

# REGULAR FACULTY TRACK CLINICIAN-SCHOLAR PATHWAY

DEPARTMENT OF EMERGENCY MEDICINE  
UNIVERSITY OF WASHINGTON  
APPOINTMENT AND PROMOTION GUIDELINES

**Approved May 2023**

## Introduction

The Clinician-Scholar pathway is for academic clinicians on the regular faculty track for whom clinical care, teaching, scholarly activities, or administrative leadership constitute their primary responsibilities and occupy the majority of their time. Individuals on the Clinician-Scholar pathway must demonstrate an area of academic focus, which will represent the candidate's major area of achievement and will form the basis for the candidate's academic reputation. While each individual may earn that reputation for excellence by different routes, promotion requires evidence of excellence in clinical, scholarly, and pedagogic work. Clinician-Scholars have the title of Assistant Professor, Associate Professor, or Professor.

The Department of Emergency Medicine recognizes the importance of diversity within our faculty, students, trainees and staff, and aims to support work in our communities that align with these values. In accordance with the University's expressed commitment to excellence and equity, any contributions in teaching, scholarship, and service that address diversity, equity and inclusion shall be included and considered among professional and scholarly qualifications for appointment and promotion.

The policy and expectation of UW 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, integrity, respect, compassion, accountability, and a commitment to altruism in all our work interactions and responsibilities.

## APPOINTMENT CRITERIA – ASSISTANT PROFESSOR

Individuals in the Clinician-Scholar pathway generally devote most of their time to clinical care, teaching, and scholarly activity at one of the University's approved clinical teaching sites. Some faculty members may have a significant administrative role. The scholarly focus of faculty in this pathway may include teaching, integration, application (e.g., quality improvement and patient safety), or original investigation. Faculty on this pathway may

also choose to focus their scholarly efforts on administrative leadership. Teaching, research, and scholarship pertaining to efforts around advancing diversity, equity, and inclusion shall be included and considered.

Recognizing that each faculty member has a unique professional activity profile and assigned responsibilities—in clinical care; scholarship; teaching; administrative leadership; quality improvement; and diversity, equity, and inclusion—the relative importance of these activities as criteria for appointment and promotion should be aligned with the relative time commitment to each of these activities. Expectations regarding faculty effort and criteria for promotion should be aligned and documented in regular faculty conferences with the Department Chair or their designated proxy.

Entry level for faculty appointment on the Clinician-Scholar pathway is usually at the Assistant Professor rank. At the time of appointment, Assistant Professors must have demonstrated their potential for excellence in clinical care and teaching, and their commitment to an academic career that includes scholarship. They must demonstrate the emergence of an academic focus with evidence of a trajectory towards continued success.

#### Key Criteria for Appointment to Assistant Professor on the Clinician-Scholar pathway

- Faculty candidates with an M.D. degree or equivalent who will be engaged in clinical practice, should have demonstrated promise of excellence in clinical activities and need to meet American Board of Emergency Medicine (or equivalent) certification or eligibility. Waivers of Board Certification may be granted under exceptional and distinct circumstances.
- Excellent clinical competence, documented from residency, fellowship, or practice settings
- Demonstrated commitment to teaching within the University of Washington or at another academic institution
- Scholarship that demonstrates an emerging area of focus with evidence of a trajectory towards continued success
- Exhibits professionalism

The initial appointment term is three academic years. In the second academic year, Assistant Professors are evaluated for a second term as Assistant Professor by the senior eligible voting faculty within the Department of Emergency Medicine Appointment and Promotions Committee.

## APPOINTMENT AND PROMOTION CRITERIA – ASSOCIATE PROFESSOR AND FULL PROFESSOR

Recognizing that each faculty member has a unique professional activity profile and assigned responsibilities, the relative importance of these activities as criteria for appointment and promotion should be aligned with the relative time commitment to each of these activities. Per UW Faculty Code, “Appointment to the rank of associate professor requires a record of substantial success in teaching and/or research. For tenured, tenure-eligible, or WOT appointments, both of these shall be required, except that in unusual cases an outstanding record in one of these activities may be considered sufficient. Appointment to the rank of professor requires outstanding, mature scholarship as evidenced by accomplishments in teaching, and/or accomplishments in research as evaluated in terms of national or international recognition. For tenured, tenure-eligible, or WOT appointments, both of these shall be required.” Expectations regarding faculty effort and criteria for promotion should be aligned and documented in regular faculty conferences with the Department Chair or their designated proxy.

Appointments and promotions at the ranks of Associate or Full Professor are outlined in this section. Appointment or promotion to the rank of Associate Professor of Emergency Medicine is regarded by the University and its faculty as a laudable achievement. Not all faculty will attain the rank of Full Professor.

Individuals on this pathway may have substantive administrative roles. For the purposes of appointments and promotion, administration is defined as leadership of a discrete unit, section, or group that contributes to the University’s clinical, teaching, or research missions. This may include, but is not limited to, being a leader of a medical or academic unit, directing a medical student course or chairing a major committee within the School of Medicine or the Department of Emergency Medicine. Leadership in regional or national programs may also be considered as administrative service. Importantly, in instances where an individual’s administrative leadership is the majority of their activity profile, it is expected that their scholarship will be focused in this area as well.

Dissemination of peer-reviewed scholarship of teaching, integration, discovery or application is required for promotion. For promotion to professor, a Clinician-Scholar may be promoted on the basis of national recognition for exemplary scholarship (as detailed in Section D below).

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

- Faculty candidates with an M.D. degree or equivalent who will be engaged in clinical practice, should have demonstrated promise of excellence in clinical activities and

need to meet American Board of Emergency Medicine (or equivalent) certification or eligibility. Waivers of Board Certification may be granted under exceptional and distinct circumstances.

- Exhibits professionalism
- Provides outstanding clinical care
- Provides outstanding teaching
- Dissemination of high-quality scholarly work within the faculty member's academic focus
- Established regional reputation and beginning national reputation within faculty member's area of scholarly focus
- Administrative accomplishments, when administrative leadership is a substantive part of the faculty member's role
- Quality improvement and patient safety accomplishments, when this is a substantive part of the faculty member's role
- Curricula development and dissemination, when this is a substantive part of the faculty member's role
- Scholarship, teaching, and service activities that advance diversity, equity, and inclusion will be considered
- Emerging mentorship of students, residents, and/or junior faculty

Key criteria for appointment and promotion to Professor:

- Faculty candidates with an M.D. degree or equivalent who will be engaged in clinical practice, should have demonstrated promise of excellence in clinical activities and need to meet American Board of Emergency Medicine (or equivalent) certification or eligibility. Waivers of Board Certification may be granted under exceptional and distinct circumstances.
- Exhibits professionalism
- Provides outstanding clinical care
- Provides outstanding teaching
- Mature, widely disseminated high-quality scholarship within the faculty member's area of scholarly focus.
- Established national/international reputation within faculty member's area of scholarly focus
- Administrative accomplishments, when administrative leadership is a substantive part of the faculty member's role
- Quality improvement and patient safety accomplishments, when this is a substantive part of the faculty member's role

- Curricula development and dissemination, when this is a substantive part of the faculty member's role
- Scholarship, teaching, and service activities that advance diversity, equity, and inclusion will be considered
- Mentorship as demonstrated by longitudinal work with students, residents, and/or junior faculty

## EVALUATION CRITERIA

### A. 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, sexual orientation, socioeconomic status, racial/ethnic heritage, and disabilities
- Maintains patient confidentiality, timely and accurate 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 including service on committees, attendance at departmental activities/conferences, and support of the academic mission in other ways

### B. Clinical care

For promotion as a Clinician-Scholar, the faculty member must be an outstanding clinician. Peer clinical evaluations are conducted using a structured format adopted by the department.

The system for evaluating clinical excellence follows principles for assessment of clinical competence developed by the American Board of Emergency Medicine (ABEM).

Assessment of clinical competence of Clinician-Scholars in the Department of Emergency Medicine should be performed in the following categories: 1) clinical skills; 2) medical knowledge and life-long learning; 3) humanistic qualities and interpersonal skills; 4) professional behavior and attitudes; and 5) peer teaching effectiveness

**Peer clinical evaluations:** Evaluation of Clinician-Scholars 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 or their designated proxy to arrive at an overall rating of clinical competence for the individual Clinician-Scholar.

A Clinical Competence Assessment Form should be used by qualified faculty to assess the performance of Clinician-Scholars. At least nine faculty who are qualified to evaluate the clinician-scholar should complete these forms at the time of each evaluation. Peer clinical performance evaluations should be conducted at a minimum in years two and five (or the promotional year if going up early) for Assistant Professors; every three years and at year of promotion for Associate Professor and every three years for Professor.

The types of faculty members who will participate in the evaluation of a Clinician-Scholar should be selected by the Medical Directors and Vice Chair of Faculty Development and Education with the concurrence of the department chair (e.g. designate “types” of faculty associates such as 5 emergency physicians, 1 cardiologist, 1 critical care physician, 1 surgeon, etc.). At least 9 faculty associates should be designated, with a minimum of 1/3 of the evaluators consisting of faculty outside of the Department. *Updated: March 2023* 6

The Clinical Competence Assessment Forms should be distributed to the faculty associates by the Department Chair 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 the Clinician-Scholar. The forms and any additional information from the Department Chair should be part of the individual Clinician-Scholar’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 Clinician-Scholar, 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, time commitment to clinic practice, and types of services to be provided. Specific guidelines should be individualized for each Clinician-Scholar and should be developed 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 Clinician-Scholar should be specifically defined by the department chairperson in writing, and the Clinician-Scholar should be informed of the specific expectations for productivity.

### **C. Teaching Skills**

The evaluation of the teaching skills of a Clinician-Scholar is based on assessment of: 1) the quality and scope of teaching interactions with students, residents, fellows, practicing physicians, other allied healthcare team members, and graduate students; 2) significant longitudinal mentorship of students, trainees and/or junior faculty as demonstrated by successful publications, presentations, and/or promotions and attainment of career goals; and/or 3) when relevant, development of innovative education programs, curricula, projects, resources, materials, and methods.

**Clinical teaching:** Evaluation of clinical teaching shall include Clinical Teaching Assessment Forms collected from medical students and residents, and, if available, fellows. Additionally, clinical teaching excellence, as evaluated by faculty peers, may be demonstrated in other settings such as peer clinical skill development. The evaluation of clinical teaching skills of faculty in the Clinician-Scholar pathway in the Department of Emergency Medicine should be performed by applicable trainees and faculty peers. Evaluations should ascertain professionalism.

**Mentorship:** Evaluation of mentorship shall include successful publications, presentations, and/or promotions and attainment of career goals by students, trainees, and/or junior faculty mentored by the Clinician-Scholar.

**Didactic teaching:** The evaluation of didactic teaching may include lectures given with the Department of Emergency Medicine, lectures given to other physicians or students within the School of Medicine, or lectures given to continuing medical education courses outside of the University of Washington. The quantity and variety of invited lectures across the UW School of Medicine, as well as other regional or national teaching venues, may help demonstrate subject matter expertise and/or teaching skill. Peer ratings of didactic teaching skills will be obtained during the course of regular trainee sessions in which other faculty are in attendance, or at the solicitation of the Clinician-Scholar.

**Curricular development:** The evaluation of curricula developed by the Clinician-Scholar may include learner evaluations, dissemination of curricula via peer reviewed publications, or other descriptive impact reports including improvement in learner outcomes and/or adoption of the curricula by other organizations. Published, peer-reviewed curricula (e.g., those that are listed on MedEdPORTAL) present an opportunity for faculty to strengthen their rigor and reach of their academic portfolios.

The Department Chair or their designated proxy should use an evaluative record of teaching skills 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.

#### **D. Scholarship**

Objective evidence for scholarship demonstrating a clear area of focus and expertise is required for faculty advancement. Although Clinician-Scholars are not required to be independent investigators, the broader recognition of scholarly contributions to an area of medicine, science or pedagogy is an important measure of the quality and impact of their scholarly activity. Scholarly products should be sufficiently focused that external reviewers and the departmental and/institutional A&P committees can ascertain that a faculty member has demonstrated expertise in the particular topics or fields that are highlighted in both their CV and teaching portfolio. The most important criteria in assessing independent scholarly activities and contributions of any type listed above are quality as assessed by peer review and impact as assessed by dissemination or use. Quality and impact are more important than the numerical quantity of contributions. Independent evaluation of activities will be provided by internal and external reviews focused on quality and impact, supported where appropriate by metrics such as access, download, re-use/forwarding, citation and referencing statistics. Examples of scholarship for each area of scholarly focus are denoted in the sections below.

- *Scholarship of teaching:* Contribution to new knowledge related to the teaching of medicine such as:
  - New curricula for a new or existing teaching program
  - Materials for in-house use such as resident handbooks and evidence-based clinical guidelines
  - Educational software or video
  - Web-based educational information
  - New methods to evaluate the effectiveness of educational programs and the progress of trainees



These forms of scholarship will be disseminated via peer reviewed platforms (e.g. the AAMC's MedEd PORTAL). In addition to traditional metrics such as citations of peer reviewed publication, these forms of scholarship 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.

- *Scholarship of integration*: Critical synthesis and integration of existing information such as:
  - Narrative or critical review articles
  - Case reports
  - Letters to the editor
  - Authoring or editing a book or journal
  - Original social media contributions such as podcasts, blogs, and websites that demonstrate additional synthesis and integration. Metrics such as extent of audience reach or page views can help quantify the impact of these contributions.
- *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 established by journals for inclusion in publications: 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. Examples include:
  - Publication of original research within peer-reviewed journals. Roles as middle authors are appreciated as a way to demonstrate scholarship as a member of a collaborative team. First and senior authorship additionally demonstrate and are markers of leadership, an area of focus, and expertise.
  - Systematic reviews of the literature, including meta-analyses or Cochrane Collaboration reviews
- *Scholarship of application*: Contribution to new knowledge related to quality improvement and patient safety. This may include, but is not restricted to:
  - Development and evaluation of new methods, analytic tools, or metrics in quality and patient safety.
  - Design and implementation of major clinical initiatives, hospital protocols, care pathways and/or other models of care and related outcomes

- Development of innovative approaches and/or guidelines to diagnose, treat or prevent disease.

Honors and awards in this domain are also important considerations. Impact regionally, nationally and/or internationally is highly valued, particularly in the form of publications and grant support.

**Demonstration of regional recognition of a faculty member's scholarship (this is not a comprehensive list):**

- Leading state or regional workshops/courses
- Authorship or co-authorship of curricula for a new or existing state or regional program
- Membership or leadership role on a committee or board of a state organization or scientific society
- Membership or leadership role on clinical guidelines or policies committee for a local, state, or regional organization
- Steering committee membership for state governing bodies
- Authorship on sponsored blogs/forums from state quality improvement organizations
- Invited state or regional webinars
- Sought as mentor at other institution(s) in the state or region
- Appointment to a state task force or advisory committee
- Clinical guidelines for a state or regional organization
- Invited lectures at other institutions or state or regional meetings
- Advocacy at a state level
- Consulting with local industry or a state government agency
- Quality improvement and patient safety awards/recognition in the state or region
- State awards recognizing faculty member's expertise in their area of focus
- Visiting professorships in the state

**Demonstration of national recognition of a faculty member's scholarship (this is not a comprehensive list):**

- Leading national workshops/courses
- Authorship or co-authorship of curricula for a new or existing national program
- Membership or leadership role on a committee or board of a national organization or scientific society
- Membership or leadership role on clinical guidelines or policies committee for a regional or national organization

- Steering committee membership for national governing bodies or writing groups for national multi-center studies
- Authorship on sponsored blogs/forums from national quality improvement organizations
- Invited national webinars
- Sought as long-distance mentor at other institution(s)
- Appointment to a national task force or federal advisory committee
- Clinical guidelines for a national organization
- Invited lectures at other institutions or national meetings
- Advocacy at a national level
- Consulting with industry or a government agency (e.g., FDA)
- Quality improvement and patient safety national awards/recognition
- National awards recognizing faculty member's expertise in their area of focus
- Visiting professorships

#### **E. Administrative Leadership**

Administrative leadership can be the primary role for faculty members in the Clinician-Scholar pathway. For these individuals, administrative accomplishments are strongly considered in the evaluation for promotion. Clinical care, teaching, and scholarship remain an important aspect of promotion criteria.

Expectations and goals of administrative service and leadership should be set at the time of appointment and must be consonant with the mission of the Department of Emergency Medicine.

Evaluation of administrative achievement should occur regularly (at least annually) by the faculty member and the person(s) evaluating the faculty member's administrative work. For faculty being considered for promotion based on administrative leadership, these evaluations should include at least one letter of support from an administrative supervisor and three letters of support from extramural colleagues. Evaluations should comment on accomplishments, leadership skills, innovation, fiscal responsibility, and attention to quality in health care, teaching and research. The success of the faculty member's administrative unit should be considered in the evaluation process.

In the evaluation for promotion, administrative contributions will be assessed based on the scope of the faculty member's administrative role(s), the size and complexity of the administered unit, the quality of performance, and its influence at the national, regional, and local levels.

For promotion to associate professor, a Clinician-Scholar must demonstrate regional and beginning national recognition for excellence in administrative service and leadership, along with relevant scholarship. For promotion to professor, a Clinician-Scholar must demonstrate national recognition for exemplary administrative service and leadership. This could include active participation and leadership in national administrative agencies or societies, or government or non-government agencies.

Mentorship is a valued aspect of this individuals' contributions within administrative leadership. This may include resident physicians who pursue administrative electives, mentorship of administrative scholarly projects, and/or mentorship of junior level physicians.

**Examples of materials that demonstrate administrative leadership:**

- Institutional clinical practice guidelines, protocols, and policies
- Regional or state-wide guidelines for inter-agency collaboration (e.g. disaster protocols, transfer agreements, prehospital triage protocols)
- Development of material related to health conditions for use by patients or clinicians in the education of patients
- Development of public service announcements or educational tools to improve population health

**F. Diversity, Equity, and Inclusion**

In addition to scholarship in a Clinician-Scholar's area of focus, the Department also recognizes teaching, scholarship, and service activities that demonstrate a commitment to equity, diversity, and inclusion. These contributions to equal opportunity, diversity, equity, and inclusion can take a variety of forms.

**Examples of work pertaining to Diversity, Equity and Inclusion:**

- Activities geared towards increasing the diversity of our professional community, including mentorship and development of pipeline programs for students who are under-represented in medicine, and efforts to increase the diversity of our residents and faculty.
- Activities with the aim of increasing equity and representation in departmental activities, including committee involvement, recruitment, and mentorship.
- Faculty development that disseminates teaching best practices related to issues of race, gender, and other social determinants of health.
- Scholarship geared towards understanding and addressing the disparities and inequities that are present in our professional community, as well as how these disparities and inequities manifest in our health care system.

- Activities that address health disparities through outreach, health fairs, and other service-related advocacy efforts.

## **G. Other considerations**

### **Self-assessments**

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

- **Clinical care:** Their clinical responsibilities, programs developed, and the relationship of the clinical activities to their teaching, scholarly, and administrative roles.
- **Teaching:** Their teaching/mentoring philosophy and teaching/mentoring responsibilities and goals.
- **Scholarly activities:** The focus of their scholarly activities and the relationship of their scholarly activities to their clinical care and teaching.
- **Administrative leadership and Involvement** (if applicable): Administrative responsibilities, including goals and achievements.

### **Switching pathways from Clinician Scholar to the Physician-Scientist pathway**

Faculty in the regular faculty track may switch from the Clinician-Scholar pathway to the Physician-Scientist pathway subject to the approval of the Department of Emergency Medicine and the School of Medicine (SOM) as described below.

Assistant Professors in the regular faculty track may switch from the Clinician-Scholar pathway to the Physician-Scientist pathway prior to having completed four years as an Assistant Professor, or by exception from the SOM Dean after four years in rank.

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

### **Changing from regular faculty position to clinical position**

Associate Professors and professors may request a change to an open full time clinical faculty (FTCF) position, if one is available, in accordance with the process defined for FTCF appointments. This is considered a new appointment and not a switch in track.

Assistant Professors may request a change to an open full-time clinical faculty position (FTCF), if one is available. If they have completed four academic years at that rank, permission for a change to FTCF is required from the Dean.

Such appointment or track 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/FTE availability, and department needs and priorities.