

Clinical Track Task Force

Name	Department	Title
Petter Eldevik (chair)	Radiology	Clin. Prof., Div. Director
Susan Bratton	Pediatrics – Intensive Care	Clin. Prof.
Thomas Carli	Psychiatry	Clin. Assoc. Prof.
James Hayman	Radiation Oncology	Clin. Asst. Prof.
James Leonard	Physical Medicine & Rehabilitation	Clin. Prof., Chair
Mark McQuillan	Internal Medicine	Clin. Assoc. Prof.
James Peggs	Family Medicine	Clin. Prof., Assoc. Chair
Margaret Punch	Obstetrics & Gynecology	Clin. Assoc. Prof.
Paul Reynolds	Anesthesiology	Clin. Assoc. Prof., Assoc. Chair
Jane Weyher secretary	Faculty Affairs, Medical School	

Clinical Task Force Committee Charge

1. Review and improve new track and rank descriptions
2. What is the ideal clinical track entry position (lecturer, clinical instructor, or clinical assistant professor)?
3. What characteristics and metrics should drive promotion?
4. Is scholarship a fair expectation in Clinical Track for appointment? For advancement?

Clinical Task Force Committee Charge

5. Should sabbatical of some sort become a part of the clinical faculty life?
6. Should Clinical Track faculty be entitled to emeritus designation? Eligible for University Senate representation which would include Senate Assembly and SACUA?
7. What about track switches?

Clinical Task Force Committee Charge

8. Should the “clinical” part of the title be dropped for general public correspondence?
9. Should there be a limit on percent of faculty in this track? If so, what sort of limit?
10. Appointments for multi year intervals?
11. Make any other recommendations or point you deem relevant.

Clinical Task Force Recommendations

Scholarly activity:

- Should be expected for appointment and promotion
- The definition of scholarly activity should be broadened to also include:
 - Clinical care educational material
 - Program development (clinical, guidelines)
 - Scholarly ability to impact peers, politicians, administrators etc. to promote field
 - Building bridges between theory and practice
- Building bridges between theory and practice

Clinical Task Force Recommendations

Ideal clinical track entry position?

Clinical instructor

Clinical Task Force Recommendations

Sabbatical?

Clinical track faculty deserve similar entitlements as other tracks. Sabbatical would be useful for research, refinement of teaching and keeping up with clinical excellence

Clinical Task Force Recommendations

Emeritus designation? Eligible for University Senate representation, Senate Assembly, and SACUA?

Not having these privileges make some of us feel like second class citizens

Clinical Task Force Recommendations

Track switches?

A 3rd year review process should be put in place

Easy track switches at that point

Difficult or impossible later

Comparable rules across tracks

Clinical Task Force Recommendations

“Clinical” prefix?

- All three tracks should have the same titles:
 - Instructor, Assistant Prof., Assoc. Prof., Prof.
- Track should be a matter of record and should not appear on a persons name badge, letterhead or office door
- All tracks are valued, but need only to be distinguished for the evaluation at the time of promotion
- The prefix create confusion

Clinical Task Force Recommendations

Appointments for multi year intervals?

- **Bylaws include this option today**
- **Recommend 3 years rolling appointments at the discretion of the chair**

Clinical Task Force Recommendations

Other comments?

- Change format of CV and solicitation letters to reflect clinical track realities:
 - Resumé style paragraphs to allow information about:
 - Size of practice
 - Number of clinical visits
 - RVUs, dollar flow through operation
 - Number of employees overseeing
 - Impact on health policies and budgets
- Better information about clinical track