

FULL-TIME CLINICAL FACULTY
DEPARTMENT OF EMERGENCY MEDICINE
UNIVERSITY OF WASHINGTON
APPOINTMENT AND PROMOTION GUIDELINES

Approved May 2023

INTRODUCTION

Individuals considered for appointment to or promotion in the Department of Emergency Medicine must meet the criteria for the proposed rank as set forth in the Department's Appointment and Promotion guidelines. The eligible voting faculty shall consider the value the Department places upon contributions to teaching, research, patient care, administration, and behavior that fosters excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all our work interactions and responsibilities. In addition, consistent with the University's expressed commitment to excellence, equity, diversity, and inclusion, contributions in teaching, scholarship, and service that address areas of diversity and health disparities and inequities of marginalized communities will be considered among the professional and scholarly qualifications for appointments and promotion.

PATHWAY OVERVIEW

The full-time clinical faculty (FTCF) title is for clinicians who devote the majority of their time to clinical care and teaching at one of the University's major approved clinical sites. FTCF may or may not have teaching responsibilities.

FTCF is defined as a person:

- Whose appointment is 0.50 FTE or greater; and
- Whose sole employer for clinical practice is UWP, CUMG and
- Whose primary responsibility is to provide direct clinical service

FTCF have the title Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, or Clinical Professor and, where appropriate, Member of University of Washington Physicians (UWP) or Children's University Medical Group (CUMG).

Associate professors and professors in the Clinician Scholar pathway or the Physician Scientist pathway may request a change to an open full-time clinical faculty (FTCF) position, if one is available, in accordance with the process defined for FTCF appointments. This is considered a new appointment and not a switch in track.

Assistant professors in the Clinician Scholar pathway or the Physician Scientist pathway may request a change to an open full-time clinical faculty position (FTCF), provided they have not yet completed four academic years as an assistant professor, and a FTCF position is available. If they have completed four academic years at that rank, permission for a change to FTCF is required from the Dean.

Such appointment changes at any time require approval by the Department Chair. Considerations in this decision will include previous faculty performance, faculty career goals, as well as position availability/FTE availability, and department needs and priorities.

Full-time clinical faculty are not eligible to submit research grants and cannot be assigned laboratory space. The Department Chair may approve a variation from this policy on a case-by-case basis.

APPOINTMENT CRITERIA

Entry level for FTCTF is usually at the rank of Clinical Instructor. At the time of appointment, regardless of rank, all FTCTF must have demonstrated excellence or their potential for excellence in clinical care and teaching.

Key Criteria for Appointment

- M.D. degree (or equivalent), demonstrated promise of excellence in clinical activities, and the clinical training needed to meet American Board of Emergency Medicine (or equivalent) certification or subspecialty requirements. Waivers of Board Certification may be granted under exceptional and distinct circumstances.
- Excellent clinical competence, documented from residency, fellowship, or practice settings

The initial appointment term is one year and is reappointed annually.

The policy and expectation of the School of Medicine and the Department of Emergency 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.

Promotion criteria will be based on substantive, documented contributions to the goals and objectives defined above and specified below.

If the FTCTF appointment includes a teaching obligation, then teaching skills shall be evaluated at the time of consideration for promotion, and at the time of a new appointment (via review of available teaching evaluations).

APPOINTMENT AND PROMOTION CRITERIA

At the time of new clinical faculty appointments, the specific scope of responsibilities will be established by mutual agreement between the clinical faculty member and the department chair. These mutually agreed upon responsibilities will be reviewed annually and, if necessary, updated to form the basis for renewal or non-renewal of the clinical faculty appointment. Promotion decisions will be based upon the quality of an individual's contributions to the academic and clinical missions of the department. Time in rank alone is not sufficient for promotion.

Clinical Instructor:

This level will be the usual initial appointment and requires that the appointee has completed his/her formal training to meet Board requirements or the equivalent and has excellent clinical competence documented from residency, fellowship or a practice setting. It is expected that appointees will contribute to the departmental programs through patient care and teaching if relevant to their position. While it is not a requirement for appointment, professional service or scholarship may be considered. Promotion beyond Clinical Instructor will depend on meeting the criteria for Clinical Assistant Professor.

Clinical Assistant Professor:

This rank requires that the individual has evidence of training or clinical practice experience beyond that required for initial appointment to the rank of Clinical Instructor. If being appointed directly to Clinical Assistant Professor, time in rank, prior rank at another institution, evidence of outstanding patient care, patient-related service excellence, professionalism and contribution to medical education (when relevant to that faculty appointment), and contributions related to operations, quality improvement and other administrative duties/activities will be considered. If being promoted from Clinical Instructor, a candidate must have demonstrated excellence in Professionalism, Clinical Competence, and Clinical Productivity. There must also be distinction and excellence in departmental/hospital service (i.e. contributions related to operations, quality improvement and other administrative duties/activities) and/or teaching (when relevant to the faculty). While not a requirement for appointment or promotion to Clinical Assistant Professor, scholarship may be considered. Each of these criteria will be evaluated as described below. Time in rank alone is not adequate for promotion to (or appointment to, if entering from a prior institution) this rank.

Appointment to Clinical Assistant Professor requires that the appointee has completed his/her formal training to meet Board requirements or the equivalent.

Clinical Associate Professor:

This rank requires that the individual has demonstrated clinical excellence and has developed a focus of expertise within emergency medicine which has matured over time such that there is evidence of regional engagement and reputation and beginning national reputation. Such engagement and reputation might be demonstrated through a record of regional presentations, teaching, and committee work. This may also include recognition as an outstanding and sought-after speaker or educator within emergency medicine. Alternatively, regional recognition may be demonstrated by making significant administrative contributions or by significant leadership roles within the hospital or SOM (i.e., Committee or Task Force Chair). Formal scholarship is not required. If being appointed directly to Clinical Associate Professor, time in rank, prior rank at another institution, evidence of outstanding patient care, patient-related service excellence (i.e. contributions related to operations, quality improvement and other administrative duties/activities), and regional/national recognition as outlined above, professionalism and contribution to medical education will be considered. If being promoted from Clinical Assistant Professor, excellence must be demonstrated in Professionalism, Clinical Competence and Clinical Productivity, and demonstrated regional/national reputation. Clinical Service and Teaching (if

relevant to faculty member) will be considered. Diversity, equity and inclusion contributions in scholarship, teaching and service shall be included and considered.

Time in rank alone is not sufficient for promotion. Individuals desiring promotion while serving less than six years at rank shall demonstrate exceptional performance in clinical competence, and a regional and beginning national reputation and/or significant leadership roles within the hospital or SOM with a consistent record of contributions in their area of recognition.

Professional service will be considered as outlined below. Scholarship will also be considered but is not required. Each of these criteria is evaluated as described below. Current Board certification will be required for appointment or promotion to the rank of Clinical Associate Professor or above. In rare circumstances, because of unusual qualification or experiences, the requirement for current Board certification may be waived.

Clinical Professor:

Appointment or promotion to the rank of Clinical Professor requires that the individual has demonstrated clinical excellence and recognition as an exceptional leader in the discipline as evidenced by accomplishments in clinical care, clinical program development, teaching, service in national or international professional societies, or scholarly publications. Such recognition might be demonstrated through a record of national or international presentations, national committee work with evidence of product development, or other venues in which the faculty expertise is highlighted. This may also include recognition as an outstanding and sought-after educator within emergency medicine. Alternatively, recognition as an exceptional leader may be demonstrated by making sustained and significant leadership roles within the hospital or SOM (i.e., dean, hospital medical director). Formal scholarship is not required. Distinguished and substantial professional activity in patient care over an extended period of time is required. Dedication to the programs of the department, and school will be considered. If being promoted from Clinical Associate Professor, excellence must be demonstrated in Professionalism, Clinical Competence and Clinical Productivity, and national recognition over time as outlined above will be required. Clinical Service and Teaching will be considered (see below). Diversity, equity and inclusion contributions in scholarship, teaching and service shall be included and considered. For promotion to the level of Clinical Professor, the faculty must demonstrate a national reputation through a consistent record of national lectures, presentations, curriculum development, or program development, or by making significant administrative contributions to national or international professional societies. Each of these criteria will be evaluated as described below. In rare circumstances, because of unusual qualification or experiences, the requirement for current Board certification may be waived.

Time in rank alone is not sufficient for promotion. Individuals desiring promotion while serving less than six years at rank shall demonstrate exceptional performance in clinical competence and a national reputation with a consistent and distinguished record of contributions in their area of recognition.

Clinical Associate Professor Emeritus & Clinical Professor Emeritus:

Emeritus status will be considered for a clinical faculty member who has retired from clinical activities and whose clinical, professional service, teaching or scholarly record has been highly meritorious. Emeritus appointments will be reserved for those clinical faculty who have made sustained and substantial contributions to the missions of the department and school. Emeritus appointments will require at least ten years of prior service and achievement of the rank of Clinical Associate Professor or Clinical Professor.

EVALUATION CRITERIA

FTCF in the Department of Emergency Medicine shall be evaluated in the following categories: Professionalism; Clinical Performance; and Teaching. These domains are assessed as described below through the Department's periodic evaluation processes per the School of Medicine's policy.

A. Professionalism

Professional behavior is a requirement for appointment and promotion. As professionalism is a cross-cutting expectation for faculty it is assessed through trainee evaluations, clinical peer evaluations, peer teaching evaluations, and administrative reporting tools pertaining to clinical performance metrics. 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, racial/ethnic heritage, and disabilities
- 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 administrative contributions, attending departmental activities/conferences or supporting the academic mission in other ways

B. Clinical Competence, Clinical Productivity and Clinical Service

Peer clinical evaluations. Evaluation of FTCF 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 clinical peer evaluations should be performed in an objective manner, and the results should be reviewed

and synthesized by the Department Chair and in collaboration with the relevant medical director(s) as needed to arrive at an overall rating of clinical competence for the individual.

A Clinical Competence Assessment Form should be used by qualified faculty to assess the performance of the FTCF. At least nine faculty who are qualified to evaluate the FTCF should complete these forms at the time of each evaluation. At a minimum, after initial appointment, each FTCF should be evaluated in year two, year five and every five years thereafter and in the year preceding promotion consideration. A more limited review by the Department Chair of clinical competence, productivity, service and teaching is sufficient for annual reappointments on years not specified above.

The types of faculty members who will participate in the evaluation of a FTCF should be selected by the Medical Directors and Vice Chair of Faculty Development and Education with the concurrence of the department chair (e.g. designate “types” of faculty associates such as 5 emergency physicians, 1 cardiologist, 1 critical care physician, 1 surgeon, etc.). At least 9 faculty associates should be designated, with a minimum of 1/3 of the evaluators consisting of faculty outside of the Department.

The Clinical Competence Assessment Forms should be distributed to the faculty associates by the Department Chair or delegate and completed forms should be collected and reviewed with Department Chair or Chair’s delegate. The Department Chair should add any special information relative to the overall clinical competence of the FTCF. The forms and any additional information from the Department Chair should be part of the individual FTCF’s personnel file in the Department of Emergency Medicine. The Department Chair or Chair’s delegate should use this information to provide feedback to the faculty member, and the information should also be used by the Appointments and Promotions committee at the time decisions concerning reappointment and promotion are made.

Clinical Service and Productivity. At the time of initial appointment of a FTCF, metrics shall be established that can be used for the evaluation of clinical service and productivity. Such metrics may include number of patients seen per unit of time, work relative value units (wRVUs), teaching evaluations, and meeting attendance. Specific metrics should be individualized for each FTCF and should be developed by the department Chair.

C. Teaching Skills

Evaluation of clinical teaching shall include Clinical Teaching Assessment Forms collected from medical students, residents, fellows or peers. The department chair or chair’s delegate should use the summary of teaching skills to provide feedback to the FTCF member, and the information should also be used at the time decisions concerning reappointment and promotion are made.

D. Other Activities

While not required of full-time faculty additional activities will be considered, including the following:

Evaluation of Professional Service

Professional service to the department and community may include:

- Membership and/or chairmanship of departmental, school, or hospital clinical committee(s)
- Administrative/leadership contributions at a level that is significant to the function of clinical operations or other meaningful administrative/leadership contributions
- Establishing, implementing, and/or directing clinical programs
- Service in regional, national, and international professional societies
- Contribution of medical expertise to non-academic organizations or groups (e.g., community, regional and/or national non-profits).

Evaluation of Scholarship

Objective evidence of scholarship is not required for faculty appointment or promotion to FTCF. FTCF may demonstrate scholarship by collaborative research, curriculum development, or program development. Scholarship may include:

- Medical education (e.g., development and implementation of curriculum, teaching strategies, testing methods). Medical education scholarship includes some end product that can be evaluated, such as syllabus materials, published reports, textbook chapters, computer-based programs, video recordings, etc. Ideally, these forms of scholarship will be disseminated via peer reviewed platforms (e.g. the AAMC's MedEd PORTAL) but may be evaluated by other metrics that reflect impact, such as the number of website page views, downloads, or the documented incorporation of these materials into other training programs.
- Scholarship of integration (case reports, scholarly reviews in peer-reviewed journals, and book chapters).
- Clinical research (participation in clinical trials, 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.
- Managerial development in medicine or medical education, which should include some end product that can be evaluated.

Diversity, Equity, and Inclusion

Examples of a faculty member's teaching, scholarship, and service activities that demonstrate a commitment to equity, diversity, and inclusion may include, but are not limited to:

- Activities geared towards increasing the diversity of our professional community, including mentorship and development of pipeline programs for students who are under-represented in medicine, and efforts to increase the diversity of our residents and faculty.
- Activities with the aim of increasing equity and representation in departmental activities, including committee involvement, recruitment, and mentorship.
- Faculty development that disseminates teaching best practices related to issues of race, gender, and other social determinants of health.

- Scholarship geared towards understanding and addressing the disparities and inequities that are present in our professional community, as well as how these disparities and inequities manifest in our health care system.
- Activities that address health disparities through outreach, health fairs, and other service-related advocacy efforts.