

## **CLINICAL FACULTY (Salaried)**

### **Department of Pediatrics, University of Washington, Seattle Appointment and Promotion Guidelines Revised October 2021**

#### **INTRODUCTION**

The clinical faculty member advances the mission of the Department by:

- Providing general and pediatric sub-specialty clinical services in a manner that is consistent with patient expectations for timeliness and ease of access.
- Enhancing the management and efficiency of the clinical services.
- Teaching/training medical students, residents and fellows.

Note: Clinical faculty will not be assigned laboratory/research space. The Department Chair may approve a variation from this policy on a case-by-case basis.

Clinical faculty have the title Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, or Clinical Professor.

In accord with the Department and University's expressed commitment to excellence and equity, any contributions in scholarship and research, teaching, and service that address diversity and equal opportunity shall be included and considered among the professional and scholarly qualifications for appointment and promotion outlined below.

#### **APPOINTMENT CRITERIA**

Faculty in the clinical faculty Clinical Faculty track are persons whose:

- Appointment is 0.5 FTE or greater
- Primary responsibility is to provide direct clinical service
- Sole employer for clinical practice is CUMG/UWP

Entry level for faculty appointment on the Clinical Faculty track is usually at the Clinical Instructor rank. This rank requires completion of formal training to meet Board requirements. Appointment packets must include at least three letters attesting to the clinical skills of the individual.

At the time of new clinical faculty appointments, the specific scope of responsibilities is established. These responsibilities will be reviewed annually and form the basis for renewal or nonrenewal of the clinical faculty appointment.

Clinical Faculty appointments are annual appointments for the academic year July 1 through June 30. Decisions regarding reappointment are made by March 31 of the first year and by December 31 each succeeding year.

The policy and expectation of UW Medicine and the Department of Pediatrics 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 work interactions and responsibilities.

## **PROMOTION CRITERIA FOR CLINICAL FACULTY**

Promotion criteria are based on the quality of an individual's substantive, documented contributions to the clinical missions of the relevant division.

Clinical Faculty at the Clinical Assistant Professor or Clinical Associate Professor level should be in their current rank for at least 6 years before they consider applying for promotion. If applying for promotion in your 6th year and accepted, your promotion would be effective at the start of your 7th year. Time in rank alone is not sufficient for promotion, but is considered. All promotions on the Clinical Faculty Track are non-mandatory.

### **Key criteria for appointment and promotion to Clinical Assistant Professor**

This rank requires that the individual have training and experience substantially beyond that required for the rank of Clinical Instructor and that the person has contributed to clinical care, medical education, the medical profession, or the standing of the profession in the community in a substantial manner, exceeding the expectations for Clinical Instructor and meets expectations for professionalism. Board certification or eligibility is required for appointment or promotion to the rank of Clinical Assistant Professor or Clinical Associate Professor.

### **Key criteria for appointment and promotion to Clinical Associate Professor**

- Meets expectations for professionalism
- Board certified or eligible in their respective specialty and subspecialty
- Excellence in clinical care
- Excellence in teaching
- Administrative accomplishments when administration is a substantive part of the faculty member's role
- Scholarly contributions to the literature will also be considered, but are not required at this rank.

This rank is reserved for those who have made high quality contributions, including clinical program development and/or service, of a substantial nature to the mission of the division, department, and the school.

### **Key criteria for appointment and promotion to Clinical Professor**

- Meets expectations for professionalism
- Board certified
- Excellence in clinical care
- Excellence in teaching
- Administrative accomplishments when administration is a substantive part of the faculty member's role

- Scholarly contributions to the literature will also be considered, but are not required at this rank.

This rank is reserved for those who have achieved local 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.

### **Key criteria for appointment to Emeritus**

Emeritus status is reserved for clinical faculty who have retired from clinical activities and whose clinical, professional service, teaching or scholarly record has been highly meritorious, including sustained and substantial contributions to the missions of the division, department, and school. In general, Emeritus appointments require at least ten years of prior service and achievement of the rank of Clinical Associate Professor or Clinical Professor.

## **EVALUATION CRITERIA**

### **Professionalism**

Professionalism should be assessed annually by the Division Head as part of the annual review process. A faculty member is rated as consistently meeting expectations by demonstrating:

- Respect for colleagues, trainees, patients, staff, and visitors.
- Sensitivity and responsiveness to other's culture, age, gender, and disabilities.
- Responsibility as a leader and positive role model.
- A commitment to working as a team member who is accountable to others, confronts unprofessional behavior, fairly distributes finite resources, and works constructively to support established operational goals.
- Patient confidentiality, timely completion of medical records, accurate professional fee billing.
- Commitment to improving quality of care, patient safety, and appropriate use of hospital resources.
- For faculty engaged in research: protection of human subjects and intellectual integrity, and adherence to university research regulations.
- Management of conflicts of interest.

### **Clinical Care**

At the time of the initial appointment as a Clinical 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, weeks of inpatient attending, and types of services to be provided. Specific guidelines should be individualized for each Clinical Faculty and should be developed by the Division Head with the concurrence of the Department Chair.

**Peer clinical evaluations.** For promotion on this track, the faculty member must be an excellent clinician. Peer clinical evaluations are conducted using a structured format adopted by the Department. Evaluations focus on two main areas:

- Medical knowledge, problem-solving skills, management of complex patients and overall clinical skills
- Professionalism, responsibility, compassion, and management of the psychosocial aspects of illness

At least 15 peer clinical evaluations are requested before promotion to Associate Professor and to Professor. Peer evaluators are chosen by the faculty member and Division Head. Peers are faculty who work with the individual in the same clinical setting. Some of the faculty evaluators should be from outside of the individual's Division.

## **Teaching**

**Teaching evaluations.** Inclusion of any and all formal evaluations of teaching and/or mentoring in all venues is the responsibility of each faculty member. Teaching portfolios should include teaching evaluations from every year since appointment or last promotion. Such assessments include the following:

- Teaching evaluations from students, residents, or other audiences, including practitioners participating in continuing medical education courses.
- Formal evaluations by persons who have been mentored, as well as evidence of the impact of the mentoring on the person's career.
- Teaching evaluations for courses and individual lectures.

At the time of consideration of promotion, the teaching evaluations are evaluated internally by the Department Promotions Committee and by the voting faculty in the Department who are greater in rank.

## **Administration and Professional Service**

Administrative responsibilities and professional service may be focused in a hospital; the Department of Pediatrics; the School of Medicine or University; or other. Evaluation of the faculty member's performance occurs at the time of promotion (in the form of letters of support), and is based on expectations and goals set annually by the faculty member and the person(s) supervising the faculty member in these administrative activities.

Service contributions should be evaluated by the role, initiation, and accomplishments of the faculty member on committees, in projects, and in groups. Examples of professional service include (not exclusively):

- Membership in and/or chairmanship of divisional, departmental, school, and hospital clinical committees and/or task forces at a level that is significant to the function of the committee and/or task force.
- Establishing, implementing and/or directing clinical programs.
- Service in regional, national, and international professional societies.

- Contribution of medical expertise to non-academic organizations or groups (e.g., community, regional and/or national non-profits).
- Program development in medicine or medical education.
- Curricula development and implementation.
- Leadership in Clinical Standard Work.

### **Scholarship**

Objective evidence of scholarship is neither required nor expected for clinical faculty appointment or promotion. However, any scholarly accomplishments of the faculty member will be taken into consideration at the time of promotion. These may include activities such as:

- Clinical research (disease descriptions, case reports, participation in clinical trials, scholarly reviews in peer-reviewed journals, and book chapters).
- Medical education (e.g., development and implementation of curriculum, teaching strategies, testing methods).
- Program development in medicine or medical education, which should be published whenever possible.

### **OTHER**

#### **Self assessments**

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

- **Clinical care:** His/her clinical responsibilities, programs developed, and their relationship to his/her teaching, scholarly, and administrative roles (if applicable).
- **Teaching:** His/her teaching/mentoring philosophy and teaching/mentoring responsibilities and goals.
- **Scholarly activities (if applicable):** The focus of his/her scholarly activities and the relationship of his/her scholarly activities to his/her clinical care and teaching.
- **Administration and Professional Service:** His/her administrative responsibilities, including goals and achievements.

#### **Switching tracks**

Assistant Professors on the Clinician Scholar or Faculty Scientist track may resign from the faculty and apply for appointment to a Clinical Faculty position in accordance with the process defined for Clinical Faculty appointments, provided they have not yet completed four years as an Assistant Professor.

Clinical Faculty may apply for appointment to a regular faculty position in accordance with the process defined for regular faculty appointments.