

**UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL**

**DEPARTMENT OF OTOLARYNGOLOGY
CLINICIAN TRACK STATEMENT
Appointment and Promotion Criteria and Standards**

I. INTRODUCTORY STATEMENT

This document describes the specific criteria and standards to evaluate whether faculty meet criteria for appointment and 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 and from Associate Professor to Professor.
- c) The process for the annual faculty performance review.

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 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 at the Assistant Professor level. The minimal, general criteria for initial appointment at this rank include:

- a. Possession of either an M.D., Ph.D., D.O. or equivalent

- b. Board eligibility or certification.
- c. Documentation of competence in the skills of communication, including effective communication with students, colleagues, and patients.
- d. History of training or publication record suggestive of regular academic productivity.
- e. Maintenance of a professional code of conduct

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.C. and IV.D.

B. Annual Performance Review of Faculty

1. Process

All Clinician Track faculty, at all ranks, 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.

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.

B. To Assistant Professor

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

C. To Associate Professor

A recommendation for promotion to Associate Professor is made when an eligible faculty member has a national 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 the list below. Candidates must achieve both a), and at least one of b,c, or d:

- a. Authorship or co-authorship in published peer-reviewed articles relating to descriptive, clinical experience, or quality improvement activities in health care. These papers may include reports on safety and quality, and may include case series that demonstrate the candidate’s clinical expertise in describing new clinical findings or procedures. Chapters in major otolaryngology textbooks are acceptable. The expectation is at least 1 publication per year.
- b. 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.
- c. Participation in an ABOto/HNS approved structured, well-designed Quality Improvement project that has demonstrated improvement in care and are based on accepted improvement scientific and methodology.
- d. Participation in an ABOto/HNS approved simulation training as outlined in the ABOG Improvement in Medical Practice (https://www.abog.org/new/N_Part4Info.aspx). Such activity must provide advanced hands-on clinical education experiences for the individual.

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 “Best Doctors’ list in regional magazines.
- b. Preferred referral patterns within UMN/UMP/Fairview as well as local practices.

- c. Evidence of outstanding clinical outcomes.
- d. Development of patient education materials.
- e. Development of decision-making models or materials.
- f. Innovations in the delivery of care (e.g., inventions, tools).
- g. Invitation to teach skills or patient care at national-level courses.
- h. Participation in global medicine or outreach to underserved area initiatives.
- i. Exemplary clinical volumes (e.g. wRVUs)

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/departmental-level consensus conferences.
- b. Lead or participate in hospital and UMN committees.
- c. Regular participation in Department meetings and engagement within the Department.
- d. Exemplary UMP revenue

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. Regular attendance at Departmental Grand Rounds.
- b. Regular participation in medical student/resident lectures.
- c. Presentation at other departments' grand rounds or other invited lecture events.
- d. Presentation at Regional and National level meetings

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. Superior results on 360 evaluations.
- c. Leadership in entity culture and safety grand rounds, lectures, seminars.
- d. Leadership in safety/culture simulations.

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. Exemplary behavior with colleagues, trainees, medical staff, and administrative staff;
- b. Prompt completion of medical records and responses to inquiries, on-time starts in the clinic and operating room, compliance with clinical protocols and procedures;

- c. Leads or participates in diversity initiatives, studies, or care models (eg Comprehensive Gender Care team).
- d. Service to the Department, School, or University on governance-related or policy making committees.
- e. Roles in discipline-specific regional and national organizations (e.g. Committee member within the American Academy of Otolaryngology, board member of the Minnesota Academy of Otolaryngology, etc).
- f. Service to the community or state, and public engagement.

7. Education

Evidence of educating medical students and/or residents. Examples include, but not limited to:

- a. Superior evaluations of teaching performance from fellows, residents, and students;
- b. Mentorship
- c. Development of educational courses
- d. Development of formal teaching curriculums
- e. Participation in resident interviews
- f. Regular participation in evaluating current residents and medical students

D. To Professor

A recommendation for promotion to Professor is made when an eligible faculty member achieves 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.C.1 above.

2. Patient Care and Procedural Skills

Special contributions and recognition are 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.C.2 above. Additional examples include:

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

3. Systems Based Practice

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.C.3

- a. Creation or participation in national and international consensus conferences.
- b. Leadership (elected officership) in recognized international clinic organizations.

4. Medical Knowledge

Continued and sustained effort, in addition to the creation of new medical knowledge is required for promotion to Professor. Additional efforts include but are not limited to those that are listed in section IV.C.4 above.

5. Interpersonal and Communication Skills

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.C.5 above. Further examples include:

- a. National or international courses or presentations on communication skills.

6. Professionalism

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.C.6 above. Further examples include:

- a. Leadership roles in discipline-specific highly visible national and international organizations, including but not limited to: officership, conference organizer, committee chair, member of editorial board.
- b. Executive leadership roles in the service to the Department, Medical School, or University.
- c. Successful ongoing mentorship for advancing the careers of early career 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.

7. Mentoring

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

V. PROCEDURES

A positive vote by more than 50% of eligible faculty who vote in the Department of Otolaryngology 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.

History of Revisions:

Approved by the Department of Otolaryngology - November 2018

Approved by the Office of Faculty Affairs - November 2018

Updated by the Office of Faculty Affairs - October 2020