

**CRITERIA FOR APPOINTMENT OR PROMOTION FOR
FULL-TIME CLINICAL FACULTY**

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INTRODUCTION

The full-time clinical faculty (FTCF) title is for clinicians who generally devote the majority of their time to clinical care at one of the University's major approved clinical teaching sites.

FTCF is defined as a person:

- Whose appointment is 0.50 FTE or greater; and
- Who does not have clinical practice outside of UWP or CUMG except with Sites of Practice Committee and Dean approval; 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 Member of Children's University Medical Group (CUMG).

Regular faculty at the rank of Associate Professor or Professor may resign from the faculty and apply for appointment to a FTCF position in accordance with the process defined for FTCF appointments. Assistant Professors may apply for appointment to an open FTCF position, provided they have not yet completed four academic years as an Assistant Professor. If they have completed four academic years in that rank, permission for a change to FTCF is required from the Dean. FTCF may apply for appointment to a regular faculty position in accordance with the process defined for regular faculty appointments.

Full-time clinical faculty are not generally 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.

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

FTCF appointments must be made as provided in the Faculty Code and the School of Medicine criteria and reviewed annually. This renewal should be based on continued involvement in the academic mission of the Department of Neurology, primarily patient care; research, teaching and administrative contributions will also be considered. At the time of new FTCF appointments, the specific scope of responsibilities will be established by mutual agreement between the FTCF 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 FTCF appointment. Promotion decisions will be based upon the quality of an individual's contributions to the academic missions of the Department of Neurology (see below). Time in rank alone is not sufficient for promotion.

APPOINTMENT CRITERIA

Entry level for FTCF is usually at the rank of Clinical Instructor or Clinical Assistant Professor. At the time of appointment, clinical instructors have demonstrated their potential for excellence in clinical care.

Key Criteria for Appointment to Clinical Instructor

- M.D. degree (or equivalent) and the clinical training needed to meet American Board of Psychiatry and Neurology certification requirements
- Excellent clinical competence, documented from residency, fellowship, or practice settings

Appointment packets must include at least three letters attesting to the clinical skills of the individual.

The initial appointment term is one year and is reappointed annually. Appointments are for the academic year July 1 through June 30. Decisions regarding reappointment are made by March 31 of the first year and by December 31 of each succeeding year.

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.

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

Professional service, teaching or scholarship will be considered (see below). Promotion beyond Clinical Instructor will depend on meeting the criteria for Clinical Assistant Professor. Clinical Instructors are expected to serve at least two years in this capacity before consideration for promotion.

Clinical Assistant Professor:

This rank requires that the individual have 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 will be considered. If being promoted from Clinical Instructor, excellence must be demonstrated in Professionalism, Clinical Competence and Clinical Productivity. Professional service, teaching and scholarship will also be considered. Each of these criteria will be evaluated as described below. Time in rank alone is not adequate for promotion to Clinical Assistant Professor. In general, Board certification will be required for an appointment or promotion to the rank of Clinical Assistant Professor or above. In rare circumstances, because of unusual qualifications or experiences, the requirement for Board certification may be waived. Clinical Assistant Professors are expected to serve at this rank for at least 6 years before consideration for promotion. The very outstanding nominee may be considered sooner.

Clinical Associate Professor:

This rank requires that the individual have clinical experience that has matured over time with local or regional recognition for clinical excellence. 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, 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. Professional service, teaching and scholarship will also be considered. Each of these criteria is evaluated as described below. Time in rank alone is not adequate for promotion to Clinical Associate Professor. In general, Board certification will be required for an appointment or promotion to the rank of Clinical Assistant Professor or above. In rare circumstances, because of unusual qualifications or experiences, the requirement for Board certification may be waived. Clinical Associate Professors are expected to serve at this rank for at least 6 years before consideration for promotion. The very outstanding nominee may be considered sooner.

Clinical Professor:

Appointment or promotion to the rank of Clinical Professor is based on national recognition as a leader in the discipline as evidenced by accomplishments in clinical care, clinical program development, teaching, service in national or international professional societies and scholarly publications. 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. Individuals may make prolonged, respected, and important contributions to the missions of the school and the department without fulfilling the criteria for professorship.

If being promoted from Clinical Associate Professor, excellence must be demonstrated in Professionalism, Clinical Competence and Clinical Productivity. Professional service, teaching and scholarship will also be considered. The faculty must demonstrate a national reputation through a consistent record of national lectures and presentations or curriculum development or program development or active participation in national/international professional societies. Alternatively, national 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). Each of these criteria will be evaluated as described below.

Emeritus:

Emeritus status will be considered for a FTCF member who has retired from clinical activities and whose clinical, professional service, teaching and scholarly record has been highly meritorious. Emeritus appointments will be reserved for those FTCF 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 and achievement of the rank of Clinical Associate Professor or Clinical 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 FTCF 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 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 "peer evaluations" should be performed in an objective manner, and the results should be reviewed and synthesized by the Service Chief to arrive at an overall rating of the FTCF's clinical competence.

A Clinical Competence Assessment Form should be used by qualified faculty to assess the performance of the FTCF. At least five 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 Division Head of clinical competence, productivity, service and teaching is sufficient for annual reappointments on years not specified above.

The faculty members who will participate in the evaluation of a FTCF 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 FTCF 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 FTCF. The forms and any additional information should be part of the individual FTCF's personnel file in the Department of Neurology. The Section Chief should use this information to provide feedback to the FTCF, 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 FTCF, 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 FTCF and should be developed by the Department Chair. Assumptions concerning productivity that are related directly or indirectly to the availability of salary support for a particular FTCF should be specifically defined in writing, and the FTCF should be informed of and concur with the specific expectations for productivity.

3. Evaluation of Clinical Teaching Skills

Every faculty member is responsible for collecting his or her own teaching evaluations. The evaluation of clinical teaching skills of FTCF 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 form used by faculty members to evaluate the clinical competence of the FTCF member.

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

4. Optional Activities

a. Evaluation of Professional Service

Professional service to the Department, School, and community are not required for appointment or promotion to FTCF, but may be specified as duties of a particular position. Examples of professional service include, but are not limited to:

1. Membership in or chair of Divisional, Departmental, School, and Hospital clinical administrative committees or leadership groups at a level that is significant to their function, or other significant administrative or leadership contributions.
2. Establishing, implementing or directing clinical programs.
3. Service in regional, national, and international professional societies.
4. Contribution of medical expertise to non-academic organizations or groups (e.g., community, regional or national non-profits).

b. Evaluation of Scholarship

Objective evidence of scholarship is not required for faculty appointment or promotion for FTCF. Although FTCF are not expected to be independent investigators, they may demonstrate scholarship of discovery, teaching or integration. Examples of scholarship include, but are not limited to:

1. Medical education (e.g., development and implementation of curriculum, teaching strategies, testing methods). This should include some end product that can be evaluated, such as syllabus materials, published reports, textbook chapters, computer-based programs, videotapes, etc.
2. Clinical research (disease descriptions, case reports, participation in clinical trials, scholarly reviews in peer-reviewed journals, and book chapters).
3. Managerial development in medicine or medical education, which should be published whenever possible.

To be considered in support of promotion, scholarly products must undergo external review. 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, while materials or curricula used locally within the department or UWSOM should be reviewed by departmental faculty, including senior clinician teacher faculty or senior FTCF members. The individual FTCF's Chief of Service, the Departmental Vice Chair for Faculty Affairs, or the Chair should provide him/her with guidance regarding seeking appropriate independent review of scholarly products. The FTCF is responsible for obtaining peer review of their scholarly products (other than peer-reviewed published articles).

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 (if applicable)
- Teaching: His/her teaching/mentoring philosophy and teaching/mentoring responsibilities and goals
- Scholarly activities (if applicable): The focus of his/her scholarly activities and the relationship of his/her scholarly activities to his/her clinical care and teaching
- Administration (if applicable): His/her administrative responsibilities, including goals and achievements.