

# *Review Criteria -- Professor of Clinical X (e.g., Pediatrics) Series*

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These guidelines are intended to provide additional, detailed information on the Professor of Clinical X (e.g., Pediatrics) series (hereafter referred to as Clinical X) at UCSD, to assist in the evaluation of the appropriateness of appointment to and advancement within the Clinical X series.

## *Definition of the Professor of Clinical X series*

The Professor of Clinical X series should be reserved for those faculty who have demonstrated expertise, dedication and achievement in clinical and educational activities within and outside Health Sciences. Appointment in this series should represent recognition by the institution of an individual's commitment to the clinical and educational activities that are of utmost importance to the mission of Health Sciences. Thus, appointment in this series should reflect high institutional esteem for the selected individual, and advancement should be based on well-documented contributions toward this mission. Criteria for appointment and promotion in this series should be rigorously applied.

Candidates for the Professor of Clinical X series should demonstrate excellence in both teaching and clinical practice, as well as documented scholarship that has an impact beyond UCSD. This requirement is intended to distinguish Clinical X faculty from faculty in the Health Sciences Clinical Professor series, who are required only to demonstrate excellence in teaching and clinical activity with scholarly or creative activities related to their clinical practice at UCSD. In achieving beyond the criteria set forth for the Health Sciences Clinical Professor series, candidates in the Professor of Clinical X series should be able to demonstrate 1) accomplishments of increasing geographic scope as they advance through the series, from local to regional to national to international levels, and 2) areas of recognized clinical expertise, whether in general or specialty practice.

The Professor of Clinical X series should be available at all levels of professorship, to candidates who have demonstrated focus, ability, and commitment towards a career of clinical education and practice. This should be considered as specific as the criteria for the Ladder-Rank series. The Professor of Clinical X should not be used as a series into which to transfer faculty from other series because of insufficient research productivity. It is preferable that a candidate demonstrate desire for a continuous career in clinical education and practice from the time of his or her first appointment, although well-substantiated changes in career goals do occur and should be taken into consideration.

## *Criteria and Methods of Evaluation for Appointment and Advancement*

Candidates for the Professor of Clinical X series will be required to demonstrate excellence in teaching and clinical activity and creativity in these areas or in research. It is essential that the candidate demonstrate early in his or her career a desire to participate and advance in this series through continuous achievement. The guidelines should therefore be clear and unequivocal such that candidates are fully aware of the level of achievement expected of them prior to appointment or advancement at each level. When a candidate approaches the time of consideration for appointment or advancement in the series, the individual has the primary responsibility for documenting success in reaching the required

level of achievement. The department has the responsibility to ensure that appropriate teaching assessment is performed.

### ***A) Teaching and Educational Activity***

The level at which excellence in educational activity is recognized for appointment or advancement in the Professor of Clinical X series should be:

1. Assistant Professor: recognition at the local school and medical center level.
2. Associate Professor: recognition at the institutional and regional level.
3. Full Professor: recognition at the institutional and national level.

#### *Method of Evaluation:*

The following methods are not all-inclusive and should be used only where appropriate.

1. Documentation of the types of teaching carried out, the time involved, the primary teaching role (e.g., clinic or ward attending, lecturer, or mentor), the average number and type of students per year, and the average number of contacts per year. Descriptions of the teaching environment and workload are important.
2. Documentation of special courses taught, including the type and setting. These could include, e.g., the physiology section of OPP, a dog laboratory on the use of pulmonary artery catheters or transesophageal echocardiography, the American Heart Association ACLS Course, or a postgraduate course for community physicians on laparoscopic cholecystectomy or management of diabetes. The course could be for medical or allied health students, house officers, or postgraduate physicians. Also documented should be the continuity of the course (year-to-year, for example). Attendance, growth of attendance, and participant evaluations of the course should be included.
3. Letters or standardized teaching evaluations from students who have been taught at the individual, group, and conference levels. Students may be required to submit evaluations of their teachers for completion of a course of studies. There must be more than one kind of teaching assessment.
4. Recommendations and critical reviews from fellow educators at the parent institution or from other institutions, outside physicians and other health care personnel, including unsolicited commendations. These should be based on personal observation of the candidate's teaching (including peer review). Letters from patients may be included, but would receive less weight if not critically written.
5. Documentation of teaching leadership in the department, medical centers or Health Sciences; in some cases may be indicated by title (e.g., Director of Training Program), in all cases by extent of responsibility and recognition.
6. Description of teaching awards received and the basis for the recognition.
7. Documentation of the number of invitations to participate in conferences and CME courses. The type of conference and sponsoring institution should be recorded. Teaching ratings and comments from the participants should be included. If available, ratings of other lecturers (with identity undisclosed) should be included with this information for comparison.
8. Roles in educational organizations (e.g., offices, committees, or boards of directors). The duties performed and the innovations accomplished should be outlined. Leadership contributions to the organization of educational activities in Health Sciences may also be considered and evaluated here, beyond ordinary participation as university service.

9. Documentation of a role in running a scientific or clinical meeting locally, nationally, or internationally. This should include factual and evaluative documentation as above. It is also recommended that candidates review their objective evaluations from the sources indicated when consulting with the department chair.

### ***B) Professional Competence and Clinical Activity***

These criteria concern the extent and quality of the candidate's clinical performance.

1. The Assistant Professor level:

The candidate must demonstrate an understanding of the subject of his or her clinical activity, as well as an appropriate quality and volume of activity as judged using the methods described below. This evaluation may be based on activity at the UCSD Medical Center or the Veterans Administration San Diego Healthcare System (VASDHS). Clinical services beyond our own institutions, such as at regional or national levels, can serve as further evidence of the candidate's standing. In addition to routine individual patient care, clinical activity may take the form of developing or sustaining specific clinical care programs or programs involving applications of new techniques or new uses of existing therapeutic modalities. These could include, but are not limited to, developing a model program for a diagnostic or therapeutic procedure or a successful clinical program that could be implemented in a new setting. It is important that the candidate demonstrate promise and a desire to progress in the acquisition and application of clinical expertise.

2. The Associate Professor Level:

For appointment or promotion to the associate level, the candidate must be clinically active in the local institution and, in applicable disciplines, at the community or regional levels. The latter are more likely to involve program development, supervision, or consultation, rather than individual patient care, although a regional referral record would certainly qualify. Activities at the national level are desirable but not required. A demonstration of creativity is important in documenting superior clinical achievement.

3. The Professor Level:

For appointment or promotion to full professor, the candidate's clinical influence must be recognized beyond the parent institution and, in applicable disciplines, at the regional and national levels. Activities at the international level are desirable, but not required. A clear demonstration of creativity is important in evaluating clinical achievement, to afford proper recognition and reward.

#### *Methods of Evaluation:*

The following list is not all-inclusive. Each method should be used only where appropriate. In each case, the goal is to document excellence, and the data should be evaluated accordingly.

1. Testimony from peers and faculty of higher rank. It is important to obtain such testimony from practitioners of the same and related disciplines. This is solicited by the department chair, who would send to prospective evaluator's forms that address the quality of critical aspects of practice in that clinical discipline, as explained below. These forms may be similar to ones used to evaluate residents. Also important for perspective are evaluations from outside the department. For example, radiologists could evaluate internists, and vice versa; surgeons could evaluate anesthesiologists, and vice versa.

2. Documentation of the pattern of referral, e.g., the extent and number of referrals, as well as the area from which they are drawn--hospital, community, regional, national, or international. A summary of referrals, with names of referring physicians, the number of patients referred by each physician, and a description of the areas of San Diego city and county, California, the nation, and other countries from which they are drawn would be especially useful. A clinician who treats patients from all over the world is probably excellent.
3. In specialties that entail the performance of procedures, such as surgery or radiology, documentation of the quality of the candidate's practice (e.g., the number of difficult cases performed or the complication rates) would provide a measure of excellence. In anesthesia, for example, huge databases are being accumulated that can provide a detailed profile of the excellence of a clinician's practice.
4. In specialties that render consultations, documentation of the helpfulness or the frequency of error in the rendering of expert opinion would also provide a measure of clinical excellence. These evaluations would usually be obtained outside the candidate's specialty. In particular, primary care physicians may evaluate the quality of consultations by specialists, while specialists can evaluate the quality of referrals by primary care physicians.
5. In the case of primary care physicians, documentation of the thoroughness of patient workup and the appropriateness of the requests for consultation by specialists and consultants would serve as a measure of clinical excellence. Chart reviews are also commonly useful in this assessment.
6. Establishing or running a clinical service, either inpatient or outpatient. This could include, e.g., trauma, intensive care, ECG, cardiac catheterization, diabetes, child abuse, or drug abuse. The pattern of referral should be documented, as described below.

The success of a service in attracting referrals from outside the University system is an important factor in measuring excellence. Documentation of excellence when the candidate establishes or runs a clinical service should be relatively straightforward. A successful clinical service that attracts a large patient population denotes excellence; after all, one of the reasons for this series is to reward clinicians who can help the medical school, and hence the University.

We realize that evaluating, quantifying, and establishing clinical excellence can be difficult, but several mechanisms exist whereby this is possible. Some data will be more appropriate for procedural specialties than for consulting specialties. To use the example of anesthesia again, in analyzing procedural data, there are certain "flags" that trigger an entry into the anesthesiologist's database. If the anesthesiologist is significantly below the norm — currently only a local norm — counseling is advised. If the candidate is strikingly above that norm, this could serve as one criterion to help establish excellence.

Outcome data, especially a particularly low rate of complications, could also indicate excellence. Evidence that physicians are continually sending their difficult cases to the candidate is an outstanding endorsement of his or her clinical excellence.

As mentioned above, another possibility for establishing excellence is evaluation forms. The following gives examples of evaluation forms that can be used. Note that there are short forms and long forms. The use of the short form is encouraged, since it is more likely to be filled out by the large number of people required to make any evaluation credible. If the short form is used, the department should carefully define each category for the evaluator. Each department should develop its own set of evaluation forms, since the problems and characteristics for each department are different. Similarly, each department should develop different forms for each set of evaluators: students, house officers,

members of the department, members of other departments, physicians outside UC, any physician who consults with the candidate, nurses, patients, etc.

Nurses can make excellent evaluators. They pick up subtle factors in clinical performance that most others cannot. For example, they are often the first to spot a decrement in performance in an impaired physician.

### ***C) Creative Work***

Many faculty in the health sciences devote a large proportion of their time to the inseparable activities of teaching and clinical service and therefore have less time for formal creative work than most other scholars in the University. Some clinical faculty devote this limited time to academic research activities; others utilize their clinical experience as the basis of their creative work. Nevertheless, an appointee to the Professor of Clinical X series is expected to participate in scholarly pursuits in applied clinical sciences. This includes activities which may be independent or collaborative, and may focus on formal clinical or laboratory research, scholarly publications, or creative educational work.

1. The Assistant Level:  
For advancement at the Assistant level, a candidate's achievement and contribution to scholarship in the applied or clinical sciences should include at a minimum active participation in such pursuits.
2. The Associate Level:  
For appointment or promotion to Associate rank, a candidate's achievement and contribution to scholarship in the applied or clinical sciences should have resulted in a significant contribution to knowledge or clinical or educational practice. Independence or leadership in some of these creative activities must also be demonstrated.
3. The Professor Level:  
For appointment or promotion to the Professor rank, a candidate's achievement and contribution to scholarship in the applied or clinical sciences should manifest continued involvement and leadership in activities such as those described above.

#### *Method of Evaluation:*

The candidate's creative work must have been disseminated, e.g., in a body of publications, in teaching materials used in other institutions, or in improvements or innovations in professional practice. For appointment or promotion to higher levels, there should be evidence that these have been adopted or had an influence elsewhere.

1. Evidence of achievement may include clinical case reports. Clinical observations are an important contribution to the advancement of practice and knowledge in the health sciences and should be judged by their accuracy, scholarship, and utility.
2. The development and evaluation of techniques and procedures by clinical investigators constitute significant and valuable pursuits in the clinical sciences. These activities are necessary for improvement in the practice of health care. Creative achievement may be demonstrated by the development of innovative programs in health care or in transmitting knowledge associated with new fields or other professional activity.
3. Textbooks and reference publications, or contributions by candidates to the literature for the advancement of professional education or practice, should be judged as creative when they

contain original scholarly work, manifest an innovative approach, or include new information such as research results.

4. The development of new or better ways of teaching the basic knowledge and skills required by students in the health sciences may be considered evidence of creative work. This may be demonstrated in written materials, novel approaches to teaching, or, for example, the development of computer methods that can be used for teaching, clinical care, or research.
5. Acquisition of extramural resources for clinical or educational programs, including research or practice, is usually an indication of successful creative effort.

The significance of the quantitative productivity level achieved by a candidate should be assessed realistically, with knowledge of the time and institutional resources available to the individual for creative work, and the nature of the individual's professional discipline.

#### ***D) University and Public Service***

Service is an important component of the activity of faculty in the Professor of Clinical X series. In many cases, this service will have a direct bearing on the education and clinical care missions of the University, and will therefore be best listed and evaluated under the categories of teaching and professional or clinical activity, which take precedence as criteria for advancement. For example, invited service on QA boards would be useful in evaluating a candidate's clinical expertise.

With increasing rank, greater participation and leadership in service are expected, although formal criteria are not specified. The extent and significance of service at the department, school, campus, University, community, and national or profession-wide level should be evaluated.