CLINICAL TRACK

A. Definition of the Clinical Track

The Clinical Track is designed for those pursuing a career that focuses mostly on clinical care and teaching with a variable degree of involvement in scholarship and organizational service in the Medical School. Although there is no mandated ascension in rank, scholarly engagement and ascent in rank are desirable. The University is the sole employer of Clinical Track faculty. Appointments are made for up to seven years and are renewable.

Faculty in the Clinical Track are voting members of the Executive Faculty of the Medical School and have representation on the Executive Committee of the Medical School. They are not members of the University Senate and do not participate in the election of representatives to the University Senate Assembly, and do not qualify for sabbatical leave although other types of leave may be granted for specific educational or training purposes. Clinical privileges in the units are granted only by the Medical Staff Executive Committee on Clinical Affairs (ECCA). Clinical Track faculty may be candidates for emeritus/emerita status.

B. Ranks in the Clinical Track

The Clinical Track includes four ranks: instructor, assistant professor, associate professor, and professor. The official title (Assistant Professor, Clinical Track) is used on all appointment, promotional, university human resources correspondence and the curriculum vitae. Routine correspondence (e.g., patient correspondence, scholarly work, etc.) can use shorter working title, e.g. Assistant Professor without identifying track. Time in rank alone is NOT sufficient for advancement in rank.

To obtain a faculty position in the clinical track for persons without an MD degree, a terminal degree in their field is expected.

Instructor

An instructor is fully trained to provide clinical care and is qualified to participate in educational programs at the University of Michigan Medical School. Appointment to this rank requires evidence that the individual has received an appropriate medical and graduate medical education and documentation of full clinical competence. Certification by the relevant professional board must be pending or completed, recognizing that exceptions for some internationally trained physicians may be granted by the Medical School. Evidence of competence in clinical and didactic teaching is expected. Letters from individuals with firsthand knowledge of the candidate are helpful in documenting the candidate’s clinical competency, suitability for an academic medical environment, potential as a teacher and clinical role model, and potential for growth in clinical and scholarly areas. Publications in a candidate’s professional field are encouraged but not required. Instructor appointments are made by the department chair or unit head, within the constraints of University appointment procedures, and must be approved by the Dean’s Office of Faculty Affairs.
Assistant Professor
An Assistant Professor has excelled in clinical care and teaching, and these are the primary requirements for appointment or promotion to this rank.

1. Clinical work
Clinical excellence is documented by letters, which may be from local sources and must attest to the quality of clinical service. Certification by a relevant professional board or the equivalent is a usual expectation at this rank, although this qualification may be in progress at the time of appointment according to the requirements of the relevant professional board; exceptions for some internationally trained physicians may be granted by the Medical School.

2. Teaching
Quality of teaching is usually documented by objective teaching evaluations from the learner groups that are being taught (medical students, residents, fellows, undergraduate and graduate students as well as peer education), letters, and awards. If the candidate comes from an outside institution, letters describing the teaching efforts and quality are required.

3. Scholarship
An Assistant Professor should show progress toward becoming scholarly engaged in their field. On the Clinical Track, invited presentations as well as publication of articles in professional journals, chapters, reviews, abstracts, textbooks, videotapes, or other educational materials are evidence of scholarly contributions and are usual features of faculty at this rank.

4. Service
The candidate's organizational service, if present, to his or her department should be documented. For faculty members with predominantly clinical effort, several years of postgraduate clinical experience (post residency or post fellowship) combined with excellent teaching evaluations may qualify for promotion or appointment at this level, although some evidence of scholarly contribution is generally expected as noted above. New faculty members with evidence of distinct clinical expertise may also be appointed at this level.

Appointments and promotions to assistant professor require review by the Advisory Committee on Clinical Track Appointments and Promotions (CLINACAP) and approval by the Medical School Executive Committee.
Associate Professor
An Associate Professor has excelled in teaching and clinical work, and has achieved a regional or national reputation in his or her area of expertise. Peer-reviewed published scholarship and service to the institution, regional or national organizations is expected. The associate professor signals the passage into medical academia’s senior rank. Individuals at this rank are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. Typically, a reputation of this sort is documented by letters from impartial external sources.

1. Clinical work
   As an Associate Professor on the clinical track, development as a clinician has progressed to the point of establishing broad interdepartmental and regional recognition by professional colleagues for clinical expertise. This is usually documented in letters from colleagues and peers who attest to the clinical excellence. Appointment or promotion to this rank requires board certification or the equivalent (although occasional exceptions for some internationally trained physicians may be granted by the Medical School).

2. Teaching
   Evidence of continued valuable contribution to medical education is expected. This may be through customary teaching situations (lectures, clinical instruction of students and residents, mentorship pairing, or scholarly work with trainees including formal evaluations to assess quality) or through the preparation of educational materials, including educational brochures and learning aids, textbook chapters, reviews, videotapes, web-based learning, and other instructional interfaces. Teaching evaluations from all learner groups should be available. Administration and organization of teaching programs are also valued activities, and creativity in their execution can be documented by letters from appropriate knowledgeable faculty, students, and peers.

3. Scholarship
   The candidate should have produced scholarship that influences knowledge and/or clinical care. Scholarship should include peer-reviewed papers, but may also include books, book or web-based chapters, or some other mode of communicating results and ideas.

4. Service
   Administration or leadership at the school level or at local, regional, or national organizations are a typical feature of this rank.

Appointments and promotions to associate professor require review by CLINACAP; approval by the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost, and Executive Vice President for Academic Affairs, and the President.
Professor
Appointment and promotion to this highest rank in the Clinical Track requires continued outstanding teaching, mentoring and clinical service. A national reputation is expected in scholarship, research or teaching.

A Clinical Professor has many products of their scholarly activity and will have a substantial record of first-author and/or senior-author publications in peer-reviewed journals that have resulted in broad peer recognition in their area of expertise. Service in regional or national specialty societies or boards is the norm. Institutional citizenship is expected of a Senior Clinical Faculty.

Appointments and promotions to professor require review by CLINACAP; approval by the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost, and Executive Vice President for Academic Affairs, and the President.

C. Criteria for Appointment and Promotion in the Clinical Track
The criteria for appointment and promotion in the Clinical Track will be applied with an emphasis on the impact of the nominee on his or her professional environment. This impact may be in the teaching arena, in professional activity usually manifested by clinical care, in institutional citizenship (organizational, administrative, community, or volunteerism for example), or in scholarship and research.

Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion to a senior level. Although tenure is not a facet of Medical School Clinical Track, the University and the Medical School envision parallelism between the Clinical Track, the Instructional Track, and the Research Track, not only in accomplishments but also in the mechanics of appointment and promotion.

1. Clinical Work
A clinical faculty member has usually significant clinical responsibilities and a high level of clinical competency is expected in all ranks. Clinical excellence may be documented by letters from UM faculty and current or former colleagues as well as former trainees. Letters typically attest that the nominee is considered by the medical community as a clinical resource, is sought out for clinical expertise, and has a strong referral base. By their nature these letters will often come from sources that have personal knowledge of the individual's clinical skills and character. A clinician is a role model for medical students and must demonstrate outstanding compassionate patient care, collegiality, integrity, professional excellence, respect for diversity, engagement in community, and commitment to individual learning and scholarship.
2. **Teaching**
   Successful teaching of medical students and residents is an important component of the Clinical Track. In the senior ranks, sophisticated and broad-based educational achievement is expected with the creation/integration of new (clinical) knowledge and the teaching of other teachers.

   Educational excellence may be demonstrated in a variety of settings. Some faculty will have assigned responsibility for teaching individual medical students and house officers one-on-one in the course of delivering clinical care or for organizing and leading clinical educational programs. The educational roles of other clinical faculty may involve a broad range of educational activities targeted at diverse audiences such as organizing or participating in local or regional CME activities or developing patient education tools, health profession education modules, or public health education programs. Objective evaluation of teaching from all learner groups should be available. In addition to the usual peer sources, letters from former trainees or from colleagues may document educational impact in special circumstances.

   In the Adjunct Clinical Track, sufficient involvement in the educational program of the department is defined as a minimum of 50 hours of direct participation in clinical education per year or an equivalent contribution to the academic mission of the Medical School, as documented by the department chair or unit leader.

3. **Scholarship**
   Promotion to the senior levels of the Clinical Track requires scholarly engagement and productivity. Excellence in scholarship or academic achievement is evidenced by published peer-reviewed and other creative work, participation in grant-funded research, success in training graduate and professional students in scholarly methods, participation and leadership in professional associations, and in editing of professional journals. The ideal clinical professor is a scholar, engaged in life-long professional learning related to some clinical aspect of the human condition. Written evidence of scholarship may also include chapters, review articles and other creative ways to education. Individual scholarship is an essential part of the clinical professoriate, as it professes its work through instruction and role modeling for the next generation of physicians.

4. **Service**
   Many organizational service activities are expected of more senior faculty in the Clinical Track, such as participation in committee work, IRB, administrative tasks, counseling, and special training programs. Medical staff activities (such as leadership of or service on a quality assurance, risk management, or utilization review committee) also pertain to this type of service. In addition, the University expects many of its staff to render extramural services to relevant professional organizations other schools, industry, governmental agencies, and the public at large. Examples include:
- Memberships and offices held in professional societies.
- Continuing participation and leadership roles in medical service organizations (e.g., American Cancer Society, Planned Parenthood, American Red Cross).
- Public service activities that relate to the health of the general public.

Usually a promotion is based on a balance between all 4 areas discussed above. In exceptional circumstances a faculty member may have had a profound effect on his or her environment in the role of clinician, educator and/or with extensive administrative responsibilities. This may qualify the candidate for appointment or promotion to a senior level, with such extraordinary service offsetting to some degree the usual expectation of scholarly activity. In this case, letters of support must explain the individual's impact with great detail and specificity.
Clinical Track Faculty Context and Guiding Principles

The University of Michigan Medical School strives to be one faculty dedicated to our missions using guiding principles of teamwork, integrity, caring and innovation to achieve excellence in all that we do.

Respecting and valuing the contributions of all faculty members is a central cultural value along with recognizing that all contributions are important to achieving our clinical, research and teaching missions.

Every faculty member should have a career development plan and associated mentoring that is reviewed and updated during their annual evaluations.

Promotions should signify that a faculty member has made important contributions to their field and profession. The rigor of the process reflects the strength of the institution.

Promotion criteria should be consistent with recognized and respected standards—e.g., national contribution and reputation for clinical professor, regional contribution for clinical associate professor

As part of the University of Michigan, the Medical School will continue to use a single “clinical track” but will recognize that there are multiple pathways for promotion possible within this track. Pathway identification will serve to facilitate faculty progress towards promotion, and may be identified in the promotion materials to assist in the evaluation of the faculty member.

All clinical track appointment and promotions should recognize the achievements of individuals who have demonstrated:

- Outstanding clinical work; teaching/educational contributions

And

- Contributions to their field or profession in scholarship/academic areas, including the scholarship of education or the scholarship of implementation, or scholarship around quality improvement, or patient safety. Service contributions will also be recognized.
In recognition of the changing nature of scholarship/academic contributions in our tripartite mission in health care, the definition of scholarship and the criteria for external validation of contributions to the field or profession should be broadened.

https://faculty.medicine.umich.edu/office-faculty-affairs/clinical-track/clinical-track-pathways

Demonstrating Clinical Excellence

Clinical excellence should be considered a core requirement for promotion within the clinical track. Possible metrics for assessment of clinical excellence could include:

- National and professional standards for quality and safety
- Consistency in meeting institutional standards for professionalism
- Quality data
- OPPE/FPPE information
- Local/regional recognition on lists such as “Best Doctors” or “Top Doctors”
- Patient acknowledgements such as “You are special”, letters, etc.
- Physician acknowledgements including letters noting the delivery of outstanding clinical care

Potential Pathways for Demonstrating Contributions to the Field

Several possible different pathways (“areas of excellence”) for demonstrating contributions to the field have been identified, including, but not limited to:

Clinician-Research Scholar (translational science, clinical research, health services research)

- Peer-reviewed publications (both traditional and digital)
- Book chapters, reviews (such as the “Clinics” series), Up to Date.
- Research funding
- Participation in grant reviews
- Clinical trial development, patient recruitment, leadership of trial site
• Research consultancies with industry or other organizations
• Participation in collaborative research
• Patents

Clinician-Educator
• Peer-reviewed publications (both traditional and digital)
• Book chapters, reviews (such as the “Clinics” series), Up to Date.
• Teaching/educational evaluations reflective of regional or national impact
• Innovative teaching/educational practices
• Teaching/educational module development
• Teaching/educational publications/reviews
• Participation in national guidelines or setting of standards
• Patient and community education
• Participation in ABMS boards or appropriate committees
• Teaching/educational courses at state, regional or national meetings
• Teaching/educating through peer-reviewed social/popular media
• Creation and dissemination of innovative approaches to clinical care
• Curriculum development

Clinician-Patient Safety/Quality Innovator
• Outcomes and implementation science innovation
• Development of professional quality guidelines and initiatives that have regional or national impact
• Generation of performance data and performance goals through learning collaboratives
• Development of best practices/innovative methods of care used more broadly
• Lean patient safety/quality initiative leadership

Clinician-Leader/Administrator (usually overlaps with one of the above pathways.)
• Leadership of regional or national organizations or key committees or boards
• Work with government organizations such as NIH,
CDC, WHO as consultant or other role

- Work with private foundations as consultant or other role
- Community leadership activities on regional/national level
- Outstanding service to a department, medical school, and/or the university that results in regional or national recognition

**Clinician-Individualized Portfolio:** an opportunity for the faculty member and chair/section/division chief to develop a pathway combining features of the multiple pathways noted above with clearly articulated goals and metrics.