

## **REGULAR FACULTY TRACK CLINICIAN-SCHOLAR PATHWAY**

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

Revised August 2021

#### **INTRODUCTION**

Clinician-Scholar have the title Assistant Professor, Associate Professor, or 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**

The Clinician-Scholar pathway provides an academic track for clinicians (MD, DO or completion of an American Psychological Association accredited PhD program and internship, or equivalent training) on the Regular Faculty track in clinical departments. An individual in this pathway devotes the majority of their time to clinical practice and clinical teaching at one of the University's major approved clinical teaching sites. In addition to clinical care and teaching, a Clinician-Scholar may also have significant related administrative responsibilities at one of these sites.

The individual generally spends a minority of time devoted to scholarship in a focused area, but scholarly productivity is required as part of this track. The type of scholarly work for faculty in this pathway is often the scholarship of teaching, integration, or application of evidence-based clinical knowledge, but may also include the scholarship of discovery.

**Entry level for faculty appointment on the Clinician-Scholar pathway** is usually at the Assistant Professor rank. At the time of appointment, Assistant Professors have demonstrated clear potential for excellence in clinical care and teaching, and commitment to an academic career which includes scholarship.

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. After evaluation by the Department of Pediatrics Promotions Committee, the senior eligible voting faculty vote on the reappointment, following which the Department Chair makes a recommendation to the Dean regarding reappointment.

#### **APPOINTMENT AND PROMOTION CRITERIA**

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 our work interactions and responsibilities.

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

- Meets expectations for professionalism
- Excellence in clinical care and teaching
- Dissemination of scholarly work in a focused area including integration of knowledge in an area of medicine or medical education as well as traditional scholarship of discovery. This must include peer-reviewed material. Independent investigation is not required.
- Administrative accomplishments when administration is a substantive part of the faculty member's role
- Local/regional recognition as a clinician, clinical scholar, educator and/or administrator

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

- Meets expectations for professionalism
- Excellence in clinical care and teaching
- Ongoing and consistent scholarly productivity in a focused area.
- Administrative accomplishments when administration is a substantive part of the faculty member's role
- Leadership in clinical care (including continuous process improvement), teaching, scholarship, or administration
- National recognition as a clinician, clinical scholar, educator, and/or administrator

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

Emeritus status is reserved for 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 Associate Professor or Professor.

## **EVALUATION CRITERIA**

### **Professionalism**

Professionalism should be assessed by the Division Head as part of the regular review process, using the UW Medicine Policy on Professional Conduct as criteria. 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**

**Peer clinical evaluations.** For promotion as a Clinician-Scholar, 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 reappointment to Assistant Professor and before promotion to Associate Professor or Professor. Peer evaluators are chosen by the Division Head, with input from the faculty member. Peers are faculty who work with the individual in the same clinical setting. Peer evaluators can be of any academic rank (i.e., Assistant Professor, Associate Professor, and Professor) and must be faculty physicians. Some of the faculty evaluators should be outside of the individual's Division.

### **Teaching**

The evaluation of the Clinician-Scholar is based on assessment of: 1) the quality and value of teaching interactions with students, residents, fellows, practicing physicians, and other health care providers; 2) development of innovative education programs, projects, resources, materials, and methods; and 3) effectiveness as an administrator or leader of an education-oriented program.

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

- Teaching evaluations from students, residents, and other audiences, including practitioners participating in continuing medical education courses. Teaching in CME courses does not substitute for teaching students, residents, and fellows.
- Formal evaluations by persons who have been mentored, as well as evidence of the influence of the mentoring on the person's career.

- Teaching evaluations for courses and individual lectures.

**Peer evaluation of teaching effectiveness.** The Department of Pediatrics 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.

### **Scholarship**

Objective evidence for scholarship in a focused area is required for faculty advancement. Although Clinician-Scholars are not expected to be independent investigators, they must demonstrate scholarship by the publication and dissemination of information meeting one of the examples of scholarship provided below. To be considered scholarship, an activity should advance knowledge. Work that has not been disseminated does not meet the definition of scholarship. Of note, the quality of scholarship is more important than the quantity; however, expertise in a particular area is demonstrated by multiple publications on the topic.

Of note, for the Physician-Scientist pathway, scholarship is primarily judged through the peer review mechanism, manifest by extramural funding, publications in high-impact journals, and presentations at scientific meetings. Scholarship of Clinician-Scholars **also requires peer-reviewed methods of dissemination** which can be similar to that for Physician-Scientists: publication in peer-reviewed journals, presentations at scientific meetings, and extramural funding of grants.

**Peer reviewed publications of scholarly work** such as curricula (e.g., MedEDPortal), educational innovations and quality improvement studies are also acceptable forms of scholarship on the Clinician Scholar track.

### **Examples of different types of scholarship:**

- *Scholarship of Teaching:* Contribution to new knowledge related to the teaching of medicine such as development of:
  - New curricula for a new or existing teaching program
  - New methods to evaluate the effectiveness of educational programs and the progress of trainees
- *Scholarship of Integration:* Critical synthesis and integration of existing information such as:
  - Systematic reviews of the literature, including meta-analyses or Cochrane Collaboration reviews
  - Authoring book chapters and/or review articles in peer-reviewed journals
  - Leading the development of evidence-based clinical guidelines/clinical standard work (CSW) which is published in peer-reviewed journals.

- Authoring or editing a book or journal
- *Scholarship of Discovery*: The generation of new knowledge and publication in peer-reviewed publications in such areas of research as clinical care, epidemiology, health services, social sciences, ethics, medical/patient education, and health care delivery. Clinician-Scholars 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*. Includes contributions to quality improvement, patient safety, health equity, diversity and inclusion, such as:
  - New quality and patient safety metrics or implementation of care pathways AND evaluation of their impact on desired outcomes
  - Development of innovative approaches or guidelines to diagnose, treat or prevent disease
  - Development and evaluation of innovative clinic, community, or advocacy-focused approaches to improve health equity
  - Development of new programs or interventions to improve diversity and inclusion in the context of healthcare, and evaluation of their impact.

### **Evaluating other forms of scholarship:**

The Department of Pediatrics values all forms of scholarship by its faculty members. The Department defines scholarship as the generation of new knowledge and/or new integration and insights on existing research. Scholarship includes scholarship of discovery, scholarship of integration, scholarship of application and scholarship of teaching. Scholarship also includes the **dissemination** of this information to others.

With the increasing trend toward electronic publication and distribution of information, the Department recommends that the following guidelines for assessing the scholarly value of the three alternative forms of scholarship discussed below be incorporated into the Department's promotion criteria for clinician scholars. An important underlying principle is the faculty member's responsibility to provide information about the peer review, dissemination and use of their materials to justify that they are scholarship.

In addition, it is recommended that, when relevant, the Division Chief request that some letters of support for promotion address the importance of these alternative forms of scholarship.

- **Curricula and teaching modules.** To qualify as scholarship, these materials must be peer reviewed, published and disseminated. One such place for publication is MedEdPORTAL, a service of the AAMC which performs peer-review and online publication of accepted materials; faculty members can track the number of downloads of their materials from the site as evidence of their impact. Note: Teaching materials that are not peer reviewed and disseminated will not be considered scholarship.
- **Social media** (including Facebook, Twitter, blogs and many other forms of communication). Research about social media or meta-data on social media

that is published in peer-reviewed journals is an appropriate form of scholarship and will be assessed in the same manner as other studies published in peer-reviewed journals. Note: Faculty use of social media to provide or disseminate information in and of itself will not be considered scholarship.

- **Quality improvement/clinical guidelines/clinical standard work** performed by faculty as part of their administrative work for the Department of Pediatrics and hospitals within departmental teaching/patient care venues. Publication of QI and clinical guidelines with assessments, for example in the Quality Reports section of *Pediatrics*, is considered scholarship. Note: Participation in these administrative activities itself and the reporting of these activities on local websites are not considered scholarship.

**Recognition for collaboration and group authorship.** In 2008, the National Library of Medicine decided to “include the individual names associated with the group authors in MEDLINE/PubMed. Therefore, when a group name is included as an author, the respective group member names appearing in the article will be acknowledged as collaborators but not associated with authorship.” Such collaborations/group authorship is considered scholarship; however, they must be identified as such by inclusion in the “Other” section (“d” in the SOM format) followed by a brief description of their role as collaborator/group author. Note: Collaborator/group author publications should not be included in the peer-reviewed manuscript section (“Section a” in the SOM format).

**Examples of national recognition of a faculty member’s scholarship:**

- Membership on a committee of a national organization
- Appointment to a national task force or federal advisory committee
- Creating clinical guidelines for a national organization
- Visiting professorships, invitation to give Grand Rounds at other institutions, or invited talks at national meetings
- Health advocacy at a national level
- Consulting with industry or a government agency (e.g., FDA) re health-related issues
- Membership on an editorial board or editor/associate editor of a peer-reviewed journal

**Administration**

Administrative responsibilities of faculty members in the Clinician-Scholar pathway range from minimal to being the primary role of the faculty member. Many Clinician-Scholars hold key departmental administrative positions, such as administration of a clinical, teaching, or continuous process improvement program or administration of an entire unit. Administrative responsibilities may be focused in a hospital (Seattle Children’s Hospital, Harborview Medical Center, University of Washington Medical Center, or the Seattle Cancer Care Alliance); the Department of Pediatrics; the

School of Medicine or other schools in the University; or other, such as an affiliated clinic such as a UW Neighborhood Clinic.

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 internal letters of evaluation from administrative supervisors or colleagues.

## **OTHER**

### **Self assessments**

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

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

### **Switching pathways**

Faculty in the regular faculty track may switch from the Clinician-Scholar pathway to the Faculty-Scientist pathway at any time as described below.

Assistant Professors in the regular faculty track may switch from the Faculty-Scientist pathway to the Clinician-Scholar pathway prior to having completed four years as an Assistant Professor. Clinician-Scholars may switch to the Full Time Clinical Faculty track prior to having completed four years as an Assistant Professor.

Associate Professors and Professors in the regular faculty track may switch from the Faculty-Scientist pathway to the Clinician-Scholar pathway at any time; however, Associate Professors are required to serve a minimum of three years as a Clinician-Scholar after switching pathways before being eligible for consideration for promotion to Professor following the criteria of the Clinician-Scholar pathway.

Switching pathways requires prospective review and approval by the Division Head, Department Chair, and Dean.