

**REGULAR FACULTY TRACK
PHYSICIAN/SCIENTIST PATHWAY**

**Department of Medicine, University of Washington, Seattle
Appointment and Promotion Guidelines**

INTRODUCTION

Faculty in this pathway spend the majority of their academic time in research. Teaching is also required and clinical care (when applicable) is a highly valued component of this pathway.

Faculty appointed in this pathway hold the title of assistant professor, associate professor, or professor.

Candidates for the ranks of research assistant professor, research associate professor and research professor follow the same criteria but do not participate in clinical activities and are not required to teach, but are encouraged to do so.

In accordance with the University's expressed commitment to excellence and equity, any contributions in scholarship and research, teaching and service that address diversity, equity and inclusion shall be included and considered among professional and scholarly qualifications for appointment and promotion. To provide culturally competent education, discovery and patient care, the UW Department of Medicine (DOM) recognizes the necessity to build a diverse faculty, student, trainee and staff community and to foster a culture that is inclusive and welcoming.

The policy and expectation of UW Medicine and the Department of 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.

APPOINTMENT CRITERIA

Faculty on the physician/scientist pathway devote the majority of their effort to scholarship. Other professional activities include teaching, clinical care (if applicable), administrative leadership (if applicable). Diversity, equity and inclusion contributions in scholarship and research, teaching and service shall be included and considered. The scholarly focus for faculty in this pathway is the scholarship of investigation and discovery.

Entry level for faculty appointment is usually at the assistant professor rank. Appointment as assistant professor requires completion of clinical training to meet certification requirements or a doctoral degree with substantial research experience. At the time of appointment, assistant professors will have demonstrated clear potential for

and commitment to an academic career in a focused area. There should be evidence of original scholarship. Generally, the appointee will have authored, original, peer-reviewed publications of substantial merit and have several published works. In addition, the individual will likely have obtained some extramural funding for their research or career development.

Key criteria for appointment to assistant professor as a physician/scientist

- MD (or equivalent) and/or PhD degree. If applicable, the clinical training needed to meet American Board of Internal Medicine certification or subspecialty requirements. In general, physician/scientist faculty in a subspecialty will have completed an academically-oriented fellowship or an equivalent post-residency training program.
- Substantial research experience
- Authorship of several original, peer-reviewed publications of substantial merit
- Excellent clinical competence, documented from residency, fellowship, or practice settings
- Documented evidence of teaching excellence
- Professionalism

The initial appointment term is for three academic years. In the second academic year, assistant professors are evaluated for a second three-year term as assistant professor by the senior eligible voting faculty within the faculty member's division and the Department of Medicine Appointment and Promotions Committee.

APPOINTMENT AND PROMOTION CRITERIA

Recognizing that each faculty member has a unique professional activity profile and assigned responsibilities – in scholarship, teaching, clinical care, administrative leadership, quality improvement, diversity, equity and inclusion – the relative importance of these activities as criteria for promotion should be aligned with the relative time commitment to each of these activities. Expectations regarding faculty effort and criteria for promotion should be aligned and documented in regular reviews by the faculty member's division head. Appointments at the ranks of associate or full professor are outlined in the following criteria. Appointment to the rank of associate professor of medicine is regarded by the University and its faculty as a laudable achievement. Not all faculty will attain the rank of full professor.

Key criteria for appointment and promotion to associate professor:

- Exhibits professionalism.
- Significant accomplishment in an area of research and evidence of independent investigation
- Emerging national recognition for his/her scholarship, including extramural grant funding
- Excellence in teaching
- Diversity, equity and inclusion in scholarship and research, teaching, and service activities will be considered

- Excellence in clinical care (for clinicians if applicable)
- Quality improvement and patient safety (if applicable)
- Administration effectiveness can be considered if administrative leadership is a significant component of the faculty member's job description but this would be uncommon for this pathway

Key criteria for appointment and promotion to professor:

- Exhibits professionalism
- Outstanding, mature scholarship with significant, sustained scholarly productivity and research funding
- Duration and significance of scientific contributions
- National/International recognition as an expert in their research field
- Excellence in teaching
- Diversity, equity and inclusion in scholarship and research, teaching, and service activities will be considered
- Excellence in clinical care (for clinicians if applicable)
- Quality improvement and patient safety (if applicable)
- Administration effectiveness can be considered if administrative leadership is a significant component of the faculty member's job description but this would be uncommon for this pathway.

EVALUATION CRITERIA

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
- 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 and abilities
- 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 serving on committees, attending divisional/departmental activities/conferences, or supporting the academic mission in other ways

Scholarship

The criteria by which scholarship/research productivity may be evaluated are:

- Numbers and quality of research publications, including 1st author, senior author and contributory author work. Greater consideration is given to quality (e.g. “high-impact” journals; seminal publications; degree of innovation).
- Extent, duration, and source of extramural research funding.
- Professional and/or public impact of work and national or international reputation.

For appointment or promotion to **associate professor**, the candidate must demonstrate significant accomplishments in a focused area of research with evidence of independent investigation. The quality of an individual’s peer reviewed publications is a major factor considered for promotion to associate professor.

For appointment or promotion to **professor**, candidates must have outstanding mature scholarship with sustained productivity. In addition, an individual must have national/international stature and be a recognized leader in their scholarly field. Candidates will generally have a sustained record of extramural research funding and will be a member of scientific review committees, advisory panels, etc. Outstanding contributions in non-research area such as medical care, administrative or educational accomplishments are considered, but by themselves are not sufficient to merit promotion to professor in this track.

Examples of different types of scholarship:

- *Scholarship of investigation and discovery*: The generation of new knowledge and publication in peer-reviewed publications in such areas of research as clinical care, clinical trials, epidemiology, health services, social sciences, ethics, medical/patient education, and health care delivery. Physician/scientists who collaborate on research studies should meet the criteria for inclusion in publications established by journals: contributing to the generation of the research idea, recruiting patients, conducting chart reviews, participating in data collection and/or analysis, and/or writing up the results for publication.
- *Scholarship of Application*: 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. Honors and awards in this domain are also important considerations. Impact regionally, nationally and/or internationally is highly valued, particularly in the form of publications and grant support.

Examples of national recognition of a faculty member's scholarship:

- Publications
- Grants
- National workshops/course
- New curricula for a new or existing national program
- Leadership on a committee of a national organization or society
- Appointment to a national task force or federal advisory committee
- Invited lectures at other institutions or national meetings
- Advocacy at a national level
- Consulting with industry or a government agency (e.g., FDA)
- Quality improvement and patient safety national awards/recognition

Teaching

Teaching is an integral part of the regular faculty track. Evaluation is based on assessment of the quality and value of teaching and mentoring interactions with students, residents, fellows, practicing physicians, and other professionals.

Teaching evaluations. Inclusion of any and all formal evaluations of teaching and mentoring in all venues is the responsibility of each faculty member. Such assessments include the following:

- Teaching evaluations from students, residents, and other audiences, including practitioners participating in continuing medical education courses.
- Teaching scholarship quality as measured by the candidate's trainees' academic/research achievements and clinical teaching evaluation when applicable.

Peer evaluation of teaching effectiveness. The Department of Medicine uses a teaching effectiveness form with which colleagues evaluate the faculty member in different teaching settings (classroom, seminars, clinical, or research). At least five colleagues are selected by the faculty member and Division Head to complete these forms. At the time of consideration of promotion to associate professor or professor, the teaching evaluations are evaluated internally by the Department Promotions Committee and by the voting faculty in the Department who are greater in rank than the candidate.

Clinical Care (for clinicians)

Peer clinical evaluations. Peer clinical evaluations are conducted using a structured format adopted by the Department.

The system for evaluating clinical excellence follows principles for assessment of clinical competence developed by the American Board of Internal Medicine (ABIM). Following categories employed by the ABIM, assessment of clinical competence of physician/scientists in the Department of Medicine 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 physician/scientists in these categories should be performed by qualified faculty in the School of Medicine (e.g., clinically oriented faculty in the division and in interactive specialties and subspecialties outside the division 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 division head and service chief to arrive at an overall rating of clinical competence for the individual physician/scientist.

A Clinical Competence Assessment Form should be used by qualified faculty to assess the performance of physician/scientists. As least 9 faculty who are qualified to evaluate the physician/scientist should complete these forms at the time of each evaluation. At a minimum, after initial appointment, each physician/scientist should be evaluated in year two, year five, and every five years thereafter.

The types of faculty members who will participate in the evaluation of a physician/scientist should be selected by the division head with the concurrence of the service chief and department chairperson (e.g., the division head should designate “types” of faculty associates such as 3 general internists, 1 cardiologist, 1 gastroenterologist, 1 general surgeon, etc.). At least 9 faculty associates should be designated, with a minimum of 1/3 of the evaluators consisting of faculty outside the division. Based on the designated types of faculty, specific individuals to complete the evaluations should be selected by the division head at the time of each evaluation. The division head should attempt to select individual faculty associates who have considerable contact with the physician/scientist in a patient care setting.

The Clinical Competence Assessment Forms should be distributed to the faculty associates by the division heads, and completed forms should be collected by the division head and reviewed with the service chief. The division head and service chief should add any special information relative to the overall clinical competence of the physician/scientist. The forms and any additional information from the division head and service chief should be part of the individual physician/scientist’s personnel file in the Department of Medicine. The division head should use this information to provide feedback to the physician/scientist, and the information should also be used by the department chairperson and the Appointments and Promotions committee at the time decisions concerning reappointment and promotion are made.

Administrative leadership

Administrative responsibilities of faculty members on the physician/scientist pathway are usually minimal but may increase with advancement in rank. Administrative and leadership responsibilities may be focused in a hospital; the Department of Medicine; the School of Medicine or University. National administrative responsibilities can also be considered in the promotion process.

Evaluation of administrative performance is based on expectations and goals set annually by the faculty member and the person(s) supervising the faculty member in these

administrative activities. The evaluation at the time of appointment or promotion is generally in the form of letters of support from administrative supervisors or colleagues.

Diversity, Equity and Inclusion

Contributions in all areas of faculty achievement that promote equal opportunity, diversity, equity, and inclusion will be given due recognition in the academic advancement process, and these achievements will be evaluated as defined below. All faculty are expected to promote the diversity, equity and inclusion within the University of Washington and are encouraged to list contributions and achievements. These contributions to equal opportunity, diversity, equity, and inclusion can take a variety of forms; examples include:

- Efforts to advance equitable access to education and outreach at all levels; examples include creative recruitment efforts for training grant candidates, pipeline efforts, innovative recruitment efforts for fellowship and residency candidates.
- Public service that addresses the needs of diverse populations locally, regionally or nationally, such as educational presentations, media presentations, partnerships with community-based organizations/groups with a goal of improving health, wellness, and health equity in communities, improving translation services and health literacy;
- Research in an investigator's area of expertise that discovers, documents, and addresses health disparities in vulnerable populations; Educational research focusing on best practices to promote equal opportunity, diversity, equity, and inclusion
- Mentoring/advising of students, trainees or faculty at all levels: assisting those who are underrepresented in health sciences, underrepresented minorities (URM) or disenfranchised populations;
- Teaching: incorporating diversity and inclusion training, health disparity, population risk factors, and research findings of URM/disenfranchised groups in core curriculum content;
- Clinical care: outreach clinics, efforts at remedying healthcare disparities through provision of clinical care
- Committee Service: Serving on diversity committees at any level (national, department, division); implementing, creating, and disseminating best practices to promote equal opportunity, diversity, equity, and inclusion.

These contributions towards promoting diversity, equity, and inclusion will be considered in the advancement process and will be evaluated similarly to other forms of scholarship, teaching, clinical activities, and administrative leadership.

OTHER
Self-assessments

As part of the promotion packet, the faculty member describes the following:

- **Clinical care:** Clinical responsibilities, programs developed, and the relationship of the clinical activities to teaching, scholarly, and administrative roles.
- **Teaching:** Teaching/mentoring philosophy and teaching/mentoring responsibilities and goals.
- **Scholarly activities:** The focus of scholarly activities and the relationship of scholarly activities to clinical care and teaching.
- **Diversity, equity and inclusion:** Contributions in all areas of faculty achievement that promote equal opportunity, diversity and equity.
- **Administrative leadership** (if applicable): Administrative responsibilities, including goals and achievements.
- **Quality improvement and patient safety** (if applicable): Contribution(s) to new knowledge related to quality improvement and patient safety.

Switching pathways

Assistant professors in the regular faculty track may switch from the physician/scientist pathway to the clinician/teacher pathway prior to having completed four years as an assistant professor or by exception from the SOM dean after four years in rank.

Associate professors and professors in the regular faculty track may switch from the physician/scientist pathway to the clinician/teacher pathway at any time, but associate professors are required to serve a minimum of three years after switching pathways before being eligible for consideration for promotion to professor.

Switching pathways requires prospective review and approval by the Division Head, Department of Medicine A&P committee, Department Chair, and Dean.