



# Elson S. Floyd College of Medicine

WASHINGTON STATE UNIVERSITY

## **Advisory Guideline Title:**

### **Guidelines for the Promotion of Career Track Faculty: Clinical Sub-Track**

Applies to: Career Track Faculty: Clinical Sub-Track including those on full or part-time appointments.

### **Career Track: Clinical Sub-Track Introduction**

Career track faculty may hold continuous, one (1) to five (5) year fixed term (with or without a rolling horizon), or contingent contracts. Appointments are renewable, contingent upon the needs of the department and the college, availability of funding, and satisfactory annual performance. Career track appointments must include a specified sub-track title and rank in the appointment (e.g., *clinical* assistant professor, *clinical* associate professor, *clinical* professor). The clinical sub-track provides for advancement in rank from clinical assistant professor to clinical associate professor to clinical professor. All career track appointments should align with current Washington Administrative Code Regulations (WAC250-61-100).

Faculty in the clinical sub-track are non-tenure track appointees whose primary responsibilities are clinical practice and/or the supervision and clinic-based instruction of professional students, interns, residents, and/or fellows. Many, but not all, will also have significant expectations in one or more of the following areas: (a) research/scholarship and/or creative activity, (b) teaching, (c) outreach, (d) educational leadership e) administration, or (f) academic service. For example, these faculty may also play a role in the pre-clinical/pre-clerkship phases of the professional curriculum and/or perform clinical research. Promotion in this sub-track is based on significant achievement and/or national/international recognition for excellence in clinical practice, teaching, educational leadership, and/or scholarship. Clinical sub-track faculty must always be assessed in accordance with the expectations of this sub-track and must be concordant with the percentage of their workload assigned to the areas noted above.

### **1.0 Guidelines for the Appointment and Promotion of Career Clinical Sub-Track Faculty**

Clinical sub-track faculty contribute primarily to clinical practice and/or supervision and clinic-based instruction, with many also contributing to research/scholarship and/or creative activity, didactic teaching, outreach, educational leadership, administration, or academic service missions of their department and/or the Elson S. Floyd College of Medicine. Depending on their role in the college, their contributions will differ. Each department within the college that employs clinical faculty should have its own more detailed policies and expectations regarding promotion of clinical track faculty. Requests for appointments or promotion of clinical track faculty are made to the Dean and the Faculty Rank, Promotion, and Tenure Committee (FRPT) through Department Chairs or Associate Chairs (e.g., at outlying campuses). Appointments at the rank of clinical assistant professor do not require review by the FRPT. Candidates for promotion shall be

evaluated in accordance with the guidelines outlined in the Faculty Manual of Washington State University.

The college may make clinical faculty appointments to best serve programmatic needs by appointing persons whose expertise would benefit its mission. While clinical faculty are encouraged to contribute in areas other than clinical activities (e.g., scholarship, leadership and/or academic service), it is understood that based on their appointment to the clinical sub-track, contributions beyond clinical activities may not be expected unless those responsibilities are stated in the letter of offer and/or negotiated and documented thereafter as department/college needs evolve. Where core clinical obligations involve the individual supervision and/or mentoring of undergraduate or graduate students, however, this work should also be evaluated in any promotion review. One goal of the college is to promote a culture of collaboration, collegiality, and diversity. Therefore, promotion materials should describe how the candidate has contributed toward this goal as appropriate to their assigned scope of work (e.g., partnering with other WSU departments or colleges, and community partners, team teaching, guest lecturing, etc.). Evidence of involvement in college activities, such as attending college sponsored education activities, grand rounds, and other department or college-wide activities may also demonstrate collegiality.

The promotion procedures for clinical faculty are similar to those established for tenure-track appointments, except that the required four letters may be all external, all internal, or a combination of the two. Letters may be obtained from no more than two individuals recommended by the candidate. At least two should be from faculty who are tenured or clinical track faculty who hold the rank to which the faculty member aspires and are not members of the faculty balloting committee. Other letters may come from internal individuals who will not ballot on the candidate's promotion or external individuals who are uniquely qualified to speak to the specific accomplishments of the candidate to which other faculty might not be qualified to speak. For example, a clinical track faculty member may have made a significant national or professional contribution that would be part of a promotion case. Letters should not be solicited from the candidate's former professors, mentors, or colleagues. Each candidate should work with their Department Chair (or Associate Chair at outlying campuses) to determine which materials are needed for the promotion dossier. At minimum, the candidate under consideration for promotion is responsible for preparing and maintaining a personnel file that provides material bearing on the criteria specified in these guidelines, including at a minimum: a curriculum vitae; clinical activity statement (maximum two pages); and evidence of excellence in clinical activities (e.g., awards, board appointments, healthcare leadership, etc.) and other areas in the candidate's negotiated scope of work. The consultant reviewers will be provided with the file prepared by the candidate and asked to provide an evaluation of the excellence and impact of the candidate's work and professional contribution.

Criteria for promotion of clinical sub-track faculty are described under Procedures (4.0) below. Time in rank is not a criterion for promotion; however, only under extraordinary circumstances will faculty be considered for promotion prior to the beginning of the sixth year of service in their current rank. All eligible departmental faculty must evaluate and ballot on the candidate. If a department has fewer than five eligible faculty who are eligible to vote, then the Chair will work with the Dean and Provost's office to identify additional eligible faculty throughout the college or University who will submit recommendations. Committees including faculty outside the candidate's department are considered to be "augmented" committees. Only eligible departmental faculty with personal conflicts of interest (e.g., spouses, family members) are allowed to abstain.

All department clinical associate professors, clinical professors, associate professors, professors and other members of the augmented committee are eligible to vote on candidates seeking promotion to clinical associate professor. All department clinical professors and professors and other members of the augmented committee are eligible to vote on candidates seeking promotion to clinical professor. Individuals, such as chairs or members of the FRPT committee, may only provide one written recommendation (i.e., they cannot vote twice). These individuals can, however, participate in discussions of the candidate if, for instance, they serve on the College FRPT. All eligible department faculty and other members of the augmented committee must be provided with the full promotion packet, as well as time to review and comment on the candidate's suitability for promotion.

## **2.0 Definitions**

*Annual Review:* Clinical sub-track faculty performance is reviewed annually by the Chair/Associate Chair for all faculty who have served at WSU for a full year (except tenure-track faculty for whom performance must be reviewed annually even if they have served less than one year), and who are expected to be on appointment in the subsequent year (i.e., have not officially resigned, retired, or been given a terminal appointment). Principal Investigators who provide funding to or supervise a clinical sub-track faculty member will provide input. Reviews are also required for all temporary clinical sub-track faculty on grant funding who may be eligible for salary increases if salary dollars are available and they are reappointed. Full-time (0.50 or greater) clinical sub-track faculty are required to update the designated WSU-wide faculty electronic system (i.e., Activity Insight). The period of each annual review is from January 1 to December 31. Full-time clinical sub-track faculty receive annual reviews that alternate every other year between abridged reviews and comprehensive reviews, as long as the faculty member is making satisfactory progress. If the annual review rating is "less than satisfactory," the written report must include an explanation for the decision, clearly identify areas in which performance is deemed deficient and specific recommendations to correct the deficit to help the faculty member achieve a "satisfactory" or above annual review rating at the next review. All subsequent annual reviews will be comprehensive or intensive until a rating of "satisfactory" or better is achieved. Clinical sub-track faculty will receive an intensive review if they seek promotion. Part-time clinical sub-track faculty receive abridged reviews annually.

Results are submitted to the Office of the Provost by May 1 of the following year (e.g., May 1, 2020 for the 2019 annual review). The annual review provides feedback relative to the department expectations and guides critical personnel decisions. Faculty are to be evaluated in terms of their performance during the specified annual review period, in relevant areas as specified for the faculty member's sub-track, as described in this policy and by the faculty member's department guidelines and policy. Clinical sub-track faculty should highlight contributions to clinical work, clinical competency evaluation, clinical innovation, clinical instruction, scholarship, and/or creative activity and participation as principal or co-principal investigators on grants or contracts, and other areas in their negotiated scope of work.

Upon annual review completion, the faculty review is forwarded to the Dean and Vice President (VP) for Health Sciences. After receiving the annual review report, the chair shall provide the faculty member a minimum of ten (10) business days to sign the report, indicating that he or she has had the opportunity to read the report and to discuss it with the chair and/or appropriate faculty supervisors. A faculty member's dissent regarding contents of the report may be appended

to the signed report. When a dissent is appended, the faculty member must receive written acknowledgement within fifteen (15) business days that the statement has been reviewed by the chair's immediate supervisor (normally the Dean) and VP of Health Sciences or designee (e.g., Vice Chancellor for Academic Affairs). At the same time that a response is sent to the faculty member, the chair's supervisor will forward to the Provost the annual review, the faculty member's response to that review, and the supervisor's response to the faculty member. After receiving these materials, the Provost has an additional fifteen (15) business days to provide a written acknowledgement to the faculty member and chair's supervisor that he or she has reviewed all of the statements.

### **3.0 Responsibilities**

*FRPT Committee:* The FRPT does not participate in annual reviews (i.e., abridged reviews, comprehensive reviews and intensive reviews). The FRPT reviews and advises the Dean regarding promotion files for all tenure and career sub-tracks.

*Dean's Office:* The Dean reviews all cases for promotion, forwards to the Vice President for Health Sciences, and then to the Provost for determination.

### **4.0 Procedures**

Candidates for promotion shall be evaluated in accordance with the guidelines outlined in the Faculty Manual of Washington State University. Specific criteria and procedures for promotion of specific career track faculty are elaborated below. Some faculty may place greater emphasis on certain activities and may be less involved in others. Each candidate should work with their Chair (or Associate Chair at outlying campuses) to determine all materials are needed for the promotion dossier.

*Promotion to Clinical Associate Professor:* Consistent with the Faculty Manual, clinical assistant professors typically are not considered for promotion to clinical associate professor prior to the sixth year of service at the rank of clinical assistant professor. Exceptional candidates may be offered the opportunity to advance in rank prior to the sixth year of service. If promotion to clinical associate professor is not pursued or is not granted, faculty may remain at the rank of clinical assistant professor and be reappointed to subsequent terms at that rank after their sixth year of service, contingent upon funding, satisfactory performance and department and college need. Individuals who are not promoted may request promotion consideration at a later date once they and their chair believe they have successfully addressed the issues that led to an unsuccessful initial application.

Promotion to Clinical Associate Professor within this career track is most frequently determined by a continuing excellence in clinical practice and/or instruction and an emerging record of sustained accomplishment in the secondary area(s) relevant to the candidate's appointment. In their clinical practice, candidates are expected to be active clinicians in good standing with an ability to effectively communicate with colleagues and be effective clinicians while often integrating clinical instruction and evaluation into their own practice.

Promotion to clinical associate professor requires demonstration and evidence of clinical excellence (i.e., at a minimum "strong performance beyond satisfactory"). Faculty promoted to the rank of clinical associate professor may be appointed to terms of up to five years (with or without a rolling horizon) based on department and college need.

*Promotion to Clinical Professor:* The clinical practice and instruction of candidates for promotion to clinical professor will be evaluated in adherence with the criteria detailed above. In particular, candidates are expected to have extended their individual excellence in clinical practice and instruction to broader positive impacts on students, communities, and the clinic(s) they serve. Where appropriate and available, candidates will also be expected to have pursued leadership roles in education, clinical program assessment and development, and/or community service programs that serve the mission of the clinic, the department and the University. In their primary role of clinical practice and instruction, candidates for promotion to clinical professor who have teaching expectations are expected to demonstrate continuing effectiveness, as well as elements of pedagogical growth and active leadership beyond that which would characterize an initial promotion and to have provided consistently high-quality, evidence-based, and empathetic care to patients and/or clients. Particular attention will also be paid to the candidate's ability to communicate clearly and effectively; the quality of participation in clinic programs and/or student instruction; and the capacity for further development as a clinician. Clinical Professors are individuals who are national or internationally recognized in their areas of responsibility as specified in the letter of offer and annual reviews. They have made sustained and significant contributions to their field and have gained recognition outside the University as a result. Where student/fellow/trainee supervision and mentoring are included in workload expectations, the candidate is expected to have demonstrated effective communication, support for student/fellow/trainee's professional development, and adherence to departmental or unit expectations.

Promotion to clinical professor requires demonstration and evidence of excellence (i.e., at a minimum "strong performance beyond satisfactory") in clinical/professional practice and teaching, and other areas within the faculty member's assigned scope of work (e.g., research and scholarship, leadership and service). Faculty seeking promotion to clinical professor should confer with their chair one year prior to seeking promotion. If promotion is not granted, faculty may remain at the rank of clinical associate professor and be reappointed to subsequent terms contingent upon funding, satisfactory performance and department and college need. Individuals who are not promoted may request promotion consideration at a later date once they and their Chair believe they have successfully addressed the issues that led to an unsuccessful initial application.

### **Areas of Evaluation**

*Clinical Practice/Clinical Instruction/Other Activities:* In the college, clinical practice and clinical instruction may take many forms given the diversity of the types of work conducted by our faculty. Clinical sub-track faculty may also engage in other areas as negotiated within their scope of work. Success in these areas will be evaluated by the metrics below. Each candidate should prepare a clinical practice/instruction and activity statement that succinctly summarizes their accomplishments. This document is limited to two pages. The following is a non-prioritized, illustrative list of evidence of effectiveness in clinical practice, clinical supervision/instruction, and scholarship/research/creative activity.

- A. Patient satisfaction survey results or other documentation of patient feedback (e.g., letters or emails from patients)
- B. Documentation of improved patient outcomes
- C. Awards and recognition for clinical care

- D. Board certification
- E. Clinical leadership such as serving as a supervising clinician, managing a clinical service, unit or practice
- F. Evidence of expertise in a field or specialty. Documented evidence that the applicant has established local, regional, national, or international expertise in a field as documented by letters from peers, publications in professional journals, presentations at conferences, or continuing education talks or trainings
- G. Evidence of mentoring exceeding most peers in quantity and effectiveness as measured by mentees' accomplishments
- H. Local, regional and national leadership activities in educational, professional, scientific or healthcare related community organizations
- I. Participation in local, regional and national level interdisciplinary health care-related work groups or committees with evidence of outstanding impact/improved outcomes
- J. Local, regional and national recognition/awards for clinical expertise from professional and public groups
- K. Invitations to present locally, regionally, nationally or internationally on novel synthesis of knowledge or new techniques and/or procedures
- L. Invitations to consult regarding clinical programs at other institutions
- M. Innovative clinical programs that are disseminated and serve as models for other institutions
- N. Securing external funding for practice innovations, new clinical initiatives or innovative or complex shared scientific resources
- O. Involvement in quality improvement initiatives. Participate, lead, or design quality improvement projects within the applicant's scope of practice
- P. Development and use of innovative and/or evidence-based practices in clinical care
- Q. Clinical growth, such as development of a new specialty or expertise through board certification, independent study, or continuing education
- R. Documentation of clinical excellence from peers, supervisors, and students
- S. Evidence of clinical collaboration (e.g., participation in multidisciplinary teams, case conferences, collaborative care)
- T. Development of new clinical tools, programs and/or treatments
- U. Fellowship, Masters status in national professional organizations (e.g., FACP, MAGA)
- V. Provision of charity care to underserved populations, locally, regionally, nationally, or internationally
- W. Supervision and clinic-based instruction of professional students, interns, residents, and/or fellows.

*Service:* Service is essential to the success of the college and the University. While clinical faculty's primary responsibilities are clinical practice and/or the supervision and clinic-based instruction of professional students, interns, residents, and/or fellows, many may have significant expectations in other areas, including academic service, as negotiated within their scope of work. If the candidate has engaged in service, they should describe the service they have conducted, including service at or on behalf of WSU and outside WSU (e.g., professional associations). It is important that the applicant document their service in a level of detail that allows for accurate evaluation. Candidates should describe how they collaborated with others in their service. Service might include the following:

- A. Departmental, College or University committee service

- B. Departmental, College, or University administrative service
- C. Involvement in relevant professional organization, including serving in a leadership or committee position
- D. Involvement in local, state, national or international communities in a manner that improves the health and wellbeing of these communities
- E. Serving on local, state, national or international advisory committees
- F. Serving as a journal or grant reviewer
- G. Efforts to promote diversity
- H. Sponsorship or advising of student organizations
- I. Supporting/mentoring other faculty in teaching, scholarship, or service. For promotion to clinical professor, mentorship of junior faculty

**5.0 Related Polices**

[BPPM 60.55](#)

[WSU EP#29](#)

[Faculty Manual Section III.C.3](#)

**6.0 Revision History**

Original Approval	Guideline Number	Date Revision Approved
00/00/2020	G.FR.03.01.170721	N/A