

**COMMITTEE ON ACADEMIC PERSONNEL  
GUIDELINES FOR ACADEMIC REVIEW IN THE SCHOOL OF MEDICINE**

**Guidelines for Academic Review of Medical School  
Faculty in the Regular, In Residence and Clinical X Series  
(March 1998)**

**1. Review of APM**

Faculty, department chairs, deans, and personnel committees should review the “charge” provided to review and appraisal committees in the APM to remind themselves of the range of expectations for faculty in the School of Medicine. Unlike faculty in most other programs, Medical School faculty in the Regular, Clinical X, and In Residence series are required to demonstrate excellence in at least four areas: research/creative work, teaching, clinical/professional competence, and university/public service. Differences among the requirements for the three series center on the definition of and criteria for research. For faculty in the Clinical X series only, the importance of teaching and the demands of clinical work, which are the major responsibilities of appointees in this series, results in different expectations for research and creative work. Regular and In Residence faculty have similar academic requirements, but different funding sources for base salary.

**2. Review of faculty in Regular, In Residence, and Clinical X series in the arenas specified in the APM:**

- a) Expectations for **research and creative work** for faculty in the Professor of Clinical X series differ from expectations for faculty in the Regular and IR series.

School of Medicine faculty holding positions as Assistant, Associate, or Full Professor of Clinical X are not expected to maintain the same sort of independent, focused research program as faculty in the Regular and In Residence series. Instead, a range of research activities may serve to fulfill the research requirements for successful advancement in the Clinical X series. These research activities may be diverse and small in scale. Examples of appropriate research venues include, but are not limited to: case reports; clinical review articles; innovations in medical education (disseminated through journal articles, Web sites, workshops, training manuals, or other venues where audience response may be gauged); development and description of new clinical techniques of health care delivery systems and/or application of techniques or health care delivery systems that are still in the experimental stage; and participation in clinical aspects of research protocols where such participation warrants co-authorship of research reports. Textbooks, textbook and/or monograph chapters may be considered appropriate creative activities for this series (Clinical X), and such publications also generally index the professional stature of the faculty member.

For faculty in the Regular and IR series, research may focus on epidemiology, health care delivery, outcomes, and other arenas that do not necessarily correspond to basic bench research, but that are focused and independent nonetheless. Given the heavy clinical responsibilities of most medical school faculty, expectations for research productivity (quantity, not quality) are commensurately reduced for those faculty engaged in clinical practice (regardless of series).

In every instance, the research criterion for appointment or promotion to Associate or Full Professor rank is “significant contribution to knowledge and/or practice in the field” (APM-210, p.14). To meet this criterion, the individuals’ creative work must have been disseminated in some form that is available for peer review. The burden of demonstrating the excellence of these creative activities falls on the faculty member and his/her department chair, but peer review is essential. The APM outlines the range of peer recognition expected for faculty as they rise through the ranks. Notice that local distinction and recognition may suffice for junior faculty, whereas senior faculty are expected to demonstrate at least regional recognition for their clinic-based or teaching-based research in the Clinical X series, and national or international visibility in the Regular and IR series.

- b) Expectations for **teaching** for faculty in the Professor of Clinical X series are greater than expectations for Regular and IR faculty.

Teaching in the clinical setting is most often the venue where medical school faculty with teaching responsibilities are judged. Therefore, student and resident evaluations are important, as is peer review, where possible. Faculty are expected to present an accurate profile of teaching load, usually expressed in contact hours. For accurate reporting of contact hours, the following are guidelines:

- 1) medical students, interns, and residents are considered the same when it comes to teaching in the clinical setting;
- 2) when teaching in the clinical situation (i.e., on rounds, in the clinic, or in the OR), one hour of teaching equals one contact hour, regardless of the number of students, interns, or residents involved; and
- 3) in didactic lecturing, one hour of lecture equals one contact hour, regardless of the number in the audience.

Faculty in the Clinical X series have greater teaching loads than do faculty in the Regular and IR series. This accounts for the different expectations in research, as described above.

- c) Expectations for **professional/clinical competence** for faculty in the Professor of Clinical X series are identical to those for Regular and IR faculty, but clinical assignments for faculty in the Clinical X series are measurably greater than for faculty in the Regular and IR series.

Measuring professional competence is one of the most difficult parts of the academic personnel process. An excellent existing guide is presented in a document by Executive Associate Dean James Castles, titled "Qualitative and Quantitative Measures of Clinical Performance" (April 4, 1994). Clinical competence should, at the very least, be supported by authoritative peer review and by comments from housestaff. In addition, referrals can be convincing evidence of professional competence as are invited talks at regional and national meetings, leadership in professional associations, and invited book chapters or textbooks.

- d) Expectations for **University/public service** for faculty in the Professor of Clinical X series are the same as those for faculty in the Regular and IR series.

Given the heavy clinical responsibilities of most medical school faculty, regardless of series, expectations for service (beyond the medical school) are commensurately diminished. Moreover, when faculty in the medical school with heavy clinical responsibilities assume committee assignments with heavy time commitments beyond the medical school, some reduction in clinical assignments is reasonable. For further information, consult the McCorkle document of October 1987 (attached).

Attachment