



Academic Career Development—Clinical title series criteria guidelines*

*These guidelines will be reviewed periodically and modified as appropriate with continued input

Background

- Faculty Council (FC) minutes, 7/18/17: “Discussion and vote on the Clinical Title Series document that was discussed at the June FC meeting. The minor changes suggested by members of the FC were discussed and consensus was reached on the wording changes and the document received unanimous support. This will be forwarded to the Dean as an advisory document.”
- As a result of the FC support, the document was further vetted and used to create a set of usable guidelines/criteria around appointment and promotion for faculty members in the CTS.
- These guidelines have met with support from members of the College of Medicine Appointments, Appeals, Promotions and Tenure Committee, the clinical chairs, and the Office of Faculty Advancement.

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Section 1

The purpose and use of the guidelines

The purpose and use of these guidelines

- This document is intended to elaborate on the criteria for promotion established by the President of the University of Kentucky.
- This document will inform, guide, and assist clinical title series faculty members as well as their leadership and mentors as they seek promotion within the University of Kentucky College of Medicine.
- It is intended to serve as a “menu” of criteria for promotion, yet it is not required that an individual faculty member demonstrate each item of the criteria.

The purpose and use of these guidelines

- The following guidelines seek to:
 - Align promotion criteria with the diverse activities and assignments based on a passion for growing at an academic medical center.
 - Inform, guide, and assist academic units in: one, preparation of dossiers at initial appointment or for those being proposed for promotion and, two, preparation and revision of statements of evidence for appointment and promotion.
 - Inform and assist the College of Medicine APT committee as they review dossiers of clinical title series faculty members.

The purpose and use of these guidelines

- To be considered for promotion, all faculty members must meet the terms outlined in their letters of appointment (or reappointment) which should be consistent with the Departmental Statement of Evidence.
- It is expected that each will demonstrate excellence in clinical instruction (where allocated), but additionally, each must have convincing evidence of success in other areas of emphasis such as scholarship, research, administrative work, etc.

The purpose and use of these guidelines

- Prior to the beginning of the promotion review process, department leadership must:
 - Ensure guidelines for promotion are included with all appointment letters.
 - Outline consistent promotion expectations and provide these clear expectations and process details to faculty.
 - Develop appropriate evidence of excellence for the discipline which will align with general promotional criteria.

The purpose and use of these guidelines

- These criteria have been developed by and vetted through/edited by
 - CTS subcommittee
 - Faculty council
 - Dean's leadership team
 - College of Medicine APT committee
 - Council of Chairs
 - Multiple interviews with faculty

Section 2

Terms defined by the University of Kentucky College of Medicine



Section 2

Category 1

The definition of scholarship

The definition of *scholarship*

- At the College of Medicine, scholarship must have a clear societal impact. According to Boyer's model of scholarship, it should include:
 - Work involving faculty expertise, peer review, and impact.
 - Scholarship of application, integration, and teaching.
 - Criteria for unpublished scholarship.
 - It must be public.
 - It must be amenable to critical appraisal.
 - It must be measurable.
 - It must be in a form that enables its use by other members of the scholarly community

Section 2

Category 2

The definition of reputation: local, regional, national, international

The definition of *reputation*

- **Local:** within the College of Medicine*
- **Regional:** beyond the UK HealthCare system within the Commonwealth of Kentucky*
- **National:** beyond the borders of Kentucky
- **International:** outside of the USA

**For clinical title series faculty in non-consultative specialties without the opportunity to build a referral-based practice (such as primary care, emergency medicine, anesthesiology, hospitalist specialties, community- or VA-based surgery) the College of Medicine APT committee may define local reputation as within one's own department, and regional as beyond one's own department. This should be requested for consideration by the department at the time of proposed promotion. National reputation should include efforts that are system-wide, statewide, or beyond.*

Section 2

Category 3

The definition of written scholarship

The definition of *written scholarship*

- Written publications in high-quality outlets will only improve the reputation of the UK College of Medicine and UK HealthCare.
- Clinical title series faculty will be recognized for the publication of first and senior author original research, chapters, reviews, and/or textbooks related to area of clinical expertise that are recognized as authoritative and are widely cited.
 - Publication as the first and senior author manuscripts demonstrate the impact of the candidate's innovation on quality of care, clinical outcomes, and/or access to care.
 - Those publications in a group authorship will be weighted relative to the quality of the journal and new knowledge generated.

The definition of *written scholarship*

- During this process, participation in meaningful clinical research is significant.
- The highest weight will be given to original clinical research that impacts clinical care at the national or international level.
- Additional weight will be given for being institutional PI as opposed to associate investigator.
- It is not enough merely to participate in clinical trials.
- It is suggested that weight be given to clinical trial recruitment and stewardship of resources as demonstrated by adherence to budgets.

Section 2

Category 4

The definition of clinical expert

The definition of *clinical expert*

- As an academic medical center, the UK College of Medicine and UK HealthCare revolve around patients and the expert care they are provided by our clinicians. In terms of this document, a clinical expert is defined as having “strong regional, and (for professor) national, recognition as a clinical expert* as evidenced by regional and/or national leadership roles and reputation related to the clinical field.”

**For clinical title series faculty in non-consultative specialties without the opportunity to build a referral-based practice (such as primary care, emergency medicine, anesthesiology, hospitalist specialties, community- or VA-based surgery) the College of Medicine APT committee may define local reputation as within one’s own department, and regional as beyond one’s own department. This should be requested for consideration by the department at the time of proposed promotion. National reputation should include efforts that are system-wide, statewide, or beyond.*

Section 2

Category 4

The definition of instruction

The definition of *instruction*

- Instruction is defined as the act of teaching or providing education.
- The college recognizes that instruction may be provided through many means, including formal didactic instruction, bedside teaching while providing clinical care, laboratory or experiential instruction, and other methods such as online, podcasts, etc.
- Instruction may be provided to anyone including enrolled students, graduate trainees, faculty peers, and learners outside of the University.

Section 3

Guidelines, criteria, and potential statements of evidence

Guidelines, criteria, and potential statements of evidence

- The examples listed are to guide faculty, administrators, and the College of Medicine APT committee in evaluating metrics for appointment and promotion of individual faculty.
- These are only examples, not comprehensive lists of criteria. Nothing is implied that a faculty member should meet all listed criteria, and when being evaluated for promotion the volume of metric activity should be weighted against effort percentages in the faculty member's DOE.

Section 3

Category 1

Instruction metric examples

Instruction metric examples

- Outcomes of learners:
 - Board certification pass rates of residents,
 - Matching of students into excellent training programs,
 - USMLE pass rates, shelf exam scores, pre and post tests, etc.
 - Letters of support from former learners attesting to the teaching skills of the faculty member and the importance of those skills in the former learner's success.
- Peer review and the judgment of colleagues in the department. Anecdotal reports of outstanding ability in teaching will not by themselves suffice to establish this criterion.
- Number of students/residents/fellows directly taught by the candidate. Including approximate number of sessions, number of students per session, setting of session (e.g. classroom, small group, bedside, etc.).
- Lectures, proctorships, or preceptorships for professional colleagues. Objective measures of outcomes are helpful.

Instruction metric examples

- Favorable formal and standardized teaching evaluations from learners.
- Teaching awards, whether national, regional, or local and whether awarded for objective, competitive measures should be weighed.
- Mentorship of trainees or junior faculty with higher weight given to those demonstrating objective measures of success. Examples may include outcomes such as successful development of new skills in the mentee, successful remediation of mentees, the mentee's development of a national reputation, etc.
- Academic recognition, award, or other evidence of excellence achieved by a mentee of the candidate that can be clearly tied to the mentor's influence.
- Requests to demonstrate curriculum.
- Presentations about teaching methods.

Instruction metric examples

- Service in educational administration, planning, or analysis.
- Textbooks written, compiled, or edited by the faculty member and published by an established national or international publishing house. Additional factors to consider may include the adoption of the book beyond the local or regional market, overall sales, and whether it is being considered for further editions. Reference texts are weighted the same as classroom texts. Finally, book chapters and other written educational materials should be weighted less than a textbook but by the same criteria.
- Development of innovative techniques relevant to education as well as demonstrated outcomes of success.
- Podcasts, instructional videos, and other electronic or online educational materials. Departments should consider the number of uses and demonstrated use beyond the local area.
 - Development of educational unit, course, or curriculum and should include demonstration of student evaluations, improved learning through standardized test scores, and adoption of the program beyond the local area.

Instruction metric examples

- Writing, performing, or supervising written, oral, or simulation-based exams.
- Successful educational program leadership such as director, residency program director, etc.
- Mentorship of physicians/student/resident/fellow with abstracts, posters, presentations, publications, technique, etc.
- Positive fourth-year student evaluation of clinical clerkship.
- Successful medical student performance on that discipline's national shelf exam.
- Percentage of fourth-year medical students seeking a residency in the given specialty.
- Timeliness of grade submissions.
- ACGME survey reports on the residency program (i.e. accreditation without citations).
- Number of applicants per residency program position.
- Accreditation of a fellowship under the guidance of a faculty member.

Section 3

Category 2

Clinical service metric examples

Clinical service metric examples

- Recognition as a consultant through sustained referrals of patients beyond the local level.
- Referral beyond the local level of the most complex and sickest patients as demonstrated by objective measures such as case mix index.
- Productivity indicators such as achieving RVU minimum work standards.
- Quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
- Invitations to speak regionally, and often nationally, on issues related to area of clinical expertise with information that is accessible and usable for additional practitioners.
- Leadership roles in regional or national professional organizations related to clinical expertise, including leadership in regional and/or national courses or programs.
- Service on regional or national committees developing guidelines and policies for management in area of clinical expertise.

Clinical service metric examples

- Membership on editorial boards in area of clinical expertise.
- Peer-reviewed funding to support innovations that influence clinical practice regionally or nationally.
- Regional or national awards for contributions or innovation in the area of clinical expertise Influencing clinical practice.
- Letters or other documented measures of patient and referring physician satisfaction that demonstrate excellence above general expectations.
 - Letters of reference from department chair, division chief, colleagues in the faculty member's department, referring physicians, and colleagues in other departments. If necessary, explanation by the department chairman of specific assignments or practice restraints that may purposely or situationally localize the practice.
- Leading development of clinical protocols or pathways that objectively demonstrate a measurable positive impact on patient care beyond the local level, that are usable.

Clinical service metric examples

- Ambulatory or inpatient service patient volume.
- Access metrics such as wait time for appointments.
- Length of stay for patients.

Section 3

Category 3

Research metric examples

Research metric examples

- Number of podium sessions at annual national meeting.
- Number of posters presented at annual national meeting.
- Number of publications (peer reviewed are weighted more heavily).
- Cumulative impact factor of all peer-reviewed publications for the year.
- Dollars of funding per square foot of research space.
- Contributing member of a successful research team (team science) in clinical, translational, or foundational science.
- Participation on other regional or national panels or committees that review research and/or set research policy or guidelines.
- Participation as a “team” expert for regional and national reputation (ex. college Alliances, guidelines/talks/webcasts based on expertise, etc.).

Research metric examples

- NIH funding awards and/or study section participation (chair>member>invited).
- Indirects realized.
- Total research funds for fiscal year.
- New grants received (peer reviewed, industry, philanthropy, etc.).
- Grants submitted (NIH, other peer reviewed, industry, etc.).
- FDA panel participation.

Section 3

Category 4

Administrative responsibility metric examples

Administrative metric examples*

- Diversity in administered programs.
- Complete renovations in a particular area.
- Complete business plan for expansion (ex. new office site/new line of business).
- Faculty retention rate.
- Faculty expansion (new hires).
- Publish a state of the department annual report.
- Publish a quality and safety annual report.
- Percent faculty eligible for promotion who got promoted.

*These metrics are applied when the faculty member has administrative responsibility for the metrics, such as a division chief.

Administrative metric examples*

- Implementation of a mentoring program.
- Residency accreditation.
- Collaborative endeavors with other departments/schools.
- **Successful direction of a clinical program or clinical laboratory.** Examples may include financial measures such as contribution margin, relevant accreditation, program growth, or independent awards of excellence.

*These metrics are applied when the faculty member has administrative responsibility for the metrics, such as a division chief.

Section 3

Category 5

Non-clinical service metric examples

Non-clinical metric examples

- Service to College of Medicine, UK HealthCare and University of Kentucky committees, advisory, mentorship teams, etc.
- Non-clinical regional and national committees
- Philanthropy (refers to efforts to raise funds independently):
 - Endowed chairs
 - Philanthropic dollars realized
 - Philanthropic dollars pledged (i.e. ≤ 5 years to realization)
 - Philanthropic dollars pledged (i.e. > 5 years to realization)
- Community engagement:
 - Outreach programs to schools
 - Participation in regional networks such as the Stroke Care Network or the Cancer Center Network
 - Interaction with community groups
 - Free clinics sponsored by the department

Section 3

Category 6

Additional metric examples

Additional metric examples

- Evidence of “teaching or communicating publically with clinicians/learners” based on the niche or area of expertise (ex. talks to College of Medicine, regional partners, etc.).
- Evidence of participation as a “team expert” for regional and national reputation (ex. leading talks with ASL team; adding to guidelines/talks/webcasts based on expertise, etc.).
- Evidence as a “team member of a research program” (ex. Alliances, MVP, VI²P, etc.).
- Evidence of “mentorship” in area of expertise (ex. listing of mentees).
- Publications, protocols, guidelines, clinical talks, and/or policies that are public, reviewed, and usable.
- Evidence of expertise involved in campus expansion development.
- Evidence of quality improvement efforts within specialty.

Additional metric examples

- Leadership role within the practice environment.
- Residency program directorship.
- College of Medicine Precision Medicine Initiative (ex. 23 and Me program).
- Lecture on an area of expertise.
- Residency program directorship.
- A study to solve a community problem based on expertise
- Guidelines/Protocols
- A lecture on an area of expertise for physicians/community to use

Section 4

Appendices

Appendix A

Initial Clinical Title Series White Paper Recommendations

Clinical Title Series: White Paper Overall Recommendations (D. Erickson and P. Sloan et al.)

1. Regarding faculty evaluation by the College of Medicine Committee for Appointments, Appeals, Promotions, and Tenure (APT committee):
 - Evaluate each faculty member based on his/her assignment, environment, and distribution of effort (DOE).
 - Form a committee, answerable to the College of Medicine APT committee, to develop and codify appropriate measures for assessing clinical excellence and promoting clinical faculty.
 - “Provide years of experience and/or time in rank equivalent for appropriate rank for appointments and promotions.”
2. Form a committee to analyze the current financial compensation model and evaluate alternative models. Factors to consider would include faculty recruitment, retention, and contributions to the educational and scholarship missions of the College of Medicine.
3. Establish a Master Clinician program to recognize, reward and promote further development of excellent clinicians. Focus Master Clinicians’ responsibilities to allow further professional development, mentoring other faculty, teaching students and residents, and providing exemplary patient care.
4. Include CTS faculty on the ballot for electing College of Medicine representatives to the University Senate (completed).
5. Keep this Subcommittee as a standing entity for periodic re-evaluation of CTS faculty and monitoring progress on relevant initiatives.

Appendix B

Faculty subcommittee members



Faculty subcommittee to investigate issues regarding the Clinical Title Series*

- Deborah Erickson (co-chair), MD
- Paul Sloan (co-chair), MD
- Abdunnasser Alhajeri, MD
- Timothy S (Shawn) Caudill, MD
- Johanne Dillon, MD
- Claire Fraser, MD
- Peter A Hardy, PhD
- Kevin Hatton, MD
- Joseph R Haynes, MD
- Siddharth Kapoor, MD
- John T (Tom) McLarney, MD
- Jitesh Patel, MD
- Padmaja Sudhakar, MD
- Mark Vranicar, MD
- Frederick Zachman, MD

*Faculty Council initiated and launched this subcommittee and selected the members.

Appendix C

College of Medicine Appointments, Appeals, Promotions, and
Tenure Committee Report

College of Medicine APT Committee Report*

- If any information is incomplete, letters deemed unsupportive, or concerns identified, the chair should be notified and offered an opportunity to explain, prior to College of Medicine APT decision (for example, tabling review until the next meeting).
- If a candidate has an assignment that constrains practice growth, the chair should have an opportunity to explain, prior to the College of Medicine APT decision.
- If the committee feels they should disapprove a candidate that has been supported by a departmental College of Medicine APT committee, the chair should be notified and offered an opportunity to reply to the committees concerns, prior to College of Medicine APT decision.

*It is understood that input brought from the chair is purely informational to assure a complete applicant review.

Appendix D

CV template revised for CTS



CV template revised for CTS

CURRICULUM VITAE ~ Insert your Name

CONTENT ORGANIZATION

I. GENERAL INFORMATION

Office Address, Email, Telephone, Fax

Professional Licensure, Board Certification, Research Certification

II. EDUCATION

Undergraduate, Professional/Graduate, Continuing

III. PROFESSIONAL EXPERIENCES

IV. ACADEMIC APPOINTMENTS

Faculty, Visiting Professorships