Clinical Educator Pathway

The Clinical Educator Pathway predominantly recognizes contributions of clinicians in the clinical and educational arenas. It will be expected that candidates in this pathway will **spend a minimum of 70% of their time in clinically related activities** (patient care activities and patient care administration duties.) It is also expected that the time spent in clinically related activities will overlap with educational activities such as mentoring of medical students and supervision of residents and fellows in inpatient and outpatient settings. However, some demonstration of scholarship will be required. Applicants on this pathway are required to prepare an educator's portfolio and/or a clinical portfolio.

For the rank of Assistant Professor, clinicians are required to be board certified in their discipline and/or trained in a subspecialty fellowship program. For the rank of Associate Professor, it is expected that the faculty member has a regional reputation in either clinical care or education/scholarship. For the rank of Professor, a national reputation in either clinical care or education/scholarship is expected.

Clinical Care

Applicants should select measures that most clearly and concisely document their accomplishments and the value of these activities to the Medical School and University. Measures of both quantity and quality of activities are required and, if necessary, applicants should provide brief descriptions to assist reviewers. Measures of patient care activities include numbers of patients, time allocation in clinical activity, procedures completed, Relative Value Units (RVUs), and value of the clinical service to the School. If the primary quality evaluation is the subjective assessment of peers, this should be available in letters from departmental colleagues, chair, or referees. Applicants must provide sufficient information to document the significance of their clinical services where applicable. While some aspects of clinical service are directly measurable (such as numbers of patients seen, patient satisfaction and assessments of clinical outcomes), others rely on the subjective assessment of peers (such as the impact of leadership of a professional clinical organization).

Examples of Clinical Service and Administration include, but are not limited to:

- Patient care in any setting including provision of essential services to the University
- Services to organizations for patients, their families, and community groups
- Services related to the development, management, evaluation, and improvement of clinical services
- Service on committees related to clinical services
- Public health or community health service

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- External consulting or services as an expert witness. (These
 activities must be professionally related, enhance the reputation of
 the University, and be carried out in accordance with the conflict-ofinterest and other regulations of the University)
- Service to national organizations like Centers for Medicare & Medicaid Services (CMS) and Agency for Healthcare Research and Quality (AHRQ) as a clinical care expert or reviewer for clinical care/quality improvement/innovations grants
- Service to professional clinical organizations, e.g, American College of Physicians (ACP), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American Medical Association (AMA)
- Participation in the clinical affairs of the hospital or faculty group practice
- Leading or developing innovative new models of clinical care
- Developing new clinical techniques or devices

Teaching and Scholarship

Examples of teaching activities on this pathway include but are not limited to:

- Instructing medical students, residents, fellows, undergraduate students, in the classroom, laboratory, patient care or other environments
- Advising, counseling, evaluating, and recruiting students, residents, or fellows
- Presenting or leading continuing professional education programs
- Presenting or leading faculty development activities
- Instructing learners from other schools within the institution
- Developing curricula, organizing new teaching programs, substantially improving established courses, or integrating teaching activities within or between departments
- Developing or facilitating improvements in teaching techniques and methods of evaluation
- Developing or substantially improving teaching resources such as syllabi, manuals, testing procedures, web cases and other electronic resources, including the preparation and evaluation of standardized patients and similar resources

Measures of the **quality** of teaching must be provided. Measures of the quality of teaching include but are not limited to:

- Evidence of the effectiveness of teaching (e.g. objective evidence of learner gains in knowledge, skills and/or other outcome measures)
- Evaluation by learners
- Evaluation by colleagues (peers or supervisors)
- Teaching awards or other formal recognition of teaching excellence
- Performance of learners on standardized exams such as USMLE STEP exams and NBME subject (Shelf) exams

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- Learner and/or peer evaluation of educational materials, course management or other educational activities
- Adoption of teaching methods or materials by other courses or institutions
- Selection by other faculty members as a mentor for educational activities

Expectations at the **Assistant Professor Level** include, but are not limited to:

- Clinical competence and demonstrated potential for excellence in area of expertise
- Contributions to collaborative team efforts in clinical and quality of care activities
- Local consulting in area of expertise (institution wide)
- Participation on clinically-related committees of the department, School of Medicine, the hospital and related organizations/institutions
- Lecturing to medical students, residents, fellows, and peers
- Teaching in patient care environments, including conducting inpatient teaching rounds and teaching in the outpatient clinic setting
- Facilitating and teaching in the small group format
- Presenting patient conferences, grand rounds, and similar sessions
- Advising individual students and learners (residents/fellows)
- Actively involved in scholarly activity

An expectation at the **Associate Professor Level** is determined by those parameters that signal a candidate's regional reputation. Examples include, but are not limited to:

- Consulting on a regional basis
- Awards and other recognition as an outstanding regional clinician
- Active participation or leadership role in appropriate committees or groups related to clinical services such as quality improvement, infection control, utilization review, operating rooms etc.
- Leadership role/chair of major committees of professional medical organizations on a regional basis
- Spokesperson for the School of Medicine or university on areas of expertise
- Advisor/expert consultant to state government and regional organizations
- Opening and successfully expanding a new clinical service line for the institution
- Establishing inter-disciplinary collaborations or service lines
- Sustained and/or substantial teaching of components of courses (student, resident, fellow, or CME courses)
- Sustained and/or substantial teaching in patient care settings
- Advising, mentoring and/or providing career guidance to significant numbers of learners and/or junior faculty members
- Evidence of quality of teaching as outlined above
- Presents scholarly activity at peer reviewed regional/national conferences
- Conference abstracts published in peer reviewed journals.
- Publishes (regardless of author rank) in peer reviewed journals biomedical or educational
- Invited scholarly talks at the regional level
- Publication of teaching materials in peer reviewed journals or websites

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Expectations at the **Professor Level** require demonstration of significant, prestigious activities at the national or international level. Examples include, but are not limited to:

- Recognition as national leader in area of expertise
- Role on committees developing national standards in area of expertise
- Leadership role/chair in national or international professional medical organizations
- Serving on Centers for Medicare & Medicaid Services (CMS)/Agency for Healthcare Research and Quality (AHRQ) or similar panels as a clinical expert or as a clinical grant reviewer
- Developing a new/innovative clinical service line, significantly expanding that service line, which enhances the reputation of the institution and meets an important niche for care in the region
- Responsibility for a clinical program that improves the quality of medical care such as development of clinical pathways, develops practice standards, improves health outcome studies and creative activities like developing inter-disciplinary or inter-professional teams to improve health care
- Development of innovative health care delivery models and/or development of innovative approaches to assessing quality of care or development of new clinical techniques or devices
- A significant and sustained quality of teaching over a substantial number of years in patient care settings, the classroom and small group formats
- A sustained effort in advising, mentoring and/or providing career guidance to a significant numbers of learners (students, residents, fellows) and/or junior faculty members
- Evidence of substantial presentations over many years at peer reviewed conferences on education and contributions to the medical education literature
- Actively involved in scholarly activity over a sustained period of time
- Presents scholarly activity at peer reviewed national/international conferences
- Publishes in peer reviewed journals biomedical or educational, as first author, second author or mentoring author
- Invited scholarly talks at the national level
- Development of teaching and evaluation materials that are used outside the institution
- Development of teaching and evaluation materials that are used outside the institution
- Serve as a national board examiner