

REGULAR FACULTY TRACK PHYSICIAN-SCIENTIST PATHWAY

DEPARTMENT OF EMERGENCY MEDICINE
UNIVERSITY OF WASHINGTON
APPOINTMENT AND PROMOTION GUIDELINES

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Introduction

Faculty in the Physician-Scientist pathway devote the majority of their academic time and effort to research. For physicians on this pathway, teaching is required and clinical care (when applicable) is a highly valued component of this pathway. Candidates for the ranks of Research Assistant Professor, Research Associate Professor, and Research Professor follow the same criteria but do not participate in clinical activities. Diversity, equity and inclusion contributions in scholarship and research, teaching and service shall be included and considered. The scholarly focus for faculty in this pathway is the scholarship of investigation and discovery.

Individuals on the Physician-Scientist 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 scholarly reputation. Faculty appointed in this pathway hold 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

Entry level for faculty appointment is usually at the assistant professor rank. Appointment as assistant professor requires completion of clinical training to meet certification requirements or a doctoral degree with substantial research experience. At the time of appointment, assistant professors will have demonstrated clear potential for and commitment to an academic career in a focused area. There should be evidence of original scholarship. Generally, the appointee will have authored original peer-reviewed publications of substantial merit and have several published works. In addition, the individual will likely have obtained some extramural funding for their research and/or career development.

Key Criteria for Appointment to Assistant Professor as a Physician-Scientist

- MD (or equivalent) or PhD for faculty that are full time researchers.
- 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.
- Substantial research experience
- Authorship of several original, peer-reviewed publications of substantial merit
- Excellent clinical competence, documented from residency, fellowship, or practice settings (for clinicians if applicable)
- Documented evidence of teaching excellence
- 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. As stated above, faculty under this pathway will spend the majority of their time and effort on research 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.

Appointments and promotions to 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.

Key criteria for appointment and promotion to Associate Professor:

- MD (or equivalent) or PhD for faculty that are full time researchers.
- 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
- Significant accomplishment in an area of research and evidence of independent investigation
- Emerging national recognition for their scholarship, including a history of multi-year extramural grant funding
- Provides excellent teaching
- Scholarship, teaching, and service activities that advance diversity, equity, and inclusion will be considered
- Excellence in clinical care (for clinicians if applicable)
- Administration effectiveness can be considered if administrative leadership is a significant component of the faculty member's job description, but this would be uncommon for this pathway.
- Mentorship of students, residents, and/or junior faculty

Key criteria for appointment and promotion to Professor:

- MD (or equivalent) or PhD for faculty that are full time researchers.
- 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
- Outstanding, mature scholarship with significant, sustained scholarly productivity and research funding within the faculty member's area of focus

- Duration and significance of scientific contributions
- Established national/international recognition as an expert in their research field
- Excellence in teaching
- Scholarship, teaching, and service activities that advance diversity, equity, and inclusion will be considered
- Excellence in clinical care (for clinicians if applicable)
- Mentorship as demonstrated by longitudinal work with students, residents, and/or junior faculty
- Administration effectiveness can be considered if administrative leadership is a significant component of the faculty member's job description, but this would be uncommon for this pathway.

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. Research

We consider research as the generation of new knowledge in basic science, translational science, data science, clinical trials, epidemiology, health services, social sciences, ethics, medical/patient education, quality improvement, patient safety, and health care delivery. Scholarly contributions and impact regionally, nationally and/or internationally are typically demonstrated in the form of peer-reviewed publications and grant support. Physician-Scientists 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. Honors and awards in this domain are also important considerations.

The criteria by which research productivity may be evaluated are:

- Numbers and quality of research publications, including first author, senior author and contributory author work. Greater consideration is given to quality (e.g. “high-impact” journals; seminal publications; degree of innovation).
- Extent, duration, and source of extramural research funding.
- Professional and/or public impact of work and national or international reputation.

For appointment or promotion to associate professor, the candidate must demonstrate significant accomplishments in a focused area of research with evidence of independent investigation and an established regional reputation and developing national reputation. The quality of an individual’s peer reviewed publications is a major factor considered for promotion to associate professor. They must demonstrate evidence of continued strong trajectory within rank.

For appointment or promotion to professor, candidates must have outstanding mature scholarship with sustained productivity. In addition, an individual must have national/international stature and be a recognized leader in their scholarly field. Candidates will generally have a sustained record of extramural research funding and will be a member of scientific review committees, advisory panels, etc. Outstanding contributions in non-research area such as medical care, administrative or educational accomplishments are considered, but by themselves are not sufficient to merit promotion to professor in this track.

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

- Publications
- Grants

- Leading national workshops/courses
- Membership or leadership on regional or national scientific review committees.
- Membership or leadership on a committee of a national organization or 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
- Appointment to a national task force or federal advisory committee
- 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
- Sought as long-distance mentor at other institution(s)

C. Clinical care (if applicable)

For promotion as a Physician-Scientist with a clinical commitment, 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 Physician-Scientists 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 Physician-Scientists 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 Physician-Scientist.

A Clinical Competence Assessment Form should be used by qualified faculty to assess the performance of Physician-Scientists. At least nine faculty who are qualified to evaluate the Physician-Scientist 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 Physician-Scientist 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.

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 the Physician-Scientist. The forms and any additional information from the Department Chair should be part of the individual Physician-Scientist’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 Physician-Scientist, 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 Physician-Scientist 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 Physician-Scientist should be specifically defined by the department chairperson in writing, and the Physician-Scientist should be informed of the specific expectations for productivity.

D. Teaching Skills and Mentorship

Teaching is an integral part of the Physician Scientist track. The evaluation of teaching skills is based on assessment of the quality and value of teaching and mentoring interactions with students, residents, practicing physicians, other allied healthcare team members, and

graduate students and faculty throughout UW School of Medicine and the other UW Colleges. It is possible that the majority of teaching efforts will be in the form of mentorship rather than more traditional clinical education.

The inclusion of any and all formal evaluations of teaching and mentoring in all venues is the responsibility of each faculty member. Such evaluations may include:

1. Clinical teaching evaluation forms collected from medical students and residents, and, if applicable, fellows or graduate students.
2. Quality and effectiveness of mentorship as measured by evaluations from mentored undergraduates and graduate students, if applicable.
3. Ratings of teaching skills demonstrated in other settings such as resident conferences, grand rounds, faculty development conferences, and continuing medical education courses.

E. Administrative Leadership

Administrative responsibilities of faculty members on the Physician-Scientist pathway are usually minimal but may increase with advancement in rank. Administrative and leadership responsibilities may be focused in a hospital; the Department of Emergency Medicine; the School of Medicine or University. National administrative responsibilities can also be considered in the promotion process.

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 letters of support from administrative supervisors or colleagues.

F. Diversity, Equity, and Inclusion

In addition to scholarship in a Physician-Scientist'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.

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

G. Other considerations

Self-assessments:

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

- **Clinical care** (if applicable): 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** (if applicable): Administrative responsibilities, including goals and achievements.

Switching pathways from Physician-Scientist to the Clinician Scholar pathway :

Faculty in the regular faculty track may switch from the Physician-Scientist pathway to the Clinician-Scholar 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 Physician-Scientist pathway to the Clinician-Scholar 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 Physician-Scientist pathway to the Clinician-Scholar 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 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), provided they have not yet completed four academic years as an Assistant Professor. 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.