

## **Section B: Guidelines for Clinical Faculty Track**

### **1. Introduction**

An important part of the mission of the clinical faculty at the TAMU COM is to serve the needs of society by furthering the training of students, residents, and fellows who will both practice clinical medicine and who will advance healthcare delivery and the science that underpins it. The practice of medicine is concerned with the diagnosis and treatment of disorders, maintenance of health, and management of chronic conditions with all of these directed at improving the well-being of the individual and the population.

The role of the clinical track faculty is primarily in the areas of clinical education (didactic and experiential), clinical practice, and service. Clinical faculty will typically work in healthcare settings. Key to training world class physicians to serve the needs of the community and the State is to have a teaching and training faculty with expertise in clinical practice; it requires individuals who will bring to the learners evidence-based practical skills and knowledge as well as insights based on clinical experience. The College of Medicine is seeking to establish a critical mass of individuals who are dedicated to state-of-the-art clinical practice and to educating the next generation of clinicians. While these individuals may not be charged with the significant research productivity that tenure track faculty have, and thus could dedicate themselves fully to practice and teaching/training learners, some of these individuals may have significant research activity in addition to their clinical and teaching obligations. Both the teaching and patient care activities must fulfill the needs of the College and the Department first, and secondly the individual needs or desires of the specific clinical track faculty member.

### **2. Appointments**

Faculty in these appointments are expected to make significant contributions in the area of teaching primarily in the clinical setting and are required only to make significant contributions to either the area of research/scholarly activity or service.

#### ***Clinical Appointments***

The appointment of non-University employees (affiliated faculty) to Clinical Assistant Professor of the Practice, Clinical Associate Professor of the Practice, or Clinical Professor of the Practice is limited to extraordinary instances in which the College deems the individual has contributed or will contribute to leadership roles in the educational, research, or clinical missions of the College. In general, these appointments will be leadership positions such as course or clerkship director, or other leaders who in the view of the College have worked in close collaboration with the College on key academic, research, or clinical initiatives. Examples of possible “extraordinary instances” include:

- Key leadership positions that will advance the College’s educational, research, or clinical mission.
- Key directors of training programs within the University.
- Key roles in collaborative clinical initiatives.
- Serving in leadership roles on College or University standing committees or other *ad hoc* committees.

If the appointment involves clinical care delivery, these individuals are expected to be licensed and board-certified clinicians. These appointments of non-University employees do not have eligibility for voting rights in shared governance processes on campus.

(a) Appointment at the level of ***Clinical Instructor*** is based on promise as a clinician and educator. Satisfactory completion of a medical or doctoral degree is typically required. In addition, completion of at least two years of residency, or its equivalent, in the relevant clinical field is required. The Clinical Instructor is expected to have regular and direct contact with medical students, residents, and/or fellows in a clinical/patient care setting. However, Clinical Instructors are not a part of the Clinical faculty track. This is a stand alone title that becomes obsolete after completion of the residency program. Clinical Instructors perform under the supervision of Clinical Assistant Professor of the Practice, or a Clinical Associate Professor of the Practice or Clinical Professors of the Practice. For Clinical Instructors in the affiliated setting, the requirement is for a minimum of 25 hours/year of clinical instruction delivery. Examples of regular and direct contact include ward or clinic attending, preceptorship in clinical venues, or didactic teaching.

(b) Appointment to the rank of ***Clinical Assistant Professor*** is based upon demonstrated excellence in clinical practice (in clinical settings), student instruction, scholarly activities, professional leadership, practice or service. Appointment at the level of Clinical Assistant Professor requires completion of specialty residency training and demonstration of promise as both a clinician and teacher. The candidate shall be board certified, and shall have or be eligible for Texas licensure, except for clinical faculty not employed by Texas A&M University who are serving in the military or the Veterans Affairs Administration. For other professionals, the individual should have two or more years of training or experience post degree and function as fully license independent clinician with direct patient contact. The candidate should show evidence of a high level of competence within a clinical specialty, commitment to educational mission, and demonstrate progress toward excellence in practice and instruction. Clinical assistant professors of the Practice (affiliated faculty) are expected to have a minimum of 50 hours/year of direct teaching contact with College of Medicine medical students, residents, and/or fellows.

(c) Promotion for clinical track faculty and appointment at the ***Clinical Associate Professor*** level or higher is based upon documented excellence in clinical practice, learner instruction, scholarly activities, professional leadership, practice and/or service.

(d) Promotion or appointment to the rank of ***Clinical Professor*** level, is based on a demonstrated pattern over time of excellence and impact in clinical education as well as a pattern over time of excellence in either the area of clinical practice, service to the University and/or national professional organizations or the area of research/scholarly activities

The balance among the various categories may depend upon the individual and should be clearly specified by the Department Head upon the individual member's appointment or promotion. All faculty workload must include clinical instruction (teaching), service, research/scholarship, or

clinical practice depending upon the assignment. It is the expectation that all clinical faculty will engage in professional development activities.

Appointments of clinical faculty are one-year renewable contracts, contingent on satisfactory annual evaluations and program needs. Clinical faculty of the Practice (affiliated faculty) will be appointed for two years with a requirement of annual evaluations to be reappointed and/or eligible for promotion review. Notice of non-reappointment for clinical faculty of the Practice (affiliated faculty) will be provided as a courtesy notice with no further obligations on the part of Texas A&M University.

In addition to the annual evaluation requirement, for promotion reviews must include department faculty committee, department head, college committee, dean, provost, and final approval by the president for employed faculty. For affiliated faculty, promotion reviews must include campus faculty committee, campus associate dean (role of department head), college committee, and final approval by the dean.

### ***Adjunct Appointments***

The appointment of non-University employees (affiliated faculty) to Adjunct Assistant Professor, Adjunct Associate Professor, or Adjunct Professor is limited to extraordinary instances in which the College deems the individual has contributed or will contribute to roles in the educational, mission of the College. That is, adjunct faculty are expected to make significant contributions in the area of clinical instruction (teaching).

Adjunct faculty who are non-University employees (affiliated faculty) will be appointed for two years with a requirement of annual evaluations to be reappointed and/or eligible for promotion review. These appointments of non-University employees do not have eligibility for voting rights in shared governance processes on campus.

(a) Appointment at the level of ***Adjunct Assistant Professor*** is based upon demonstrated effectiveness as a clinician and educator. Satisfactory completion of a medical or doctoral degree is typically required. The faculty member is expected to have regular and direct contact with medical students, residents, and/or fellows. For non-employed Adjunct Assistant Professors, the requirement is for a minimum of 25 hours/year. Examples of regular and direct contact include ward or clinic attending, preceptorship in clinical venues, or didactic teaching.

(b) Promotion and appointment to the rank of ***Adjunct Associate Professor*** is based upon demonstrated excellence in clinical student instruction. In addition to the requirements for appointment as, Adjunct Assistant Professor appointment at, or promotion to, the level of Adjunct Associate Professor requires completion of specialty residency training and demonstration of promise as both a clinician and teacher. Non-employed clinical assistant professors are expected to have a minimum of 50 hours/year of direct teaching contact with College of Medicine medical students, residents, and/or fellows.

(c) Promotion and appointment at the ***Adjunct Professor*** level is based upon documented excellence in clinical instruction.

In addition to the annual evaluation requirement, for promotion reviews must include department faculty committee, department head, college committee, dean, provost, and final approval by the president for employed faculty. For affiliated faculty, promotion reviews must include campus faculty committee, campus associate dean (role of department head), college committee, and final approval by the dean.

### **3. Indicators of Faculty Performance**

Decisions on promotion, and merit compensation for Texas A&M University clinical employed faculty will be based upon the faculty member's performance in the assigned categories of performance (clinical instruction (teaching); service; research/scholarship; clinical practice; administration; others, as applicable to the unit). Decisions on reappointment and promotion of affiliated faculty will also be based on the same criterias. Indicators of faculty performance can be found in section A.3 of the College of Medicine Guidelines for Faculty Evaluation.

### **4. Areas of Faculty Performance**

Decisions on promotion, and merit compensation for those clinical faculty employed by Texas A&M University, will be based upon their assigned areas of clinical faculty performance: (1) clinical instruction, (2) clinical practice, (3) service, or (4) research/scholarship. Descriptions of faculty performance expectations in the areas of clinical instruction, clinical practice, service, or research/scholarship are presented in section 4 of the College Guidelines for Faculty Evaluation. Alternate work assignments (such as administration, etc.) may replace one or more areas in certain situations, but only with the written approval of the Department Head and Dean. Faculty with alternate work assignment will be reviewed based on assigned duties (including administrative assignments).

### **5. Annual Evaluation**

Refer to section A.7 of the College of Medicine Guidelines for Faculty Evaluation for annual evaluation. In this regard, performance ratings to be used for annual evaluations for clinical instruction (teaching), research, and service are found in section A.5.1.1, section A. 5.2.1, and section A. 5.3.1 of the College Guidelines for Faculty Evaluation. As to performance ratings to be used for annual evaluations of Patient Care, these are as follow:

- **Unsatisfactory** – the absence of minimal evidence of effectiveness in patient care.
- **Needs Improvement** – minimal evidence of effectiveness in patient care. Individuals receiving this rating may have areas needing improvement in management of cases and medical records.
- **Satisfactory** – strong evidence of effectiveness in patient care. Effectiveness can be supported by case load, peer review, and timely management of medical records.
- **Exemplary** – strong evidence of both effectiveness and excellence in patient care. Faculty in this category will be leaders in patient care through such factors as leadership in professional societies, external recognition by trainees, awards, and invited presentations.

- Most Meritorious – those receiving the most meritorious rating would have all the attributes of an exemplary faculty member. In addition, these faculty members would be nationally recognized as clinicians through their leadership, receipt of awards, and solicited involvement in veterinary medical societies.

## **6. Criteria for Appointment and Promotion**

Promotion in rank for clinical-track faculty is made on the basis of meritorious performance and follows the same procedures as promotion of other track faculty, including review by the department, college, provost and president, except that the promotion review of Clinical Faculty of the Practice not employed by Texas A&M University (affiliated faculty) will be finalized at the college level with the dean having the final decision. The criteria for promotion will be based upon their assigned areas (1) clinical instruction, (2) clinical practice, (3) service, or (4) research/scholarship.

Clinical practice includes both direct patient centered activity and indirect patient centered activity (practice management/administration, lifelong learning, etc.). Clinical track faculty members are diverse in terms of areas of expertise and training and their clinical practice should relate directly to expectations articulated in their written position description.

Clinical practice as a criterion for promotion, only applies in its fullest to clinical employed faculty at Texas A&M University since it has a direct impact to the college that can be measured by the university. The criterion of clinical practice for affiliated faculty on the other hand, is measured as an indirect impact to the university and more limited to the candidate providing evidence from the affiliated clinical partner or third parties as to the advancement of the individual in patient care excellence and effectiveness as measured by the affiliated clinical partner.

Notice of non-reappointment or notice of intention not to reappoint a Texas A&M University employed clinical faculty member will be governed by section 2.2.2.3 of [University Rule 12.01.99.M2](#).

For promotion purposes, candidates must prepare a dossier, in accordance the Dean of Faculties annual published guidelines. Among other requirements that need to be submitted in the dossier, the candidate must prepare an impact statement (not to exceed three pages) on goals, philosophies, strategies, and emphases in carrying out his/her professional responsibilities in the areas of assigned responsibility (teaching, research/scholarly activity, clinical competence activity, or service). The purpose of this statement is to provide a context for review of the file at each level and for the candidate to demonstrate the impact or potential impact of his or her work, in addition to the quality and productivity overtime.

A departmental Clinical Faculty Review Committee (CFRC) will consist of a minimum of 4, although ideally more than 4, faculty members at the rank of Clinical Associate, Associate Professor, Clinical Professor, or Professor. For review for promotion to Clinical Professor, the committee will consist of Clinical Professors and Professors only. Best practices for the composition of this committee entails that the committee comprise both clinical and tenured

faculty members. For departments with insufficient clinical faculty at the ranks of Clinical Associate Professor or Clinical Professor, the committee will be composed of clinical faculty members of appropriate rank from the department and tenured departmental faculty members with knowledge of the clinical faculty role or clinical faculty members of appropriate rank from other departments in the college. The Department Head in consultation with the Dean of the College selects these additional members to meet the minimum of 4.

A CFRC for the promotion of non-employed clinical faculty (both clinical faculty of the practice and adjunct) members will be formed at each regional campus. The associate unit heads for each campus will inform the department head of Medical Education of any needs for additional clinical faculty for their CFRC in case of insufficiency of members. The department head of Medical Education in consultation with the Dean selects these additional members.

Until such time in which the College of Medicine reaches a point where at least 40% of the faculty is tenured clinical faculty, the review of clinical promotion dossiers by the College Tenure and Promotion Committee (CT&PC) will consist of the following: The CT&PC will add two (2) "ad hoc" faculty members per clinical department with candidates for promotion. These ad hoc members shall have no voting rights and will perform the role of consultants for the CT&PC. The first will be a faculty member selected by the candidate and the second faculty member, will be either clinical or tenured, representing the candidate's area of expertise. This specified second member is selected by the Department Head in consultation with the departmental program faculty.

The categories below are recommendations for promotion for the respective clinical faculty rank. Individual departments will provide indicators for meritorious performance in each of these categories for the specific rank. Faculty must meet performance expectations in clinical instruction and service. Performance expectations in scholarship apply to the extent to which participation and productivity in scholarly activities are in the individual faculty member's job description.

**Clinical Associate Professor:**

The granting of promotion to Clinical Associate Professor will be based on an assessment of all areas of faculty performance for which they are responsible, with a primary emphasis on the quality and impact of clinical education and clinical practice. This would include a pattern over time of **Excellence** and impact in clinical education as well as a pattern over time of **Effectiveness** in either the area of clinical practice, service to the University and/or national professional organizations or the area of research/scholarly activities.

In addition, appointment at, or promotion to, the level of Clinical Associate Professor of the Practice for non-employed faculty (affiliated faculty) requires a local reputation of clinical excellence and effectiveness in the area of service. The individual is expected to have a minimum of 50 hours/year of direct teaching contact with College of Medicine medical students, residents, and or fellows.

Evidence of service/engagement/professional activities within the department, the college, the institution, and/or the profession (e.g., membership on department, college, and university

committees; leadership in professional organizations, service to professional organizations, planning and delivering workshops and other learning opportunities, involvement in creative works and performances, program/curriculum reviewer, membership on journal review boards), is required for all clinical faculty.

Depending upon the assignment, evidence of scholarship (e.g., research, scholarly writings, presentations at professional conferences and workshops, grant funded activities (

### **Clinical Professor:**

In addition to the requirements for appointment as Clinical Associate Professor, appointment at, or promotion to, the level of Clinical Professor will be based on an assessment of areas of faculty performance for which the faculty member is responsible, with a primary emphasis on the high quality and impact of clinical education and clinical practice. This would include a pattern over time of **Excellence** and impact in clinical education as well as a pattern over time of **Excellence** in either the area of clinical practice, service to the University and/or national professional organizations or the area of research/scholarly activities.

In addition, appointment at, or promotion to, the level of Clinical Professor of the Practice for non-employed faculty (affiliated faculty) requires a local reputation of clinical excellence and service.

Candidates must demonstrate the impact of their work and how it contributes to the advancement of the department, college, university, and professions, where applicable. Demonstration of leadership activities is critical to promotion from Clinical Associate Professor to Clinical Professor.

*The department will make available to each clinical faculty a copy of the departmental review and promotion guidelines. The guidelines will identify examples of meritorious performance under each of the areas of responsibilities.*

## **7. Indicators of Faculty Excellence and Effectiveness**

The College recognizes that there are multiple indicators of various levels of performance. This section complements section 5 of the College of Medicine Guidelines for Faculty Evaluation on indicators for excellence in clinical practice and is applicable only to the clinical faculty track and adjunct track (both Texas A&M University employees and affiliated faculty) Indicators for **excellence and effectiveness** for all other areas including effectiveness in clinical practice are noted in section A. 5 of the College of Medicine Guidelines for Faculty Evaluation.

### **7.1 Indicators for Excellence in Clinical Practice:**

Comparison with peers with similar practice responsibilities should form part of the evidence provided. As indicated above, clinical practice includes both direct patient centered activity and indirect patient centered activity (practice management/administration, lifelong learning, etc.). Clinical Track faculty members are diverse in terms of areas of expertise and training and their

clinical practice should relate directly to expectations articulated in their written position description.

Objective evaluation of clinical practice is difficult, but essential. Evaluation by other health care providers and peer recognition may provide insight into the quality of care. Clinical skills may be assessed by using many types of surrogate measures. The evaluation processes are likely to include a combination of clinical and administrative measures.

Documentation - Potential sources of documentation of *clinical practice excellence* may include, but are not limited to:

- Best practices recognitions
- Certification and re-certification by specialty boards.
- Completion of additional academic course work which directly impacts clinical practice
- Completion of practice development programs (e.g., traineeships).
- Designation as a 'fellow' or other similar practice achievement recognition.
- Development of innovative clinical practice models that improve patient care and/or move toward value based payments.
- Direct assessment of practice management by systems administrators, managers and clinic directors.
- Documentation of patient care activities
- General recognition of clinical practice performance by faculty not in direct collaboration.
- Grants or contracts, received, to support clinical practice expansion or enrichment.
- In-services/presentations provided to health care workers at clinical practice site
- Opinions of referring/consulting physicians.
- Participation in clinical practice-site committees (e.g. Quality Assurance committee, Peer Review Committee)
- Patient case loads
- Practice related publications and presentations (e.g. platform or poster presentations)
- Written observations from nurses, physicians, resident physicians, or medical students documenting specific practice initiatives and outcomes
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## **EXTERNAL REVIEWS**

Requirements for external or internal letters for academic professional track faculty promotions have been determined by the college to be 4. As per University guidelines for 2019-2020, the composition of the set of the letters should be "about equal numbers from the candidate and department list." Following the Dean of Faculties' Tenure and Promotion Guidelines, the candidate may suggest a no-call list, from which no letter writers may be chosen. The candidate's assignment and responsibilities should be the focus of the external review. For

example, appropriate reviews might include a teaching evaluation (by a faculty member outside the candidate's department with expertise in this area), an evaluation by a school-based professional who has interacted with the faculty member (e.g. principal); clinical practitioners (e.g. licensed psychologists or licensed exercise physiologists); or faculty with similar responsibilities at other institutions. Care should be taken in selecting outside reviewers to ensure that they are persons whose objectivity is at arm's length, that is, not collaborators, personal friends, former students, or former mentors unless more than the minimum of two reviews are requested. The external reviews shall be considered as one piece of information needed to make a determination for promotion. The candidate's dossier and job description will be submitted to the external reviewers. External reviewers should be asked to provide a written assessment of the candidate's all areas of responsibility and performance expectations.