

**REGULAR FACULTY TRACK
CLINICIAN/SCHOLAR PATHWAY**

**Department of Medicine, University of Washington, Seattle
Appointment and Promotion Guidelines**

INTRODUCTION

The clinician/scholar pathway is for academic clinicians on the regular faculty track for whom clinical care, teaching, and scholarly activities constitute their primary responsibilities and occupy the majority of their time.

Entry level for faculty appointment on the clinician/scholar 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 which includes scholarship.

Clinician/scholars have the title assistant professor, associate professor, or professor.

In accordance with the University's expressed commitment to excellence and equity, any contributions in scholarship and research, teaching and service that address diversity, equity and inclusion shall be included and considered among professional and scholarly qualifications for appointment and promotion. To provide culturally competent education, discovery and patient care, the UW Department of Medicine (DOM) recognizes the necessity to build a diverse faculty, student, trainee and staff community and to foster a culture that is inclusive and welcoming.

The policy and expectation of UW Medicine and the Department of Medicine 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.

APPOINTMENT CRITERIA

An individual on this pathway generally devotes the majority of his/her time to clinical care, teaching and scholarly activities at one of the University's approved clinical teaching sites. Diversity, equity and inclusion contributions in scholarship and research, teaching and service shall be included and considered. The scholarly focus of faculty in this pathway is on teaching, integration, application (quality improvement and patient safety), or original investigation.

Key criteria for appointment to assistant professor as a clinician/scholar

- M.D. degree (or equivalent) and the clinical training needed to meet American Board of Internal Medicine certification or subspecialty requirements. In general, clinician/scholar faculty in a subspecialty will have completed an academically-oriented fellowship or an equivalent post-residency training program. This pathway is also used for individuals with a Master's of Human Genetics or Genetic Counseling, or equivalent, for appointment in the Genetics Counseling master's program who are certified by the American Board of Genetic Counseling for practice as Genetic Counselors
- Excellent clinical competence, documented from residency, fellowship, or practice settings
- Evidence of substantial teaching excellence
- Demonstrated scholarship
- Professionalism

The initial appointment term is three academic years. In the second academic year, assistant professors are evaluated for a second three-year term as assistant professor by the senior eligible voting faculty within the faculty member's division and the Department of Medicine Appointment and Promotions Committee.

APPOINTMENT AND PROMOTION CRITERIA

Recognizing that each faculty member has a unique professional activity profile and assigned responsibilities – in clinical care, scholarship, teaching, administrative leadership, quality improvement, diversity, equity and inclusion – the relative importance of these activities as criteria for promotion should be aligned with the relative time commitment to each of these activities. Expectations regarding faculty effort and criteria for promotion should be aligned and documented in regular faculty conferences by the faculty member's division head.

Appointments at the ranks of associate professor or professor are outlined in the following criteria. Appointment to the rank of associate professor is regarded by the University and its faculty as a laudable achievement. Not all faculty will attain the rank of professor.

For purposes of appointment and promotion, administrative leadership 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 or Department of Medicine. Note: If the administrative leadership role is the majority of an individual's activity profile, for promotion to professor, these examples must demonstrate proof of national recognition.

For purposes of appointment and promotion, scholarship of application (quality improvement and patient safety) may include, but is not restricted to: 1) development of new quality and patient safety metrics and evaluation and their associated desired outcomes; 2) development of new analytic tools and methods for assessing quality and safety; 3) design and implementation of major clinical initiatives, care pathways and/or other models of care and

related outcomes; 4) development of innovative approaches and/or guidelines to diagnose, treat or prevent disease. For promotion to professor, a clinician/scholar may be promoted on the basis of national recognition for exemplary scholarship of application.

Key criteria for appointment and promotion to associate professor:

- Exhibits professionalism
- Outstanding clinical care
- Outstanding teaching
- Dissemination of high-quality scholarly work
- Diversity, equity and inclusion in scholarship and research, teaching, and service activities will be considered
- Administrative accomplishments, when administrative leadership is a substantive part of the faculty member's role
- Quality improvement and patient safety, when this is a substantive part of the faculty member's role
- Local/regional recognition as a clinician, educator, and/or administrator

Key criteria for appointment and promotion to professor:

- Exhibits professionalism
- Outstanding clinical care
- Outstanding teaching
- Dissemination of high-quality scholarly work
- Diversity, equity and inclusion in scholarship and research, teaching, and service activities will be considered
- Administrative accomplishments, when administrative leadership is a substantive part of the faculty member's role
- Quality improvement and patient safety, when this is a substantive part of the faculty member's role
- Mature scholarship with national recognition

EVALUATION CRITERIA

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
- 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, sexual orientation, socioeconomic status and abilities
- Maintains patient confidentiality, timely completion of notes and evaluations, and accurate professional fee billing
- Contributes to a culture of safety, including encouraging others to express concerns
- Unbiased acquisition, evaluation, and reporting of scientific information and adherence to University research regulations and principles of authorship
- Excellent citizenship that may include serving on committees, attending divisional/departmental activities/conferences or supporting the academic mission in other ways

Clinical care

Peer clinical evaluations. For promotion as a clinician/scholar, the faculty member must be an outstanding clinician. Peer clinical evaluations are conducted using a structured format adopted by the department.

The system for evaluating clinical excellence follows principles for assessment of clinical competence developed by the American Board of Internal Medicine (ABIM). Following categories employed by the ABIM, assessment of clinical competence of clinician/scholars in the Department of Medicine 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/scholars in these categories should be performed by qualified faculty in the School of Medicine (e.g., clinically oriented faculty in the division and in interactive specialties and subspecialties outside the division 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 clinical peer evaluations should be performed in an objective manner, and the results should be reviewed and synthesized by the division head and service chief to arrive at an overall rating of clinical competence for the individual clinician/scholar.

A Clinical Competence Assessment Form should be used by qualified faculty to assess the performance of clinician/scholars. As least 9 faculty who are qualified to evaluate the clinician/scholar should complete these forms at the time of each evaluation. At a minimum, after initial appointment, each clinician/scholar should be evaluated in year two, year five, and every five years thereafter.

The types of faculty members who will participate in the evaluation of a clinician/scholar should be selected by the division head with the concurrence of the service chief and department chairperson (e.g., the division head should designate "types" of faculty associates such as 3 general internists, 1 cardiologist, 1 gastroenterologist, 1 general surgeon, etc.). At least 9 faculty associates should be designated, with a minimum of 1/3 of the evaluators

consisting of faculty outside the division. Based on the designated types of faculty, specific individuals to complete the evaluations should be selected by the division head at the time of each evaluation. The division head should attempt to select individual faculty associates who have considerable contact with the clinician/scholar in a patient care setting.

The Clinical Competence Assessment Forms should be distributed to the faculty associates by the division heads, and completed forms should be collected by the division head and reviewed with the service chief. The division head and service chief should add any special information relative to the overall clinical competence of the clinician/scholar. The forms and any additional information from the division head and service chief should be part of the individual clinician/scholar's personnel file in the Department of Medicine. The division head should use this information to provide feedback to the clinician/scholar, and the information should also be used by the department chairperson and the Appointments and Promotions committee at the time decisions concerning reappointment and promotion are made.

At the time of initial appointment of a clinician/scholar, 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/scholar and should be developed by the division head and service chief 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/scholar should be specifically defined by the division head and department chairperson in writing, and the clinician/scholar should be informed of the specific expectations for productivity.

Teaching

The evaluation of the clinician/scholar 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.

Teaching evaluations. The evaluation of clinical teaching skills of faculty in the clinician/scholar pathway in the Department of Medicine should be performed by the department's Teaching Evaluation Committee. This committee should review all available materials that are collected in our current teaching evaluation system. These materials include: 1) Clinical Teaching Assessment Forms collected from medical students, residents, and fellows; 2) ratings of classroom teaching in human biology courses; 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; 5) peer ratings; and 6) professionalism. The peer ratings of teaching skills will be obtained by including questions about clinical teaching effectiveness on the form used by faculty members to evaluate the clinical competence of faculty in the clinician/scholar pathway.

The Teaching Evaluation Committee should review all available information concerning an individual clinician/scholar at the time of reappointment of an assistant professor and prior to

decisions concerning promotion. Based on the available information, the Teaching Evaluation Committee members should prepare a summary of the teaching skills clinician/scholar that would include the following information: 1) an overall rating of clinical teaching effectiveness on a 5 point scale in comparison to all faculty in the Department of Medicine (e.g., considerably above average, above average, average, below average, and considerably below average); 2) a description of the relative strengths and weaknesses of the individual's clinical teaching skills; and 3) recommendations for improvement.

The division head should use the summary of teaching skills to provide feedback to the clinician/scholar, and the information should also be used by the department chairperson and the Appointments and Promotions Committee at the time decisions concerning reappointment and promotion are made.

Scholarship

Objective evidence for scholarship is required for faculty advancement. Although clinician/scholars 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 and/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, clinical trials, epidemiology, health services, social sciences, ethics, medical/patient education, and health care delivery. Clinician/scholars 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 and/or analysis, and/or writing up the results for publication.
- *Scholarship of Application*: Contribution to new knowledge related to quality improvement and patient safety. Scholarly contributions will be assessed based on the role of the faculty member, innovation, importance of initiative, complexity, scope/scale, implementation metrics, outcomes (e.g., patient care outcomes, economic costs, patient or provider outcomes), and sustainability. Honors and awards in this domain are also important considerations. Impact regionally, nationally and/or internationally is highly valued, particularly in the form of publications and grant support.

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

- Publications
- Grants
- National workshops/course
- New curricula for a new or existing national program
- Nationally used web resources (peer reviewed)
- Sponsored blogs/forums from national QI organization.
- Invited national webinars
- Sought as long-distance mentor at other institution(s)
- Leadership on a committee of a national organization or society
- Appointment to a national task force or federal advisory committee
- 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)
- Quality improvement and patient safety national awards/recognition

Administrative Leadership:

Administrative leadership can be the primary role for faculty members in the clinician/scholar 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 Medicine 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 national, regional, and local levels.

For promotion to associate professor, a clinician/scholar may be promoted on the basis of regional recognition of excellence in administrative service and leadership.

For promotion to professor, a clinician/scholar 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.

Diversity, Equity and Inclusion

Contributions in all areas of faculty achievement that promote equal opportunity, diversity, equity, and inclusion will be given due recognition in the academic advancement process, and these achievements will be evaluated as defined below. All faculty are expected to promote the diversity, equity and inclusion within the University of Washington and are encouraged to list contributions and achievements. These contributions to equal opportunity, diversity, equity, and inclusion can take a variety of forms; examples include:

- Efforts to advance equitable access to education and outreach at all levels; examples include creative recruitment efforts for training grant candidates, pipeline efforts, innovative recruitment efforts for fellowship and residency candidates.
- Public service that addresses the needs of diverse populations locally, regionally or nationally, such as educational presentations, media presentations, partnerships with community-based organizations/groups with a goal of improving health, wellness, and health equity in communities, improving translation services and health literacy;
- Research in an investigator's area of expertise that discovers, documents, and addresses health disparities in vulnerable populations; Educational research focusing on best practices to promote equal opportunity, diversity, equity, and inclusion
- Mentoring/advising of students, trainees or faculty at all levels: assisting those who are underrepresented in health sciences, underrepresented minorities (URM) or disenfranchised populations;
- Teaching: incorporating diversity and inclusion training, health disparity, population risk factors, and research findings of URM/disenfranchised groups in core curriculum content;
- Clinical care: outreach clinics, efforts at remedying healthcare disparities through provision of clinical care
- Committee Service: Serving on diversity committees at any level (national, department, division); implementing, creating, and disseminating best practices to promote equal opportunity, diversity, equity, and inclusion.

These contributions towards promoting diversity, equity, and inclusion will be considered in the advancement process and will be evaluated similarly to other forms of scholarship, teaching, clinical activities, and administrative leadership.

OTHER **Self-assessments**

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

- **Clinical care:** Clinical responsibilities, programs developed, and the relationship of the clinical activities to teaching, scholarly, and administrative roles.
- **Teaching:** Teaching/mentoring philosophy and teaching/mentoring responsibilities and goals.
- **Scholarly activities:** The focus of scholarly activities and the relationship of scholarly activities to clinical care and teaching.
- **Diversity, equity and inclusion:** Contributions in all areas of faculty achievement that promote equal opportunity, diversity and equity.
- **Administrative leadership** (if applicable): Administrative responsibilities, including goals and achievements.
- **Quality improvement and patient safety** (if applicable): Contribution(s) to new knowledge related to quality improvement and patient safety.

Switching pathways

Faculty in the regular faculty track may switch from the clinician/scholar pathway to the physician/scientist pathway at any time subject to the approval of the Department of Medicine 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/scholar pathway prior to having completed four years as an assistant professor, or by exception from the SOM dean after four years in rank.

Associate professors and professors in the regular faculty track may switch from the physician/scientist pathway to the clinician/scholar 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 division head, Department of Medicine A&P committee, department chair, and dean.