

University of Washington
Department of Radiology

**Guidelines for Appointment and Promotion
Regular Track, Physician-Scientist Pathway**

Overview:

The Department of Radiology at the University of Washington expects all physicians on the Regular Track to participate in the clinical, teaching, research, and administrative functions of the Department. To meet the mission of the University of Washington, radiologists maintain a higher level of clinical commitment than physicians in many other departments. This commitment varies by section and individual faculty member. The guidelines below should apply to members of the department within the context of these variable demands on their time for research, clinical care, and teaching.

Diversity and Equity:

Per 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 among the professional and scholarly qualifications for appointment and promotion outlined below."

URL: <http://www.washington.edu/admin/rules/policies/FCG/FCCH24.html#2432>

Categories to be Evaluated for Promotion

- **Scholarship:** Key characteristics of a scholarly work are that it has undergone both some form of **peer review as well as dissemination**. If a potential scholarly work has not undergone peer review, then the department should arrange appropriate review, for example, by external reviewers selected by the department chair (or section chief) and the faculty member. The quality of the work and the development of expertise and impact in an area of science or on a particular topic are more important than the quantity of the scholarship. Different types of scholarship include:
 - *Scholarship of Discovery:* This type of scholarship includes the generation of new knowledge and publication in peer-reviewed publications. The areas of research include basic science, clinical, epidemiological, health services, social sciences, ethics, education, and health care delivery. Types of contributions might include:
 - Publication in peer-reviewed journals
 - Presentation of data in abstract form, oral presentation, or poster
 - Participation in key elements of multi-center projects
 - *Scholarship of Integration:* This type of scholarship includes critical synthesis and integration of existing information on a particular question. It is a valuable

contribution, especially for physician-scientists. Examples of this type of scholarship include:

- Systematic reviews of the literature, including meta-analyses, Cochrane Collaboration reviews
- Book chapters
- Review articles in peer-reviewed journals
- Editorial board of peer-reviewed journals
- Authorship or editorship of books published by reputable publishers
- Editorship of a journal
- *Scholarship of Teaching*: This type of scholarship contributes to new knowledge related to teaching. These types of scholarly products should be peer-reviewed outside the department if they have not already undergone peer-review. Examples of scholarship of teaching include:
 - Curriculum development and improvement
 - Materials for in-house use such as resident and evidence based clinical guidelines that have been disseminated outside the department.
 - Educational software and videos and web-based materials including podcasts, instructional YouTube Videos, blogs, and Twitter feeds that have undergone external peer-review and dissemination.
 - Systematic evaluation of educational programs for purposes of continuous quality improvement that have been disseminated outside the department
- *Scholarship of Application*: Scholarly contributions to clinical quality improvement and patient safety are important to the mission of UW SoM and as such should be recognized for appointment and promotion. Types of contributions, if peer-reviewed and disseminated, might include:
 - Development of new quality and patient safety metrics and evaluation of their impact on desired outcomes
 - Development of new analytic tools and methods for assessing quality and safety
 - Implementation of major clinical initiatives, care pathways and/or other models of care and evaluation of their impact on desired outcomes
 - Development of innovative approaches and/or guidelines to diagnose, treat, or prevent disease
- **Teaching**: The evaluation of teaching is based upon the quality and value of teaching interactions with students, residents, fellows, graduate students, practicing physicians, and other health care professionals; an assessment of innovative education programs, projects, resources, materials, and methods; and, for some faculty, the ability to be an effective educational administrator or leader.
 - *Teaching Portfolio*: Compilation of the teaching portfolio is required for the promotion dossier of all faculty with teaching duties. Evaluations must include peer evaluations of teaching from a combination of other faculty who work with the individual in the teaching setting in addition to those obtained from students or

learners. In general, teaching evaluations are expected annually, but the material should be summarized in addition to submitting the individual evaluations. Refer to department guidelines on the format of the teaching portfolio and evaluation forms and materials.

- *Peer evaluators*: Evaluators should be chosen by the faculty member and the department chair or their delegate.
- **Clinical Care**: Faculty who provide clinical professional services must have peer clinical evaluations as a component of academic advancement. The weight given to the quantity and quality of clinical service should be aligned with the time spent in clinical activities. Peer clinical performance evaluations should be conducted on a regular basis using a structured format.
 - Peer clinical evaluations should be obtained from faculty who work with the individual in the same clinical setting. At least some of the faculty should be outside of the individual's specific area of expertise. Peer evaluators should be chosen by the faculty member and the department chair (or division head). Evaluations from trainees may also be included in the overall clinical care evaluation packet. However, the majority of the evaluations should come from peer faculty.
 - The evaluation should focus on two main areas:
 - medical knowledge, problem-solving skills, management of complex patients, psychomotor skills, and overall clinical skills; and,
 - humanistic qualities, responsibility, compassion, professionalism in interactions with both patients and colleagues, and management of the psychosocial aspects of illness.
 - At the time of the appointment of a physician-scientist, guidelines should be established for the evaluation of the quality of clinical care and clinical productivity. Specific guidelines should be individualized for each physician-scientist and should be developed by the department chair and section chief.
- **Administrative Service**: Examples of administrative activities include administration of a division, research unit, clinical unit, or teaching program.
 - *Evaluators*: These should include the individual's section chief as well as their peers, other supervisors and users of the service which they administer.
 - *Expectations and goals*: These should be jointly set by the faculty member and the person(s) to whom the faculty member reports for these administrative activities. If that supervisory person is outside of the department, input from that person or body should be solicited during the promotion process.
 - *Measurements for administrative activities*: Examples of measurement include financial performance, operational performance, workforce management, diversity enhancement, new program development, ongoing program oversight, leadership, role in new initiatives and support/implementation of goals and initiatives.
- **Professionalism**: Professionalism includes demonstrating honesty, integrity, respect, compassion, accountability, and a commitment to altruism, diversity, equity and inclusion in all our work interactions and responsibilities. Because professionalism is expected in all areas of a faculty member's performance, deficiencies in professionalism may be seen as

limiting a faculty member's ability to be successful in teaching, research, and professional service. The Department will evaluate the professionalism of faculty in a standardized fashion annually. Examples of professionalism include:

- Demonstrates respect toward all others both in direct interactions and in indirect references
 - Aware of own limitations; seeks and accepts constructive feedback
 - Answers questions directly and respectfully
 - Tactfully offers assistance and support for team members
 - Inspires trust in patients, colleagues, coworkers, and subordinates
 - Listens well and responds appropriately
 - Is dependable, competent, and responsible
- **Professional Recognition:** The expected types of external recognition should reflect the profile of the faculty member's efforts devoted to their academic activities. Examples of how a faculty member might be recognized outside of the University include:
 - Awards or prizes
 - Serving on national advisory boards, guideline panels, or study sections
 - Membership in scholarly organizations, especially elected societies
 - Serving on editorial boards
 - Providing peer reviews for scholarly journals
 - Presenting at scholarly meetings and conferences
 - Invitation to give state-of-the-art lectures or reviews at national or international meetings
 - Visiting professorships
 - Organizing international, national or regional meetings

Promotion to specific ranks:

Assistant Professor: Qualification for the rank of Assistant Professor includes:

- M.D. Degree or equivalent degree, and equivalent clinical training to meet Board Certification requirements or, if trained outside the United States of America, completion of a comparable training program is expected
- Demonstrated commitment to academic radiology with likelihood of future success and growth in the field as evidenced by scholarly publications, presentations at local and regional meetings, formulation and initiation of research and educational projects.

While substantial administrative service is not expected of Assistant Professors, if a candidate has assumed administrative responsibilities, these might reasonably diminish the expectations for teaching and clinical care.

Associate Professor: A candidate for Associate Professor will be expected to have shown *productivity and achievement with an emphasis on* scholarly productivity, but also having demonstrated productivity and achievement in teaching, and clinical care.

Qualification for the rank of Associate Professor shall be distinguished by a **recognized local and regional** reputation for scholarly *excellence* in an established area of radiology or radiologic science. Qualifications and evidence of such recognition include:

- *Scholarship:*
 - Independent, focused scholarship with original publications in appropriate specialty journals with an emphasis on first and senior author publications
 - Other scholarly contributions such as texts, chapters and reviews may contribute to qualification
 - Scholarly contribution through basic or clinical research, or development of new techniques which have been published in peer-reviewed scientific publications
 - Submission and awarding of scientific grants and/or contracts
 - High likelihood of continued scholarly growth and productivity as evidenced by a strong trajectory of scholarly output
- *Teaching:* Demonstration of good to excellent teaching
- *Clinical Care:* Demonstration of good to excellent clinical work as evidenced by establishment of a recognized focus of clinical excellence or introduction of new methods and techniques. Board Certification, or equivalent, is expected
- *Administration:* Creative and active member of the University, hospital and department committees and educational efforts
- *Professionalism:* The Department expects professional behavior from all members. Professionalism includes a commitment to excellence, diversity, inclusion, equity, humanism, accountability and altruism. Demonstrations of professionalism include formal or informal leadership, mentoring, and service
- *Professional Recognition:* Recognition by the regional or national academic community as evidenced by scientific presentations at national and/or regional meetings, visiting professorships and/or invited lectureships in accredited instructional courses

Professor: Qualification for the rank of Professor is distinguished by national or international reputation in Radiology or radiologic science. Evidence of such recognition includes:

- *Scholarship:* Mature, focused scholarship with important original publications in appropriate specialty journals, editorship and/or authorship or major texts, extramurally funded research.
- *Teaching:* A continuing and productive teaching program with mentorship of junior colleagues.
- *Clinical Care:* Demonstration of continued good to excellent clinical work with a recognized focus of clinical excellence
- *Administrative Service:* Creative and active member of the University, hospital and department committees and educational efforts.
- *Professionalism:* The Department expects professional behavior from all members. Professionalism includes a commitment to excellence, diversity, inclusion, equity, humanism, accountability and altruism. Demonstrations of professionalism include formal or informal leadership, mentoring, and service.

- *Professional Recognition:* Seniority and leadership positions in national professional organizations, and participation on editorial boards.