UW Medicine
DEPARTMENT OF MEDICINE

Appointment and Promotion Guidelines

FULL-TIME CLINICAL FACULTY
Approved August 2023

INTRODUCTION

The full-time clinical faculty (FTCF) title is for clinicians who generally devote the majority of their time to clinical care and teaching at one of the University's major approved clinical teaching sites. Additionally, consistent with the University's expressed commitment to excellence, equity, diversity, and inclusion, contributions in clinical care and teaching that address diversity and equal opportunity should be included among the professional and scholarly qualifications for appointment and promotion as outlined below.

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 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 will not be 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.

APPOINTMENT CRITERIA

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

their potential for excellence in clinical care and professionalism and the potential for excellence in teaching. Clinical assistant professors will also have demonstrated potential for or made early contributions in at least one of the five scholarship elements.

Key Criteria for Appointment to Clinical Instructor

- M.D. or D.O. degree (or equivalent) and the clinical training needed to meet relevant board certification or subspecialty requirements. This pathway is also used for individuals with a Master's of Human Genetics or Genetic Counseling, or equivalent, for appointment in the Genetics Counseling master's program who are certified by the American Board of Genetic Counseling for practice as Genetic Counselors
- Excellent clinical competence, documented from residency, fellowship, or practice settings
- Professionalism
- Potential for excellence in teaching

It is expected that appointees will contribute to the divisional program in patient care and in teaching programs when students and/or residents or fellows are present in the appointee's site of practice.

The initial appointment term is usually/generally one year and is reappointed annually.

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.

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

APPOINTMENT AND PROMOTION 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 and the division. 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 and clinical missions of the relevant division. Time in rank alone is not sufficient for promotion.

The following domains will be used for appointment and promotion of clinical faculty:

CORE ELEMENTS	ADDITIONAL CONTRIBUTIONS
a. Clinical Care i. Clinical competence ii. Clinical productivity b. Professionalism c. Teaching	a. Administrative leadership or service b. Quality improvement and/or patient safety work c. Mentorship d. EDI work or leadership e. Biomedical scholarship

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 has excellent clinical competence documented from residency, fellowship or a practice setting. It is expected that appointees will contribute to divisional or departmental programs in patient care and teaching. At the time of appointment, clinical instructors have demonstrated their excellence in clinical care and professionalism and the *potential* for excellence in teaching. Diversity, equity and inclusion contributions in scholarship and research, teaching and service shall be included and considered. Participation in one of the 5 Additional Contributions is not required for appointment. Promotion beyond Clinical Instructor will depend on meeting the criteria for Clinical Assistant Professor.

Clinical Assistant Professor:
This rank requires that the individual has 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. For appointment or promotion to Clinical Assistant Professor, a candidate must have *demonstrated* excellence in Clinical Care (Clinical Competence and Clinical Productivity), and Professionalism over a sustained period of time, and the potential for or demonstrated excellence in teaching, and must have the potential for or demonstrated meaningful participation in one of the 5 Additional Contributions at least at the local (UW Medicine) level. Diversity, equity and inclusion contributions in scholarship and research, teaching and service shall be included and considered. Each of these criteria will be evaluated as described in the Appendix. Time in rank alone is not adequate for promotion to Clinical Assistant Professor. In general, current Board certification will be required for appointment or promotion to the rank of Clinical Assistant Professor or above. In rare circumstances, because of unusual qualification or experiences, the requirement for current Board certification may be waived.

Clinical Associate Professor:
This rank requires that the individual have clinical experience that has matured over time with local or regional recognition for 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, teaching, and scholarship will be considered. For appointment or promotion to Clinical Associate Professor, a candidate must have demonstrated outstanding Clinical Care (Clinical Competence and Clinical Productivity), Professionalism, and Teaching over a sustained period of time, and participated meaningfully in one of the 5 Additional Contributions at least at the local level, and must have a regional reputation for excellence in clinical work, teaching, or one of the 5 Additional Contributions. Diversity, equity and inclusion contributions in scholarship and research, teaching and service shall be included and 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, current Board certification will be required for appointment or promotion to the rank of Clinical Associate Professor or above. In rare circumstances, because of unusual qualification or experiences, the requirement for current Board certification may be waived

Clinical Professor:

Appointment or promotion to the rank of Clinical Professor is based on local, regional, and/or 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 or scholarly publications. Distinguished and substantial professional activity in patient care over an extended period of time is required. Dedication to the programs of the division, department and school will be considered. For appointment or promotion to Clinical Professor, a candidate must have demonstrated outstanding Clinical Care (Clinical Competence and Clinical Productivity), Professionalism, and Teaching over a sustained period of time, and participated meaningfully in one of the 5 Additional Contributions at least at the local level, and must have an extensive regional or national reputation for excellence in clinical work, teaching, or one of the 5 Additional Contributions. Diversity, equity and inclusion contributions in scholarship and research, teaching and service shall be included and considered. While publication is not a requirement for the FTCF track, for promotion to the level of Clinical Professor, the faculty member must demonstrate an extensive regional or national reputation through a consistent record of regional/national lectures and presentations or regional/national curriculum or program development, or by making significant regional administrative contributions, or by national/international professional society leadership, or by having a leadership role (i.e. Committee or Task Force Chair) within the Department of Medicine, one of the UW medicine entities (e.g., hospitals or clinics), or School of Medicine. Each of these criteria will be evaluated as described below. In general, current Board certification will be required for appointment or promotion to the rank of Clinical Professor. In rare circumstances, because of unusual qualification or experiences, the requirement for current Board certification may be waived.

Emeritus:

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

APPENDIX: 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
- 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
- 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 administrative contributions, attending divisional/departmental activities/conferences or supporting the academic mission in other ways

2) Evaluation of Clinical Competence, Clinical Productivity and Clinical Service

The system for evaluating clinical excellence follows principles for assessment of clinical competence developed by the American Board of Internal Medicine (ABIM) or other primary board specialties. Following categories employed by the ABIM, assessment of clinical competence of FTCF in the Department of Medicine should be performed in the following categories: 1) clinical skills; 2) medical knowledge; 3) clinical judgment; 3) 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 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 "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.

A Clinical Competence Assessment Form should be used by qualified faculty to assess the performance of the FTCF. At least nine 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 types of faculty members who will participate in the evaluation of a FTCF should be selected by the division head with the concurrence of the service chief and department chair (e.g., the division head should designate "types" of faculty associates such as three general internists, one cardiologist, one gastroenterologist, one general surgeon, etc). At least nine 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 FTCF 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 FTCF. The forms and any additional information from the division head and service chief should be part of the individual FTCF's personnel file in the Department of Medicine. The division head 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 division head and 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 division head and department chair in writing, and the FTCF should be informed of the specific expectations for productivity.

3. Evaluation of Clinical Teaching Skills

Teaching is defined broadly and includes UME, GME, CME, peer, interprofessional, and community-based teaching. It may include both clinical and nonclinical teaching. The evaluation of clinical teaching skills of FTCF in the Department of Medicine may include the

following: 1) Clinical Teaching Assessment Forms collected from medical students, residents, fellows, and other learners; 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, noon conferences, Morbidity & Mortality conferences, journal clubs, and clinic 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 division head 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.

ADDITIONAL CONTRIBUTIONS

1. Evaluation of Administrative Leadership and/or Professional Service

Professional service to the division, department, school, and community is not required for appointment or promotion to FTCF, but may be part of the position offered by Divisions. Examples of professional service include (not exclusively):

1. Membership in and/or chairmanship of divisional, departmental, school, and hospital clinical administrative/leadership contributions at a level that is significant to the function of these or other administrative/leadership contributions.

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).

2. Evaluation of Quality Improvement and/or Patient Safety Work

Contributions in the area of quality improvement (QI) and/or patient safety (PS) includes but is not restricted to:

1. Membership and participation in institutional QI/PS committees
2. Leadership positions on institutional QI/PS committees
3. Participation in task forces or work group to carry out specific QI and PS initiatives.
4. Contribution(s) to new knowledge related to quality improvement and patient safety that may include, but is not restricted to: 1) development of new quality and patient safety metrics and evaluation and their associated desired outcomes; 2) development of new analytic tools and methods for assessing quality and safety; 3) design and implementation of major clinical initiatives, care pathways and/or other models of care

and related outcomes; 4) development of innovative approaches and/or guidelines to diagnose, treat or prevent disease.

5. Documentation of achievements in QI and PS would include, but not limited to, the following: written attestations about important contributions, evidence of novel improvements in clinical care and PS, dissemination of work (presentations or publications) of QI/PS work, institutional clinical policy development and revision, and innovations in the electronic medical record.

3. Mentorship

High quality mentorship is a valuable part of the academic achievement process that requires dedication and commitment from mentors. Contributions in mentorship include but are not restricted to:

1. Membership and active participation in a formal individual mentoring role or formal mentorship committee, developed by the department or division, focused on the facilitation of the mentee's professional objectives.
2. Contribution(s) to innovation related to mentorship might include but is not limited to: a) development of new mentorship metrics and evaluations; b) development of new analytic tools and methods for assessing mentorship; c) design and implementation of major mentorship initiatives; and d) development of innovative approaches and/or guidelines for mentorship.
3. Documentation of achievements in mentorship might include, but is not limited to, the following: evaluations of mentorships skills, evidence of novel improvements in mentorship, dissemination of work (presentations or publications) regarding mentorship, development and revision of institutional policy about mentorship, and mentorship awards.

4. Demonstration of Leadership or Contributions 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.

5. Evaluation of Biomedical Scholarship

Objective evidence of scholarship is not required for faculty appointment or promotion to FTCF. 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.