Promotion & Tenure Workshop: Clinician-Educator and Clinician Tracks



Venkatesh Aiyagari, M.D.

Panelists:



Bradley Barth, M.D. M.P.H.

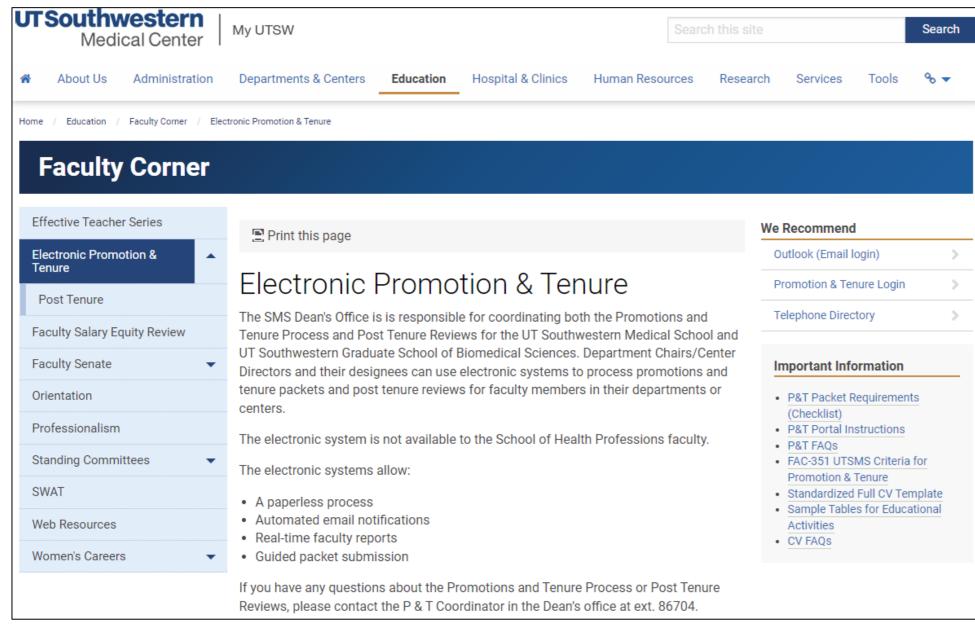


Diane Twickler, M.D.

Moderator
Jessie Moreland, M.D.
February 16, 2024

Check Out the New P&T Portal on the Intranet:

https://www.utsouthwestern.net/intranet/education/faculty/electronic-promotion-tenure/



Important Information

- P&T Packet Requirements (Checklist)
- P&T Portal Instructions
- P&T FAQs
- FAC-351 UTSMS Criteria for Promotion & Tenure
- Standardized Full CV Template
- Sample Tables for Educational Activities
- CV FAQs

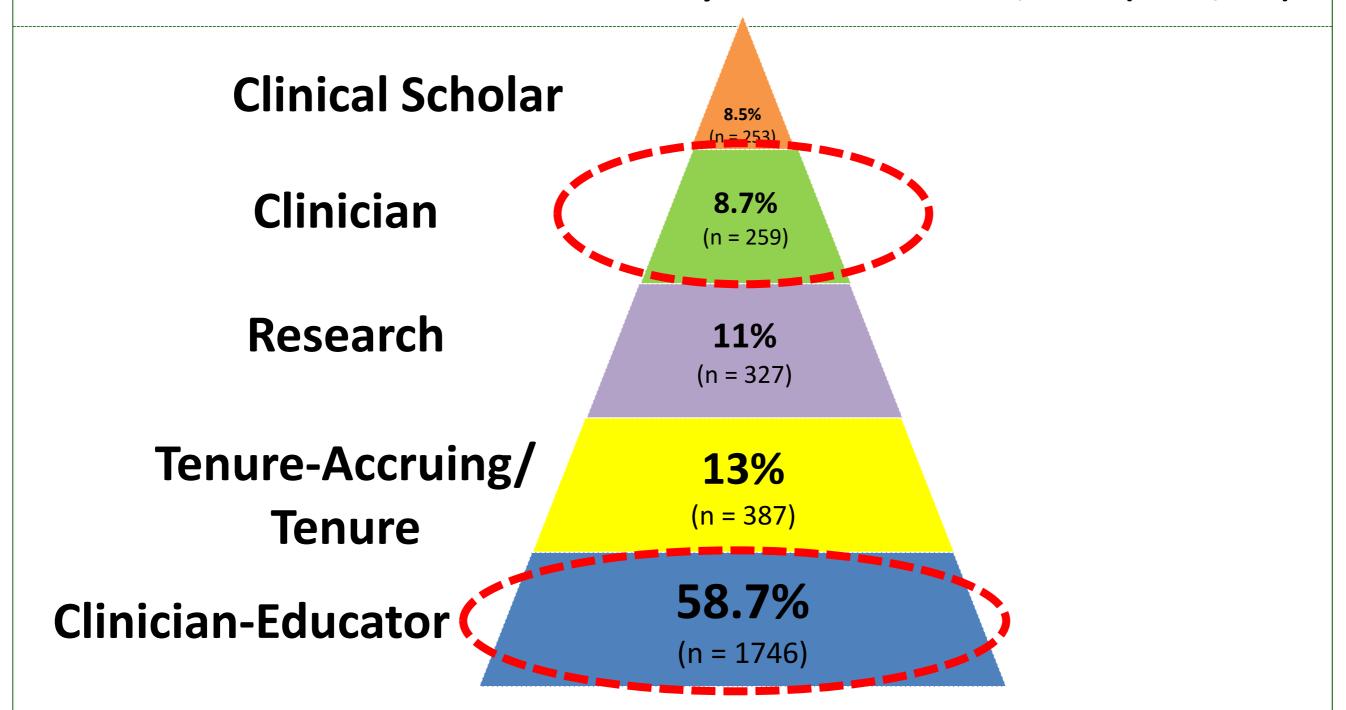
Click here for Frequently Asked Questions and Answers

https://www.utsouthwestern.net/intranet/education/faculty/electronic-promotiontenure/pt-faqs.pdf



Academic Track Composition

UT Southwestern Full Time Clinical Faculty as of December 13, 2023 (N = 2,972)



Implications of Faculty Rank Structure

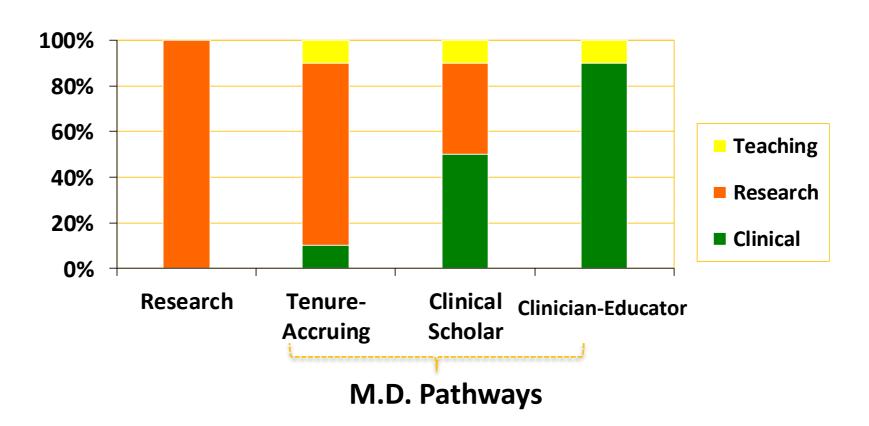
- Our faculty is <u>bottom heavy</u>, with preponderance of junior faculty
- To have a successful succession plan, UT
 Southwestern must retain, develop, and promote the junior faculty
- Therefore, multiple programs have been developed to support junior faculty

Academic Tracks

- Academic track is a broad job description:
 - How is your time distributed between teaching, research, education and clinical practice?
- Faculty member and Chair should agree on the track
- Track carries implications about compensation, distribution of time and sources of funds

Division of Time by Faculty Tracks

Precise effort distribution for any <u>individual</u> faculty may vary from year-to-year, between departments, and between individuals based on various considerations, such as the faculty members' external funding and clinical effort.



Promotion Timeline

Sept (variable across Department)	Division chief submits C.V. and cover letter to Chair's office
Oct 1	Deadline for submission of nominees in the P&T Portal
Oct 1 and Nov 15 (variable)	Packets submitted to Chair's office
Oct 15 and Dec 1	Packets submitted to the P&T portal P&T Committee members review packets and interview references by phone
Dec – April	P&T Committee meets weekly and makes recommendation to the Dean
Sept 1 (next academic year)	Promotion effective



Agenda

The Promotion Process:

Diane Twickler, M.D.

Professor of Radiology and Obstetrics & Gynecology

Vice Chair at Large for Radiology

Promotion Criteria for Clinician-Educators:

Venkatesh Aiyagari, M.D.

Professor of Neurological Surgery and Neurology

Director of the Division of Neurocritical Care

Promotion Criteria for Clinicians:

Bradley Barth

Professor of Pediatrics

Chief of the Division of Pediatric Gastroenterology

Questions and Answers with All Panelists

We welcome questions. Please wait until the end of the presentation.



Promotion & Tenure Workshop: The Process



Panelist:

Diane Twickler, M.D.

Professor of Radiology and Obstetrics & Gynecology

Vice Chair at Large for Radiology

Academic Tracks

The Track you are on should align with your professional goals and should reflect how you spend your time:

- Tenure Track
- Clinical Scholar Track
- Research Track
- Clinician-Educator Track
 - ▼ The nominee must spend the majority (typically 80% or greater) of their time in clinical activities, such as patient care, clinical program administration, and supervision or instruction of clinical trainees, including all students. (UTSW Policy FAC-351)
- Clinician Track
 - ★ The nominee must spend the majority (typically 95% or greater) of their time in clinical activities, such as patient care, clinical program administration, and supervision or instruction of clinical trainees, including all students. (UTSW Policy FAC-351)

The Promotion Process



Nomination Packet

1. The Department Chair nominates candidates (sometimes with the guidance of departmental P&T Committee)

2. Promotion Packet:

- Letter of nomination from Chair/Center Director, (and letters of support from secondary appointment chair and/or graduate program chair, if applicable)
- Offer from another institution (if applicable)
- CV (must use standardized format- New P&T format for AY2025)

Nomination Packet (cont.)

- <u>Teaching evaluations</u> (provided by your department)
- Clinical Service Responsibilities the hours or days the nominee spends in clinic and/or on service each week
- <u>Patient Satisfaction Scores</u> for the past 3-5 years (if applicable).
 For candidates with leadership roles, include Program or Unit satisfaction scores (as available).

Nomination Packet (cont.)

- <u>Clinical Leadership/Administration (if applicable)</u> include a description of leadership roles including departmental or institutional clinical committee activity, community engagement efforts, leadership in quality and safety programs or projects, activities that promote inclusion, and other administrative activities that enhance our clinical programs
- Copy of Publications (up to 5 or 10) with separate description(s)
- Description of Educational Accomplishments (New for AY2025)
- Professional References 4 to 6

Promotion & Tenure Process: Who is responsible?

- Department/Center's responsibilities:
 - Nomination letter(s): Chairs of primary and secondary appointments and graduate program
 - Patient satisfaction scores will be provided by your department.
 - 3. UME and GME teaching evaluations are provided by Faculty Affairs but must be checked and added to the packet.

- Your responsibilities:
 - Recent formal offer from another institution if relevant
 - 2. CV: Must use new P&T CV format for AY2025
 - 3. Clinical Service description Clinical Leadership description (required for Clinician Track)
 - 4. PDFs of Featured Publications: 5 for assistant professors, 10 for associate professors
 - 5. Description of each publication
 - -Use this to showcase your scholarship: describe your role in each publication
 - 6. Description of Educational Accomplishments
 - 7. List of up to 6 professional references

Assessing Progress Toward Promotion

Annual Faculty Evaluation

- Usually occurs in the spring
- Includes completion of a standardized document prepared by Division Chief/Department Chair followed by an in-person meeting
- The standardized document includes a section regarding progress towards promotion

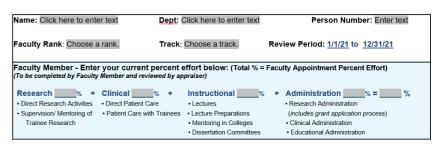
UTSouthwestern

Medical Center

FACULTY REVIEW

UT Southwestern values excellence in education, research, patient care, and the support services that make these possible. We believe that an ongoing performance management process supports these values by providing a method for faculty to understand what is expected, know how they are doing, and see how to sustain excellence.

Prior to this <u>review</u> the faculty member shall submit a current curriculum vita and summary statement of professional accomplishments. At the faculty members' discretion, he/she may also provide a statement of professional goals, a proposed professional development plan, and any other additional materials the faculty member deems appropriate. The faculty member is expected to complete the Teaching/ Education Time Record in Section A in addition to providing the above information.





Assessing Progress Toward Promotion

Special Faculty Evaluation in Year #4

- Clinician-Educator Track
 - A specialized evaluation form is completed by both the faculty member and Division Chief/Department Chair and is sent to the Dean's Office.



How Does the P&T Committee Evaluate a Candidate?

- One or two reviewers evaluate your nomination for promotion.
- Professional references are contacted by telephone.
- The P&T Committee calls experts in your field, colleagues, fellows, residents, etc. to assess your suitability for promotion.
 - The reviewer asks about your clinical and teaching skills.
 - O Would they refer a patient or family member to you?
 - O Are you a respected colleague?
 - If the reviewer calls outside the university, they often ask if the candidate would be promoted at their institution.

How Does the P&T Committee Evaluate a Candidate?

- The Chair of the P&T Committee summarizes your promotion packet to the committee.
- The reviewer(s) presents their findings to the Committee which then votes (members of your department abstain).
- The voting is anonymized.
- The Committee makes a recommendation to the Dean who is present at the meeting and makes the final decision.

Promotion Criteria: Clinician-Educator Track



Panelist:

Venkatesh Aiyagari
Professor of Neurological Surgery and Neurology
Director of the Division of Neurocritical Care

Promotion Criteria for Clinician Educators



Promotion & Tenure: The C-E track

- Clinician-Educator Track
 - For individuals who spend most of their time in clinical activities and teaching
 - Promotion requires sustained excellence as a clinician
 - Teaching must be excellent to outstanding
 - Candidates must have measurable scholarly activity including peer-reviewed publications
 - Full Professors must have a national presence

Academic Participation

The nominee must make a measurable and valued contribution to the department's academic mission. This contribution must take the form of:

<u>Teaching activities</u> (including mentoring junior faculty and/or trainees), which must be judged to be Excellent to Outstanding

Academic Participation

The nominee must distinguish themselves in scholarly activity

Scholarly activity can vary but must include authorship on multiple peer reviewed publications listed by the National Library of Medicine in PubMed while at rank, and/or publication of chapters in well-known textbooks of medicine and science.

Scholarship is also enhanced by:

- Invitations to speak at regional/national/international meetings
- Presence on external review panels
- Leadership in regional or national organizations

FAC-351

- $_{\circ}$ Production of high quality digital educational materials $Oct\ 14,\ 2022$
- Invitations to participate in extra-institutional CME activities

Other Activities

 The candidate must be an excellent citizen within the UT Southwestern community.

Promotion to Professor

- Promotion to professor on the clinician-educator track requires that the candidate meet the above criteria over a sustained period of time, including multiple peer reviewed publications at rank.
- The successful individual will be highly respected and expert clinician and/or clinical care provider in the area of expertise.
- Contributions to teaching and/or research also must be sustained.

Promotion to Professor

In addition, the candidate must have evidence of a national reputation

Achieved by

- Publication of original articles, reviews, chapters in textbooks
- Invitations to speak at regional or national meetings
- Development of clinical programs
- Presence on external review panels
- Leadership activities in regional or national organizations

Promotion to Professor

 Being sought out for consultation by physicians outside the institution

 Being the recipient of referrals from the community will further demonstrate evidence for a reputation that extends beyond our campus

Promotion Criteria: Clinician Track



Panelist:

Bradley Barth, M.D., M.P.H

Professor of Pediatrics

Chief of the Division of Pediatric Gastroenterology

Clinician Track

For individuals who spend the great majority of time in:

A) Patient care and/or clinical program administration (typically 95% or greater)



- B) Participation in other areas is essential:
 - broader educational and academic missions of UT Southwestern in conjunction with clinical care and/or community outreach is essential
- Citizenship as a member of the UT Southwestern community, by:
 - actively participating on committees, working groups, and task forces and
 - a recognized attitude that prioritizes community service over personal interests
- Medical school faculty only

Promotion Criteria for Clinicians



What Determines Success on the Clinician Track?

Excellence in Clinical Service:

- excellent reputation among peers and trainees, evidenced by testimonials, requests for consultation, or wide recognition of special expertise by colleagues
- high ratings in patient and family satisfaction surveys
- outstanding outcomes, clinical productivity, and clinical performance metrics
- leadership in quality initiatives and performance improvements
- clinical program development and governance

Learning from our Patients



Practice Behaviors and Interactions Assessment

Ask patients to report on their experiences with a range of health care services at multiple levels of the delivery system.

- Overall Doctor Rating 0-10?
- Recommend this Provider Office?
- Listened carefully?
- Explained understandably?
- Given easily understood instructions?
- Know important medical history?
- Show respect for what you say?

- Spend enough time with you?
- Clerks/Receptionists Helpful? Courteous?
- Access to care within 3 months?
- Appointment for care right away?
- Phone access?
- See Provider within 15 minutes this visit?
- Office follow-up with test results?
- Provider had medical records?
- Team Asked about medications?

Strategies to Assess Clinical Productivity

Evaluation of Clinical Productivity

- Patient and family satisfaction scales
- wRVU
 or other value-based units of productivity
- Comments from peers and staff
- Clinical Outcomes

wRVU

- The most common way to measure Clinical Productivity is the wRVU or the work relative value unit
- Years ago wRVUs were determined for most clinical patient interactions and procedures
- Everything was normalized at that time to reading a chest XRay which was given a value of one wRVU
- Over time the value for these units has shifted
- There are national benchmarking data that tell us how many wRVUs a physician earns by location, specialty, and academic rank

Work RVUs do not work for all

- No RVUs for new procedures
- 2. Anesthesia
- 3. Time based services
- 4. Pathology
- Physicians that are responsible for panel management

		Alternate Ways to Assess Clinical Productivity
	Value of New Procedure	Determine value with department and health system
	Anesthesia	Use anesthesia units
	Surgery	How many surgeries result from patient visit
	Time Based Services	Sessions, Minutes

Primary Care

Panel Management,

Outcomes of Care

P & T is not naïve

Patient satisfaction scores are Subjective – we realize this

- The patient's experience with the scheduling staff, clinic staff, the parking attendant can all influence their perception of the Clinical Experience – and you have limited control over some of these
- Certain areas of medicine may be perceived differently for example, a Pain
 Management clinic's scores may be lower, yet reflect excellent physician performance
- Special circumstances can be explained in the chair's letter and provide more appropriate comparisons

RVU's only tell part of your story

- RVU assignments are affected by political forces Zero-Sum Game
- Some specialties can generate larger numbers of RVU's with similar levels of "effort" –
 we recognize this
- Chairs can provide perspective and local comparisons
- Trends in RVU generation are relevant

What Determines Success on the Clinician Track? Other Areas of Required Excellence

Academic Participation

- The nominee *must* demonstrate significant achievement in at least one of the following:
 - **excellence as a teacher**, including formal mentoring or precepting junior faculty, trainees, students, or other members of the community
 - active participation in scholarly activities such as clinical trials, observational research, or any other published means of generating or disseminating knowledge, including book chapters, clinical case and series reports, web publications, or national clinical guidelines
 - regional or national leadership in quality improvement or innovation and high-value healthcare
 - active committee participation or leadership in regional or national organizations and invitations to participate in extra-institutional CME activities
 - leadership in promoting a culture of inclusion or participation in community engagement.

How Can Clinicians Contribute to Academic Participation?

Common Types of Clinical Research: Studying Processes & Outcomes of Care

 Assessing the quality, access, cost, safety, disparities, timeliness, coordination, outcomes (clinical and patientcentered)

• Examples:

- Are patients getting guideline recommended care for a certain condition or disease? Which patients?
- What are the patient, provider, system factors associated with better quality, access, outcomes?
- O What processes of care (drugs, devices, procedures, strategies) are associated with better outcomes?

Studying Patients and Providers

• Patients:

- Attitudes, knowledge, beliefs about their disease, treatment, providers
- Examples: knowledge/beliefs about COVID, vaccines, medical mistrust

Providers: MDs, APPs, RNs, clinics, hospitals, health systems

- Knowledge, attitudes, beliefs
- Behaviors: practice style, prescribing patterns, communication style, procedural skill, teamwork
- Experience: training, specialty, years in practice
- Personal characteristics: impact of age, gender, race/ethnicity

Types of Scholarship You Can Realistically Do ... With Some Assistance

- Chart review studies: Abstract medical record/EHR data on:
 - Quality, safety, disease severity, clinical/family history, social determinants of health, free text findings from imaging tests, procedure notes, pathology reports
 - What % of patients get guideline concordant care; reasons for lack of follow-up colonoscopy in patients with a positive FIT test; how many readmission or medical errors were potential preventable?
- Qualitative research: interpret/code transcripts of conversations from interviews, focus groups (patients, providers, caregivers)
 - Reasons for hospital readmission; barriers to end of life care among minorities with advanced cancer

Types of Scholarship You Can Realistically Do ... With Some Assistance

• Survey research: patients, providers, community members

- Help select important domains, refine questions/responses, interpret findings
- Patient's positive/negative beliefs about statins, inhaled steroids; weighing pros/cons of carotid surgery vs. stenting vs. medical therapy for asymptomatic carotid artery disease
- Physician attitudes about impact of EMR on quality, safety, pajama time, burnout

Medical education research:

- Assess trainees knowledge, attitudes, clinical reasoning, skills (exam, history taking, communication), intervention effects, progression, specialty choice
- Often use survey research and direct observations techniques (OSCE)

Some Additional Considerations in the Evaluation of the *EDUCATION* Contributions of the Clinician Track Faculty

- Clinician track faculty who supervise students and trainees in direct care of patients may have this effort counted towards their clinical productivity.
- Educational activities are not required for this track. However, if a
 Clinician Track faculty has trained residents or students, that certainly
 can be considered towards the 95% of effort in clinical care and
 administration.
- On the other hand, this track is **not envisioned as the appropriate track for residency program directors** who have 50% of their time protected for administration of educational programs.

What Determines Success on the Clinician Track?

Citizenship as a Member of the UT Southwestern Community

 demonstrated by willingness to take part in committees, working groups, and task forces, and a recognized attitude that prioritizes community service over personal interests.

Process for Switching to Clinician Track

If currently on another track, a formal letter of request from the Chair/ Center
 Director should follow the format and process:

The letter should include:

- Current rank/track and proposed rank/track
- Proposed effective date
- Justification for track switch
- Acknowledgement that the faculty member is aware that due to the track change, he/she will <u>not</u> be eligible to be considered for promotion for 3 years from the date of the change. <u>If an exception to the 3-year time</u> <u>period is being requested, this must be specifically mentioned in the letter.</u>
- Draft modified letter of intent
- Current CV

Clinician Track Academic Titles

- Strong clinical focus will be recognized:
 - Clinical Assistant Professor of Department x
 - Clinical Associate Professor of Department x
 - Clinical Professor of Department x
- Volunteer faculty will receive a different academic title
 - Adjunct Assistant Professor of Department x
 - Adjunct Associate Professor of Department x
 - Adjunct Professor of Department x

Clinician Track versus Clinician-Educator Track versus Faculty Associate

1. Academic and Educational Participation

- A. Clinician Track must participate in the <u>broader educational and academic</u> <u>missions</u> to warrant academic promotion, separating this track from <u>Faculty Associates</u>
- B. Scholarship may satisfy this academic requirement but is not essential on this track, separating this track from the Clinician-Educator Track
- Leadership in promoting a culture of inclusion or participation in community engagement may be considered in evaluation of "greater academic participation"
- 3. <u>Clinical program administration</u>- may now considered as a component of clinical care. Clinician track faculty will typically spend 95% of professional time in direct patient care and/or clinical program administration.

Evaluation

Please complete a short evaluation of this workshop (in the Chat box). This will help us improve our program.

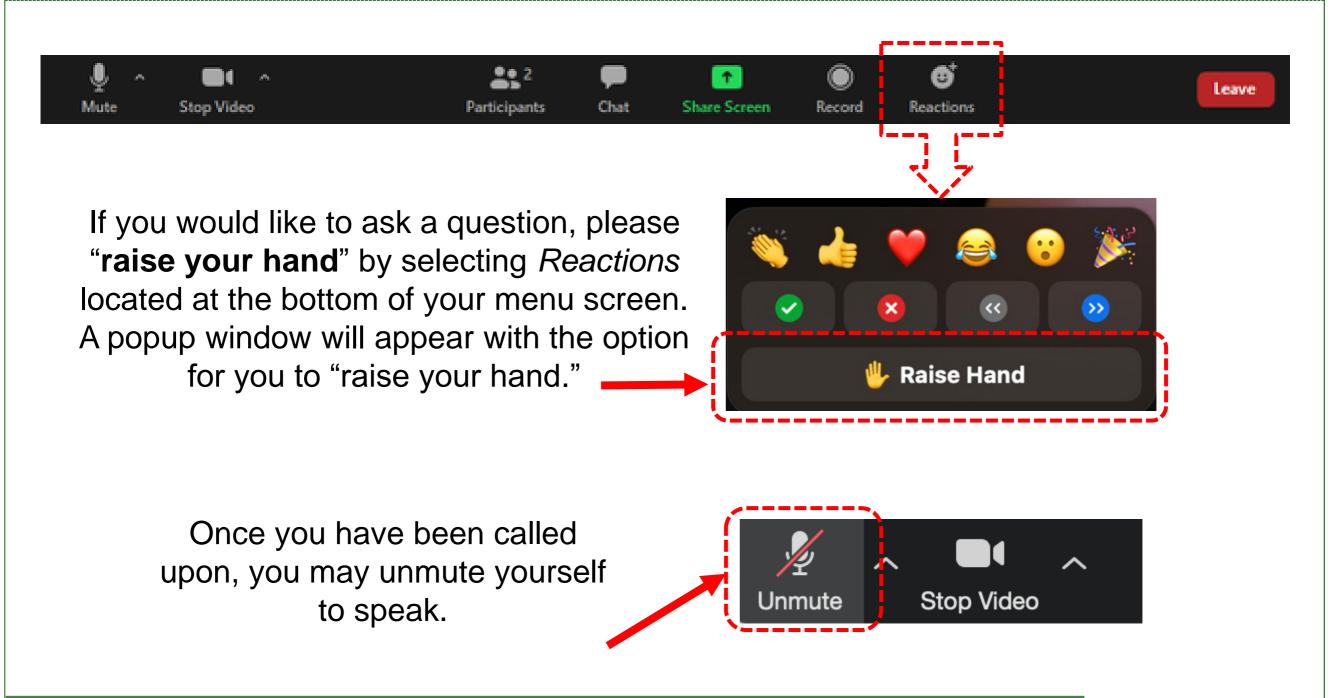
Thank you!

Attend Track-Specific Workshops to Find Out More About the Requirements for Your Specific Academic Track

Clinical Scholar	Available on the P&T Website
Presenters:	Jeffrey Cadeddu, M.D., Heidi Jacobe, M.D.
Clinician-Educator/Clinician	Available on the P&T Website
Presenters:	Venkatesh Aiyagari, M.D., Bradley Barth, M.D. M.P.H., Diane Twickler, M.D.
Tenure-Accruing/Tenure	Wednesday, March 6 th , 2024, Noon – 1:00 PM, Virtual
Presenters:	Jane Johnson, Ph.D., Craig Malloy, M.D.
<u>Research</u>	Wednesday, March 27 th , 2024, Noon – 1:00 PM, Virtual
Presenters:	Steven Kliewer, Ph.D., Carol Wise, Ph.D.
Clinician-Educator/Clinician	Friday, April 19 th , 2024, Noon – 1:00 PM, Virtual
Presenters:	Venkatesh Aiyagari, M.D., Bradley Barth, M.D. M.P.H., Diane Twickler, M.D.



Questions?



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Thank you!