

CLINICAL PRACTICE TRACK
DEPARTMENT OF EMERGENCY MEDICINE
UNIVERSITY OF WASHINGTON
APPOINTMENT AND PROMOTION GUIDELINES
January 2026

INTRODUCTION

Individuals considered for appointment to or promotion in the Department of Emergency Medicine must meet the criteria for the proposed rank as set forth in the Department's Appointment and Promotion guidelines. The eligible voting faculty shall consider the value the Department places upon contributions to teaching, scholarship, patient care, administration, and behavior that fosters excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all our work interactions and responsibilities. In addition, consistent with the University's expressed commitment to excellence, equity, diversity, and inclusion, contributions in teaching, scholarship, and service that address areas of diversity and health disparities and inequities of marginalized communities will be considered among the professional and scholarly qualifications for appointments and promotion.

CLINICAL PRACTICE TRACK OVERVIEW

The Clinical Practice Track is for clinicians who devote the majority of their time to clinical care and teaching at one of the University's major approved clinical sites. Teaching, scholarship, and service are integral parts of the role.

Clinical Practice faculty members are defined as a person:

1. Whose appointment is 0.50 FTE or greater; and
2. Whose sole employer for clinical practice is of University of Washington Physicians (UWP) or Children's University Medical Group (CUMG); and
3. Whose primary responsibility is to provide direct clinical service

Clinical Practice faculty have the title Assistant Professor of Clinical Practice, Associate Professor of Clinical Practice, or Professor of Clinical Practice and, where appropriate, Member of UWP or CUMG. Associate professors and professors in the Clinician Scholar pathway or the Physician Scientist pathway may resign from their current title and request a track change to transition to the clinical practice track at the same rank, if an open clinical practice track position is available.

Assistant Professors in the Clinician Scholar pathway or the Physician Scientist pathway may request a track change to move to a clinical practice track faculty position at the same rank, provided they have not yet completed four academic years as an assistant professor, and a clinical practice position is available. If they have completed four academic years at that rank, permission for a change to the clinical practice track is required from the Dean.

Such appointment changes at any time require approval by the Department Chair. Considerations in this decision will include previous faculty performance, faculty career goals, as well as position availability and departmental priorities. Faculty on the clinical practice track may apply to an open

faculty position on either the Clinician Scholar or Physician Scientist track in accordance with the process defined for faculty appointments within each of those tracks.

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, regardless of rank, all clinical practice faculty must have demonstrated excellence in clinical care and professionalism and excellence, or their potential for excellence, in teaching. They must also have demonstrated potential for, or made contributions to, at least one of the five additional elements (see Table and Appendix below).

Key Criteria for Appointment:

1. M.D. or D.O. degree (or equivalent), demonstrated promise of excellence in clinical activities, and the clinical training needed to meet American Board of Emergency Medicine (or equivalent) certification or subspecialty requirements. Waivers of Board Certification may be granted under exceptional and distinct circumstances.
2. Excellent clinical competence, documented from residency, fellowship, or practice settings
3. Professionalism
4. Potential for excellence in teaching
5. Potential for scholarship, as broadly defined below in Table 1.

It is expected that appointees will contribute to the departmental efforts to advance patient care and in teaching programs that include students, residents, or fellows. Appointment terms vary by rank. Appointment terms will be determined by the department with School of Medicine guidance.

- Assistant Professor of Clinical Practice: 3 to 5 years
- Associate Professor of Clinical Practice: 3 to 7 years
- Professor of Clinical Practice: 3 to 10 years

The policy and expectation of the School of Medicine and the Department of Emergency 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, equity, integrity, respect, compassion, altruism, accountability, and service 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 chair. These mutually agreed upon responsibilities will be reviewed with a cadence based on their rank (Assistant Professor of Clinical Practice: annually; Associate Professor of Clinical Practice: every 2 years; Professor of Clinical Practice: every 3 years) 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 department, as outlined in this document. Time in rank alone is not sufficient for promotion.

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

Table 1

CORE ELEMENTS	DOMAINS OF SCHOLARSHIP
a. Clinical Care <ul style="list-style-type: none"> i. Clinical competence ii. Clinical productivity b. Professionalism c. Teaching	a. Administrative leadership or service b. Quality improvement and/or patient safety contributions or leadership c. Mentorship d. Equity, Diversity, and Inclusion (EDI) contributions or leadership e. Biomedical or educational publications

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 (e.g., either Board-certified or Board-eligible in Emergency Medicine) and has excellent clinical competence as documented from residency, fellowship, or a practice setting. It is expected that appointees will contribute to the departmental programs through patient care and teaching. At the time of appointment, it is expected that Assistant Professors of Clinical Practice will have demonstrated excellence in clinical care and professionalism and the *potential* for excellence in teaching and scholarship. Participation in one of the five Domains of Scholarship is not required for appointment.

Associate Professor of Clinical Practice:

This rank requires that the individual have clinical experience that has matured over time with local recognition for excellence in clinical care, professionalism, and teaching. If being appointed directly to Associate Professor of Clinical Practice, 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 of Clinical Practice, 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 five Domains of Scholarship at least at the local level. Each of these criteria will be evaluated as described below. Time in rank alone is not adequate for promotion to Associate Professor of Clinical Practice. Current Board certification will be required for appointment or promotion to the rank of Associate Professor of Clinical Practice.

Professor of Clinical Practice:

Appointment or promotion to the rank of Professor of Clinical Practice 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 of Clinical Practice, 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. The rank of Professor of Clinical Practice 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. Each of these criteria will be evaluated as described below. Time in rank alone is not adequate for promotion to Professor of Clinical Practice. Current Board certification will be required for appointment or promotion to the rank of Professor of Clinical Practice. 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

Associate Professor of Clinical Practice Emeritus & Professor of Clinical Practice Emeritus:

Emeritus status will be considered for a clinical practice 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 practice faculty who have made sustained and substantial contributions to the missions of the department and school. Emeritus appointments will require at least ten years of prior service and achievement of the rank of Associate Professor of Clinical Practice or Professor of Clinical Practice.

APPENDIX: EVALUATION CRITERIA

EVALUATION OF CORE ELEMENTS

A. Evaluation of Professionalism

Professional behavior is a requirement for appointment and promotion. As professionalism is a cross-cutting expectation for faculty, it will be assessed through trainee evaluations, clinical peer evaluations, peer teaching evaluations, and administrative reporting tools pertaining to clinical performance metrics. 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, gender, sexual orientation, socioeconomic status, racial/ethnic heritage, 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 including meeting administrative responsibilities related to clinical care and teaching, attendance and participation in departmental activities including meetings and conferences.

B. Evaluation of Clinical Competence, Clinical Productivity and Clinical Service

Peer clinical evaluations:

Evaluation of clinical practice 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 clinical peer evaluations should be performed in an objective manner, and the results should be reviewed and synthesized by the Department Chair and in collaboration with the relevant medical director(s) as needed 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 member. At least nine faculty who are qualified to evaluate clinical practice faculty should complete these forms at the time of each evaluation. At a minimum, after initial appointment, each clinical practice faculty member should be evaluated in year two, year five and every three years thereafter and in the year preceding promotion consideration. A more limited review by the Department Chair of clinical competence, productivity, service and teaching is sufficient for reappointments on years not specified above.

The faculty members who will participate in the evaluation of clinical practice faculty should be selected by the Vice Chair of Faculty Development and Education with the concurrence of the department chair (e.g. typically 3 EM faculty chosen by the faculty member, 3 members of the EM Clinical Competency Committee, and 3 faculty from outside of the Department of Emergency Medicine.). At least 9 faculty associates should be designated, with a minimum of 1/3 of the evaluators consisting of faculty outside of the Department.

The Clinical Competence Assessment Forms should be distributed to the faculty associates by the Department Chair or delegate and completed forms should be collected and reviewed with Department Chair or Chair's delegate. The Department Chair should add any special information relative to the overall clinical competence of clinical practice faculty. The forms and any additional information from the Department Chair should be part of the individual clinical practice faculty member's personnel file in the Department of Emergency Medicine. The Department Chair or Chair's delegate should use this information to provide feedback to the faculty member, and the information should also be used by the Appointments and Promotions committee at the time decisions concerning reappointment and promotion are made.

Clinical Service and Productivity:

At the time of initial appointment of a clinical practice faculty member, metrics shall be established that can be used for the evaluation of clinical service and productivity. Such metrics may include number of patients seen per unit of time, work relative value units (wRVUs), teaching evaluations, meeting attendance, and chart completion times. Specific metrics and associate expectations will be discussed with the Department Chair or their delegate at the time of appointment and at all subsequent evaluations.

C. Evaluation of 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 faculty may include the following: 1) Clinical Teaching Assessment Forms collected from medical students, residents, fellows, and other learners; 2) ratings of classroom teaching from students, residents, and peers; 3) ratings of lectures given for continuing medical education courses; 4) ratings of teaching skills demonstrated in other settings; 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 or chair's delegate should use the summary of teaching skills to provide feedback to the clinical practice faculty member, and the information should also be used at the time decisions concerning reappointment and promotion are made.

EVALUATION OF DOMAINS OF SCHOLARSHIP

Evidence of scholarship is required for faculty promotion. Scholarship is expected and demonstrated evidence of these contributions will be considered in the appointment and promotion process. This may occur through independent or collaborative research, curriculum development, administrative leadership, quality improvement, or program development.

1. Evaluation of Administrative Leadership and/or Professional Service:

Professional service to the department, school, and community is not required for appointment or promotion, but it may be part of the position offered by the Department. Examples of professional service may include:

- a. Membership in, or chairperson of, departmental, school, and hospital committees; or clinical administrative or leadership contributions at a level that is significant to the function of these or other administrative/leadership contributions.
- b. Establishing, implementing and/or directing clinical programs.
- c. Service in regional, national, and international professional societies, as evidenced by committee membership, guideline development, or other products that demonstrate contributions.
- d. Contribution of medical expertise to non-academic organizations or groups (e.g., community, regional and/or national non-profits), as evidenced by committee membership or other products that demonstrate contributions.

2. Evaluation of Quality Improvement and/or Patient Safety Contributions or Leadership:

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

- a. Membership and participation in institutional QI/PS committees
- b. Leadership positions on institutional QI/PS committees
- c. Participation in task forces or work groups to carry out specific QI and PS initiatives.
- d. 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; 4) development of innovative approaches and/or guidelines to diagnose, treat or prevent disease.

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

3. Evaluation of 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:

- a. 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.
- b. Contribution(s) to innovation related to mentorship may include but are 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.

Evidence of achievements in mentorship may include, but is not limited to, the following: impact on mentee advancement and goal achievement, 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. 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 encouraged to promote diversity, equity and inclusion within the University of Washington and 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:

- a. Efforts to advance equitable access to education and outreach at all levels; examples include creative recruitment efforts for training grant candidates, pathway efforts, innovative recruitment efforts for fellowship and residency candidates.
- b. 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/or health literacy.
- c. 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
- d. Mentoring/advising of students, trainees or faculty at all levels: assisting those who are underrepresented in medicine and science, or minoritized populations
- e. Teaching: incorporating diversity and inclusion training, health disparity, population risk factors, and research findings of URM/disenfranchised groups in core curriculum content
- f. Clinical care: outreach clinics, efforts at remedying healthcare disparities through provision of clinical care
- g. Committee Service: Serving on diversity committees at any level (national, institutional, departmental); 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 academic advancement process and will be evaluated similarly to other forms of scholarship, teaching, clinical activities, and administrative leadership.

5. Evaluation of Biomedical or Educational Publications:

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 (but are not limited to):

- a. Medical education (e.g., development and implementation of curriculum, teaching strategies, testing methods). This should include some end-products that can be evaluated, such as syllabus materials, published reports, textbook chapters, computer-based programs, videotapes, etc. Ideally, these forms of scholarship will be disseminated via peer reviewed platforms (e.g. the AAMC's MedEd PORTAL) but may be evaluated by other metrics that reflect impact, such as the number of website page views, downloads, or the documented incorporation of these materials into other training programs.
- b. Scholarship of integration (case reports, scholarly reviews in peer-reviewed journals, and book chapters).
- c. Clinical research (e.g. participation in clinical trials, contribution to new knowledge related to quality improvement and patient safety).
- d. Managerial development in medicine or medical education, which should be published whenever possible.