## Department of Medicine, Boston University School of Medicine Updated February, 2020

### **INTRODUCTION**

The Clinical Pathway (e.g., Clinical Assistant Professor, Clinical Associate Professor, Clinical Professor) will be used as an *option* for faculty based at one of the BUSM's major approved clinical teaching sites in the appointment and promotion of clinicians who devote the majority of their time to clinical care and related administrative duties. Specifically, the Clinical Pathway is not intended for faculty who spend the majority of their time in research and education, and should not be used to divert physician-investigators and physician-educators from the Clinician-Scientist and Clinician-Scholar tracks, respectively.

Those appointed on the Clinical Pathway will be evaluated for appointment and promotion based primarily on excellence in patient care. Candidates also will be required to be excellent teachers of clinical medicine and to make meaningful contributions to didactic teaching and administration of clinical programs (if appropriate). Specific criteria and instruments to evaluate excellence in clinical care are described below.

Appointment and academic advancement on this pathway requires:

- The majority of the faculty member's effort should be devoted to clinical medicine;
- Peer-reviewed evidence of clinical excellence including professionalism
- Quantitative measures of clinical performance relative to peers;
- Positive role model as a teacher of clinical medicine and evidence of achievement in the candidate's administrative role where appropriate;
- Whereas scholarship is encouraged and valued, it is not required for promotion on this pathway to Clinical Assistant Professor or Clinical Associate Professor.

Individual faculty members will have the choice of pathway within two years of appointment with the understanding that if they choose the existing clinician-scholar or clinician-scientist pathways, they will be evaluated according to the current requirements for those pathways.

- If they elect the Clinical pathway they may choose to switch to alternative pathways at a later stage if they meet the criteria. However, switching to a different pathway will require a formal application for a change in title and approval by the departmental and Dean's appointments and promotions committees, together with external supporting letters.
- Similarly, faculty in an existing pathway may apply to change to the Clinical pathway. Switching to the Clinical pathway also requires a formal application and approval of the section chief and department chair for change in title and evidence that the requirement for excellence in the clinical realm (as described below) has been met.

### CRITERIA FOR APPOINTMENT ON THE CLINICAL PATHWAY

### **INITIAL APPOINTMENT**

The initial appointment term to the Clinical pathway is one year and is renewed for three year terms after the initial appointment. The initial academic rank will be commensurate with prior accomplishments and criteria delineated below under Appointment and Promotion Criteria.

Faculty members appointed to the clinical pathway will be required to:

- Have an appointment at one of the BUSM's major approved clinical teaching sites; and
- Provide direct clinical care amounting to at least 70% of their total effort, including administration of clinical programs (where appropriate); and
- Have clinical teaching responsibilities; and
- Have a M.D. or Advanced Nursing Practice degree (or equivalent) and be board certified in their relevant specialty or meet subspecialty requirements if board certification is not available; and
- Have documentation supporting clinical excellence.

### APPOINTMENT AND PROMOTION CRITERIA

At the time of new clinical faculty appointments, the specific scope of responsibilities will be established by mutual agreement between the clinical faculty member and the department. These responsibilities will be reviewed annually and, if necessary, updated to form the basis for promotion. Promotion decisions will be based upon the quality of an individual's contributions to the clinical and academic missions of the relevant department. We will *not* consider "a long time in rank" among the criteria for promotion.

## II. TITLES AND BASIC REQUIREMENTS

#### **Clinical Associate Professor:**

Appointment or promotion to the rank of Clinical Associate Professor Medicine is based on evaluation by peers both within and external to the institution. This rank generally requires clinical performance over time that has led to local or regional recognition for clinical excellence. The individual must also have evidence of meaningful contributions to clinical teaching. If being appointed directly to Clinical Associate Professor, prior rank at another institution, evidence of outstanding patient care, professional service excellence, professionalism and contribution to medical education will be considered. If being promoted from Assistant Professor, excellence must be demonstrated in

Professionalism, Quality of Clinical Care, Clinical Service, Administration of clinical programs (where appropriate) and various forms of clinical teaching. While not a requirement for appointment or promotion to Clinical Associate Professor, participation in clinical trials, service to professional organizations and societies and scholarship will be considered. Each of these criteria will be evaluated as described below. Current Board certification will be required for appointment or promotion to the rank of Clinical Associate Professor or above. In rare circumstances, because of unusual qualification or experiences, the requirement for current Board certification may be waived. Faculty will also be evaluated based on 6 letters of support from faculty at the proposed rank or higher from both outside and within BUSM with at least 3 coming from outside the institution. These letters do not need to be arms-length".

#### **Clinical Professor:**

Appointment or promotion to the rank of Clinical Professor is based on local, regional and national recognition as a leader in the discipline as evidenced by outstanding accomplishments in clinical care, development of clinical programs, teaching, service in national or international professional societies, and scholarly publications. Distinguished and substantial professional activity in patient care over an extended period of time is required. If being promoted from Clinical Associate Professor, excellence must be demonstrated in Professionalism, Quality of Clinical Care, Clinical Service and Teaching. Dedication to the programs of the department, hospital, and school will be important for promotion to Clinical Professor. Candidates must also compile a record of written scholarly contributions in their area of expertise and demonstrate a regional and national reputation for scholarship through a consistent record of lectures or presentations, or other forms of dissemination of information or service. For example, substantial involvement in national guideline or program development, service as an officer of national/international professional societies, or leadership roles (e.g. Chair of Search Committee or Task Force) within the School of Medicine or Hospital will be considered. Each of these criteria will be evaluated as described below. Faculty will also be evaluated based on 6 letters of support from faculty at the proposed rank or higher from both outside and within BUSM with at least 3 coming from outside the institution. These letters do not need to be arms-length".

- **1. Evaluation of Professionalism:** Faculty proposed for appointment or promotion in the Clinical pathway will be required to demonstrate the highest standards of medical professionalism. A form distributed to evaluators (see Evaluation Procedure below) selected by the section chief ± clinical director should include affirmation of the characteristics listed below. *The Evaluation form should only be completed for faculty at the rank of Clinical Associate or Clinical Professor*. Evaluators should include members of other departments with whom the candidate has clinical/teaching/administrative interactions, allied health professionals, community physicians, students, residents, and fellows.
  - a. Subordinates own interests to those of others and to society
  - b. Adheres to high ethical and moral standards

- c. Evinces humanistic values including honesty, integrity, altruism, respect for others
- d. Accountable to input from peers, patients, and society
- e. Recognizes and mitigates conflicts of interest
- f. Commits to excellence, competence, self-regulation, continuous improvement, scholarship and advancing the field
- g. Provides wise stewardship of health care resources
- h. Successfully manages complexity and uncertainly
- i. Respects and recognizes cultural influences in clinical care
- j. Consistently respects trainees, staff, and peers in all interactions.
- **2. Evaluation of Clinical Competence, Clinical Productivity and Clinical Service**: A formal assessment form distributed to 6 evaluators (no more than 2 from the candidate's own section) selected by the section chief ± clinical director. *The Evaluation form should only be completed for faculty at the rank of Clinical Associate or Clinical Professor*. Evaluators should include members of other departments with whom the candidate has clinical/teaching/administrative interactions, allied health professionals, community physicians (see below under Evaluation Procedure).
  - a. Candidates will be ranked among peers in the following qualities:
    - 1) diagnostic (could be interventional, etc) skills;
    - 2) medical knowledge;
    - 3) clinical judgment;
    - 4) appropriate use of diagnostic tests and therapeutic modalities;
    - 5) quality of communication (written and verbal) with colleagues, patients, and families;
    - 6) adherence to specialty-specific measures to provide high value care (high quality at low cost);
    - 7) creates a positive and respectful work environment;
    - 8) accessible to patients;
    - 9) available to colleagues;
    - 10) clinical leadership (if appropriate);
    - 11) Overall clinical competence.
- **3. Evaluation of Teaching Skills**: Measures of teaching excellence may include the following examples:
  - a. Local, regional or national teaching awards;
  - b. Clinical evaluation forms from students and trainees;
  - c. Classroom teaching evaluations;
  - d. Invitations to lecture at regional or national conferences, board review or CME courses or at other academic institutions.
- **4. Evaluation of Professional Service**: Exemplary professional service to the department, school, and community will be considered for promotion on this pathway and may include the following examples:

- a. Membership in and/or leadership of standing or ad hoc committees (e.g. Pharmacy and Therapeutics, Strategic Planning, Medical and Dental Staff);
- b. Service on medical student, MD/PhD or residency admission committees;
- c. Establishing, implementing and/or directing educational (e.g. DRx) and clinical programs;
- d. Service in regional, national, and international professional societies;
- e. Contribution of medical expertise to non-academic organizations or groups (e.g., community, regional and/or national foundations);
- f. Contribution to the professional development of clinicians (e.g., mentoring).
- **5. Evaluation of Scholarship**: Scholarship is <u>not required</u> for appointment or promotion to Clinical Assistant or Clinical Associate Professor in this pathway, *but is required at the rank of Clinical Professor of Medicine*. Scholarship from an array of academic activities such as collaborative research, development of curricula, clinical programs or widely disseminated clinical guidelines will be considered in the promotion process. Examples may include:
  - a. Medical education (e.g., development and implementation of curriculum, teaching strategies, testing methods). This should include peer review or evaluation of the educational materials.
  - b. Clinical communications (disease descriptions, case reports, scholarly reviews in peer-reviewed journals, and book chapters).
  - c. Development of clinical protocols, practice guidelines, quality improvement activities.
  - d. Active participation in clinical trials.