UW Medicine

DEPARTMENT OF DERMATOLOGY

**Proposed Appointment and Promotion Guidelines**
**Clinical Practice Track**
**Approved June 2025**

## INTRODUCTION

The professorial clinical practice title is for clinicians whose primary responsibility is 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.

A clinical practice track faculty member is defined as a person:

- Whose appointment is 0.50 FTE or greater; and
- Who does not have clinical practice outside of UWP except with Sitesof Practice Committee and Dean approval; and
- Whose primary responsibility is clinical care and teaching

Faculty in this track will have the faculty title: Assistant Professor of Clinical Practice, Associate Professor of Clinical Practice, or Professor of Clinical Practice and where appropriate, Member of University of Washington Physicians (UWP).

WOT faculty at the rank of Associate Professor or Professor may resign from the faculty and apply for appointment to an equivalent clinical practice track position in accordance with the process defined for clinical practice appointments. Assistant Professors may apply for appointment to an open assistant professor of clinical practice 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 assistant professor of clinical practice is required from the Dean.

Faculty on the clinical practice track may apply for appointment to a WOT faculty position in accordance with the process defined for WOT faculty appointments.

Clinical Assistant Professors, Clinical Associate Professors, or Clinical Professors may also apply for appointment to an equivalent clinical practice track position in accordance with the process defined for clinical practice track appointments.

## APPOINTMENT CRITERIA

Entry level for the clinical practice track is usually at the rank of Assistant Professor of Clinical Practice. At the time of appointment, Assistant Professors of Clinical Practice are expected to have demonstrated their potential for excellence in clinical care and professionalism as well as the potential for excellence in teaching.

**Key Criteria for Appointment to Assistant Professor of Clinical Practice**

- M.D. or D.O. degree (or foreign equivalent) and the clinical training needed to meet relevant board certification.
- 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 department programs in patient care and in teaching programs when students and/or residents or fellows are present in the appointee's site of practice.

Appointment terms by rank: Appointment terms will be determined by the department with School of Medicine guidance.

- Assistant: 3 to 5 years
- Associate: 3 to 7 years
- Professor: 3 to 10 years

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 practice faculty appointments, the specific scope of responsibilities will be established by mutual agreement between the faculty member and the department. These mutually agreed upon responsibilities will be reviewed annually and, if necessary, updated to form the basis for renewal or non-renewal of the faculty appointment.

Promotion decisions will be based upon the quality of an individual's contributions to the academic and clinical missions of the relevant department. Time in rank alone is not sufficient for promotion.

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

| CORE ELEMENTS | SCHOLARSHIP |
|---|---|
| a. Clinical Care<br>i. Clinical competence<br>ii. Clinical productivity<br>b. Professionalism<br>c. Teaching | a. Administrative leadership or service<br>b. Quality improvement and/or patient safety work<br>c. Mentorship<br>d. EDI work or leadership<br>e. Biomedical or medical education scholarship |

**Assistant Professor of Clinical Practice**:
This level will be the usual initial appointment and requires that the appointee has completed their 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 departmental programs in patient care and teaching. At the time of appointment, Assistant Professors will have demonstrated their excellence in clinical care and professionalism and the *potential* for excellence in teaching. EDI contributions in scholarship and research, teaching and service shall be included and considered. Participation in one of the 5 scholarship domains is not required for appointment. Promotion beyond Assistant Professor will depend on meeting the criteria for Associate Professor.

**Associate Professor of Clinical Practice**:
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 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 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 scholarship domains at least at the local level, and must have a regional reputation for excellence in clinical work, teaching, or one of the 5 scholarship domains. EDI 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 Associate Professor. In general, current Board certification will be required for appointment or promotion to the rank of Associate Professor or above. In rare circumstances, because of unusual qualification or experiences, the requirement for current Board certification may be waived.

**Professor of Clinical Practice**:
Appointment or promotion to the rank of Professor is based on recognition beyond the university as a leader in the discipline as evidenced by accomplishments in clinical care, clinical program development, teaching, service in 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 department and school will be considered. For appointment or promotion to 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 scholarship domains. EDI contributions in scholarship and research, teaching and service shall be included and considered. The rank of professor requires scholarly work with significant impact beyond the University of Washington. This could be demonstrated through work at the community, state, regional or national level.

Examples of potential professorial-level of accomplishment include (but are not limited to):

- Regional or national lectures/presentations on topics of clinical expertise
- Development of curricula or educational programs that reach beyond the university
- Administrative leadership roles with collaboration beyond the university
- Professional society leadership
- Patient advocacy leadership
- Quality improvement initiatives with reach beyond the university or leadership in quality improvement
- EDI initiatives with reach beyond the university or leadership in EDI

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 Professor. In rare circumstances, because of individual specific qualifications or experiences, the requirement for current Board certification may be waived.

**Emeritus**:
Emeritus status will be considered for a 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 department and school.

In general, Emeritus appointments will require at least ten years of prior service and achievement of the rank of Associate Professor or Professor.

## APPENDIX A: CORE EVALUATION CRITERIA

### 1) Professionalism

Professional comportment is a requirement for appointment and promotion. Expectations include the following:

1. Treats colleagues, trainees, patients, staff, and others with respect and fairness
2. Committed to honesty and transparency and encourages trust in all interactions
3. Works effectively as a team member who is accountable to others, addresses unprofessional behavior, and is considered fair
4. Understands own limitations and is willing to accept feedback and make needed corrections
5. Manages conflicts of interest and demonstrates an ethical commitment to the profession and the University
6. Sensitive and respectful of diversity including other's culture, age, race, ethnicity gender, sexual orientation and disabilities
7. Maintains patient confidentiality, timely completion of notes and evaluations, and accurate professional fee billing
8. Contributes to a culture of safety, including encouraging others to express concerns
9. Unbiased acquisition, evaluation, and reporting of scientific information and adherence to University research regulations and principles of authorship
10. Excellent citizenship that may include administrative contributions, attending departmental activities/conferences or supporting the academic mission in other ways

### 2) 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 Medical Specialties (ABMS). The American Board of Dermatology (ABD), as a member board of the American Board of Medical Specialties (ABMS), embraces the core clinical competencies as defined by the ABMS below:

Following categories employed by the ABMS, assessment of clinical competence of faculty in the Department of Dermatology should be performed in the following categories:

1. Clinical and Procedural Skills
2. Medical Knowledge
3. Clinical Judgment
4. Practice-based Learning and Improvement
5. Humanistic Qualities and Interpersonal Skills
6. Professional Behavior and Attitudes
7. Systems-based Practice
8. Overall Clinical Competence
9. Professionalism

Evaluation of faculty 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 their 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 Chair 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 faculty. At least nine faculty who are qualified to evaluate the faculty should complete these forms at the time of each evaluation. At a minimum, after initial appointment, each faculty should be evaluated in year two, year five and every five years thereafter and in the year immediately preceding promotion consideration. A more limited review by the Department Chair of clinical competence, productivity, service and teaching is sufficient for annual evaluations on years not specified above.

At the time of initial appointment of a faculty, 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 faculty and should be developed by the Department of Dermatology executive committee. Expectations concerning productivity that are related directly or indirectly to the availability of salary support for a particular faculty should be specifically defined by the Department Chair in writing, and the faculty should be informed of the specific productivity expectations delineated thusly.

### 3) Clinical Teaching Skills

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

The Department Chair should use the summary of teaching skills to provide feedback to the faculty member, and the information should also be taken into consideration at the time decisions concerning reappointment and promotion are made.

**APPENDIX B: SCHOLARSHIP EVALUATION CRITERIA**

### 1) Evaluation of Administrative Leadership and/or Professional Service

Professional service to the department, school, and community is not required for appointment or promotion to faculty but may be part of the position offered.

Examples of professional service include (but are not exclusively limited to):

1. Membership in and/or chairmanship of departmental, school, andhospital 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) include but are 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 groups 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) developmentof 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.

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

### 3) Evaluation of Mentorship

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

1. Membership, and active participation in, a formal individual mentoring role or formal departmental mentorship committee focused on facilitating the mentee's professional objectives.
2. Contribution(s) to innovation in 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 to and/or guidelines for mentorship.

Documentation of achievement in the area of mentorship may include, but is not limited to, the following: evaluations of mentorships skills, evidence of novel improvements in mentorship processes, dissemination of work (presentations or publications) regarding mentorship, development and revision of institutional policy concerning mentorship, and mentorship awards.

### 4) Evaluation of Leadership or Contributions in 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 diversity, equity and inclusion within the University of Washington and are encouraged to list contributions and achievements in this area. These contributions to equal opportunity, diversity, equity, and inclusion can take a variety of forms; examples include, but are not limited to:

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

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

### 5) Evaluation of Biomedical or Medical Education Scholarship

Published scholarship is not required for faculty appointment or promotion. Although faculty in this track are not expected to be independent investigators, they may demonstrate scholarship through collaborative research, curriculum development, or program development. Examples of scholarship include (not are exclusively limited to):

1. Medical education (e.g., development and implementation of curriculum, teaching strategies, testing methods): activity in this area should include some type of end product that can be evaluated, such as syllabus or curriculum materials, published reports, textbook chapters, computer-based programs, videotapes, etc.
2. Clinical research (e.g. disease descriptions, case reports, participation in clinical trials, scholarly reviews in peer-reviewed journals, and book chapters).
3. Collaboration on translational or basic science research projects withscholarly output as a co-author.
4. Managerial development in medicine or medical education, which should be published whenever possible.