety citizenship demonstrated by service on local, regional or national organization committees and/or by meaningful participation on departmental, university or hospital committees. This includes service on editorial boards or as peer reviewer on QPS Journals • Recognition as a leader and/or expert in QPS

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**Metrics for Evaluation	• Number of publications in peer reviewed journals of original research • Evidence of participation in multidisciplinary or team-based research • Membership on national and international committees for review of research in area of expertise • Number and impact of presentations to academic institutions and professional societies • Research funding record • Invited professorships, and lectures • Institutional research committee membership • Editorial board membership • Special panel membership	• Educational innovations adopted locally, regionally or nationally • Trainee/peer evaluations • Participation/leadership in educational societies • Success of educational leadership measured by the success of new programs according to program goals • Participation in educational training programs • Participation in national educational leadership societies • Awards for teaching or educational leadership • Publications related to educational methods/assessment/policies • Educational products (print, electronic, simulation technologies) • Notable educational contributions of especial importance within CUMC • Recognition by mentees and students	• Recognition as an expert by invited lectures, demonstration, projects, training sessions • Case presentations, invited lectures in discipline • Participation in quality improvement/practice guideline development • Clinical or public health evaluations or policy development • Leadership in national societies of clinical or public health discipline • Publications related to clinical or public health specialty • Innovative public health or clinical technology and/or interventions/treatments • Editorial board membership of discipline specific publications • Awards related to clinical or public health expertise • influence on innovations in clinical or public health practice • Notable clinical or public health contributions of especial importance within CUMC	• Evidence of leadership of impactful quality and safety projects • Participation in local adverse event reviews, root causes analyses and quality initiatives • Recognition by peers and students as a health care professional dedicated to quality improvement and/or patient safety • Leadership in regional or national QPS societies and committees. • Publications related to QPS • Invited presentations at regional and national meetings • Development and dissemination of Innovative QPS technology and/or interventions/treatments • Documented improvement of local or system level metrics • Awards for teaching or educational leadership • Notable educational contributions of special importance within CUMC such as QPS curriculum. • Editorial board membership of discipline specific publications • Success of educational leadership measured by the success of new programs according to program goals • Evidence of impact on institutional policy and protocol changes

*It is expected that most faculty will have a single major academic focus with accompanying evidence of competency in the appropriate type and quantity of teaching. However, there will be instances in which faculty make high quality substantive contributions in two areas of focus. It is expected that their contributions will be of excellent quality though perhaps quantitatively reduced in each focus area.

**Scholarly products provide a sample of the kinds of materials which would be evidence of strength in a particular area of focus. A faculty member need not have evidence of all examples, but should provide evidence of excellence in those selected.

***Educational contributions are required for all faculty, through the type and quantity will vary with the academic focus.