



Overview of Clinical Excellence Track: Promotion Criteria and Package: *Office of Faculty Development Presentation*

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Why a Clinical Excellence Pathway?

- ~2016: Belief emerges that “there is no problem” with promotion of clinicians of distinction
- ~2017: Survey of Faculty demonstrates that belief is wrong
 - Clinicians unhappy
 - Clinicians more likely to leave
 - Clinicians promoted more slowly
- ~2018: Miller Coulson Academy of Clinical Excellence Flourishing
- ~2019: Clinical Excellence Promotion Pathway proposed, approved.
- 2020: Clinical Excellence Promotion Committee commenced

Clinical Excellence Promotion Criteria (7)

1. Clinical Effort and Excellence
2. Clinical Performance and Contributions
3. Recognition of Clinical Excellence
4. Teaching and Mentorship
5. Discovery
6. Dissemination
7. Institutional Contributions

Clinical Excellence Promotion Criteria: Made Simple

1. > 60% clinical effort (qualification)
2. Sustained clinical excellence
 - \geq 25% for Associate Professor
 - \geq 10% for Professor
3. Recognized for clinical excellence
 - \geq Regional recognition for Associate Professor
 - \geq National recognition for Professor

What is in the Clinical Excellence Track Package?

- Nomination Letter from Department Director
- Academic CV in required format
- Impact Statement (strongly encouraged, though optional)

Interfolio RPT (Review/Promotion/Tenure)

- Clinical Excellence Track Application
- Attestation Form
- **List of 360° Survey Participants (~30). Clinical peers and leaders, staff, learners/trainees, and patients or family member (as appropriate) that evaluate the candidate's clinical excellence**
- List of Referees (14) (i.e., letter writers). Internal and external letters of reference from peers and leaders that evaluate the candidate's clinical excellence and regional/national reputation

To Apply: Contact your division/department to request a case be opened for you in Interfolio RPT

CEPC website: <https://www.hopkinsmedicine.org/som/faculty/appointments/cepc>

Interfolio RPT (Review/Promotion/Tenure) Dossier

- It is recommended that faculty **not** request a case be created until their department has recommended that they do so, since the application template may change. A case, for example, that is created a year or more before the faculty member is ready to submit materials may be rejected by the SOM Dean's Office if the case uses a template that is no longer current.
- Prior to opening a case, faculty may preview the application and forms by using the Dossier in Interfolio RPT. Instructions are available in the Faculty User's Guide.

Faculty User's Guide:

<https://www.hopkinsmedicine.org/som/faculty/office-faculty-information/rpt.html>

- **360° Clinical Excellence Survey**

Candidate will provide contact information for internal and/or external 360° Survey Participants (~30) who can rate the candidate's clinical skill, knowledge, acumen, communication, collegiality, professionalism, and reputation of the candidate.

Names should include:

- Clinical peers/leaders familiar with candidate's clinical excellence
- Clinical staff familiar with the candidate's clinical excellence
- Learners/Trainees familiar with the candidate's clinical excellence
- Patients or family members (when applicable), familiar with the candidate's clinical excellence (**as appropriate for clinical specialty or role**)

IV. Clinical Excellence Referee Evaluations (i.e., letter writers)

Referees will be provided the candidate's CV, 360° survey results, and Impact Statement (when provided) and asked to assess the candidate's clinical excellence (based on review of the materials and/or personal knowledge) and the Regional (for Associate Professor) or National (for Professor) reputation of the candidate.

V. Impact Statement (strongly encouraged; optional)

The Impact Statement will be sent to referees (i.e., letter writers) with the candidate's CV and 360° survey results. It is at the discretion of each faculty member what to include and how, though we recommend aligning it to show the impact within the areas of the 7 Clinical Excellence criteria. Limited to 5 pages. Specific format is flexible and may include tables, charts, graphs, website clips, pictures (not of patients), etc. within the page limit. Do not include % effort.

Step-by -Step Clinical Excellence Promotional Process

- 1) Faculty self-selects the Clinical Excellence promotional track
- 2) Department Director/Division Chief agrees that the candidate is ready for promotion on the Clinical Excellence track
- 3) Department Director/Division Chief writes nomination letter per Clinical Excellence recommended format
- 4) Candidate prepares CV in the required format
- 5) Candidate's CV and nomination letter are reviewed by Departmental promotion committee
- 6) If approved by Departmental promotion committee, candidate submits a Clinical Excellence application, CV in required format, names and contact information of 360° survey participants and potential internal/external referees (i.e., letters of reference) to provide overall assessment, and Attestation Form using the provided templates. An Impact Statement is strongly encouraged, though optional.
- 7) Clinical Excellence Promotion Committee solicits 360° online survey evaluations and letters of reference. Completed packages will be reviewed by the full Committee. Candidates for Associate Professor will be voted on by the full CE Committee (Associate and Full Professor); candidates for Professor will be voted on only by members of the CE committee who are full professors.
- 8) Approved candidates are presented to the APPC or PPC for a confirmatory vote of approval. Note that approved candidates will not be re-reviewed by the APPC or PPC unless there was a split vote by the CE promotion committee and an exceptional concern is raised.
- 9) Candidates approved by the APPC and PPC will be presented to the ABMF for final approval

Clinical Excellence Track Applications

Status	Total	Professors	Associate Professors
In Progress	23 (7 women, 16 men)	12 (3 women, 9 men)	11 (4 women, 7 men)
Approved	11 (6 women, 5 men)	6 (3 women, 3 men)	5 (3 women, 2 men)
Not Approved	2 (2 women, 0 men)	0	2 (2 women, 0 men)
Total	36 (15 women, 21 men)	18 (6 women, 12 men)	18 (9 women, 9 men)

Clinical Excellence Promotion Track FAQs

Q: Is the Clinical Excellence Promotion Track considered a tenure track?

A: Yes. The Clinical Excellence Promotion Track includes “contract to retirement” at the rank of Professor, identical to current scholarship-track promotion to Professor.

Q: Are junior faculty hired on a specific promotional track?

A: No. Instructors and Assistant professors will not be locked into a specific promotional track at the time of hire. It is critical, however, that newly appointed junior faculty work with Directors and mentors early on to determine their most appropriate track for promotion to Associate Professor, and the right individual faculty development plan to achieve success on their selected academic track.

Q: Once faculty are promoted on a specific track, must they stay on that promotional track?

A: No. It is anticipated that faculty will remain on the promotional track they first select (i.e. current scholarship track or clinical excellence track). However, faculty who substantively re-direct their careers towards the focus of a different track may be considered for promotion on that alternate track. Faculty redirecting their careers toward a different promotional track will be required to meet all of the benchmarks and accomplishments outlined for promotional criteria within that track.

Clinical Excellence Promotion Track FAQs (cont.)

Q: Is research excellence and/or educational excellence given weight towards promotion on the Clinical Excellence promotion track?

A: Yes. Contributions to the Discovery and Education missions of JHSOM are given weight toward promotion on the Clinical Excellence track. However, candidates must also meet the rank-specific criteria demonstrating clinical excellence.

Q. Promotion on the Clinical Excellence track requires evidence of “sustained” clinical excellence- what does “sustained” mean?

A: Similar to the Scholarship track, there is no minimum time at rank, however, it is anticipated that candidates promoted on this track will have demonstrated at least 4-5 years of active commitment to a career devoted to clinical excellence. Sustained commitment is evidenced by effort devoted to patient care, teaching, clinical leadership and other activities directly related to promoting clinical excellence

Q: What is the title of faculty promoted on the Clinical Excellence track?

A: Faculty promoted on the Clinical Excellence Track use the title “Associate Professor of Clinical [Department]” or “Professor of Clinical [Department]”. In everyday usage such as introductions, the designation of “Clinical” may be removed from titles, but it is to remain in titles included in CVs, appointment and promotion papers, administrative records, and other similar contexts.

Clinical Excellence Promotion Track FAQs (cont.)

Q: How many years must I be at rank for promotion on the Clinical Excellence track?

A: While no minimum time is required at rank before a candidate can be considered for promotion, candidates must demonstrate a sustained, documented record of clinical excellence over time. It is therefore anticipated that timelines for promotion will be similar to those in the current scholarship-focused promotional track.

Q: Is the Clinical Excellence track appropriate for non-MD clinicians?

A: Yes. It is anticipated that the Clinical Excellence track will be appropriate for non-physician clinicians who demonstrate clinical excellence, including psychologists, audiologists, veterinarians, physical therapists, etc. Specialty-related input will be used in determining clinical excellence within each specialty.

Q: Is the Clinical Excellence track appropriate for clinicians who do not provide direct, in person patient care?

A: **Yes**, based on the specialty/area of concentration. The extent of direct patient contact and the criteria for clinical excellence will vary by role and specialty (e.g. Radiology, Pathology, Veterinary Medicine, etc.). Specialty-related input will be used in determining clinical excellence within each specialty and appropriate 360° survey participants and referees.

Clinical Excellence Promotion Track FAQs (cont.)

Q: How can faculty on the Clinical Excellence track gain regional and/or national reputations?

A: Active engagement with regional (City, State, Mid-Atlantic) and national professional societies to advance clinical excellence; participation in regional/national advisory groups, engagement in clinical excellence educational activities at the regional/national level, public health advocacy at the regional/national level, invited talks/workshops/presentations at the regional/national level related to clinical care delivery, demonstration activities related to clinical care to regional/national observers

Q: How long is the promotional review process for the Clinical Excellence track?

A: The promotional review process timeline will likely parallel that of the APPC and the PPC- that is, 6-12 months for Associate Professor and 12-18 months for Professor.

Clinical Excellence Promotions Committee

Daniel Brotman, MD, *Medicine*

Michael Carducci, MD, *Oncology*

Robert Dudas, MD, *Pediatrics*

Michael Fingerhood, MD, *Medicine*

Marlis Gonzalez Fernandez, MD, PhD, *Physical
Medicine and Rehabilitation*

Victoria Handa, MD, *Gynecology and Obstetrics*

David Hellmann, MD, *Medicine (Co-Chair)*

Jules Jung, MD, *Emergency Medicine*

Jean Kim, MD, PhD, *Otolaryngology*

Julie Lange, MD, *Surgery*

Dawn Laporte, MD, *Orthopaedic Surgery*

Rafael Llinas, MD, *Neurology*

Elizabeth Reynolds, PhD, *Psychiatry and
Behavioral Sciences*

Sharon Solomon, MD, *Ophthalmology (Co-Chair)*

C. Matthew Stewart, MD, PhD, *Otolaryngology*

Russell Vang, MD, *Pathology*

Stephen Wegener, PhD, *Physical Medicine and
Rehabilitation*

E. James Wright, MD, *Urology*

Jean Wright, MD, *Radiation Oncology*