

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

DEPARTMENT OF ORTHOPEDIC SURGERY CLINICIAN TRACK STATEMENT

Appointment and Promotion Criteria and Standards

I. INTRODUCTORY STATEMENT

This document outlines the standards utilized to evaluate whether faculty meet the criteria to qualify for consideration for promotion on the Clinician Track. Clinician Track appointments are annually renewable and are not in the tenure stream. Criteria and standards described in this Statement are used for appointment at all ranks and for promotion of faculty on the Clinician Track. The Clinician Track Statement also defines the criteria for annual performance review of faculty at all ranks, and where appropriate, post-promotion review.

This document contains Criteria and Standards pertaining to:

- a) Appointment to the Clinician track as an Assistant Professor.
- b) Promotion from Assistant Professor to Associate Professor.
- c) Promotion from Associate Professor to Professor.
- d) The Annual Faculty Performance Review Process.

The criteria, standards and procedures are applied without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

All departmental Clinician Track Statements must be reviewed and approved by the Associate Dean for Faculty Affairs.

II. MISSION STATEMENT

Committed to innovation and diversity, the Medical School educates physicians, scientists, and health professionals, generates knowledge and treatments, and cares for all patients and communities with compassion and respect.

The Medical School strongly encourages and values interdisciplinary work, including scholarship, public engagement, and teaching, as well as interprofessional collaboration in clinical sciences.

III. APPOINTMENT AND ANNUAL PERFORMANCE REVIEW OF FACULTY

A. Appointment of Faculty

Clinician Track appointments may be made on all University of Minnesota Medical School campuses and affiliated sites, following the processes described in the *Medical School Policy on Faculty Appointments*. Each department must add specialty-specific criteria for appointment in a departmental addendum.

1. Assistant Professor

In the Medical School, the entry level rank for faculty is Assistant Professor. The minimal, general criteria for initial appointment at this rank include:

- a. Possession of either an M.D., D.O., or D.P.M
- b. Board eligibility or certification.
- c. Documentation of competence in the skills of communication, including effective communication with learners, colleagues, and patients.

2. Associate Professor and Professor

The criteria for appointment as Associate Professor or Professor are the same as the criteria for promotion to the rank and can be found in Sections IV.D. and IV.E.

B. Annual Performance Review of Faculty

1. Process

All Clinician Track faculty, at every rank, undergo an annual performance review. The process for this review is described in the *Medical School Faculty Review Policy: Annual Review*. The department defines the criteria for annual performance review. The head of each department or his/her designee annually reviews the progress of each faculty member. The Department Head prepares a written summary of that review and discusses the faculty member's progress with the faculty member, giving him/her a copy of the report. In considering proposals for promotion in rank, the Medical School and its Departments comply with the procedures described in this Statement.

2. Criteria

The criteria for satisfactory performance for the annual review are the same as those for the appropriate rank, as defined in this Clinician Track Statement.

3. The Clinician Track in the Department of Orthopedic Surgery is intended for those faculty Members who are expert providers of clinical care. To be eligible for the Clinician Track, clinical work should occupy approximately 80% of the faculty member's effort. While provision of excellent clinical care is paramount, it is further expected that a faculty member would have at least one other area of demonstrated excellence in their academic portfolio between Education, Research, and Administration. These areas would encompass the remaining 20% of their efforts.

IV. CRITERIA AND STANDARDS FOR PROMOTION IN RANK

A. Definition of Excellence for Clinical Practitioners

1. The ACGME competencies provide a framework for the education and training of our residents as well as an expectation of how faculty members should conduct themselves to achieve high quality, empathetic patient care that not only diagnoses and treats illness, but also aids in improving patient health and wellness. Faculty members being considered for promotion on the Clinician Track must demonstrate sustained excellence in all six of the ACGME competencies acting as a role model for medical students, residents, fellows and colleagues. The ACGME competencies include:

- a. Practice-Based Learning and Improvement: The ability to investigate and evaluate an individual's

patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

- b. Patient Care and Procedural Skills: Provision of patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
 - c. Systems Based Practice: Demonstration of an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
 - d. Medical Knowledge: Demonstrated knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.
 - e. Interpersonal and Communication Skills: Demonstration of interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families and professional associates.
 - f. Professionalism: Demonstration of a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
2. In addition to these required areas for demonstrating excellence as a clinician, those faculty seeking promotion in this track should also be able to demonstrate excellence in one of the four following areas outlined in IV.B (a-d). None of the lists below are intended to be exhaustive lists, but rather to serve as examples of how a faculty member desiring promotion could demonstrate excellence in the areas outlined.

B. Additional Requirements besides Clinical Excellence

- a. Education: Education of the next generation of physicians as well as the education of our peers are both critical aspects to the mission of our department and to the medical school. As a result, faculty who can demonstrate excellence in these areas are contributing to the overall mission of the organization. Concrete examples of how this can be demonstrated for those seeking promotion in this track can be found in IV.D.7 and IV.E.7.
- b. Research: The dissemination of novel scientific discovery is part of the mission of the medical school and is critical to our profession. As a result, one of the ways that faculty can demonstrate that they are ready for promotion is through sustained efforts in research. Specific examples for each level are outlined below in Section IV.D.8 and IV.E.8.
- c. Mentorship: Faculty and learner development is also critical to the growth of our organization and to our profession. As a result, those faculty who demonstrate excellence in this area are also furthering the mission of the medical school and positively contributing to the organization and to our profession. Concrete examples of how this can be demonstrated are outlined in IV.D. and IV.E.9.
- d. Administration: Coordination of a complex organization such as the medical school requires faculty who are dedicated to process and organizational structure. This includes coordination with sister organizations such as University of Minnesota Physicians, HealthPartners, TRIA, Fairview, and other organizations. As a result, faculty who are seeking promotion in this track can demonstrate excellence in this area through the examples listed in IV.D.10 and IV.E.10 below.

C. To Assistant Professor

Not applicable in the Medical School (entry level rank is Assistant Professor)

D. To Associate Professor

A recommendation for promotion to Associate Professor is made when an eligible faculty member has a regional reputation as a leader in the field and has fulfilled the specific standards for promotion to Associate Professor as stated by this Clinician Track Statement. Time in previous rank does not influence the final decision when considering promotion.

1. Practice Based Learning and Improvement

Continued self-assessment of one's own practice and efforts to improve patient care practices is required for promotion in the Clinician Track.

Examples include, but are not limited to:

- a. Participation in Maintenance of Certification (MOC) or Multi-specialty MOC Portfolio Program through participation in quality improvement efforts in one's local practice that may be sponsored by the institution or hospital Quality Improvement department.
- b. Participation in a structured, well-designed quality improvement project that has demonstrated improvement in care and are based on accepted improvement scientific and methodology.
- c. Simulation based training using validated tools or attending similar accredited simulation courses.
- d. Attending continuing medical education conferences.
- e. Visitations to other sites for educational and observational purpose.
- f. Self-assessment clinical examination on scored tests from academic bodies such as the American Academy of Orthopedic Surgeons (AAOS) or similar organization.
- g. Writing and teaching, reviewing articles or giving review presentations at conferences.
- h. Writing self-assessment questions for governing body organizations for use by other physicians.
- i. Authorship or co-authorship in published articles relating to QI activities in health care.

2. Patient Care and Procedural Skills

Evidence of recognized high-quality patient care and procedural skills is required for promotion the Clinician Track. Examples include but are not limited to:

- a. Being named to a "Best Doctors" list based on nomination and/or voting of peers.
- b. Preferred referral patterns within UMN/UMP/Fairview/HealthPartners as well as local practices.
- c. Significant volume of revision surgery or treatment for patients with complex problems.
- d. Serving as a reviewer for American Board of Orthopedic Surgery (ABOS) Part II examination or similar evaluation of clinical competence of other providers.
- e. Publication of significant clinical work in a specific content area that is foundational to that subspecialty (e.g. monograph, or highly cited comprehensive clinical review paper, or text book)
- f. Evidence of excellent clinical outcomes.
- g. Development of patient education materials.
- h. Development of decision-making models or materials.
- i. Innovations in the delivery of care (e.g., inventions, tools).
- j. Invitation to teach skills or patient care at regional-level courses.
- k. Participation in global medicine or outreach to underserved area initiatives.

- l. Systematic tracking of clinical outcomes with demonstrated use of those outcomes to improve clinical care.
- m. Speaking at patient-focused educational conferences (e.g. patient advocacy groups or outreach programs) or organizational meetings.
- n. Achievement and maintenance of additional subspecialty certification outside of those required for basic membership on the UMN faculty (e.g. certificates of advanced qualification, Advanced Certification in Orthopedic Sports Medicine, American Professional Wound Care Association, Council for Medical Education and Testing, American Board of Podiatric Medicine – Amputation Prevention and Wound Care or similar certifications.)
- o. Team Physician Coverage at high school, college, and/or professional levels.

3. Systems Based Practice

Evidence of appropriate use of system resources to provide quality care that is optimally valued is required for promotion in the Clinician Track. Examples include but are not limited to:

- a. Creation or participation in division/department-level consensus conferences.
- b. Leadership in provision of care to underserved communities.
- c. Outreach activities locally, nationally, or internationally intended to provide care in different systems.
- d. Participation in hospital and UMN clinical committees.

4. Medical Knowledge

Basic medical knowledge is required for provision of safe, effective patient care. Evidence of medical knowledge above and beyond that required for simple patient care is required for promotion in the Clinician Track. Examples include but are not limited to:

- a. Presenting at departmental grand rounds.
- b. Regular participation in medical student/resident/fellow lectures.
- c. Presentation at other departments' grand rounds or other invited lecture events.
- d. Attendance of clinical education conferences.
- e. Teaching at clinical educational conferences.

5. Interpersonal and Communication Skills

Key to success as a physician is the ability to effectively communicate with patients and fellow members of the health care team. Failure to effectively and clearly communicate with others can hinder and even adversely affect outcomes. Examples of effective interpersonal and communication skills include but are not limited to:

- a. No cited issues or concerns regarding care delivery, quality of care or safety concerns over the period under consideration for promotion.
- b. Recognized positive impact on departmental culture. Negative impact on culture is a significant detractor.
- c. Superior results on 360 Evaluations.
- d. Participation or leadership in culture and safety grand rounds, lectures and seminars.
- e. Participation of leadership in safety/culture simulations.
- f. Development of, or leadership in programs to enhance departmental communication and culture.

6. Professionalism

Evidence of professionalism is based on a demonstrated commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to our diverse patient population. Examples of professionalism include:

- a. Leads or participates in diversity initiatives, studies, or care models (e.g. development of programs for enhancing care to the underserved).
- b. Service to the Department, School, or University on governance-related or policy making committees.
- c. Roles in discipline-specific regional and national organizations.
- d. Service to patient-care organizations that benefit patients with certain diagnoses (e.g. sarcoma support groups, positive coaching organizations, Charcot-Marie Tooth support groups).
- e. Service to the community or state, and public engagement.
- f. Sustained international medical outreach.

7. Education

Evidence of educational excellence can be demonstrated by a subset of the below options or other equivalent demonstrations of work being performed outside of the expected norms of teaching students, residents, and fellows in the clinical environment. It is recognized that not all faculty will have equal access to learners. Examples of educational excellence include:

- a. Lecturing to residents, students, or fellows at scheduled conferences both intramurally and extramurally.
- b. Demonstrated excellence in goal and expectation setting, providing feedback, and mentorship particularly of struggling learners.
- c. Participation in departmental educational committee work (e.g. Program Evaluation Committee, Resident Selection Committee, Remediation Committee).
- d. Service to other departments such as internal program reviews.
- e. Regular service to the Graduate Medical Education Committee.
- f. Teaching of all levels of learners (e.g. DPT students, Athletic Trainers, undergraduate students, MD students, Ph.D. students, residents, fellows) in both intramural and extramural environments.
- g. Teaching at educational courses (such as the AAOS Course for Orthopedic Educators or equivalent course).
- h. Participation in ABOS review courses.
- i. Demonstrated excellence in learner assessment (ABOS reviewer, teaching at review courses, participation in committees to oversee learner assessment or write questions for review/assessment tests).
- j. Sustained student, resident, Ph.D. mentorship.
- k. Lecturing, moderating, or organizing educational conferences aimed at the dissemination of medical knowledge to all levels of clinician (e.g. ATCs, PTs, midlevel providers, DPMs, DOs, MDs).

8. Research

Research excellence can be indicated by the demonstration of a subset of the following:

- a. Publication of original scientific discovery in peer-reviewed manner.
- b. Presentation of results of original scientific discovery at regional/national scientific meetings.
- c. Receipt of competitive peer-reviewed funding (e.g. grants).

- d. Enrollment of subjects in ongoing research initiatives with emphasis on multicenter trials.
- e. Being a site coordinator for multicenter research.
- f. Ongoing collaborative work that generates unique scientific output.
- g. Participation in research committees for specialty-specific organizations (e.g. Musculoskeletal Tumor Society Research Committee or similar organization).

9. Mentoring

Faculty seeking promotion to Professor are expected to provide effective mentoring and/or advising to junior faculty and learners at other levels, in compliance with collegiate and University policies. Mentoring includes activities that advocate for the professional development of learners. Examples of this include:

- a. Demonstrated efficacy in mentoring young faculty in clinical, research and academic environments.
- b. Promotion of junior faculty both intramurally and extramurally in professional organizations.
- c. Participation as a mentor in professional organization mentorship programs.
- d. Leadership positions in educational and mentorship programs, dissemination of scholastic material on the topic of mentorship, or development and publication of mentorship guidelines or programs.

10. Administration:

Excellence in administration can be demonstrated by examples similar to some subset of the following:

- a. Involvement in committees: these may be departmental, institutional, part of the medical school, or part of the healthcare systems in which the faculty member works (e.g. Departmental Promotion and Tenure Committee, Compensation Committee, Program Evaluation Committee, etc.).
- b. Involvement in national committees.
- c. Development of novel administrative pathways for clinical care.
- d. Serving as a medical director.
- e. Serving in a named departmental role (e.g. Residency Director, Vice Chair).
- f. Evidence of sustained personal effort toward personal improvement in the area of administration (e.g. obtaining a s in Business Administration, s in Healthcare Leadership or similar advanced degree).

E. To Professor

A recommendation for promotion to Professor is made when an eligible faculty member achieves national and/or international visibility of their clinical skills. This includes evidence of effective mentoring of other faculty members and fostering a culture that enhances diversity. Additional academic, scientific, scholarly, and/or professional achievements, which include but are not limited to the following, recognizing that not all standards will apply to all faculty:

1. Practice-Based Learning and Improvement

While quantity and type of practice-based learning and improvement is highly variable for Clinician Track faculty, continued and sustained effort is required for promotion to Professor. Continued evidence of high-quality contributions to quality improvement efforts is required. Examples include but are not limited to those that are listed in section IV.D.1.

2. Patient Care and Procedural Skills

While quantity and type of patient care and procedural skills is highly variable for Clinician Track faculty, continued and sustained effort is required for promotion to Professor. Continued evidence of high-quality contributions to quality improvement efforts is required.

Examples include but are not limited to those that are listed in section IV.D.2 above. Additional examples include:

- a. Development of patient education materials, decision-making models or materials and innovations in the delivery of care that are recognized and/or used on a national level.
- b. Invitation to teach skills or patient care at national-level courses.

2. Patient Care and Procedural Skills

While quantity and type of patient care and procedural skills is highly variable for Clinician Track faculty, continued and sustained effort is required for promotion to Professor. Continued evidence of high-quality contributions to quality improvement efforts is required. Examples include but are not limited to those that are listed in section IV.D.2 above. Additional examples include:

- a. Development of patient education materials, decision-making models or materials and innovations in the delivery of care that are recognized and/or used on a national level.
- b. Invitation to teach skills or patient care at national-level courses.

3. Systems-Based Practice

While quantity and type of examples for systems-based practice is highly variable for Clinician Track faculty, continued and sustained effort is required for promotion to Professor. Continued evidence of high-quality contributions to systems improvement efforts is required. Examples include but are not limited to those that are listed in section IV.D.3. Additional examples include:

- a. Creation or participation in regional/national-level consensus conferences.
- b. Lead or participate in national-level committees.

4. Medical Knowledge

While the quantity and type of examples for medical knowledge is highly variable for Clinician Track, sustained and escalating effort is required for promotion to Professor. Additional efforts include but are not limited to those that are listed in section IV.D.4 above.

5. Interpersonal and Communication Skills

While the quantity and type of examples for interpersonal and communication skills is highly variable for Clinician Track, continued and sustained effort is required to promotion to Professor. Additional efforts include but are not limited to those that are listed in section IV.D.5 above. Further examples include:

- a. National-level courses or presentations on communication skills.
- b. Publication of scholarly work on the topic of communication.

6. Professionalism

While the quantity and type of examples for professionalism is highly variable for Clinician Track, continued and sustained effort is required to promotion to Professor. Additional efforts include but are not limited to those that are listed in section IV.D.6 above. Further examples include:

- a. Leadership roles in discipline-specific national organizations such as committee chair, symposium organizer, session chair, grant reviewer, or member of editorial board.
- b. Leadership roles in the service to the Department, Medical School, or University on governance-related or policy making committees (e.g. committee chair).
- c. Evidence of skills in ongoing mentorship for advancing the careers of younger professionals (e.g.

continuing mentorship of pre-doctoral students, medical students, and residents, advancement of post-doctoral associates, junior faculty members, and other professional colleagues).

- d. Service to the community or state, and public engagement.
- e. Creation and dissemination of novel professionalism curricula with evidence of adoption outside the UMN system.

7. Education

Sustained and excellent demonstration of educational prowess is required for advancement to Professor in the Clinician tract for those applicants who choose this secondary area of emphasis. Evidence of educational excellence can be demonstrated by a subset of the below options or other equivalent demonstrations of work being performed outside of the expected norms of teaching students, residents, and fellows in the clinical environment. It is recognized that not all faculty will have equal access to learners.

- a. Lecturing to residents, students, or fellows at scheduled conferences both intramurally and extramurally.
- b. Demonstrated excellence in goal and expectation setting, providing feedback, and mentorship particularly of struggling learners.
- c. Participation in departmental educational committee work (e.g. Program Evaluation Committee, Resident Selection Committee, Remediation Committee).
- d. Service to other departments such as internal program reviews.
- e. Regular service to the Graduate Medical Education Committee.
- f. Teaching of all levels of learners (e.g. DPT students, Athletic Trainers, undergraduate students, MD students, Ph.D. students, residents, fellows) in both intramural and extramural environments.
- g. Teaching at educational courses (such as the AAOS Course for Orthopedic Educators or equivalent course).
- h. Participation in ABOS review courses.
- i. Demonstrated excellence in learner assessment (ABOS reviewer, teaching at review courses, participation in committees to oversee learner assessment or write questions for review/assessment tests).
- j. Sustained student, resident, Ph.D. mentorship.
- k. Lecturing, moderating, or organizing educational conferences aimed at the dissemination of medical knowledge to all levels of clinician (e.g. ATCs, PTs, midlevel providers, DPMs, DOs, MDs).

8. Research

When research is used as a criterion for advancement in the Clinician Tract from Associate Professor to Professor, candidates should be able to demonstrate a continued effort in the research domain with demonstrable impact of this research on their specialty or the profession as a whole.

Research excellence can be demonstrated by the demonstration of a subset of the following:

- a. Publication of original scientific discovery in high impact peer-reviewed journal.
- b. Presentation of results of original scientific discovery at regional/national scientific meetings.
- c. Receipt of competitive peer-reviewed funding (e.g. grants).
- d. Enrollment of subjects in ongoing research initiatives with emphasis on multicenter trials.
- e. Being a site coordinator for multicenter research.
- f. Ongoing collaborative work that generates unique scientific output.
- g. Participation in research committees for specialty-specific organizations (e.g. Musculoskeletal Tumor Society Research committee or similar organization).

h. Leadership roles in the completion of multicenter trials.

9. Mentoring

Faculty seeking promotion to Professor are expected to provide effective mentoring and/or advising to junior faculty and learners at other levels, in compliance with collegiate and University policies. Mentoring includes activities that advocate for the professional development of learners. Examples of this include:

- e. Demonstrated efficacy in mentoring young faculty in clinical, research and academic environments.
- f. Promotion of junior faculty both intramurally and extramurally in professional organizations.
- g. Participation as a mentor in professional organization mentorship programs.
- h. Leadership positions in educational and mentorship programs, dissemination of scholastic material on the topic of mentorship, or development and publication of mentorship guidelines or programs.

10. Administration:

Excellence in administration can be demonstrated by examples similar to some subset of the following:

- a. Involvement in committees: these may be departmental, institutional, part of the medical school, or part of the healthcare systems in which the faculty member works. For promotion to Professor, the candidate should have demonstrated leadership and impact on such committees.
- b. Involvement in national committees with emphasis on leadership and impact of their role.
- c. Development of novel administrative pathways for clinical care with demonstration of positive impact of such pathways on patient care.
- d. Serving as a medical director with clear evidence of positive impact of the applicant's role on the clinic and patient care.
- e. Serving in a named departmental role (e.g. Residency Director, Vice Chair) with sustained demonstration of positive impact and excellence.
- f. Evidence of sustained personal growth in areas directed toward administration (e.g. working in the 's in Business Administration faculty, or facilitating the coordination of additional training options for other faculty to obtain such training.

V. PROCEDURES

A positive vote by more than 50% of eligible faculty who vote in the Department of Orthopaedics will be considered favorably for promotion in the Medical School. All full-time faculty holding appropriate appointment and rank, including those at affiliated sites, are eligible to vote on recommendations for promotion of candidates in the Clinician Track.

VI. PROCESS FOR UPDATING THIS STATEMENT

The Medical School will review its Clinician Track Statement at least every five years, or more frequently as needed. Revisions will be made by the Associate Dean for Faculty Affairs. The revisions will be presented to the Faculty Advisory Council. All Medical School faculty will be invited to review and give input on the Statement.

Departments will review their specific criteria at least every five years, and more frequently as needed. Approval will be obtained through a simple majority vote of the Department faculty and the date will be noted on the Department Clinician Track Statement.

Updated by the Office of Faculty Affairs - October 2020

