University of Michigan Medical School

Clinical Tracks

1. Definition of the Clinical Tracks

To supplement the teaching and clinical activities of the instructional faculty, the Medical School has two Clinical Tracks.

Clinical Track

- Appointments are at 50% or greater effort.
- Appointments are for up to seven years and are renewable.
- Appointments are without tenure.
- The University is the sole employer of Clinical Track faculty.
- Affirmative Action guidelines apply to Clinical Track faculty.
- Faculty in Clinical Track are included as voting members of the Executive Faculty of the Medical School and may vote for the Executive Committee of the Medical School. They are not members of the University Senate and do not participate in the election of representatives to the University Senate Assembly.

Adjunct Clinical Track

- Appointments are at 0% to 49% effort.
- Appointments are for no longer than one year and are renewable.
- Appointments are without tenure.
- Adjunct Clinical Track faculty are usually in the private practice of medicine outside the University of Michigan; in other words, the University is usually not the only employer.
- Even though appointments in this sequence are not monitored by the Affirmative Action procedures of the University, it is the policy of the Medical School to seek as diverse a group of people as possible as teachers and role models for students.
- Faculty in the Adjunct Clinical Track are not included as voting members of the Executive Faculty of the Medical School, may not serve on the Executive Committee of the Medical School, are not members of the University Senate, and do not participate in the election of representatives to the University Senate Assembly.

2. Ranks in the Clinical Tracks

There are four ranks in each of the Clinical Tracks: clinical instructor, clinical assistant professor, clinical associate professor, and clinical (full) professor.

Clinical Instructor
A clinical instructor is fully trained to deliver clinical care and is qualified to participate in educational programs at the University of Michigan Medical School. Appointment to this rank requires evidence that the individual has received an appropriate medical and graduate medical education, is at least eligible for board certification, and offers documentation, through letters, attesting to full clinical competency. Though there may be little or no past activity in the area of teaching, indications of interest and of potential in this area are important in evaluating the candidate. Letters from individuals with firsthand knowledge of the candidate are helpful in documenting the candidate's clinical competency, suitability for an academic medical environment, potential as a future teacher and clinical role model, and potential for growth in clinical and intellectual areas. Though encouraged, publications are not required.

Clinical instructor appointments are approved by the associate dean for faculty affairs. The Advisory Committee on Clinical Track Appointments and Promotions (CLINACAP) does not review appointments of clinical instructors.

Clinical Assistant Professor
A clinical assistant professor is a faculty member who has demonstrated ability in teaching as well as in clinical care. His or her record must show evidence of accomplishment in and commitment to medical education and the potential for future scholarly achievement. Appointment or promotion to this rank requires evidence of clinical competency beyond that of an instructor, plus board certification, board eligibility, or the equivalent. Letters, which are likely to be from local sources, should attest to the quality of clinical care. The candidate's teaching and service to his or her department (here or at another institution) in areas related to clinical care and education should be documented. Beginning at this level, the principle of peer review and recognition are considered in evaluating suitability for appointment or promotion. Peer review and recognition can occur through authorship of videotapes, textbook chapters, reviews, and other educational materials, as well as through the publication of articles in peer-reviewed journals. Publications in peer-reviewed journals, while encouraged, are not required for appointment or promotion to this rank.

Clinical assistant professor appointments are reviewed by CLINACAP and approved by the Medical School Executive Committee.

Clinical Associate Professor
A clinical associate professor has excelled in teaching and clinical care, and has achieved recognition in these areas. Appointment or promotion to this rank requires board certification or the equivalent and evidence that development as a clinician has progressed to the point of establishing a broad interdepartmental and regional (in some instances, even national) recognition by professional colleagues. Typically, a reputation of this sort is documented by letters from internal and external sources; administration or leadership in local, regional, or national organizations; presentations on clinical topics at local, regional, or national meetings; and preparation of reviews on clinical subjects for local, regional, or national publications.

A person promoted to this level should be exerting an ongoing influence on the quality of medical care. Examples include leadership or reorganization of clinical services; improvements in quality of care, outcomes measurement, or patient satisfaction; and involvement in utilization management activities. Contributions in these areas should be documented by relevant peers.

In teaching, one typically would expect to see evidence of continued contribution to medical education, either through customary teaching situations (lectures and one-on-one instruction) or through the preparation of educational materials, including educational brochures and learning aids, videotapes, textbook chapters, and reviews. Administration and organization of teaching programs are also valued activities, and creativity in their execution can be documented by appropriate knowledgeable faculty, students and peers.

Evidence of excellence in either clinical care or teaching can include departmental evaluation, formal awards for performance, and honors, such as invitations to speak in significant roles at meetings or at institutions of distinction. Evidence of scholarship should be judged by the principle of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures, or some other mode of communicating results and ideas.

Appointments to clinical associate professor are reviewed by CLINACAP, approved by the Medical School Executive Committee, and require endorsement from the dean, executive vice-president for medical affairs and the provost.

Clinical Professor

A clinical professor performs outstanding and regular teaching and clinical service as outlined above, usually over an additional period of five to ten years and has attained regional or national recognition of his or her teaching and clinical expertise. Typically, the same qualitative criteria used for clinical associate professor apply (see above) with expected quantitative differences in the number and value of achievements. Service on regional or national specialty societies or boards can be expected. Faculty at this level often have many products of their scholarly activity that have been subjected to peer review and that have resulted in broad peer recognition in the area of clinical medicine or medical education. Evidence of scholarship should be judged by the principle of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures, or some other mode of communicating results and ideas.

Appointments to clinical professor are reviewed CLINACAP, approved by the Medical School Executive Committee, and require endorsement from the dean, executive vice-president for medical affairs and the provost.

3. Criteria for Appointment and Promotion in the Clinical Tracks

The criteria for appointment and promotion in the Clinical Track will be applied with an emphasis on the impact that the nominee has had on his or her environment. This impact may be in the teaching arena, in service (with a clinical, administrative, or community health venue), or in research. Supporting letters must specifically address how the nominee made an impact, with a detailed description of what he or she did and how this work had an effect. Longevity in a role is not sufficient evidence of superior skill or accomplishment.

Teaching

Essential qualifications for appointment or promotion in the Clinical Tracks are character and the ability to teach. Educational excellence may be demonstrated in a variety of settings. Some Clinical Track faculty will have assigned responsibility for teaching medical students and house officers or for organizing and leading clinical educational programs. The educational roles of others will involve a broad range of educational activities targeted at diverse audiences such as organizing or participating as faculty in local or regional CME activities or developing patient education, health profession education, or public health education programs.

In the Adjunct Clinical Track, sufficient involvement in the educational program of the department is defined as a minimum of 50 hours of direct participation in clinical education per year or an equivalent contribution to the academic mission of the Medical School, as documented by the Academic Activity Form (see below). In the Clinical Track, the required teaching can be that which is provided in a one-on-one manner in the course of delivering clinical care or as otherwise defined by the chair of the department.

In addition to the usual peer sources, letters from former trainees or from colleagues may document educational influence.

Service

The service portion of a clinical faculty member's work is usually dominated by clinical responsibilities, and a high level of clinical competency is expected at all ranks. Clinical excellence may be documented by letters from UM faculty, current or former colleagues, or former trainees. Letters which attest that the nominee is considered by the medical community as a clinical resource, is sought out for care, and has a wide referral base are helpful. By their nature these letters will often come from sources who have personal knowledge of the individual's clinical skills.

In exceptional circumstances, in which a physician has had a profound effect on his or her environment in the role of clinician or educator, this alone may qualify the candidate for appointment or promotion, with extraordinary service being considered the equivalent of scholarly activity as it is usually defined. In this case, perhaps the most difficult to present to the Medical School, letters of support must explain the individual's impact with great detail and specificity.

Many other service activities are also appropriate to faculty in the Clinical Tracks, such as participation in committee work and other administrative tasks, counseling, and special training programs. Medical staff activities (such as leadership of or service on a quality assurance, risk management, or utilization review committee) also fall under this rubric. In addition, the University expects many of its staff to render extramural services to schools, industry, governmental agencies, and the public at large. Examples include

- Memberships and offices held in professional societies.

- Continuing participation and leadership roles in medical service organizations (e.g., American Cancer Society, Planned Parenthood, American Red Cross).
- Public service activities that relate to the health of the general public.

Research

Research achievements, though not required of clinical faculty members, are a welcome addition to their records. Excellence in research is shown by the quality of faculty members' published and other creative work, the range and variety of their intellectual interests, their success in training graduate and professional students in scholarly methods, and their participation and leadership in professional associations and in editing of professional journals. Attainment may be in scientific investigation or in constructive contributions. In short, for the clinical faculty sequences the Medical School does not expect accomplishment in investigator-initiated, laboratory-based biomedical research, but, if present, this should be documented for review and promotion purposes.