7.2 Criteria and Application of Criteria for Appointments and Reappointments

A. Criteria

The major criterion for appointment in the School of Medicine to the rank of Instructor or Instructor (Affiliated) is a demonstrated interest in, and the potential for, a successful academic career in investigation, teaching, and clinical care (as applicable).

The University recognizes that there are significant variations in how candidates qualify for and secure initial appointment and reappointment according to field and discipline. Candidates come from different backgrounds and receive different educational training. In addition, there may be great variation in emphasis among the components of activity (i.e., scholarship, teaching, clinical care, as applicable) considered under these criteria and guidelines. Given the many different activities in which Instructors are engaged, such variations are expected and are appropriate. Nevertheless, all appointments have in common the requirement of excellence, however measured, and reappointments will be considered for individuals who demonstrate high quality performance in their assigned roles.

B. Proportionality of Contributions

As stated in 7.1.A, typically Instructors are primarily engaged in mentored research and scholarly activities. Secondary and tertiary roles may include teaching activities and clinical care, as applicable. The allocation of an Instructor’s effort is determined by the department chair (or designate) and can vary in light of the strategic and programmatic needs of the department and School.

C. Application of the Criteria

1. Standards of Excellence, Acceptable or Unacceptable Performance

In determining excellence or high quality performance in their assigned roles, the following definitions should be used as a general guide:

*Excellence* is defined as achieving a level of distinction that is consistent with the high standards of Stanford University and the mission of the School of Medicine, that is, to be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovation in patient care, education and research.

School of Medicine expectations for *acceptable performance* will typically be understood to be less than excellence (as described above), but to exceed the basic professional competence standards of the general scholarly and clinical communities. Areas where performance is found to be acceptable, but with room
for improvement, should receive appropriate attention through discussions with
the candidate or through the counseling memorandum that is part of the
reappointment review process.

Unacceptable performance denotes a quality of activity that is below the standard
for acceptable performance expected of a member of the Stanford academic
community. In rare instances, such a situation may be mitigated if, in the opinion
of reviewing bodies (informed by compelling evidence) the unacceptable
performance is predicted to improve significantly through the counseling process.

2. Factors in Applying the Criteria

Determination of satisfaction of applicable criteria is based on material
accumulated during the appointment and reappointment review process;
documentation that explicitly and tangibly supports both the quality of
performance and the quantity of contributions is required.

The professional judgment of those assessing these data is the critical factor in
determining whether the member’s accomplishments meet or surpass the standard
of excellence in their assigned roles.

Evaluation should be of total performance. Taking into consideration the
proportionality of contributions, appropriate weight should be given to the quality
and quantity of work in the following categories:

a. Scholarship

The first criterion for an Instructor appointment at Stanford is that the
candidate must have demonstrated an interest in and the potential for a
successful academic career in investigation. Excellence in mentored
research and scholarly activities is a requirement and investigative
independence (or, the promise of investigative independence) is expected
since it can be a useful marker of substantive scholarly contributions.

Factors considered in assessing research performance or promise include
(but are not limited to) the following: scholarly activity and productivity;
impact, innovation and creativity; recognition in the field; ability to work
effectively as part of a research team (if applicable); effective
communication with colleagues, staff and students; and professionalism,
institutional compliance and ethics.

b. Teaching

A standard of excellence or of acceptable performance in teaching is a
requirement for those Instructors whose duties include such practice.
Teaching is broadly defined to include: laboratory; didactic instruction; clinical “bedside” teaching; career mentoring and advising; program building. Factors considered in assessing teaching performance or promise include (but are not limited to) the following: knowledge of the material; clarity of exposition; positive style of interaction with students; availability; professionalism; institutional compliance and ethics; effective communication skills; helpfulness in learning; ability to stimulate further education; and ability to work effectively as part of the teaching team.

It is recognized that many Instructor s in clinical departments teach in small group sessions or with individual trainees. With the approval of their departments and if time allows, Instructors may also develop or participate in formal didactic courses.

Teaching may, for example, be of undergraduates, medical students, residents, clinical and postdoctoral fellows, nurses and ancillary staff, other physicians at the candidate’s primary facility, and in postgraduate and continuing medical education.

c. Clinical Care

Excellence in clinical practice or clinical care is a requirement for those Instructors whose duties include such practice.

Factors considered in assessing clinical performance may include (but are not limited to) the following:

General Clinical Proficiency: maintains up-to-date knowledge base appropriate to scope of practice; maintains current technical/procedural proficiency; applies sound diagnostic reasoning and judgment; applies sound therapeutic reasoning and judgment; applies evidence from relevant scientific studies; seeks consultation from other care providers when appropriate; maintains appropriate clinical productivity; and demonstrates reliability in meeting clinical commitments.

Communication: communicates effectively with patients and their families, physician peers, trainees, and other members of the health care team (for example, nurses, nurse practitioners, respiratory therapists, pharmacists); and maintains appropriate medical documentation.

Professionalism: treats patients with compassion and respect; serves as patient advocate (puts the patient first); shows sensitivity to cultural issues; treats physician peers, trainees, and other members of the health care team (for example, nurses, nurse practitioners, respiratory therapists, pharmacists) with respect; is available to colleagues; responds in a timely manner; and respects patient confidentiality.
Systems-Based Practice: effectively coordinates patient care within the health care system; appropriately considers cost of care in medical decision-making; participates in quality improvement activities; and demonstrates leadership in clinical program development and administration.

Instructors may contribute indirectly to patient care in clinical environments that heavily emphasize technology and/or a multidisciplinary approach. For example, a radiation physicist may play an integral role in treatment planning for individual oncology patients or a biomedical engineer may work closely with a surgeon or interventional cardiologist to develop and implement new treatment strategies. In such cases, factors considered in assessing clinical performance may include (but are not limited to) applicable factors described above.

d. Principal Investigator Waivers

Instructors appointed in the School of Medicine are eligible to apply for Principal Investigator waivers. The Research Management Group’s website [http://med.stanford.edu/rmg/piwaiver.html](http://med.stanford.edu/rmg/piwaiver.html) provides details on the permitted research activity, waiver eligibility criteria and request procedures.

e. Respectful Workplace

The School of Medicine is committed to providing a work environment that is conducive to teaching and learning, research, the practice of medicine and patient care. Stanford’s special purposes in this regard depend on a shared commitment among all members of the community to respect each person’s worth and dignity. Because of their roles within the School of Medicine, Instructors are expected to treat all members of the Stanford community with civility, respect and courtesy and with an awareness of the potential impact of their behavior on staff, students and other faculty members.

As detailed earlier in this section, application of criteria for evaluating the quality of scholarship, teaching and clinical care includes specific expectations regarding an Instructor’s professional behavior in the workplace. They are reiterated here to emphasize their importance as factors in appointment and reappointment actions.

In scholarly activities, such factors relevant to whether the standards for scholarship have been met may include: the ability to work effectively as part of a research team; effective communication with colleagues, staff and students; and professionalism, institutional compliance and ethics.
In teaching activities, such factors relevant to whether the standards for teaching have been met may include: a positive style of interaction with students; availability; professionalism; institutional compliance and ethics; effective communication skills; helpfulness in learning; and ability to work effectively as part of the teaching team.

In clinical care activities, such factors relevant to evaluation of whether the standards for clinical performance have been met may include: professionalism, institutional compliance and ethics; humanism; ability to work effectively as part of the health care team; and effective communication with colleagues, staff, students and patients.

Results from the distribution of clinical excellence and teaching evaluation forms, as well as from referee letters, will aid reviewing bodies in assessing an Instructor’s performance in the workplace.

3. Supplemental Criteria

a. Appointment

Individuals appointed as Instructors or Instructors (Affiliated) will have completed their doctoral degree, but are not yet ready for candidacy for Assistant Professor positions.

Instructors may have full charge and responsibility for a departmental course, apply for mentored grants and for an initial independent grant (e.g. an NIH R01), and engage in research, clinical teaching, other scholarly activities, and/or patient care, depending upon their level of expertise and credentials and the details of their appointment.

The initial term of appointment as Instructor is typically one year, and may be renewed.

b. Reappointment

An Instructor or Instructor (Affiliated) is assessed for reappointment on the basis of his/her performance and achievements in the areas of investigation, teaching, and clinical care (as applicable). He/she may be reappointed based on evidence of progress, high quality performance, fulfillment of the applicable criteria, and continuing programmatic need.

There should be evidence that the candidate will continue to successfully fill the programmatic need for which the reappointment is made and to make meritorious contributions to his or her discipline and to the School.

The term of reappointment is typically one year, and may be renewed for a third year (based on fulfillment of the applicable criteria and subject to
continuing programmatic need). If the candidate is the recipient of a mentored grant or other funding consistent with his/her career goals, reappointment is contingent upon and coterminous with funding. The total time as an Instructor normally may not exceed eight years.