

# Demystifying the Clinician Educator Track

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# Goals of CE Track Revisions

- Bring the University Faculty Handbook language in line with current practice
- Reduce the variation in faculty actions across the four health schools
- Require each health school to develop guidelines consistent with the University Faculty Handbook, including responsibility for monitoring their respective caps.
- Improve the transparency for faculty regarding expectations of the CE track



# Outcome of Vote

- Number of standing faculty: 1386
- Total faculty eligible to vote (includes research and AC tracks): 2027
- Total number voted: 923 (46%)
- **YES: 790 (85.6%)**
- **NO: 133 (14.4%)**



# Reasons for Dissent

- Name of track
- Need for modifier language:
  - Professor of Medicine- Clinician Educator



# CE Track Clarification

(Effective for New Appointments 7/1/14)

- Impact of recent revisions
- Definition of Scholarship
- Definition of clinical effort
- Requirements for new Assistant Professors
- Funding
- Associate/Full professors



# Impact of CE Track Clarification

- The CE cap will increase to 70% of the standing faculty and will be enforced by the Senate and the Provost's office.
- Newly appointed Assistant Professors in the CE track will receive:
  - at least 20-30% academic time (including scholarship and teaching) for not less than 3 years. This may be extended to 6 years if there is adequate academic productivity.
  - non-salary resources to facilitate scholarship should be provided commensurate in size to the field and the proposed research protected time.



# Impact of CE Track Clarification

- In order to support career evolution of junior faculty, track conversions can occur at any point before the end of academic year 5.
- Research intensive faculty (K awardees, Career Development Awards etc.) may be appointed in the Tenure Track with the ability to convert up to end of year 5 if their career path/responsibilities are aligned with a different track and there is an available position.



# Impact of CE Track Clarification

- CE faculty members have a scholarly and educational focus in the setting of roles that are primarily based on clinical effort, or clinical or educational administration.
- The criteria for appointment, reappointment and promotion will reflect the relative proportions of patient care, scholarship and education.
- Teaching effort should be substantive and typically comprises more than 5% of professional time.





# Definition of Scholarship

- Contributions to original research of any type, including being a co-author of published manuscripts reporting on clinical trials into which the faculty member enrolled patients, or reporting on new clinical innovations.
- Peer reviewed publications over the course of the evaluation period must reflect a scholarly focus and evidence of continuous and identifiable scholarly effort.



# Definition of Scholarship

- For procedure based faculty, time spent performing procedures can count toward scholarship effort, if the net result is clinical innovation that is published in peer reviewed literature.
- Reviews, chapters, case reports, alternative media and published educational material are also a reflection of scholarship, but are not a substitute for the expectation of participating in some original research.



# Requirements for New Assistant Professor Appointments

- Prior research experience, defined as research training to at least the level of a clinical research certificate program or an equivalent mentored research experience during training.
- Demonstrated peer reviewed scholarship.
- Sufficient protected academic time.
- Resources commensurate with scope of scholarship.



# Protected Time

- Sufficient protected academic time for scholarship and teaching for not less than 3 years at the time of initial appointment. This may be extended to 6 years if there is adequate academic productivity.
  - For non-procedure-based specialties, the total protected academic time for start-up should be in the range of 20-30%, or greater if extramural funding for the protected scholarly time is available.
  - For procedure-based specialties, up to 20% of clinical time can count towards academic time if used for scholarly contributions as above.



# Required Resources

- Non-salary resources to facilitate scholarship should be provided at the time of appointment.
- Resources should be commensurate in size to the field and the proposed research protected time.



# Funding for Protected Time

- Funding for scholarly effort may be internal or external with the expectation that funding for scholarly effort after year 3 should be from nonoperational sources unless there is a specific bridge funding need.
- The NIH, other federal/state agencies, foundation, endowments, private, and industry support are all acceptable.
- Any effort devoted to teaching, grant preparation, and administration will continue to be covered by operational sources.



# Associate/Full Professors CE

- In general, up to 15% non-externally funded effort can be allocated to academically productive faculty and supported from nonoperational sources (gifts, endowments, designated funds).
- Definition of academic productivity includes publications in press and/or published in peer reviewed journals during the annual review period, in addition to invited lectures nationally/internationally.
- Faculty without demonstrated academic productivity should have a commensurate increase in clinical effort if their scholarly time is unfunded.



# PSOM Track Comparisons

	Tenure	Clinician Educator	Academic Clinician	Research
Clinical activities (where applicable)	++*	+++	++++	+/-
Educational Roles	++	++	+++	+
Role in research	Investigator driven, most as PI or Co-PI.	Collaborative and sometimes investigator-driven.	Collaborative.	Collaborative and sometimes investigator-driven
Research effort**	Research is primary focus of position.	For MDs, will rarely occupy >50% effort long-term.***	Typically <10% effort***.	90-100%
Research Autonomy**	Leader	Collaborator and sometimes leader	Collaborator	Collaborator and sometimes leader





# PSOM Track Comparisons

	Tenure	Clinician Educator	Academic Clinician	Research
Type of research funding	Extramural after start-up. Some federal and/or foundation, peer reviewed funding expected	Funding from non operational sources after year 3. Federal, foundation, industry, gifts, endowments, ADF etc.	Non institutional	Non institutional
Type of research	Must include research that defines a new field or drives an existing field in new directions, as evidenced by the development of new principles, methods, or technology that substantially alters the genesis or application of information in that and/or other fields. *****	Research can include new observations or extend existing observations in a field.	Applied research that extends existing observations in a field.	Research that extends existing observations in a field, or that drives a field in new directions.



# PSOM Track Comparisons

	Tenure	Clinician Educator	Academic Clinician	Research
<b>Research outcome</b>	A significant number of high-impact original papers that must clearly highlight the individuals' role in advancing the field.	Original papers in peer-reviewed journals with identifiable focus and impact, as either collaborator or lead author. Case reports, chapters, reviews, alternative media are acceptable but cannot comprise the entire portfolio of publications	None required	An appropriate number of high-impact original papers as either a project leader or collaborator.
<b>Types of scholarship</b>				
<b>Level of external citation</b>	+++	++	None required	++
<b>H index</b>	+++	++	None required	++
<b>First/Last Author emphasis</b>	+++	++	None required	++
<b>International/National reputation</b>	+++	++	+	++



# PSOM Faculty Tracks

