

CRITERIA FOR APPOINTMENT OR PROMOTION IN THE CLINICIAN/TEACHER PATHWAY

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INTRODUCTION

The Clinician/Teacher pathway is for academic clinicians in the regular faculty track for whom clinical care, teaching, or administrative leadership constitutes their primary responsibilities and occupy the majority of their time. Individuals in the Clinician/Teacher pathway must also pursue scholarly activities.

In accord with the University's expressed commitment to excellence and equity, any contributions in scholarship and research, teaching, and service that address diversity and equal opportunity shall be included and considered among the professional and scholarly qualifications for appointment and promotion outlined below.

GENERAL CRITERIA

An individual in this pathway generally devotes the majority of his/her time to clinical care and teaching at one of the University's major approved clinical teaching sites. The individual also must have a scholarly focus. For faculty in this pathway, the scholarly focus is usually the scholarship of teaching, integration and discovery. The individual may also have a substantive administrative role. For purposes of appointment and promotion, administration is defined as leadership of a discrete unit, service or group that contributes to the University's clinical, teaching or research missions. Examples of administrative leadership include but are not limited to being the chief of a medical or academic unit, directing a medical student course or chairing a major committee within the School of Medicine. Leadership in regional or national programs may also be considered as administrative service.

APPOINTMENT CRITERIA

Assistant Professor:

Entry level for faculty appointment in the Clinician/Teacher pathway is usually at the Assistant Professor rank. At the time of appointment, Assistant Professors have demonstrated their potential for excellence in clinical care and teaching, and their commitment to an academic career that includes scholarship.

Key Criteria for Appointment to Assistant Professor as a Clinician/Teacher:

- M.D. degree (or equivalent) and the clinical training needed to meet American Board of Psychiatry and Neurology certification requirements. In general, Clinician/Teacher faculty in a subspecialty will have completed an academically oriented fellowship or an equivalent post-residency training program
- Excellent clinical competence, documented from residency, fellowship, or practice settings

- Evidence of substantial teaching excellence
- Potential for development of scholarship

The initial appointment term is ordinarily for three academic years. In the second academic year, Assistant Professors are evaluated for a second three-year term as Assistant Professor by the eligible voting faculty within the Department.

The policy and expectation of UW Medicine and the Department of Neurology is that all faculty conduct themselves with professionalism, dignity, and respect in their interactions with patients, students, members of the public, and each other, as outlined in the UW Medicine Policy on Professional Conduct. Professionalism includes demonstration of excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all our work interactions and responsibilities.

Associate Professor:

Key criteria for appointment and promotion to Associate Professor as a Clinician/Teacher:

- American Board of Psychiatry and Neurology certification
- Exhibits professionalism
- Outstanding clinical care
- Excellence in teaching
- Dissemination of high quality scholarly work
- Administrative accomplishments when administrative leadership is a substantive part of the faculty member's role
- Local/regional recognition as a clinician, educator, or administrator

Professor:

Appointment or promotion to the rank of Professor requires documented evidence of continued clinical competence and productivity as a clinician, high ranking as a teacher, mature scholarship, and national recognition as a clinician, teacher, or medical educator. Individuals may make prolonged, respected, and important contributions to the missions of the school and the department without fulfilling the criteria for professorship.

Key criteria for appointment and promotion to Professor as a Clinician/Teacher:

- American Board of Psychiatry and Neurology certification
- Exhibits professionalism
- Outstanding clinical care
- Outstanding teaching
- Mature scholarship
- Administrative accomplishments, when administrative leadership is a substantive part of the faculty member's role
- National recognition as a clinician, educator, or administrator

Emeritus:

Emeritus status will be considered for a Clinician/Teacher who has retired from clinical and teaching activities and whose clinical, professional service, teaching or scholarly record has been highly meritorious. Emeritus appointments will be reserved for those Clinician/Teachers who have made sustained and substantial contributions to the missions of the Department and the School. In general, Emeritus appointments will require at least ten years of prior service at the UW and achievement of the rank of Associate Professor or Professor.

EVALUATION CRITERIA**1) Professionalism**

Professional behavior is a requirement for appointment and promotion. Expectations include the following:

- Treats colleagues, trainees, patients, staff, and others with respect and fairness
- Committed to honesty and transparency and encourages trust in all interactions
- Works effectively as a team member who is accountable to others, addresses unprofessional behavior, and is considered fair
- Responsibility as a leader and positive role model
- Understands own limitations and is willing to accept feedback and make needed corrections
- Manages conflicts of interest and demonstrates an ethical commitment to the profession and the University
- Sensitive and respectful of diversity including other's culture, age, gender, and disabilities
- Maintains patient confidentiality, timely completion of notes and evaluations, and accurate professional fee billing
- Commitment to improving quality of care, patient safety and appropriate use of hospital resources
- Contributes to a culture of safety, including encouraging others to express concerns
- For faculty engaged in research: unbiased acquisition, evaluation, and reporting of scientific information; protection of human subjects; intellectual integrity; and adherence to University research regulations and principles of authorship
- Excellent citizenship that may include administrative contributions, attending Departmental activities and conferences or supporting the academic mission in other ways

2) Evaluation of Clinical Competence, Clinical Productivity and Clinical Service

Assessment of clinical competence of Clinician/Teachers in the Department of Neurology should be performed in the following categories: 1) clinical skills; 2) medical knowledge; 3) clinical judgment; 4) use of diagnostic tests and therapeutic modalities; 5) humanistic qualities and interpersonal skills; 6) professional behavior and attitudes; 7) effectiveness as a consultant; 8)

overall clinical competence; 9) peer teaching effectiveness; and 10) professionalism. Evaluation of Clinician/Teachers in these categories should be performed by qualified faculty in the School of Medicine (e.g., clinically oriented faculty in the Department and in interactive specialties and subspecialties outside the Department who have sufficient contact with the person being evaluated in the patient management setting to rate his or her clinical competence relative to the job expectations). These “peer evaluations” should be performed in an objective manner, and the results should be reviewed and synthesized by the Service Chief or Chair to arrive at an overall rating of the Clinician/Teacher’s clinical competence.

A Clinical Competence Assessment Form should be used by qualified faculty to assess the performance of Clinician/Teachers. At least 5 faculty members who are qualified to evaluate the Clinician/Teacher should complete these forms yearly. After initial appointment, each Clinician/Teacher should be evaluated annually until the Clinician/Teacher has been promoted to Professor.

The faculty members who will participate in the evaluation of a Clinician/Teacher should be selected by the Service Chief with the concurrence of the Department Chair. At least one of each 5 yearly evaluators should be faculty outside the Department. The Section Chief should attempt to select individual faculty evaluators who have considerable contact with the Clinician/Teacher in a patient care setting.

The Clinical Competence Assessment Forms should be distributed to the faculty associates by the Section Chief who will review them and add any special information relative to the overall clinical competence of the Clinician/Teacher. The forms and any additional information should be part of the individual Clinician/Teacher’s personnel file in the Department of Neurology. The Section Chief should use this information to provide feedback to the Clinician/Teacher, and the information should also be used by the Department Chair at the time decisions concerning reappointment and promotion are made.

At the time of initial appointment of a Clinician/Teacher, guidelines should be established that can be used for the evaluation of clinical service and productivity. Examples of guidelines include number of patients seen, clinical revenues, half days of clinic practice, and types of services to be provided. Specific guidelines should be individualized for each Clinician/Teacher and should be developed by the Division Head or Service Chief, or both, with the concurrence of the Department Chair. Assumptions concerning productivity that are related directly or indirectly to the availability of salary support for a particular Clinician/Teacher should be specifically defined by the Division Head and Department Chair in writing, and the Clinician/Teacher should be informed of and concur with the specific expectations for productivity.

3) Evaluation of Clinical Teaching Skills

The evaluation of the Clinician/Teacher is based on assessment of: 1) the quality and value of teaching interactions with students, residents, fellows, practicing physicians, and other health care providers; and 2) development of innovative education programs, projects, resources, materials, and methods.

Every faculty member is responsible for collecting his or her own teaching evaluations. The evaluation of clinical teaching skills of Clinician/Teachers in the Department of Neurology may include the following:

- 1) Clinical Teaching Assessment Forms collected from medical students, residents, and fellows;
- 2) ratings of classroom teaching;
- 3) ratings of lectures given for continuing medical education courses;
- 4) ratings of teaching skills demonstrated in other settings such as professor's rounds and noon conferences; and
- 5) peer ratings.

The peer ratings of teaching skills will be obtained by including questions about clinical teaching effectiveness on the Clinical Competence Assessment Form used by faculty members to evaluate the clinical competence of the Clinician/Teacher.

The Section Chief should use the summary of teaching skills to provide feedback to the Clinician/Teacher, and the information should also be used by the Department Chair at the time decisions concerning reappointment and promotion are made.

4) Scholarship

For promotion, clinician teachers are expected to demonstrate ongoing scholarly achievement, with a guideline of at least one independently reviewed scholarly product per year. If the scholarly product is a data-based research paper or peer-reviewed review article, these presumably have already undergone external review as a prerequisite for publication. Other scholarly products might include curricula, websites, videotapes/DVDs, books, or other teaching materials. Products that have been nationally disseminated can be sent to external experts in the area for review, such as MedED Portal, while materials or curricula used locally within the department or UWSOM should be reviewed by departmental faculty, including senior clinician teacher faculty members. The individual clinician teacher's mentorship committee (if applicable), Chief of Service, the Vice Chair for Faculty Affairs, or the Chair should provide him/her with guidance regarding seeking appropriate independent review of scholarly products. The Clinician/Teacher is responsible for obtaining peer review of their scholarly products (other than peer-reviewed published articles).

Objective evidence for scholarship is required for faculty advancement. Although Clinician/Teachers are not required to be independent investigators, they must demonstrate scholarship by the publication and dissemination of information meeting one of the examples of scholarship provided below. Work that has not been disseminated does not meet the definition of scholarship. Of note, the quality of scholarship is more important than the quantity.

Examples of different types of scholarship:

Scholarship of teaching: Contribution to new knowledge related to the teaching of medicine such as development of:

- New curricula for a new or existing teaching program
- Materials for in-house use such as resident handbooks and evidence-based clinical guidelines
- Educational software or video
- Web-based educational information

- New methods to evaluate the effectiveness of educational programs and the progress of trainees

Scholarship of integration: Critical synthesis and integration of existing information such as:

- Systematic reviews of the literature, including meta-analyses or Cochrane Collaboration reviews
- Authoring book chapters or review articles in peer-reviewed journals
- Editorial board of a peer-reviewed journal
- Authoring or editing a book or journal
- Visiting professorships

Scholarship of investigation and discovery: The generation of new knowledge and publication in peer-reviewed publications in such areas of research as clinical care, epidemiology, health services, social sciences, ethics, medical/patient education, and health care delivery. Clinician/Teachers who collaborate on research studies should meet the criteria for inclusion in publications established by journals: contributing to the generation of the research idea, recruiting patients, conducting chart reviews, participating in data collection or analysis, or writing up the results for publication.

Examples of national recognition of a faculty member's scholarship:

- Membership on a committee of a national organization.
- Appointment to a national task force or federal advisory committee.
- Creating clinical guidelines for a national organization.
- Invited lectures at other institutions or national meetings.
- Advocacy at a national level.
- Consulting with industry or a government agency (e.g., FDA).

5) Administration

Administrative leadership can be the primary role for faculty members in the Clinician/Teacher pathway. For these individuals, evaluation for promotion is based largely on their administrative accomplishments, as outlined below.

Expectations and goals of administrative service and leadership should be set at the time of appointment and must be consonant with the Department of Neurology missions of excellence in clinical care, education and scientific discovery.

Evaluation of administrative achievement should occur regularly (at least annually) by the faculty member and the person(s) evaluating the faculty member's administrative work. For faculty being considered for promotion based on administrative leadership, these evaluations should include at least one letter of support from an administrative supervisor and 3 letters of support from extramural colleagues. Evaluations should comment on accomplishments, leadership skills, innovation, fiscal responsibility, and attention to quality in health care, teaching or research. The success of the faculty member's administrative unit should be considered in the evaluation process. In the evaluation for promotion, administrative

contributions will be assessed based on the scope of the faculty member's administrative role(s), the size and complexity of the administered unit, the quality of performance, and its influence at the local, regional and national levels.

For promotion to Associate Professor, a Clinician/Teacher may be promoted on the basis of regional recognition of excellence in administrative service and leadership.

For promotion to Full Professor, a Clinician/Teacher may be promoted on the basis of national recognition for exemplary administrative service and leadership. This could include active participation and leadership in national administrative agencies or societies, or government or non-government agencies.

Examples of administrative leadership:

- Membership in or chairing Divisional, Departmental, School, and Hospital clinical administrative committees or leadership groups at a level that is significant to their function.
- Establishing, implementing or directing clinical programs.
- Establishing, implementing or directing training programs.

OTHER

Self-Assessments

As part of the promotion packet, the faculty member describes the following:

- **Clinical care:** His/her clinical responsibilities, programs developed, and their relationship to his/her teaching, scholarly, and administrative roles.
- **Teaching:** His/her teaching/mentoring philosophy and teaching/mentoring responsibilities and goals.
- **Scholarly activities:** The focus of his/her scholarly activities and the relationship of his/her scholarly activities to his/her clinical care and teaching.
- **Administration:** His/her administrative responsibilities, including goals and achievements.

Switching pathways

Faculty in the regular faculty track may switch from the Physician/Scientist pathway to the Clinician/Teacher pathway based on excellence in teaching and clinical care. Change in pathway should not be used as a means to avoid non-promotion in the Physician/Scientist pathway. Change is subject to the approval of the Department of Neurology and the School of Medicine as described below:

- Assistant Professors in the regular faculty track may switch from the Physician/Scientist pathway to the Clinician/Teacher pathway prior to having completed four years as an Assistant Professor.
- Associate Professors and Professors in the regular faculty track may switch from the Physician/Scientist pathway to the Clinician/Teacher pathway at any time, but

Associate Professors are required to serve a minimum of three years after switching pathways before being eligible for consideration for promotion to Professor.

- Switching pathways requires prospective review and approval by the Department Chair and Dean.