Academic Clinician Appointment, Reappointment and Promotion Criteria

The major criteria for appointment, reappointment and promotion for Academic Clinicians is excellence in clinical care, teaching in the candidate’s selected area of concentration, as well as sustained professionalism.

For appointment to the rank of Assistant Professor, the department will assess the potential for a faculty candidate to achieve excellence as a teacher and clinician. Reappointment at this rank will involve demonstration of ongoing teaching and clinical excellence and a sustained record of professionalism.

At the time of their second reappointment as Assistant Professor, faculty must designate an Area of Concentration (AoC). AoCs may be clinical, education service and leadership, community service, inclusion and diversity, health equity, quality and safety, health policy, global health, etc. Subsequent mentoring for the candidate should focus on developing the faculty member’s AoC.

Promotions to associate professor are generally not considered prior to an AC faculty member’s second reappointment. The standard timeline has the promotion process begin in the department following Provost approval of the second reappointment, thus the process would begin at the start of year 7 and the promotion could be effective at the start of year 8. Exceptional candidates can be put forward for promotion to associate professor at the time of the second reappointment (year 6) with the promotion effective at the beginning of year 7. Such candidates would be considered “early”, and justification must be included in the chair’s recommendation.

For promotion to the rank of Associate Professor, there must be evidence that the candidate has attained recognition at their personal primary site (PPS) of practice within the Penn Medicine Community (HUP, PPMC, CHOP, VA etc.) as a superior clinician and teacher, made contributions to their AoC, and has exhibited sustained professionalism. Candidates for initial appointment at this rank must have documented meritorious academic service on the faculty of a comparable medical school to be considered favorably.

For promotion to the rank of Professor, there must be evidence that the candidate has attained recognition beyond their primary practice site to a regional or even national level (depending on the field) as a superior clinician and teacher, made impactful contributions to their AoC and has exhibited sustained professionalism. Candidates for initial appointment at this rank must have documented meritorious academic service on the faculty of a comparable medical school to be considered favorably. Reappointment at this rank will involve demonstration of ongoing teaching and clinical excellence, sustained professionalism, and ongoing engagement in their area of concentration or significant accomplishments in a new area of concentration or focus based on new duties, responsibilities or leadership roles.
Assistant/Associate Professor

Peer References will be solicited to assess candidate’s impact in their AoC and academic reputation.

At initial appointment to Assistant Professor, faculty members are evaluated for potential in attaining these metrics. For promotion to Associate professor, the following are expected:

Professionalism

- Professionalism is defined as exhibiting professional behavior in all aspects of one’s work. This includes showing respect for patients, colleagues, staff and learners of all levels without belittlement or public humiliation; evidence of continuous learning; the encouragement of questions and debate as well as acceptance of diverse viewpoints; and, the recognition and management of personal biases and prejudices.
- The Chairs recommendation will require a statement that attests to ongoing professionalism of the candidate. Attesting to ongoing professional behavior means that the candidate has
  o no state board sanctions
  o minimal founded patient and staff complaints
  o minimal professionalism concerns captured in learner evaluations, Penn Safety Net, etc.
  o no active remediation plan for professionalism

Demonstrated Teaching Excellence

Local reputation as an outstanding teacher as evidenced by:

- High quality engagement in one’s primary teaching domain as well as other domains as applicable (Lectures/Facilitated Learning Activities (FLA), Clinical teaching, Supervised Scholarship, Longitudinal Mentorship, Educational Service and Leadership) and
- No evaluated domain (Lectures/FLA, Clinical teaching) with mean ratings less than 3 and
- Meets the minimum of 100 credits of teaching per year as defined by PSOM

Possible metrics to evaluate high quality engagement

Lectures/Facilitated Learning Activities

- Teaching in courses, professional development programs, seminars, tutorials, grand rounds, etc.
- Innovation in local classroom teaching methods or novel application of existing teaching methods
- Trainee evaluations
- External evaluations

Clinical Teaching

- Teaching in local clinical skills courses
- Evaluation and success of local courses for which the candidate was a leader
- Trainee evaluations

Longitudinal Mentorship

- Number of trainees upon whom the candidate has had a major influence
- Supervised scholarship with trainees
- Involvement in local mentoring programs

General

- Awards for local teaching or mentoring
Demonstrated Clinical Excellence

Required Metrics for Clinical Excellence
- Ongoing board certification or equivalent, if applicable.
- Level of clinical effort necessary to maintain clinical competence, generally not less than 20%.
- Minimal founded peer, patient and staff concerns about clinical skills.
- Absence of active remediation plan for clinical skills.
- Clinical Evaluations (anonymized peer assessment of clinical expertise and professionalism)

Examples of Possible Supplemental Metrics
Service on local committees in area of clinical expertise such as:
- developing guidelines and policies for clinical management
- evaluating clinical programs
- developing educational products such as curriculum, assessment tools or programs, policy statements, technologies such as simulation etc.
- leadership roles in professional organizations related to clinical expertise, including leadership roles in courses or programs
- invitations to share expertise through invited talks, book chapters, clinical reviews.
- awards for contributions and/or innovation in the area of clinical expertise
- contribution to the development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care locally such as a clinical care model, practice guidelines, an innovative application of an existing technology
- engagement/collaboration in clinical trials

Demonstrated Excellence in Area of Concentration
Candidates for promotion will have identified an area of concentration that will be evaluated as part of the promotions process. AOC’s represent a depth and focus chosen by the individual. It can be clinical or nonclinical such as education service and leadership, community service, quality and safety, health equity, health policy, global health, diversity and inclusion, etc.

The following metrics can be applied to any concentration:
- Invitations to speak
- Leadership roles
- Service on committees:
  - developing guidelines and policies
  - evaluating programs
  - Development of innovative approaches to area of concentration including the application of technologies, models of delivery that influence that area at least beyond the primary practice site such as a clinical care models, practice guidelines, an innovative application of an existing technology, education innovation, etc.
- Service on editorial boards
- Awards for teaching or mentoring
- Engagement in clinical trials
Professor
At initial appointment or promotion to Professor, faculty members are evaluated as follows:

Professionalism
Same as the Associate level

Demonstrated Teaching Excellence
Supplemental metrics in addition to those listed for the Associate Rank
- Documented excellence in primary teaching domain as well as other domains as applicable (Lectures/Facilitated Learning Activities, Clinical teaching, Supervised Scholarship, Longitudinal Mentorship, Educational Service and Leadership).
- Examples of documented excellence include exceeding expectations in centrally collected data where standards exist, robust and sustained list of mentees and/or scholarship, and/or longstanding commitment to education and leadership.
- Candidates must be above the 25%ile for PSOM teaching in all evaluated teaching domains over the previous 3 years (Lectures/Facilitated Learning Activities and Clinical teaching) where the number of evaluations exceeds 3. Note: Due to rounding during computations, occasionally two faculty with the same TED score will receive different percentiles. We encourage reviewers of TED data to take that into consideration when making an interpretation.

Demonstrated Clinical Excellence
Supplemental metrics in addition to those listed for the Associate Rank
- There must be evidence that the candidate has attained recognition outside their primary practice location as a superior clinician.
- Book chapters, clinical reviews related to area of clinical expertise.
- Peer reviewed recognition by specialty/subspecialty society at the master’s level or equivalent level of accomplishment.

Demonstrated Excellence in Area of Concentration
Candidates for promotion will have declared an area of concentration that will be evaluated as part of the promotions process. It can be clinical or non-clinical, such as education, quality and safety, community service etc. For promotion to Professor there must be evidence that the candidate has attained recognition at least beyond their primary practice site to a regional or even national level (depending on the field).

Supplemental metrics in addition to those listed for the Associate Rank
- Development of innovative approaches to area of concentration including the application of technologies and/or models of delivery that influence that area at least regionally such as a clinical care models, practice guidelines, innovative application of an existing technology, education innovation etc.
- Awards for contributions and/or innovation.
- Contributions to scholarly products such as publications recognized as authoritative, editor of textbooks.
• Contributions to local clinical research efforts or clinical trials.
• Leads faculty development in area of expertise.

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AC Appointment and Promotion Required Documents (to Associate and full Professor)*

Chairs Recommendation letter must include a statement attesting to:
• clinical excellence
• professionalism - inclusive of review of provider satisfaction results if available

PSOM Clinical Evaluations (using standardized PSOM tool delivered electronically)
• At least 15 faculty peers in addition to the division Chief or department Chair must be proposed with goal to submit 8 total evaluations (7 from peers and 1 from the candidate’s Chief/Chair). All evaluations will be collected electronically and anonymously and will only be presented in aggregate.
• Together with appropriate department leadership, candidates will identify a proposed list which
  o includes peers with whom the candidate has numerous patient interactions.
  o is broadly distributed, i.e., not all from the candidate’s division or even department.

Peer References (using standardized PSOM tool delivered electronically)
• At least 10 referees at or above the proposed academic rank of the candidate who can comment on candidate’s teaching, AoC, and overall reputation should be proposed. A minimum of 7 letters must be submitted in dossier.
  o Up to 2 letters may be submitted from non-faculty who are distinguished in their fields.
  o Peer References may overlap with Clinical Evaluators.
  o For promotion to Professor, at least 3 must come from faculty outside the candidates primary practice site.
• References from individuals outside one’s primary practice site are strongly encouraged.
• May be selected by faculty member

Academic plan
CV
EDB

*Appointment of external candidates to Associate or full Professor will not include Clinical Evaluations. In lieu of PSOM standard Educational Database (EDB), teaching documentation and evaluative data from current home institution is required.