

Appointment and Promotion Criteria Full-Time Clinical Faculty

Otolaryngology – Head & Neck Surgery

GOALS AND OBJECTIVES

The appointment of full-time clinical faculty (FTCF) should advance the academic and service mission of the School of Medicine (SOM) by:

- Enhancing patient access to departmental services by providing a clinical service that is responsive to the increased demand for UW Physicians services. Such access should be provided in a manner that is consistent with patient expectations, and SOM standards in terms of timeliness and quality.
- Improving the management and efficiency of the SOM clinical services.
- Participating in teaching and training of residents, fellows, and medical students.

Definition: FTCF is defined as a person:

- Whose appointment is 0.5 FTE or greater; and
- Who does not have clinical practice outside of UWP or CUMG except with sites of practice committee and Dean approval
- Whose primary responsibility is to provide direct clinical service.

POSITION APPROVAL

Service chiefs must obtain approval for the position before proposing an appointment. The full-time clinician position approval request form is to be completed and submitted to the Department Chair. (Appendix A).

APPOINTMENT AND PROMOTION

Appointment to the FTCF requires a faculty vote. Appointment packets must include at least three letters attesting to the clinical and teaching skills of the individual. (Additional letters are encouraged.)

Consistent with the Faculty Code, these will be annual appointments for the academic year July 1 through June 30. Each year, the faculty must vote to reappoint, and the department chair must forward recommendations to reappoint to the Dean.

Reappointment decisions must be made by March 31 of the first year and by December 31 each succeeding year.

FTCF will carry the title "Clinical (Instructor, Assistant Professor, Associate Professor, or Professor), and Member (or Associate) of UWP."

Regular faculty may resign from the faculty and apply for appointment to a FTCF position in accordance with the process defined for FTCF appointments, provided they have not yet completed four years as an assistant professor. FTCF may apply for appointment to a regular faculty position in accordance with the process defined for regular faculty appointments.

Full-time clinical faculty will not be eligible to submit research grants and cannot be

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assigned laboratory space. The Department Chair may approve a variation from this policy on a case-by- case basis. Full-time clinical faculty are non-voting members of the department.

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

GENERAL 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, the department, and the chairman. 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 missions of the department. Time in rank alone is not sufficient for promotion.

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

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, in addition, is contributing to the departmental program in patient care and teaching, professional service, and scholarly activity. Promotion beyond Clinical Instructor will depend on meeting the criteria for Clinical Assistant Professor. The usual term of service at this level is two years. Persons demonstrating exceptional service may be considered for promotion after one year.

Clinical Assistant Professor

This rank requires that the individual have training and experience substantially beyond that required for the rank of Clinical Instructor and that the person has contributed to clinical care in a substantial manner and at a level of competence exceeding the expectations for Clinical Instructor. American Board certification in Otolaryngology-Head and Neck Surgery or equivalent will be required for 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. Contributions toward medical education, the medical profession, or the standing of the profession in the community may be considered in the decision for promotion to this level. Scholarly contributions are optional. The usual term of service at this level is 6 years. Persons demonstrating exceptional qualifications and experience may be considered for promotion earlier.

Clinical Associate Professor

The rank of Clinical Associate Professor is reserved for those who have made high quality contributions, including clinical program development and innovative service, of a substantial nature to the mission of the department and the school. Scholarly contributions to the literature will also be considered but are not required at this rank. The usual term of service at this level is 6 or more years.

Clinical Professor

Appointment or promotion to this rank is based on local recognition as a leader in the discipline as evidenced by accomplishments in clinical care, clinical program development, teaching, serve in national or international professional societies, or scholarly publications. Distinguished and substantial professional activity in patient care, teaching, service to the community and/or region over an extended period of time and dedication to the programs of the department and school will also be considered.

Emeritus

Emeritus status will be considered for a clinical faculty member who has retired from

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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. 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 OF FULL TIME CLINICAL FACULTY

Criteria for evaluation of FTCF in the Department of Otolaryngology-Head and Neck Surgery focus on four general areas: 1) clinical competence and service; 2) clinical teaching; 3) scholarly activity and 4) professional service.

Evaluation of Clinical Competence, Productivity and Service

The system for evaluating clinical excellence follows principles for assessment of clinical competence developed by the American Board of Otolaryngology-Head and Neck Surgery (ABO). Assessment of clinical competence of FTCF should be performed in the following categories: 1) clinical and surgical 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; and 8) overall clinical competence. 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 department head and service chief to arrive at an overall rating of clinical competence for the individual.

At least three faculty who are qualified to evaluate the FTCF should judge the clinical accomplishments at the time of each evaluation. After initial appointment, each FTCF should be evaluated at approximately two year intervals until the FTCF has been promoted to associate professor. These evaluations should be performed in the year prior to a FTCF promotion to associate professor, and promotion to professor.

The types of faculty members who will participate in the evaluation of a FTCF should be selected by the department head with the concurrence of the service chief from the following "types" of faculty associates such as otolaryngologist-head and neck surgeons, anesthesiologists, audiologist/speech pathologist, nurses, etc. At least 5-6 evaluators should be designated, with a minimum of 1/3 of the evaluators consisting of faculty outside the department. Based on the designated types of faculty, specific individuals to complete the evaluations should be selected by the department head at the time of each evaluation. The department head should attempt to select individual faculty associates who have considerable contact with the FTCF in a patient care setting.

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The service chief should add any special information relative to the overall clinical competence of the FTCF. The forms and any additional information from the service chief should be part of the individual FTCF's personnel file in the Department. The service chief should use this information to provide feedback to the FTCF, and the information should also be used by the department chair and the Appointments and Promotions committee 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 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 FTCF should be specifically defined by the department chair in writing, and the FTCF should be informed of the specific expectations for productivity.

Evaluation of Professional Service

It is expected that professional service to the department, school, and community be demonstrated by all FTCF. Contributions should be evaluated by the role; initiation, and accomplishments of FTCF on committees, in projects, and in groups. Examples of professional service include (not exclusively):

1. Membership in and/or chairmanship of departmental, school, and hospital clinical committees and/or task forces at a level that is significant to the function of the committee and/or task force.
2. Establishing, implementing and/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 and/or national non-profits).

Evaluation of Clinical Teaching Skills

The evaluation of clinical teaching skills of faculty in the FTCF pathway in the Department of Oto HNS should include the following: 1) Assessment Forms collected from medical students, residents, and fellows; 2) ratings of lectures given for teaching conferences and continuing medical education courses; 3) ratings of teaching skills demonstrated in other settings such as ward rounds and operating room; and 4) 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

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clinical competence of faculty in the FTCF.

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

Evaluation of Scholarship

Objective evidence of scholarship is not required for faculty appointment or promotion. Although FTCF are not expected to be independent investigators, they many demonstrate scholarship by collaborative research, curriculum development, or program development. Examples of scholarship include (not exclusively)

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.