

## **CRITERIA FOR APPOINTMENT OR PROMOTION IN THE PHYSICIAN/SCIENTIST PATHWAY**

Department of Neurology, University of Washington, Seattle, WA  
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### **INTRODUCTION**

The Physician/Scientist pathway is for academic clinicians in the regular faculty track for whom the majority of their academic time is spent in research. Teaching is also required and clinical care (if applicable) is a highly valued component of this pathway.

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**

Faculty in the Physician/Scientist pathway devote the majority of their effort to scholarship. Other professional activities include teaching, clinical care (if applicable), and administrative leadership (if applicable). The scholarly focus for faculty in this pathway is the scholarship of investigation and discovery.

### **APPOINTMENT CRITERIA**

#### **Assistant Professor:**

Entry level for faculty appointment in the Physician/Scientist pathway is usually at the Assistant Professor rank. At the time of appointment, Assistant Professors will have demonstrated clear potential for and commitment to an academic career in a focused area. There should be evidence of original scholarship. Generally, the appointee will have authored original, peer-reviewed publications of substantial merit and have several published works. In addition, the individual will likely have obtained some extramural funding for their research or career development such as a NIH K award or equivalent.

#### **Key Criteria for Appointment to Assistant Professor as a Physician/Scientist:**

- M.D. degree (or equivalent) and the clinical training needed to meet American Board of Psychiatry and Neurology certification requirements. In general, Physician/Scientist faculty in a subspecialty will have completed an academically oriented fellowship or an equivalent post-residency training program. In some instances, Ph.D. faculty will be included in this track and physician certification is not applicable.
- Substantial research experience.
- Authorship of several original, peer-reviewed publications of substantial merit.
- Excellent clinical competence, documented from residency, fellowship, or practice settings.
- Evidence of substantial teaching excellence.

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:**

For appointment or promotion to Associate Professor, the candidate must demonstrate significant accomplishments in a focused area of research with evidence of independent investigation. The quality of an individual's peer reviewed publications and evidence of sustained, ongoing extramural funding are major factors considered for promotion to Associate Professor.

### **Key criteria for appointment and promotion to Associate Professor as a Physician/Scientist:**

- American Board of Psychiatry and Neurology certification (if applicable).
- Exhibits professionalism.
- Significant accomplishment in an area of research and evidence of independent investigation.
- Emerging national recognition for his/her scholarship.
- Extramural grant funding.
- Excellence in teaching.
- Excellence in clinical care.
- Administration effectiveness can be considered if administrative leadership is a significant component of the faculty member's job description.

### **Professor:**

For appointment or promotion to Professor, candidates must have outstanding mature scholarship with sustained productivity. In addition, an individual must have national/international stature and be a recognized leader in their scholarly field. Candidates will have a sustained record of extramural research funding and will be a member of scientific review committees, advisory panels, editorial boards etc. Outstanding contributions in non-research areas such as medical care, administrative or educational accomplishments are considered, but by themselves are not sufficient to merit promotion to Professor in this track. 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 Physician/Scientist:**

- American Board of Psychiatry and Neurology certification.
- Exhibits professionalism.
- Outstanding, mature scholarship with significant, sustained scholarly productivity.
- Sustained, ongoing extramural research funding.

- National/international recognition as an expert in his/her research field.
- Excellence in teaching.
- Excellence in clinical care.
- Administration effectiveness can be considered if administrative leadership is a significant component of the faculty member's job description.

**Emeritus:**

Emeritus status will be considered for a Physician/Scientist who has retired from research, clinical and teaching activities and whose research, clinical, professional service, teaching or scholarly record has been highly meritorious. Emeritus appointments will be reserved for those Physician/Scientists 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 Scholarship**

The criteria by which scholarship/research productivity may be evaluated are:

- Number and quality of research publications, including first author, senior author and contributory author work. Greater consideration is given to quality (e.g. "high-impact" journals; seminal publications; degree of innovation) than to number of publications.
- Extramural research funding, including dollar amounts, extent, duration, number of grants, and sources of funding.
- Professional and/or public impact of work and national or international reputation (e.g., elected membership in professional and research societies, editorial boards, presentation of papers, participation in consensus panels, study sections, invited lectures, and visiting professorships).

### **3) Evaluation of Clinical Competence, Clinical Productivity and Clinical Service**

Assessment of clinical competence of Physician/Scientist 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 Physician/Scientists 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 Physician/Scientist’s clinical competence.

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

The faculty members who will participate in the evaluation of a Physician/Scientist should be selected by the Service Chief with the concurrence of the Department Chair. At least one of each 5 evaluators should be faculty outside the Department. The Section Chief should attempt to select individual faculty evaluators who have considerable contact with the Physician/Scientist 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 Physician/Scientist. The forms and any additional information should be part of the individual Physician/Scientist’s personnel file in the Department of Neurology. The Section Chief should use this information to provide feedback to the Physician/Scientist, 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 Physician/Scientist, 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 Physician/Scientist 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 Physician/Scientist should be specifically defined by the Division Head and Department Chair in writing, and the Physician/Scientist should be informed of and concur with the specific expectations for productivity.

#### **4) Evaluation of Clinical Teaching Skills**

The evaluation of the Physician/Scientist is based on assessment of the quality and value of teaching interactions with students, residents, fellows, practicing physicians, and other health care providers.

Every faculty member is responsible for collecting his or her own teaching evaluations. The evaluation of clinical teaching skills of Physician/Scientists 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 Physician/Scientist.

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

## **5) Administration**

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. 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. 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.

## **OTHER**

### **Self-Assessments**

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

- Research activities: The focus of his/her scholarly activities and the impact of his/her original contributions to their field.
- 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
- 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.