8.2 Criteria and Application of Criteria for Appointments, Reappointments and Promotions

A. Criteria

The University recognizes that there are significant variations in how candidates qualify for and secure initial appointment, reappointment and promotion, according to field and discipline. Candidates come from different backgrounds and receive different educational training. In addition, there may be variation in emphasis among the components of activity (i.e., clinical care, teaching and, in some cases, scholarship and/or administrative duties). Given the many different activities in which Clinician Educators are engaged, such variations are expected and are appropriate. Nevertheless, all faculty appointments have in common the requirement of excellence, however measured.

The major criterion for appointment, reappointment and promotion for Clinician Educators, including Clinician Educators (Affiliated), is excellence in the overall mix of clinical care and clinical teaching appropriate to the programmatic need the individual is expected to fulfill.

If a candidate in an active scholarly contributor or performs in an administrative role, these factors may also be taken into consideration when evaluating excellence in the overall mix of contributions.

The criteria detailed below should be considered in concert with Sections 8.2.C., 8.2.D., 8.2.E., and 8.2.F., which address specific criteria for Clinical Instructors, Clinical Assistant Professors, Clinical Associate Professors, and Clinical Professors, respectively. These criteria apply as well to Clinician Educators (Affiliated) at comparable ranks.

B. Proportionality of Contributions

The allocation of a Clinician Educator’s time is determined by the department chair (or designate) in light of the strategic and programmatic needs of the department and School. Typically, however, Clinician Educators whose duties include clinical care will be expected to spend between 80-90% of their time on these activities with the balance of 10-20% on teaching activities. Under certain circumstances, however, these percentages may be adjusted to accommodate the performance of administrative duties or (under limited conditions) scholarly activities.

As noted above, in the Clinician Educator Line, appointments (and subsequent reappointments and promotions) are based upon a requirement of excellence in the overall mix of contributions in clinical care and teaching and, if applicable, institutional service and/or scholarship, that advances clinical medicine. In determining whether this standard has been met, reviewing bodies should be guided by the expectation that faculty members will nearly always be required to establish and maintain excellence in the area in which the highest proportion of their time and effort is dedicated; given the nature of
the line, however, excellence in clinical care is required regardless of the proportion of commitment.

Performance that falls below this standard of excellence in clinical care or that falls below the standard of excellence or acceptable performance in teaching and, if applicable, institutional service and/or scholarship, will normally result in a negative appointment, reappointment or promotion decision. For further information, see Section 8.2.B.1.

C. Regional and National Recognition

Depending on their rank, Clinician Educators are expected to have attained regional or national recognition in their field. In addition to recognition garnered from clinical care, teaching and, if applicable, scholarly or administrative activities, regional or national recognition may be gained through and evidenced by such activities as major administrative or committee assignments, community service related to the candidate’s professional work, participation in professional societies, service on editorial boards, scholarly publications, presentations at regional, national and/or international conferences, or the development of software or scholarly digital creations.

For appointment, reappointment or promotion to the rank of Clinical Associate Professor, there should be evidence that the candidate has attained regional recognition (relative to the candidate’s location) as a superior clinician and clinical teacher. The definition of “regional” may vary among clinical specialties but is generally considered to be outside of the Stanford University Medical Center community (Stanford Hospital and Lucile Packard Children’s Hospital, their affiliated hospitals and outreach sites) and within a radius of 200 miles of the candidate’s assigned location. In special cases, candidates for initial appointment at this rank who have previous meritorious academic service on the faculty of a comparable medical school will be considered favorably. Candidates for promotion to this rank who do not have regional recognition may be considered by other factors, including extraordinary contributions in such broadly defined areas as teaching and clinical excellence, clinical innovation, program building and/or administrative activities.

For appointment, reappointment or promotion to the rank of Clinical Professor, there should be evidence that the candidate has attained national recognition as a superior clinician and clinical teacher or as a national leader of a health care system or of organizational change and measurement of health care systems. In special cases, candidates for reappointment to this rank who do not have national prominence, may be considered by other factors, including extraordinary contributions in such broadly defined areas as teaching and clinical excellence, clinical innovation, program building and/or administrative activities.
D. Early Promotions

Promotions may be initiated at any time when there is *unequivocal* evidence that the quality of the Clinician Educator’s contributions meets the criteria for promotion to the higher rank; this will typically occur in one of the years following reappointment. Consultation between the department chair (or designate) and the Vice Dean of the School of Medicine is essential in determining the timing of an early promotion review. Such actions can only be initiated with the consent of the candidate and approval by the Vice Dean.

In cases where an early promotion is initiated and subsequently fails, an unsuccessful candidate may be proposed again at a later time if that remains desirable to the candidate and the department. However, in order to avoid potential awkwardness following a negative promotion decision, it is prudent to initiate a promotion review only when a positive outcome can be anticipated with reasonable confidence.

E. Application of the Criteria

1. Standards of Excellence, Acceptable or Unacceptable Performance

In determining excellence in the overall mix of contributions, 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 clinical and scholarly 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 or promotion review process.

*Unacceptable performance* denotes a quality of activity that is below the standard for acceptable performance expected of a Stanford faculty member. 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, reappointment or promotion 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 faculty member’s accomplishments meet or surpass the standard of excellence in the overall mix of contributions.

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. Clinical Care

Excellence in clinical practice or clinical care is a requirement for those Clinician Educators 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.

The Clinician Educator Line may include faculty members who 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.

b. Teaching

A standard of excellence or of acceptable performance in teaching is essential for appointment, reappointment and promotion in the Clinician Educator Line. Teaching is broadly defined to include such areas as clinical “bedside” teaching, didactic instruction, career mentoring and advising, and program building. Factors considered in assessing teaching performance may 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 most clinicians teach in small group sessions or with individual trainees. With the approval of their departments and if time allows, Clinician Educators 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. Institutional Service

Institutional service (including what might be called institutional citizenship) may at times be a factor in appointment, reappointment and promotion decisions. For example, many administrative duties critical to all aspects of the operation of the School of Medicine require input from, or direction by, faculty. Thus, Clinician Educators are encouraged to participate in administration of the School’s programs, and both the scope and the quality of administrative performance may be considered in their reappointment and promotion. Those with significant ongoing
administrative duties, such as Service Line Directors and others involved in the operation of Stanford Hospital and Clinics and Lucile Packard Children’s Hospital, are understood to have less time for clinical care and teaching compared to colleagues without such duties (though administrative duties per se may lead to unusual opportunities for advancement of clinical medicine). In such cases, the quality of performance may be considered in the reappointment and promotion process.

d. Scholarship

Scholarship is not a requirement in the Clinician Educator Line. However, in some cases, scholarly activities will flow naturally from the Clinician Educator’s clinical responsibilities and, in turn, scholarly work may lead to innovative approaches in the care of patients and/or the education of students. As such, it may be a factor in appointment, reappointment and promotion decisions; Clinician Educators who engage in scholarly activities should, at a minimum, meet a standard of acceptable performance as defined in Section 8.2.B.1.

e. Principal Investigator Waivers

Clinician Educators 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 provides details on the permitted research activity, waiver eligibility criteria and request procedures.

Clinician Educators (Affiliated) are not eligible for principal investigator (“PI”) waivers for sponsored projects.

f. 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, faculty members, in particular, 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 clinical care and teaching include specific expectations regarding a faculty member’s professional behavior in the workplace. They are reiterated here to emphasize their importance as factors in
appointment, reappointment and promotion actions.

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.

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 addition, for those Clinician Educators who engage 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.

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

3. Specific/Supplemental Criteria for Clinical Instructors

a. Appointment as Clinical Instructor

The Clinical Instructor appointment is intended primarily to be an initial position following completion of graduate medical education, but may also be appropriate for locum tenens appointments needed to meet temporary clinical need. The initial term of appointment may be up to three years.

Clinical Instructors should have demonstrated exceptional qualities and promise to become outstanding clinicians and clinical teachers. If the candidate has not had formal teaching experience, he or she should have demonstrated a commitment to develop the skills necessary for outstanding teaching. He or she must have demonstrated excellence or promise of excellence in a combination of clinical performance and clinical teaching appropriate to the programmatic need upon which the appointment will be based.

Clinical Instructors serve multiple roles, including those of attending physician and educator. While they are not trainees, Clinical Instructors may receive mentorship in advanced clinical skills, typically focused in a
sub-specialty of their primary specialty, under the supervision of more experienced physicians. In delivering complex and sophisticated care, an experienced physician needs to serve as proctor and mentor. This appointment is not appropriate for individuals enrolled in ACGME-certified residency or fellowship training programs.

A Clinical Instructor may serve as an attending (billing) physician, but only within his or her boarded (or board eligible) specialty and not in the sub-specialty area in which he or she is pursuing advanced experience. While not required, a Clinical Instructor may also participate in research if it is part of his or her assigned responsibilities.

Under exceptional circumstances, it may be appropriate to recommend a concurrent part time Clinical Instructor appointment for a non-ACGME Resident or Fellow or a Ph.D. candidate in the Advanced Residency Training at Stanford (ARTS) program. (If the candidate is not paid by or through Stanford, the concurrent appointment rank is Clinical Instructor (Affiliated).) The purpose of a concurrent appointment is to recognize the candidate’s level of contribution to the teaching program in a capacity other than as a trainee, or to allow clinical skills to be maintained by fully clinically trained ARTS Ph.D. candidates. Consideration to review such cases may be made when the Clinical Instructor appointment represents an insignificant percentage of the effort of an actively-enrolled graduate student; the review of such cases is made on a case-by-case basis by the cognizant dean and approvals must be in concordance with the applicable University graduate, postdoctoral or graduate medical education policies, including approval by the principal Ph.D. advisor. In all cases, it is essential that the candidate’s training program not be compromised. There must be a clear and documented distinction between the assignment as a trainee and the assignment as Clinical Instructor. The Clinical Instructor appointment may not normally exceed 20% FTE, the combined total percent of appointments may not exceed 100% FTE, and the concurrent Clinical Instructor appointment concludes contemporaneously with the trainee or student affiliation.

b. Reappointment as Clinical Instructor

Clinical Instructors are assessed for reappointment on the basis of their performance and achievements in the area of clinical care, clinical teaching and institutional service (if applicable). They may be reappointed based on evidence of progress, high-level performance 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 will be for up to three years and may be renewed (based on fulfillment of the applicable criteria and subject to continuing programmatic need) for an unlimited number of subsequent terms.

4. Specific/Supplemental Criteria for Clinical Assistant Professors

a. Appointment as Clinical Assistant Professor

Individuals appointed as Clinical Assistant Professors should have demonstrated exceptional qualities and promise to become outstanding clinicians and clinical teachers. If these individuals have not had formal teaching experience, they should have demonstrated a commitment to develop the skills necessary for outstanding teaching. They must have demonstrated excellence or promise of excellence in a combination of clinical performance and clinical teaching appropriate to the programmatic need upon which the appointment will be based.

The initial term of appointment will generally be for four years.

b. Reappointment as Clinical Assistant Professor

Clinical Assistant Professors are assessed for reappointment on the basis of their performance and achievements in the areas of clinical care, clinical teaching and institutional service, if applicable. They may be reappointed based on evidence of progress, high-level performance, 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 will generally be for six years and may be renewed (based on fulfillment of the applicable criteria and subject to continuing programmatic need) for an unlimited number of subsequent terms.

During the seventh year in rank, the department chair (or designate) will prepare a written counseling memorandum, which will evaluate and document the Clinical Assistant Professor’s performance in light of the criteria for reappointment or promotion.
c. Promotion to Clinical Assistant Professor

Promotion to the rank of Clinical Assistant Professor will be considered for those who have demonstrated excellence in the overall mix of clinical care and clinical teaching (and, if applicable, institutional service and/or scholarly activities) during their terms of appointment as Clinical Instructor. There should be evidence that the candidates will successfully continue to fill the programmatic need for which the appointment is made and to make meritorious contributions to the discipline and to the School.

Exceptional circumstances may, on occasion, justify early promotion to this rank, in which case the justification must be well documented.

The term of appointment for this promotion will generally be for four years.

5. Specific/Supplemental Criteria for Clinical Associate Professors

a. Appointment as Clinical Associate Professor

Appointment to the rank of Clinical Associate Professor in the Clinician Educator Line will be considered for those who have demonstrated excellence in the overall mix of clinical care and clinical teaching (and, if applicable, institutional service and/or scholarly activities). There should be evidence that candidates have attained regional recognition as superior clinicians and clinical teachers. There should be evidence that the candidates will successfully fill the programmatic need for which the appointment is made and will make meritorious contributions to their discipline and to the School. Previous meritorious academic service on the faculty of a comparable medical school will be considered favorably when evaluating qualifications for initial appointment as Clinical Associate Professor.

The term of appointment will generally be for five years.

b. Reappointment as Clinical Associate Professor

Clinical Associate Professors are assessed for reappointment on the basis of demonstrated excellence in the overall mix of clinical care and clinical teaching (and, if applicable, institutional service and/or scholarly activities). There should be evidence that candidates have attained regional recognition as superior clinicians and clinical teachers. There should be evidence that the candidates will successfully continue to fill the programmatic need for which the appointment is made and to make meritorious contributions to their discipline and to the School.
The term of reappointment will generally be for five years and may be renewed (based on fulfillment of the applicable criteria and subject to continuing programmatic need) for an unlimited number of subsequent terms.

c. Promotion to Clinical Associate Professor

Promotion to the rank of Clinical Associate Professor will be considered for those who have demonstrated excellence in the overall mix of clinical care and clinical teaching (and, if applicable, institutional service and/or scholarly activities) during their terms of appointment as Clinical Assistant Professor. There should be evidence that candidates have attained regional recognition as superior clinicians and clinical teachers. There should be evidence that the candidates will successfully continue to fill the programmatic need for which the appointment is made and to make meritorious contributions to their discipline and to the School. In special cases, other factors may considered for promotion for those individuals who do not have regional prominence, including extraordinary contributions in such broadly defined areas as teaching and clinical excellence, clinical innovation, program building and/or administrative activities.

Exceptional circumstances may, on occasion, justify early promotion to this rank, in which case the justification must be well documented.

The term of appointment will generally be for five years and may be renewed (based on fulfillment of the applicable criteria and subject to continuing programmatic need) for an unlimited number of subsequent terms.

6. Specific/Supplemental Criteria for Clinical Professors

a. Appointment as Clinical Professor

Appointment to the rank of Clinical Professor will be reserved for individuals who have demonstrated exceptional performance in clinical care and clinical teaching (and, if applicable, institutional service and/or scholarship) and who are widely recognized as leaders in their field. There must be evidence that these individuals have attained national recognition as superior clinicians and clinical teachers, that they have demonstrated continuing excellence and progressive maturation as physicians and teachers, and that they will successfully fill the programmatic need for which the appointment is made and will continue to make outstanding contributions to their discipline and to the School. They may be recognized nationally as leaders of the health care system or of organizational change and measurement of health care systems.
The initial term of appointment will generally be for five years.

b. Reappointment as Clinical Professor

Reappointment at the rank of Clinical Professor will be reserved for individuals who have demonstrated exceptional performance in clinical care and clinical teaching (and, if applicable, institutional service and/or scholarly activities) during their term of appointment as Clinical Professor and who are widely recognized as leaders in their field. There must be evidence that these individuals have attained national recognition as superior clinicians and clinical teachers, that they have demonstrated continuing excellence and progressive maturation as physicians and teachers, and that they will successfully continue to fill the programmatic need for which the appointment is made and to make outstanding contributions to their discipline and to the School. They may be recognized nationally as leaders of the health care system or of organizational change and measurement of health care systems.

The term of reappointment will generally be for five years and may be renewed (based on fulfillment of the applicable criteria and subject to continuing programmatic need) for an unlimited number of subsequent terms.

c. Promotion to Clinical Professor

Promotion to the rank of Clinical Professor in the Clinician Educator Line will be reserved for individuals who have demonstrated exceptional performance in clinical care and clinical teaching (and, if applicable, institutional service and/or scholarly activities) during their terms as Clinical Associate Professor and who are widely recognized as leaders in their field. There must be evidence that these individuals have attained national recognition as superior clinicians and clinical teachers, that they have demonstrated continuing excellence and progressive maturation as physicians and teachers, and that they will successfully continue to fill the programmatic need for which the appointment is made and to make outstanding contributions to their discipline and to the School. They may be recognized nationally as leaders of the health care system or of organizational change and measurement of health care systems. In special cases, other factors may be considered for promotion for those individuals who do not have national prominence, including extraordinary contributions in such broadly defined areas as teaching and clinical excellence, clinical innovation, program building and/or administrative activities.
Exceptional circumstances may, on occasion, justify early promotion to this rank, in which case the justification must be well documented.

The term of appointment for this promotion will be for five years and may be renewed (based on fulfillment of the applicable criteria and subject to continuing programmatic need) for an unlimited number of subsequent terms.