

# VOLUNTEER CLINICAL FACULTY

DEPARTMENT OF EMERGENCY MEDICINE  
UNIVERSITY OF WASHINGTON  
APPOINTMENT AND PROMOTION GUIDELINES

**Approved May 2023**

## Introduction

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, research, 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.

## Definitions

To be a volunteer clinical faculty member in the Department of Emergency Medicine, the individual must be actively engaged in teaching and/or research or other activities related to the mission of the Department of Emergency Medicine.

"Actively" engaged is defined as follows:

- **Teaching:** This is to medical students, residents and/or fellows. The required teaching hours can be met either clinically (bedside teaching in the ED) or non-clinically (classroom, simulation, lecture, workshop, etc.).

"Actively" engaged in teaching is defined as follows:

- **Clinical Teaching:** For both medical students and residents, the minimum required clinical bedside teaching is 1) an average of 50 hours per year, averaged over a two-year period or 2) a minimum of 16 hours per student or resident over a two-year period.
- **Non-Clinical Teaching:** The minimum required non-clinical teaching time for medical students or residents is 8 hours per year, averaged over a 2-year

period. This can consist of formal lectures, simulations, procedural skill sessions, workshops, mock oral boards or similar teaching activities.

### **AND/OR**

- **Research:** For volunteer clinical faculty actively collaborating with a principal investigator within the Department of Emergency Medicine and listed as a co-investigator on the IRB and/or IACUC approval, expectations are as follows:
  - This can be clinical, translational or basic science research.
  - Referral of patients for study enrollment is not considered an active collaboration.
  - The volunteer clinical faculty member must, therefore, be included formally in the study design and ensure that s/he has satisfied all the regulatory and compliance hurdles of that grant.

### **EXCLUSION CRITERIA**

The following people will be ineligible to be a volunteer faculty member:

- A person who works for any pharmaceutical organization.
- Any person whose affiliation would constitute a conflict of interest with University of Washington policies. Reference: \* BROKEN LINK:  
<http://www.washington.edu/faculty/facsenate/handbook/04-05-02.html>

### **REVIEW PROCESS**

The volunteer clinical faculty position is an annual appointment. The onus of accountability is on the volunteer clinical faculty member. It is expected that s/he will keep their contact information current and respond to an annual survey to report their activities for the past academic year and plans for meeting criteria expectations for the following academic year, along with an updated CV.

**Appointment:** At the time of new volunteer clinical faculty appointments, the specific scope of responsibilities will be established by mutual agreement between the clinical faculty member and the Department. These mutually agreed upon responsibilities will be reviewed annually by Chair and/or Chair's delegate and, if necessary, updated to form the basis for renewal or non-renewal of the clinical faculty appointment.

**Reappointment:** Clinical faculty appointments must be renewed annually as provided in the *Faculty Code* and the School of Medicine criteria. This review should be based on continued involvement in the academic mission of the Department, including teaching, research, patient care, or other activities related the Department of Emergency Medicine.

Faculty will either be reappointed at the current rank, reappointed with promotion, or non-renewed (not reappointed). The Department may reappoint volunteer clinical faculty at their discretion even if the faculty member is less active in a given year if that person's activity is expected to increase again in the near future.

**Promotion:** Promotion decisions will be based upon the quality of an individual's contributions to the academic, research, patient care or other activities related to the mission.

**CLINICAL INSTRUCTOR:** This level will be the usual initial appointment and requires that the appointee has completed their formal training to meet Board requirements or the equivalent and has excellent clinical competence documented from residency, fellowship or a practice setting. It is expected that appointees will contribute to the departmental programs through patient care and/or teaching. While it is not a requirement for appointment, professional service or scholarship may be considered. Promotion beyond Clinical Instructor will depend on meeting the criteria for Clinical Assistant Professor.

**CLINICAL ASSISTANT PROFESSOR:** This rank requires that the individual has evidence of training or clinical practice experience beyond that required for initial appointment to the rank of Clinical Instructor. If being appointed directly to Clinical Assistant Professor, time in rank, prior rank at another institution, evidence of outstanding patient care, patient-related service excellence, professionalism and contribution to medical education will be considered. If being promoted from Clinical Instructor, a candidate must have demonstrated excellence in Professionalism, Clinical Competence and Clinical Productivity. Clinical Service and Teaching will be considered.

While not a requirement for appointment or promotion to Clinical Assistant Professor, professional service and scholarship may be considered. Each of these criteria will be evaluated as described below. Time in rank alone is not adequate for promotion to Clinical Assistant Professor. Appointment requires that the appointee has completed their formal training to meet Board requirements or the equivalent.

**CLINICAL ASSOCIATE PROFESSOR:** This rank requires that the individual has demonstrated clinical excellence and has developed a focus of expertise within emergency medicine which has matured over time such that there is evidence of regional engagement. Such engagement might be demonstrated through a record of regional presentations, teaching, and/or regional committee work. This may also include recognition as an outstanding and sought-after speaker or educator within emergency medicine. Formal scholarship is not required. If being appointed directly to Clinical Associate Professor, time in rank, prior rank at another institution, evidence of outstanding patient care, patient-related service

excellence, and regional/national recognition as outlined above, professionalism and contribution to medical education will be considered. If being promoted from Clinical Assistant Professor, excellence must be demonstrated in Professionalism, Clinical Competence and Clinical Productivity, and demonstrated regional/national reputation will be required. Clinical Service and Teaching will be considered. Diversity, equity and inclusion contributions in scholarship, teaching and service shall be included and considered. Appointment requires that the appointee has completed their formal training to meet Board requirements or the equivalent.

Professional service will be considered as outlined below. Scholarship will also be considered but is not required. Each of these criteria is evaluated as described below. Time in rank alone is not adequate for promotion to Clinical Associate Professor.

CLINICAL PROFESSOR: Appointment or promotion to the rank of Clinical Professor requires that the individual has demonstrated clinical excellence and national 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. Such recognition might be demonstrated through a record of national or international presentations, committee work with evidence of product development, or other venues in which the faculty expertise is highlighted. This may also include recognition as an outstanding and sought-after educator within emergency medicine. Formal scholarship is not required. 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. If being promoted from Clinical Associate Professor, excellence must be demonstrated in Professionalism, Clinical Competence and Clinical Productivity, and national recognition as outlined above will be required. Clinical Service and Teaching will be considered (see below).

Diversity, equity and inclusion contributions in scholarship, teaching and service shall be included and considered. For promotion to the level of Clinical Professor, the faculty must demonstrate a national reputation through a consistent record of national lectures, presentations, curriculum development, or program development, or by making significant administrative contributions to national or international professional societies.

Appointment requires that the Updated: March 2023 appointee has completed their formal training to meet Board requirements or the equivalent. Each of these criteria will be evaluated as described below.

EMERITUS ASSOCIATE PROFESSOR or EMERITUS PROFESSOR: Emeritus status will be considered for a clinical 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 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 Clinical Associate Professor or Clinical Professor.