

**UNIVERSITY OF PENNSYLVANIA**  
**Perelman School of Medicine**

**PROTOTYPICAL PATHWAYS IN CLINICIAN-EDUCATOR TRACK**

The guidelines established by the Perelman School of Medicine's Committee on Appointments and Promotions stipulate that promotion in the Standing Faculty – Clinician-Educator Track be reserved for faculty clinicians who provide care to patients (or carry out clinical administrative responsibilities for the majority of their time) and who also make academic contributions in teaching and research, such as in patient-oriented and/or health services research. Publications may derive from clinical observations or from participation in drug studies, for example. As the definition has evolved, faculty who are promoted within the track must give indication of scholarly achievements which advance our knowledge of science, clinical medicine, medical education, or health care delivery. Clinician-educator faculty may also contribute to the institution by providing outstanding clinical care to patients and teaching medical students, residents, and fellows.

The Committee on Appointments and Promotions established specific guidelines for appointment or promotion to the ranks of Associate Professor and Professor in the Clinician-Educator Track, which are reproduced below.

**Clarification of Guidelines for Appointment or Promotion to the Ranks of Associate Professor and Professor in the Clinician-Educator Track (February 1987)**

- (1) Excellence in teaching and clinical care are essential qualities but in themselves are not sufficient for promotion in the track. Regional (for Associate Professor) and national (for Professor) reputation for clinical scholarship is required. This is attested to by letters from referees as well as by contributions to the medical literature of original articles, reviews, books, or audiovisual programs. The quality of publication, as evidenced by development of new concepts rather than the number of articles, is of primary consideration. With regard to the number of articles, their distribution over time should provide evidence of continuous effort.
- (2) Other evidence of the stature of the individual as indicated by direction of a division or program, leadership at regional or national level on committees, participation in continuing medical education programs, or invited lectures can be of qualifying importance. However, these activities must be ones in which the individual has created a new area of activity or played an outstanding role in an established group if such activities are cited as evidence of scholarly activity.

In the most recent COAP Guidelines (May, 2010), the following guidelines are found.

**Standing Faculty – Clinician-Educator**

Associate Professor

The successful candidate will have a local and regional reputation as an outstanding clinician in his/her area of expertise. The individual will have a record of academic productivity, as measured by original papers, reviews, chapters, editorials, and letters. Grant support, when available, is likely to come from participation in federal or privately funded clinical studies, in which the candidate is a participant. Teaching

excellence is essential. This is established from departmental records, course director's records, and the receipt of teaching awards. Teaching also is demonstrated by invitations to lecture at other medical centers within the region, and by participation in courses at the local and regional levels.

### Professor

The successful candidate will have a national reputation as a clinical authority in her/her area of expertise. The individual will have a record of academic achievement as measured by original papers, reviews, chapters, editorials, and letters. The CV must demonstrate a substantial period of continuing productivity since the last promotion. Grant support, when available, is likely to come from participation in federal or privately funded clinical studies, in which the candidate is a participant. The individual must have an established reputation as an educator, both locally and nationally, demonstrated by invitations to write review articles, chapters, and editorials, and by serving as a visiting professor or a course faculty member outside of the region. The strongest candidates will hold leadership positions in regional and national-level professional societies and editorial boards.

### **Pathways Within the Clinician-Educator Track**

Within the Clinician-Educator Track, there have been several prototypical pathways for success in promotion, but all require demonstrated contributions to the scholarly literature. These pathways include, but are not limited to, the examples described below.

1. **Clinical Scholar** – The “clinical scholar” devotes the majority (at least 60 percent) of his or her effort to clinical practice. “Clinical scholars”: (1) demonstrate acknowledged clinical expertise as measured by their regional and/or national reputation; (2) make scholarly contributions by writing chapters, reviews, case reports, clinical investigations, and commentaries; developing and implementing teaching program innovations; and by providing leadership in regional and/or national societies; and (3) demonstrate an excellent record in teaching and training.

2. **Clinician Administrator (Clinical Program Director)** – The “Clinician Administrator (Clinical Program Director)” is primarily devoted to the administration of a clinical program or clinical service, including a clinical laboratory. The “Clinician Administrator”: (1) holds substantial administrative responsibility for a clinical service program of major academic importance at the departmental or Health System level; (2) demonstrates creativity and talent in developing an academically oriented clinical program; (3) is often a Department Vice Chair or Associate Chair or is a Clinical Laboratory Director; (4) has a regional reputation for clinical expertise; and (5) continues to devote at least a portion of his or her time to patient care. Besides administrative expertise, successful advancement in this pathway requires substantial scholarly activity.

3. **Outstanding Medical Educator** – The “Outstanding Medical Educator” devotes a large proportion of his or her effort to the direct teaching and training of medical students, residents, and fellows. Some of the individuals in this pathway will develop an interest in educational administration as well as teaching. The “Outstanding Medical Educator”: (1) demonstrates an extraordinary teaching record; (2) can combine the attributes of any or all of the other Clinician-Educator prototypes; (3) serves as a role model of the medical educator; (4) may serve as the Director/Administrator of a major educational program, such as related to the

curriculum and student programs and/or is a residency director (requiring at least 3040 percent effort); (5) demonstrates acknowledged clinical expertise; (6) makes his or her scholarly contributions in these areas and publishes on topics related to medical and graduate medical education; and (7) continues to devote at least a portion of his or her time to patient care. Successful advancement in this pathway requires substantial scholarly activity.

4. **Clinician Investigator** – The “Clinician Investigator” combines clinical practice and research. The “Clinician Investigator: (1) is an outstanding clinician with over half of his or her time spent delivering patient care and (2) continues to receive external funding for investigative efforts in, for example, clinical, patient-oriented, and/or health services research. The “Clinician Investigator” also may participate in clinical trials in a significant way.

5. **Clinical Scientist with Specific Expertise** – in addition to the faculty in the categories listed above, there are also faculty in the clinical departments who hold professional degrees (Ph.D., M.D. etc.) and are in the Clinician-Educator Track. They generally do not have direct patient care responsibilities but do have critical, clinical administrative roles with an academic orientation and provide essential contributions to the clinical programs of their departments. They differ from purely administrative staff by virtue of their scholarly activity, which can include substantial teaching and/or independent contributions to clinical research programs. These faculty fall into several categories and have different responsibilities.

**Head of a Clinical Laboratory** – These faculty devote a substantial portion of their time to running a clinical laboratory and have a strong academic orientation.

**Biostatisticians, Clinical Epidemiologists and Informaticians** – While not delivering direct clinical care, biostatisticians and clinical epidemiologists participate in the clinical research efforts of Standing Faculty, particularly in large projects. They contribute broad expertise in study design and data analysis and provide essential leadership to many of the clinical research programs in the Medical School. Most of these faculty will have primary appointments in the Department of Biostatistics, Epidemiology, and Informatics, but some may have primary appointments in a clinical department when their activities are restricted to that specialty.

**Clinical Psychologists** – Clinical psychologists in such Departments as Psychiatry or Pediatrics provide direct patient care, assist physicians in patient care, or interface with Standing Faculty in clinically oriented research or other clinical projects.

**Focused Clinical Scientists** – Focused clinical scientists provide substantial services essential to the clinical activities of their departments; they also pursue scholarly and educational activities.

**Clinical Bioethicist** – The “Clinical Bioethicist” combines scholarly research and bioethics education, both in the clinical and classroom settings. The “Clinical Bioethicist” devotes a large proportion of their time to independent scholarly research while also being heavily involved in teaching medical ethics to medical students, residents, masters students and pre-med undergraduate students. Although they generally do not have direct patient care responsibilities, they provide critical contributions to various clinical programs of the PSOM.