The goal of the Academic Achievement Award Program is to encourage professional development and academic achievement by recognizing faculty on an annual basis that make substantive contributions to the Department in the areas of scholarship, education, and professional service that support the Department’s mission and the development of its clinical faculty. Clinical productivity in the Department is rewarded through RVU-based productivity incentives. Scholarship, education, and professional service often preclude faculty from being clinical and thus decrease eligibility for clinical RVUs. The AAA program attempts to bridge this gap by rewarding faculty for materially contributing to these other core Departmental missions. This policy describes how faculty can qualify for the program and how the awards will be allocated. This document is divided into 3 sections: Program Objectives, Criteria for Award of AAA Points, and Award Levels.

**PROGRAM OBJECTIVES**

I. Excellence in Scholarship
   a. Enhance and maintain an environment of scholarship and inquiry with active research endeavors across the Department and an emphasis on dissemination of evidence
   b. Demonstrate excellence in scholarship through:
      i. Publication of original research, synthesis or review articles, especially in peer-reviewed journals
      ii. Application for and receipt of peer-reviewed funding
      iii. Publication or presentation of academic materials at national or regional professional and scientific meetings
      iv. Active participation and leadership in national academic committees and organizations

II. Excellence in Education
   a. Devote sufficient effort to achieve excellence in the clinical education and training of students, residents, and fellows
      i. Demonstrate effective participation in educational activities (e.g., ABA Exam preparation series, student, resident and fellow educational series, simulation workshops, journal clubs, and conferences)
      ii. Create an educational environment conducive to achievement of learning objectives, including all elements of the ACGME competencies
   b. Create innovative educational curricula and tools, and disseminate the content and results beyond Vanderbilt (e.g. new format for online enduring materials for the flipped classroom model)
   c. Serve effectively as mentors to faculty, fellows, and residents
   d. Achieve proficiency as educators (i.e. based on evaluations from students, residents, and fellows)
   e. Provide effective formative assessment of and feedback to trainees
   f. Serve as effective departmental representatives and leaders at intramural and extramural education meetings and programs

III. Professional Service
   a. Contribute to service activities and educational programs of the Department, Medical Center, University, and national and regional professional organizations
   b. Serve in leadership roles in national and regional professional or scientific societies or related organizations
CRITERIA FOR AWARD OF AAA POINTS

Minimal Eligibility Criteria

1. Payment for earned AAA Shares (see below) is contingent on the Physician’s continued employment at VUMC through September 30 (the end of the pay period for October paychecks) of the subsequent fiscal year.

2. No faculty shall receive otherwise earned AAA Shares if they fail to provide the required 5 months’ notice of resignation any time prior to the next scheduled payment or are terminated for cause.

Points will be awarded in the following categories:

A. Demonstration of Clinical Teaching Excellence:

1. Teaching Evaluation Score
   a. Overall teaching mean score in the 90th or above percentile of faculty evaluations (with ≥ 6 unique resident evaluations) – 200 points
   b. Overall teaching mean score the 80th – 89th percentile of faculty evaluations (with ≥ 6 unique resident evaluations) – 100 points

2. Trainee Formal Evaluations with substantive narrative comments
   a. Evaluations submitted that contain substantive narrative comments with specific constructive feedback for trainee improvement – 2 points each.
   b. Specific narrative feedback must map to at least one core competency – Medical Knowledge, Patient Care, Systems Based Practice, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, or Professionalism – and be constructed to explicitly assist the trainee to improve with specific goals or learning topics.
   c. Examples of narrative feedback that will not qualify: “Attaboy”, “Doing a great job”, “Is a pleasure to work with …”, or “This resident did a great job on a really tough case.”
   d. Examples of narrative feedback that will qualify:
      1. “You did a great job on a tough case. It would be useful for you to read more about pulmonary hypertension and its effects on induction agents and hemodynamic management in the perioperative period”,
      2. “Two key things for you to work on at this point are: 1) a concise case presentation and plan when you call the night before – practicing this will help you develop the skills to talk with other physicians as a consultant about case- or patient-specific concerns; 2) work on your pre-case preparation so that everything is available before the patient comes in the room [equipment, machine check, etc.], or
      3. “Reflect on how you could have managed the anaphylaxis event more effectively. While you completed all the proper steps, improving our teamwork and communication skills during a crisis event is something that all of us can work on. Look at Gaba’s Crisis Management book for some additional pointers.”
   e. All narrative comments will be read and scored by the Education Office under the Vice Chair for Educational Affairs.
   f. Cap of 100 points in this category.
3. Annual Teaching Awards
   a. Striepe Award – 200 points
   b. Golden Apple Award – 100 points

4. Mentorship
   a. Resident Mentees as designated by Department Education Office (only) or primary Research Mentor of Department research trainees (e.g., BH Robbins Scholars, T32 trainees) as designated by the Vice Chair for Research.
   b. Other qualifying Research Mentees including PhD students, VA Quality Scholars, or post-doctoral fellows.
   c. Unofficial mentoring of residents as well as mentoring of other students will not qualify for AAA points.
   d. Mentoring of faculty through the Department’s formal Mentoring Program or institutional/extramural mentoring programs (e.g., named as mentor on a K-award).
   e. IMPORTANT: Documented evidence of mentoring is required. Quarterly reports of your meetings with each mentee must be provided to the respective Vice Chair office (Education for resident mentees, Research for Departmental research mentees and PhD students, and Faculty Affairs for formal faculty mentees). Each report must outline goals set, timelines established, and follow up of the same in subsequent meetings. An electronic mentor report template will be available from the Education Office.
   f. 50 points per mentee per year.
   g. Cap of 200 points in this category.

B. Participation in Formal Internal (VUMC) Education Encounters (programs involving approved VU trainees – students, residents, fellows, staff nurses, respiratory therapists, etc.)
   1. For Departmental teaching, only formal scheduled lectures, conferences, official mock oral exams, simulation sessions, and other teaching events that appear on the official Department academic education calendar maintained by the Education Office and that have been approved in advance by the Vice Chair for Educational Affairs will receive AAA credit.
   2. IMPORTANT: No AAA credit will be awarded for:
      a. Unscheduled teaching of students and residents (including on rounds), regardless of the number of learners; this is considered part of routine daily work of all faculty.
      b. One-on-one teaching of individual students and residents (including mock oral board exams not on the Department’s education calendar); this too is considered part of routine daily work of all faculty.
   3. Credit will be given in this category for all extra-Departmental teaching and formal educational activities (e.g., to medical students, residents, fellows, and faculty) that are arranged through other Vanderbilt Departments, Centers, Schools, etc.
      a. Extra-departmental teaching must be for formal scheduled sessions, and documentation must be available.
b. All Grand Rounds talks in our own or other VUMC Departments, Department M&M, perioperative MM&I, and any lecture in any VUMC or VU department will be in this category.

c. NOTE: Top university-level plenary talks at Vanderbilt University (e.g., Dean’s Lecture Series, Discovery lecture, Flexner lecture) should be listed in Presentations.

4. Lectures, seminar sessions, workshops, simulation sessions or mock oral boards lasting at least 30 and no more than 89 minutes – 20 points each
   a. Lectures, seminar sessions, workshops, simulation sessions or mock oral boards lasting at least 90 minutes – 40 points each
   b. One half of the point total for each subsequent time the same lecture, seminar, or workshop is given (up to a maximum of 6 times per year)
   c. Grand Rounds in our own or any other VUMC or VU Departments, Department M&M and perioperative MM&I – 40 points each.
   d. NOTE: Talks to learners overseas in VUMC-affiliated or -sponsored educational activities (e.g., in Kijabe) will be considered internal teaching and fit in this category.

5. Cap of 800 points in this category.

C. Multimedia Educational Materials

1. Approved online enduring material (e.g. videos, Adobe Captivate presentations, etc.) for medical students, residents, fellows, or CME – 100 points.
   a. These materials will include the online material as well as the pre- and post-session assessment and in-class experience materials (if paired with in-class experience; e.g. PBLD discussion guide).
   b. For the full point value, the resulting materials must require a minimum of 1 hour of on-line learning with accompanying assessments (i.e. quiz/test questions).
   c. The content and module outline must be submitted to the Director of Educational Development and Research (Mrs. Leslie Fowler) for review prior to being considered.

2. Podcasts and other alternative media materials intended primarily for external audiences will be considered in this category.
   a. Substantive original content disseminated via social media for purposes of education of the intended audience will also fall in this category.
   b. Point value will vary, depending on readership – typically 10 to 50 points
   c. NOTE: Quantitative demonstration of readership must be provided to Vice Chair for Educational Affairs in order to be considered.

3. IMPORTANT: Credit will only be given for those materials approved as completed and ready for use by the end of the current AY by the Vice Chair for Educational Affairs who will provide a list of approved materials for consideration by the Executive Committee.

4. If there is more than one author of the materials, AAA points will be awarded among the authors in a manner determined by the Vice Chair for Education.

5. Cap of 800 points in this category.
D. **Unique Educational Projects or Initiatives** (e.g., Intern Boot Camp, CCSW, TEE workshops)

1. Credit can be awarded for the creation and implementation of the project or initiative **only in the first year of implementation.**
2. A major overhaul of a substantive educational initiative by a faculty member different from the previous creator would also qualify in this category but would commonly receive fewer points than for original creation of curricula.
3. Submit project description, time involved, and measurable outcomes to the Vice-Chair for Educational Affairs during the planning phase for approval prior to its development.
4. Point value to be determined on an individual basis.
5. **Cap of 400 points in this category.**

E. **Formal Presentations** (invited or accepted) – only for year in which given. This category is reserved for external presentation, institutional (VU/VUMC) high-profile plenary presentations (not VUMC Grand Rounds or MM&I; these should be documented under the Internal Education Encounters above), and courses offered at Vanderbilt that have mostly non-VU/VUMC attendees.

1. Adjust points for impact/significance
   a. High (e.g., Visiting Professor or Grand Rounds at top-tier academic institutions, invited named talk at major academic meeting, ASA refresher course, plenary talk at well-known academic meeting) – 150 points each
   b. Medium (e.g., Plenary speaker at regional meeting, panel presentation at national scientific or academic meeting, Grand Rounds talk at a lower tier university affiliated clinical department) – 100 points each
   c. Lower (e.g., panel presentation at regional clinical meeting (TSA), ASA PBLD, invited talk at a community or non-university affiliated hospital, University level high-profile plenary presentations e.g., Discovery Lecture), regional/national courses or educational activities held at Vanderbilt or in Nashville where most learners are not affiliated with Vanderbilt (e.g., ASA-MOCA, SCCM-ICU Liberation or FCCS etc.), for-profit talks (see caveats below) – 50 points each

2. **NOTE:** Many Western European and some Pacific Rim medical schools and medical centers are on a par in terms of academic excellence and impact with those in North America and thus a visiting professorship or invited presentation at a top-20 overseas institution (e.g., Imperial College of London, Karolinska, Univ. of Sydney, Tokyo Univ.) would garner equivalent (high) scoring as an equivalent institution in the US (e.g., Columbia, Penn). A talk at a lower-tier university affiliated hospital in Western Europe or in Pacific Rim countries would qualify for a “Medium” impact designation. Major universities/medical centers in most other parts of the world are not equivalent to those in North America and presentations given there will qualify for AAA but most typically under the “Lower” impact category.

3. **NEW: Repeated and/or multiple talks in the same academic year.** It can be both efficient and effective to give multiple talks at the same course or meeting as well as to give the same talk multiple times at different courses/meetings. For AAA, constraints on
these practices have been better codified. *For Medium or Lower category presentations only:*

a. The first time you give a talk it receives full applicable point value.

b. The next two times you give substantively the same talk, whether in the same or a different course or venue in the same academic year, the point value will be reduced by 50%.

c. There will be a cap on AAA points received of three deliveries of the same talk in the same academic year (i.e., maximum of 200 points).

4. **NOTE:** All for-profit lectures, regardless of topic or venue, will have a separate cap of 200 points per year.

5. **NOTE:** For any talk that might be unfamiliar to the reviewers, please include the number and type of people in the audience (e.g., “over 400 Columbian anesthesiologists”) in the Comments section. Failure to do so is likely to lead to lower point values.

6. Being the scientific program chair or organizer of a major meeting is an important academic endeavor. Please do not list that here – list in OTHER Activities and include as much information as possible (including total hours of effort) to allow reviewers to assess the significance and impact. Introducing and moderating sessions at your meeting will be included in your point total and should not be listed separately. If you independently give a formal presentation, that could be listed in the Presentation category but may be subject to reduced point values due to your influence on program content as the organizer.

7. **NOTE:** Moderator of a panel presentation (but only if involved in the organization of the panel) at a major (>300 total attendees) general or subspecialty academic meeting should be listed in the Academic Service category. However, if you also give a substantive presentation on the panel then you should only count the presentation and not list moderating as a service activity.

8. **Moderator** of scientific abstract or poster presentation session (if reviewed the papers ahead of time) at a major (>300 total attendees) general or subspecialty academic meeting will count as a ‘Lower’ category presentation.

9. For meetings whose impact will not be clear to the raters, please provide adequate justification for the proposed level of impact (i.e., High to Lower). An electronic version of the meeting brochure will generally be sufficient evidence.

10. **Cap of 1000 points in this category.**

F. **Abstracts and Posters** (points awarded include any presentations at meetings)

1. Adjust points by significance
   a. Highest National abstract/poster (ASA, AcademyHealth, Society for Neuroscience; **NOTE:** Historically applies to meetings with >1000 attendees and considered top meeting in field) – 50 points each
   b. High Impact National Abstract/Poster (AUA, SEA, IARS, SCA, PGA, ASA scientific exhibit) – 30 points each
   c. Lower abstract/poster (All others, including ASA Medically Challenging Cases, TSA, VUMC Research) – 20 points

2. Adjust points by authorship position:
a. If 1st author – multiply points by 1.2 factor
b. If 2nd or senior author – multiply points by 1.0 factor
c. If other author – multiply by 0.7 factor

3. **NOTE**: You can only receive points for one presentation of the same poster/abstract or PBLD. We suggest you list the highest impact presentation only.

4. **NOTE**: Audience and impact is more important than the physical location of the meeting.

5. **NOTE**: If there is a proceedings paper (>1000 words), list that in Other Publications and do NOT list the abstract here – you will get more points for a proceedings paper.

6. If the faculty member orally presents an abstract or a poster at a meeting (i.e., the one giving the formal talk), credit should be taken in the appropriate Presentations category (more points) while the other authors of the abstract/poster should claim AAA points within this category.

7. *Cap of 250 points in this category.*

**G. CEBA Guidelines, Clinical Care Pathways, and Practice Protocols**

1. Approved **CEBA guideline** – 100 points.
   a. If there is more than one author, the points will be awarded among the authors in a manner determined by the CEBA Director.

2. Approved **Clinical Care Pathway** – 40 points.
   a. Points will be awarded only to the first author of each Clinical Care Pathway.

3. Approved **Practice Protocols** – 20 points.
   a. Points will be awarded only to the first author of each Practice Protocol.

4. **NOTE**: Credit only for those guidelines, pathways, or protocols approved in the current AY as designated by the CEBA Director.

5. Modifications of existing guidelines, pathways, or protocols will generally not garner any points.

6. *Cap of 800 points in this category.*

**H. Grants (Submitted & Awarded)**

1. Adjust for type of grant:
   a. Extramural, federal
      1. Submitted – 200 points each
      2. Awarded – 400 points each
   b. Extramural, non–federal
      1. Submitted – 150 points each
      2. Awarded – 250 points each
   c. Intramural, non–Departmental (e.g., VICTR, Kennedy Center)
1. Submitted – 75 points each
2. Awarded – 125 points each

2. Adjust for investigator status:
   a. If Co–PI, multiply points by 0.7 factor
   b. If Mentor, multiply points by 0.6 factor
   c. If Co–I, multiply by 0.5 factor.

   1. To qualify for points as a Co–Investigator on any grant, allocated percent effort must be at least 5% and commensurate salary support must be included in the application submitted. NB: A Section Leader on a training grant would be considered a Co-I.

3. **NOTE:** For grants awarded, points will only be given in the first academic year of the award.

4. Points will be awarded only for grant submissions of $20,000 or more.

5. **NOTE:** Points will be awarded only for grants submissions and awards for which the Department’s Contracts and Grants Office (i.e., Kristie Lee) has an auditable record. For grants awarded to a PI in another Department on which you have dedicated effort, a record of allocated effort expended (e.g., through a designated center number on your PAFs) will suffice.

6. Industry sponsored clinical trials will **not** count toward AAA points except under the following circumstances: The PI is actively involved in acquiring the contract from the for-profit entity; the total funding exceeds $50,000 per year; the faculty’s actual effort is covered by the funding; and there is a high likelihood of net academic value of the project. Each such grant submission requested to receive AAA credit must be reviewed and recommended for approval by the Vice Chair of Research.

7. **Cap of 2,000 points for grants submitted.**

8. **Cap of 2,000 points for grants awarded.**

I. **Major Publications** (Books, book chapters, peer-reviewed research papers and peer-reviewed review articles)

1. Adjust for Significance/Expected Impact:
   a. Highest (Impact Factor at least as high as that of **BMJ** (currently **27.60**)). For example [this year]: *NEJM* (70.67), *Lancet* (59.10), *JAMA* (51.27), *Nature* (43.07), *Science* (41.06) – 400 points each

      1. **NOTE:** If you are not a listed author in the published version of the paper but you are listed as a member of a writing consortium (and your name appears as an author in PubMed) then drops down to HIGH impact (i.e., 210 points).

   b. High (Impact Factor at least as high as that of **Anesthesiology** (currently **6.42**)). For example [this year]: *Intensive Care Medicine* (18.967), *Critical Care Medicine* (6.97), *Critical Care* (6.96), *Annals of Surgery* (9.48) – 300 points each

   c. Medium (Impact Factors at least as high as that of **Anesthesia and Analgesia** (currently **3.49**) but less than that of **Anesthesiology**. For example [this year]: *British Journal of Anaesthesia* (6.20), *Pain* (6.03), *Pediatrics* (5.40), *Anaesthesia* (5.88), *Obstetrics and Gynecology* (4.97), *Regional Anesthesia and Pain Medicine* (5.11),
Journal of Thoracic and Cardiovascular Surgery (5.26), Academic Medicine (4.94), JAMIA (4.29), Journal of Clinical Anesthesia (3.54), European Journal of Anaesthesia (4.14) – 200 points each

d. Lower (Impact Factor greater than 0.8 but less than that of Anesthesia and Analgesia. For example [this year]: International Journal of Obstetric Anesthesia (1.96), Shock (3.08), Canadian Journal of Anesthesia (3.37), Pain Practice (2.49), Pediatric Anesthesia (2.04), Current Opinion in Anesthesiology (2.10), BMC Anesthesiology (1.62), Anaesthesia and Intensive Care (1.36), Journal of Cardiothoracic and Vascular Anesthesia (1.57), Journal of Anesthesia (1.46) – 150 points each

1. **NOTE:** New (first time authoring that chapter) book chapters in the most important major textbooks (e.g., Miller, Sabiston, Harrison, Longnecker) in a specific broad discipline (i.e., Surgery, Internal Medicine) would go in this category.

e. Lowest (Impact Factor of 0.8 or less, all other book chapters) – 50 points each

1. **NOTE:** May be awarded less than 50 points depending on effort involved and impact as determined by the reviewers.

2. Adjust by Authorship position:
   a. If 1st Author – multiply points by 1.2 factor
   b. If 2nd or Senior Author – multiply points by 1.0 factor
   c. If Other Author – multiply points by 0.7 factor

3. **IMPORTANT:** A publication must truly be ‘published’ (i.e., publicly available) to receive credit. For example, papers must be listed in PubMed (e.g., ePub ahead of print), or a copy of the galley proofs must be provided. Books must be available for purchase on Amazon.com or equivalent.

4. **NOTE:** Being listed in a journal publication as a participant in a multicenter trial (e.g., you recruited patients or even were a site-PI) is **not** the same as authorship – once the paper is published, cite this role in OTHER for possible consideration.

5. **Cap of 2,000 points in this category.**

**J. Other Publications**

1. Adjust points by Significance/Expected Impact
   a. Higher (e.g., Editorial in Anesthesiology) – 150 points each
   b. High (e.g., Case Report in A&A) – 75 points each
   c. Medium (e.g., Echo Report in JCVA) – 35 points each
   d. Low (Not citable/No Impact Factor) – ≤ 25 points each

2. Adjust Points by Authorship position:
   a. If 1st Author, multiply points by 1.2 factor
   b. If 2nd or Senior Author – multiply points by 1.0 factor
   c. If Other Author – multiply points by 0.7 factor

3. **NOTE:** Letters to the Editor and other smaller contributions (e.g., infographics, poems) are of variable impact/significance and will be scored accordingly based on the journal and other factors (e.g., inclusion of original data, effort required).
4. Publications in web journals or in established scholarly websites will receive points based on effort, significance, and impact with an expected possible range of 25 – 150 points.

5. At this time, being in the news (i.e., you or your work are the subject of a media report) is not a AAA-garnering activity. The exception would be an interview, intended for a health professions audience, in which you put substantial effort into preparing for or editing the content. These would fall in the **Other Publications** category. Please provide specific details about the interview including your role, amount of effort expended, intended audience, where it will appear, number of likely readers/listeners, etc.

6. **IMPORTANT:** A publication must truly be ‘published’ (i.e., publicly available) to count in the current AY. For example, papers must be listed in PubMed (e.g., ePub ahead of print) or a copy of the galley proofs must be provided. Books must be available for purchase on Amazon.com or equivalent.

7. **Cap of 1000 points in this category.**

**K. Major (Significant) Internal or External Academic Service**

1. Active participation in scientific, educational, and other academic committees or other formal organized academic service activities of relevance to the specialty. Includes participation in VU and VUMC committees of a substantive nature.

2. Adjust points for impact, significance and effort:
   a. Highest (e.g., NIH Study Section, ABA Director, ASA Vice President for Scientific Affairs, Associate Editor of major journal) – 150 points each.
   b. High (e.g., ASA Scientific or Education Committee, major journal editorial board or foundation grant study sections) – 100 points each.
   c. Medium (e.g., SEA Research Committee, Chair or moderator of a scientific or educational session at a major academic meeting, ABA examiner, VU IRB or Animal Subjects Committee Member, VUMC Appointments and Promotions Committee member, Major VU (general campus) Committee Member) – 50 points each.
   d. Low (e.g., VUMC Medical Staff and School of Medicine Committees not listed above) – 30 points each.

3. Grant and journal article reviewing:
   a. *Ad hoc* reviewing of academic peer-reviewed journals or scientific grants (see next section for more information) – 20 points (NB: was previously 30 points).
   b. Only reviews of journals that are cited in PubMed are eligible for AAA points.
      Contact the Office of Faculty Affairs if you have any questions.
      1. **Exception** – new journals that are highly likely to become cited in PubMed are also eligible.
      2. Generally speaking, online-only journals are not cited in PubMed.
   c. **NOTE:** More than 20 points may be awarded for individual reviews of U.S. federal grants or of very high impact publications depending on effort involved and impact. Please provide enough information to allow the reviewers to understand why this review warrants more points.
d. There are no points for reviewing individual grant applications or manuscripts if you also receive points for serving on the Study Section or Editorial Board responsible for reviewing those grant applications or submitted manuscripts.

e. Cap of 80 points in this sub-category (i.e., 4 reviews/year).

4. Adjust Points for Role and Effort (beyond formal activity time):
   a. Leadership role – multiply points by 1.5.

5. Local clinical care-related and clinical quality improvement or patient safety service activities (e.g., Transfusion, Equipment, or Implementation committees) now count toward AAA with evidence of a substantive effort resulting in change in clinical process or practice. (A letter from executive sponsor will be accepted as evidence.) (30 points each)
   a. Chair of such a committee would yield 45 points.
   b. NOTE: Quality improvement efforts that are not associated with a committee and lead to evidence of substantive measurable practice improvement would count for AAA credit. This should be listed in the OTHER category.

6. For all service activities, please provide the total hours of effort you actually put in during the last academic year. Committees that only meet for 1-2 hours total in a single year and require little to no outside effort (e.g., some ASA committees and subcommittees) will be downgraded to a lower category.

7. NOTE: Credit will only be awarded if you have attended at least 50% of the scheduled meetings and have contributed meaningfully to committee products (attendance documentation may be requested).

8. IMPORTANT: If you have a designated administrative role or leadership position for which you receive additional salary support (e.g., a stipend), then service on committees or other activities/entities that are encompassed under that role will be considered ex officio and will not yield AAA points. This also applies to internal products stemming from your official role(s).
   a. As a specific example of Department service activities, if you have an educational role that receives both administrative CDA and a stipend (e.g., Fellowship program director), then your chairing of or membership on committees associated with that role (e.g., Fellowship Recruitment Committee, Competency Committee, etc.) will not garner AAA points, nor would internal reports (e.g., ACGME site visit preparatory documents) related to your role. The rationale is that the stipend provides compensation for all activities associated with that role.
   b. In contrast, if you have a role that is not associated with a stipend, even if you receive administrative CDA (e.g., Resident rotation director), then your service in that role as well as on any indirectly related committees (e.g., Resident recruitment or competency committee) can yield AAA points.

9. Cap of 1000 points in this category.
AWARD LEVELS

1. A pool of money will be set aside each year for the AAA Program. All faculty who qualify for a AAA receive shares toward that pool of money as outlined below.

2. Points will be calculated based on faculty submission of this form. Only those items submitted by the end of the academic year deadline to the Associate Program Manager will be counted.

3. Submissions will be reviewed and scored by the Vice Chairs.

4. Final decisions will be made by the Department Chair.

5. There will be **FIVE** Award Levels:

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<thead>
<tr>
<th>Award Level</th>
<th>Point Threshold to Achieve Award Level</th>
<th>Shares Received</th>
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<tbody>
<tr>
<td>Merit</td>
<td>400</td>
<td>1</td>
</tr>
<tr>
<td>Distinction</td>
<td>800</td>
<td>2</td>
</tr>
<tr>
<td>Excellence</td>
<td>1,200</td>
<td>3</td>
</tr>
<tr>
<td>Chair’s Award</td>
<td>2,000</td>
<td>4</td>
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<tr>
<td>Chair’s Award of Distinction</td>
<td>3,000</td>
<td>5</td>
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6. Per share compensation may increase or decrease depending on participation in the AAA program and Departmental financial performance. For the most recent completed fiscal year (FY2019), one AAA share was valued at $7,000.

7. AAA funds will be disbursed at the beginning of the next academic year (October paycheck).