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## Academic Clinician Track Criteria: Appointment, Reappointment and Promotion

The major criteria for appointment, reappointment and promotion for Academic Clinicians is high quality engagement and impact in clinical care, education, and chosen area(s) 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 an educator and clinician. Reappointment at this rank will involve demonstration of ongoing teaching and clinical excellence and a sustained record of professionalism. All AC faculty must earn a minimum of 100 credit hours of educational activities per year.

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 area of concentration, 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 educator, made impactful contributions to their area of concentration 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 educational 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**

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 tolerance of diverse viewpoints; and, the recognition and management of personal biases and prejudices.

- Department attestation is required in the Chairs recommendation
  - Required elements:
    - Lack of state board sanctions
    - Minimal founded patient and staff complaints
    - Minimal professionalism concerns captured in learner evaluations, Penn Safety Net, etc
    - Absence of active remediation plan for professionalism
  - Additional areas may be added at departmental discretion:

### **Demonstrated Impact in Education**

Promotion to Associate Professor requires high quality engagement and demonstrated impact in a primary category of education (Teaching, Learner Assessment, Curriculum/Course Development, Mentoring and Advising, Educational Leadership and Administration, Education Scholarship).

### **Possible ways to demonstrate high quality engagement**

- Teaching in any of the defined categories of education
- Leadership roles in teaching or educational programs
- Innovation in local classroom teaching methods or novel application of existing teaching methods
- Developing educational products such as curriculum, assessment tools or programs, policy statements, technologies such as simulation etc.
- Leading or substantive participation in committees related to education
- Involvement in local mentoring programs, particularly outreach programs related to inclusion and diversity, and those that promote health equity

- Participation in CME, research, and inter-professional meetings
- Participation in the development of scholarly products related to education
- other

#### **Possible metrics to demonstrate impact**

- Internal and external evaluations
- Outcomes of successful mentorship such as scholarly products, regional and national presentations by trainees, trainee career trajectory, etc.
- Course or program evaluations that reflect educational leadership roles
- Awards for teaching, mentoring, contributions and/or innovation related to education
- Invited lectures to disseminate new knowledge related to successful education programs, interventions, curricula that have been generated by the candidate
- Funding or scholarship specifically related to education
- National leadership roles in education/training committees and professional societies
- other

#### **Demonstrated Clinical Excellence**

##### **Required metrics**

- 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 and reported in aggregate) will be solicited to assess 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.

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

The following metrics can be applied to any AoC:

- 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 Impact in Education**

In addition to those listed for the Associate Rank (see above), promotion to Professor requires growth as an educator and specific examples of the impact of one's educational activities on trainees, programs, courses, etc. locally, nationally, and internationally.

#### **Demonstrated Clinical Excellence**

Supplemental metrics in addition to those listed for the Associate Rank:

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- 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.



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

1. **Chairs Recommendation letter** must include a statement attesting to:
  - clinical excellence
  - professionalism - inclusive of review of provider satisfaction results if available
  - teaching credit – opportunity to
2. **PSOM Clinical Evaluations** (using standardized PSOM tool delivered electronically)
  - Up to 15 evaluators (including the division Chief or department Chair) who can comment on the candidate’s clinical skill and professionalism should be proposed with goal to submit 8 total evaluations, including 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:
    - Includes peers with whom the candidate has numerous patient interactions
    - Is broadly distributed, i.e. not all from the candidate’s division or even department
3. **Peer References** (using standardized PSOM tool delivered electronically)
  - Minimum of 6 total letters from faculty who are **at or above the proposed academic rank** and who are able to comment specifically on teaching, area of concentration and overall reputation of candidate.
    - Up to 2 letters may be submitted from non-faculty who are distinguished in their fields.
    - Up to 2 references may overlap with Clinical Evaluations.
    - 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
4. **Academic plan**
5. **CV**
6. **Education Portfolio**
  - Education Activities Workbook – candidate provided
  - Education Impact Statement – candidate provided
  - Education Officer Report – EO provided
  - Evaluation data (i.e. TED, Blue, etc.) – EO provided

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