

Appointment and Promotion Criteria Clinical Faculty – Non Paid *Otolaryngology – Head & Neck Surgery*

General Criteria for University of Washington Clinical Faculty

A clinical appointment in the appropriate rank is usually made to a person who holds a primary appointment with an outside agency or non-academic unit of the University, or who is in private practice. Clinical faculty make substantial contributions to University programs through their expertise, interest, and motivation to work with the faculty in preparing and assisting with the instruction of students in practicum settings. Clinical appointments are annual; the question of their renewal shall be considered each year by the faculty of the department in which they are held.

Professionalism

UW Medicine and the Department of Otolaryngology – Head & Neck Surgery is committed to excellence in professional conduct, including integrity, respect, compassion, accountability, collegiality, and altruism. Faculty members in the School of Medicine are expected to demonstrate professionalism in all aspects of their work. Evaluation of professional conduct will be a component of departmental academic assessments and will be considered in the promotion process.

Diversity

At the University of Washington, diversity is integral to excellence. We value and honor diverse experiences and perspectives, strive to create welcoming and respectful learning environments, and promote access, opportunity and justice for all. Accordingly, the University of Washington and the School of Medicine are committed to supporting activities that enhance diversity, equity, and inclusion. As stated in the UW faculty code (Chapter 24, Section 24-32), “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.”

While not all faculty need to make concrete and demonstrable contributions in this regard in order to be appointed and promoted, those faculty who do so will be recognized for these contributions, and such contributions will be included in their portfolio.

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Clinical Instructor

Clinical Instructor will be the usual initial appointment. A minimum expectation of involvement (e.g. less than 50 hours per year) is necessary for

appointment to this rank. Promotion beyond Clinical Instructor will depend on meeting the criteria for Clinical Assistant Professor. Time in rank alone is not sufficient for promotion. The candidate must be Board certified in Otolaryngology-Head and Neck Surgery or the equivalent if not an Otolaryngology-Head and Neck Surgeon.

Clinical Assistant Professor

Appointment or promotion to the rank of Clinical Assistant Professor will require sustained and substantial involvement in the mission of the Department and the School which exceed the expectations for Clinical Instructor. An example of this would be a contribution equivalent to more than 50 hours annually. The candidate should have at least 5 years of demonstrated productivity in either publications, presentations or teaching. He or she must be Board certified in Otolaryngology-Head and Neck Surgery or the equivalent if not an Otolaryngology-Head and Neck Surgeon. Promotion to Clinical Associate Professor typically will be considered after 5-10 years in the rank of Clinical Assistant Professor although earlier promotion will be possible in exceptional circumstances.

Clinical Associate Professor

The rank of Clinical Associate Professor is reserved for those who have made outstanding contributions of a substantial nature (e.g., equivalent to more than 100 hours annually) to the mission of the Department and the School over a prolonged period of time. Scholarly contributions to the literature will be considered, but are not required at this rank. Usual time in rank as Clinical Associate Professor is five years or more before consideration for promotion to Clinical Professor.

The candidate must be Board certified in Otolaryngology-Head and Neck Surgery or equivalent if not an Otolaryngology-Head and Neck Surgeon and membership in the Triologic Society would help support the appointment.

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Clinical Professor

Appointment or promotion to this rank is based on national or international recognition as a leader in the discipline as evidenced by accomplishments in teaching, scholarly publications, or service in national or international professional societies. Distinguished and substantial (e.g., equivalent to more than 150 hours annually) professional activity in teaching, patient care, service to the community and/ or region over an extended period of time, and dedication to the programs of the Department and the School will be considered in exceptional cases. The candidate may have been a former full time Professor in this or another academic institution and membership in appropriate senior Otolaryngology-Head and Neck Surgery societies would help support the appointment.

Emeritus

Emeritus status will be considered for a clinical faculty member who has retired from clinical activities and whose scholarly teaching or service record has been highly meritorious. Emeritus appointments will be reserved for those clinical faculty who have made sustained and substantial contributions to the mission of the Department and the School. This requires at least ten years of prior service and achievement in the rank of Clinical Professor or Clinical Associate Professor

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Clinical Faculty Guidelines

Over the years, our list of clinical faculty members has grown tremendously. On this list are a number of outstanding individuals who have dedicated a great deal of time and energy to the Department of Otolaryngology-Head & Neck Surgery. To these people we owe a great debt of gratitude as they have truly exemplified the role of a clinical faculty member. So that others may follow in their footsteps, we have developed the following guidelines for clinical faculty. We encourage you to participate and we look forward to seeing you in the next year.

The Department of Otolaryngology-HNS at the University of Washington Medical Center strives to provide outstanding care to patients with medical and surgical problems of the head and neck region. In addition, we take great pride in graduate, resident and medical student education. We strongly encourage clinical faculty to become involved in resident and medical student education. In the past, numerous clinical faculty have made great contributions towards the training of residents in Otolaryngology-HNS. Equally important is the role that clinical faculty play in maintaining "continuity of care" with patients from outlying areas treated at the affiliate hospitals of the University of Washington. We take great pride in our clinical faculty and appreciate their help in maintaining an outstanding residency program.

Each clinical faculty will be reviewed on a yearly basis in June by the Department of Otolaryngology-HNS and his or her appointment will either be renewed or denied based on participation. New appointments will be made effective July 1 of each year. We hope that these guidelines are helpful and we look forward to working with you in the near future.

To become a member of the clinical faculty we have compiled a list of requirements:

- 1) The candidate must be Board Certified or Eligible in Otolaryngology-Head & Neck Surgery.
- 2) He/she must be a member of his or her county medical society.
- 3) He/she must hold a Washington State Medical License.

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- 4) He/she must contribute to the educational process.
- 5) He/she must not use their academic titles in commercial advertising efforts.

Following is a list of programs in which the clinical faculty member may participate:

A. Anatomy Lab

The Head & Neck Anatomy course is presented by Dr. Daniel Graney to first year medical students in the winter-spring of each academic year. 111e Otolaryngology-HNS faculty have been quite involved in helping out with the Anatomy Lab. The faculty members assist students with the head and neck dissections and most of us have found this a rewarding and enjoyable experience.

B. Medical Student Head & Neck Exam

Each Spring the head and neck clinical exams are taught to 3rd year medical students at Harborview Medical Center by clinical faculty. This involves teaching medical students how to perform proper head and neck exams and how to use a head mirror for indirect laryngeal exams.

C. Continuing Medical Education

Multiple CME courses (endoscopic sinus surgery, facial plastic and reconstructive surgery and otology for the non-Otolaryngologist) are given by the Department each year and clinical faculty are invited to participate as students or instructors.

D. Participation in Weekly Rounds

Departmental rounds are given each Wednesday afternoon. During this time interesting patients are discussed and clinical faculty are welcome to participate. There is also a weekly Head and Neck Tumor Board following this conference where head and neck cancer patients are discussed in a multi-disciplinary forum.

E. Temporal Bone Dissection Course

This is a course given to the junior residents each year.

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F. Contributions to Research

There are various resident educational funds that clinical faculty have contributed to in the past. These funds are used for resident education by improving our library resources, funding resident research, and sending residents to educational courses and meetings.

G. Monthly Soft Tissue Courses

This is a three-hour lab given by Dr. Craig Murakami to medical students, residents, nurse practitioners, family practitioners and physician assistants. The lab is a suturing class using pigs feet for dissection.

H. Interactive Patient Care

Our residency training program is dependent on a continuing flow of challenging case material that is the foundation of our educational effort. A great contribution to our training program evolves from the joint management of challenging cases. Our faculty and residents look forward to the opportunity to assist via consultations and interactive communication (email, FAX, internet) in assisting in the management of complex patients.