

Criteria for Evaluation of the Faculty of the School of Medicine

Heavily Engaged in Clinical Teaching*

The School of Medicine is heavily engaged in all three of the traditional modes of university service, i.e., teaching, research, and public service. All three of these activities are, for a growing proportion of the faculty of the School, inseparable from participation in and responsibility for the care of patients. Hence, clinical activities whether related to teaching, research or public service are a central theme in the duties of many faculty members of the School.

The University requires “superior intellectual attainment, as evidenced both in teaching and in research or creative achievement (as) an indispensable qualification for appointment or promotion to tenure position since the professorship embodies the teaching and research function of the University” (Academic Personnel Manual 210-1). The School subscribes fully to the requirement for superior intellectual attainment. Superior intellectual endeavor is required of faculty engaged in clinical activities because high quality clinical instruction, clinical research, and patient care are the *sine qua non* of a superior academic program in medicine.

The teaching program of the School consists of traditional lectures and laboratory instruction, clinical rounds and clinical teaching to professional, academic graduate students, interns, residents, fellows, and practicing professionals. Lecture-laboratory instruction in the School requires skills and experiences traditionally demanded of teachers in biological or pre-clinical medical sciences. Clinical teaching, on the other hand, is intensive tutorial instruction in which patients, while subjected to intensive diagnostic, therapeutic, or other clinical techniques, provide the setting for instruction. Clinical instruction demands a high level of clinical competency to provide the superior level of health care required for teaching professional students, as well as the skills of an effective teacher.

The specific duties of faculty of the School vary considerably depending upon the individual faculty member's assignment to programs of the School. Due consideration must be given to these assignments when assessing the relative emphasis to be placed on teaching, research and professional activity of faculty. The nature of the discipline, i.e., a pre-clinical as opposed to a clinical discipline, also is relevant as an indication of the nature of expected activity of an individual member of the faculty.

Pre-Clinical Disciplines. Most faculty engaged in teaching in pre-clinical disciplines, i.e., anatomy, biochemistry, statistics, physiology, pharmacology, and microbiology, fulfill their teaching obligations in lecture-laboratory courses. The nature of their teaching demands are such that the majority of these individuals can develop traditional laboratory research programs. Some also participate to a greater or lesser extent in clinical teaching and in clinical rounds. Although their teaching workload may be somewhat higher, they can function and be evaluated much as are faculty heavily engaged in teaching in biological or pre-clinical medical sciences.

Clinical Disciplines. Faculty who teach in the medical and surgical disciplines, such as medicine, surgery, pediatrics, psychiatry, radiology and their sub-specialties, devote a high proportion of their total

*Writing on November 5, 1971, Chester O. McCorkle, Jr., Executive Vice President of the University of California, defined responsibilities of full-time faculty members in the schools of health sciences as involving (1) teaching or respective professional curricula..., (2) research and development..., (3) ...responsible faculty service, for example, contributions to curricular reform, or appropriate appraisal necessary for judicious appointments and promotions, and (4) community and public welfare service. Vice President McCorkle went on to comment that these generic duties are often inseparable from participation in the responsibility for patient care saying: “The latter may include diagnostic, therapeutic or consultative service for both personal private and departmental private ambulatory or hospitalized patients..., and the logistics of patient care best adapted to teaching and to the individual faculty member's research.” These considerations are reflected in the above reprise.

effort to clinical teaching and professional activities directly related to the clinical teaching program with a smaller yet significant proportion to lecture and laboratory courses and to rounds. Very few of these individuals at this time in our development are provided the necessary time or support to pursue traditional laboratory research programs. They are expected, however, to demonstrate creativity and "superior intellectual attainment" through clinical research and the development of new clinical techniques and procedures.

Characteristics of Good Clinical Teaching

By and large the criteria included in the Administrative Manual 51-1d(1) as a guide in judging teaching apply equally well to clinical teaching. "...the candidate's command of the subject; continuous growth in the field; ability to organize material and to present it with force and logic; capacity to awaken in students an awareness of the relationship of the subject to other fields of knowledge; grasp of general objectives; the spirit and enthusiasm which vitalize learning and teaching; ability to arouse curiosity in beginning students and to stimulate advanced students to creative work; personal attributes as they affect teaching and students; the extent and skill of the candidate's participation in the general guidance and advising of students."

The clinical teacher must do all these things, and at the same time apply knowledge of basic medical sciences and clinical procedures to the diagnosis, treatment and care of a patient in a manner that will not only assure the best learning situation for students, but also provide high quality care for patients. The superior clinical teacher must be highly competent professionally, be actively and effectively involved in health care services, recognized by the profession through membership in appropriate boards and associations and be able to attract high quality teaching patients. The clinical teacher must be dedicated to and practice the highest practicable level of patient care compatible with medical needs, economic considerations and good teaching. The superior clinical teacher involves students in all levels of the inductive and deductive processes that constitute clinical practice at one time, developing both intellectual and technical professional skills. The clinical teacher develops a very high level of ability to relate to students so that they acquire the judgment and insight essential for competent professional activity. In summary, the superior clinical teacher combines at the highest levels of efficiency that attributes of a good teacher with those of an excellent clinician all in the context of physician-patient-student relationships.

Characteristics of Good Clinical Research and Creative Work

By definition, clinical research involves studies on patients or the treatment or prevention of disease and the maintenance of health. A great deal of our knowledge about disease in general as well as specific diseases has resulted from studies on naturally occurring diseases under clinical as contrasted to controlled conditions. Major contributions to our understanding of the epidemiology, etiology, processes or mechanism of disease and control and treatment of a wide variety of diseases has resulted from proper clinical observations. It is largely through quality clinical research that the profession acquires new and more effective ways to provide improved health care services to society.

The superior clinician utilizes a high proportion of the patients who are dealt with as a source of additional knowledge about diseases, their prevention or cure. The clinician collects clinical data carefully, obtains new insights about disease by making new observations or running new tests subjecting findings to critical analysis, using whenever possible the experimental method. The clinician devises new treatments, fashions new procedures and techniques and utilizes them to improve both the science and art of medicine. Much of this is done in the regular course of clinical teaching or service.

When significant data has been obtained, it should be published in a recognized clinical journal so that it will be available for the use of others. Case reports in clinical journals, particularly the intensive analysis of a significant number of naturally-occurring cases of a disease that have been thoroughly studied and the significance of findings analyzed constitute an important mode of publication of clinical research. Reports of new knowledge about disease obtained from valid clinical observations reported at a national or international meeting of clinicians and published in a "proceedings" also are recognized as a proper means of reporting clinical research. Reporting clinical observations at a local, state or national meeting of practitioners in which no published proceedings are prepared is considered to

constitute public service and evidence of professional competency as an indication of creativity. The question in the latter instance is more one of being able to evaluate creativity when it is not published than whether or not the presentation was in fact a significant contribution to new knowledge. Clinical research like all research cannot be considered to be completed until it is published in acceptable journals.

The University requirement for “superior intellectual attainment as evidenced...in research or creative achievement” is a qualitative standard. The objective is to determine the intellectual capability of the individual rather than how many papers can be published. The number of papers, i.e., research productivity, becomes important when faculty are provided time and resources primarily to conduct research. The latter is not the case for individuals with heavy assignments to clinical teaching and patient care activities. Most such faculty must draw heavily upon their clinical case materials for their creative effort.

It is expected faculty heavily engaged in clinical teaching will have published results of clinical research that contribute significantly to medicine for appointment or promotion to tenure.