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**DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH**  
**MASTER CLINICIAN TRACK STATEMENT**  
**Promotion Criteria and Standards**

**I. INTRODUCTORY STATEMENT**

This document describes the specific criteria and standards which will be used to evaluate faculty for promotion on the Master Clinician Track. Master Clinician Track appointments are annually renewable and are not in the tenure track. The criteria and standards described in this Statement apply to the appointment and promotion of faculty at all ranks on the Master Clinician Track. The Master Clinician Track Statement also defines the criteria for annual performance review of faculty at all ranks, and where appropriate, post-promotion review.

This document contains criteria and standards pertaining to:

- A. Appointment to the Master Clinician track as an Assistant Professor, Associate Professor, or Professor.
- B. Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor
- C. The process for the annual faculty performance review

The criteria, standards and procedures are applied without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

All departmental Master Clinician Track Statements must be reviewed and approved by the Associate Dean for Faculty Affairs.

**II. MISSION STATEMENT**

Committed to innovation and diversity, the Medical School educates physicians, scientists, and health professionals; generates knowledge and treatments; and cares for patients and communities with compassion and respect.

The Medical School strongly encourages and values interdisciplinary work, including scholarship, public engagement, and teaching, as well as interprofessional collaboration in clinical sciences.

**III. APPOINTMENT AND ANNUAL PERFORMANCE REVIEW OF FACULTY**

**A. APPOINTMENT OF FACULTY**

Master Clinician Track appointments may be made on all University of Minnesota Medical School campuses and affiliated sites, following the processes described in the Medical School Policy on Faculty

Appointments. Each department must add specialty-specific criteria for appointment in a departmental addendum.

1. Assistant Professor

In the Medical School the entry level rank for faculty is at the Assistant Professor level. The minimal, general criteria for initial appointment at this rank include:

- a. Possession of an MD, DO, MBBS, PhD, PsyD, or similar terminal degree.
- b. Board eligible or Board certified
- c. Documentation of competence in the skills of communication, including effective communication with students, colleagues, and patients

2. Associate Professor and Professor

The criteria for appointment as Associate Professor or Professor are the same as the criteria for promotion to the rank and can be found in Sections IV.C. and IV.D.

**B. ANNUAL APPRAISALS OF 12-MONTH TERM FACULTY**

1. Process

Master Clinician Track faculty of all ranks participate in an annual performance review. The process for this review is described in the Medical School Faculty Review Policy: Annual Review. The department defines the criteria for annual performance review. The head of each department or his/her designee reviews the progress of each faculty member annually. The annual review of Master Clinician Faculty is recorded on the Medical School Summary of Annual Faculty Evaluation (SAFE) Form and reflects the faculty member's performance relative to the Departmental Master Clinician Track Statement. The Academic Unit head and faculty member will sign the completed SAFE Form. A copy of the signed form is kept in the Medical School's Office of Faculty Affairs in the faculty member's personnel file.

2. Criteria

The criteria for satisfactory performance for the annual review are the same as those for the appropriate rank, as defined in this Master Clinician Track Statement.

**IV. CRITERIA AND STANDARDS FOR PROMOTION IN RANK**

**A. DEFINITION OF EXCELLENCE FOR CLINICAL PRACTITIONERS**

1. The Accreditation Council for Graduate Medical Education (ACGME) competencies provide and expectation of how faculty members should conduct themselves to achieve high quality, empathetic patient care to diagnose and treat illness and to improve patient health and wellness. Faculty members being considered for promotion on the Master Clinician Track must demonstrate sustained excellence in all six of the ACGME competencies and serve as role models for medical students, residents, fellows and colleagues. The ACGME competencies include:

- a. Practice-Based Learning and Improvement – The ability to investigate and evaluate an individual's patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
  - i. Demonstrate excellence in clinical outcomes
  - ii. Achieve a high level of patient satisfaction

- iii. Develop strong approval by referring physicians, clinicians, and colleagues
  - iv. Role model continuous self-improvement and care delivery improvements through incorporation, creation or dissemination of best practices
  - v. Improve patient outcomes through implementation of local or system practice improvements
- b. Patient Care and Procedural Skills – Provide patient care that is compassionate, appropriate and effective for treating of health problems and promoting individual and community health
- i. Develop a strong local reputation among faculty and trainees for clinical excellence and service to patients (e.g., would be comfortable with candidate being physician or healthcare provider for evaluator, family, and loved ones)
  - ii. Colleagues refer patients to the candidate, or consult the candidate in the care of their complex patients.
  - iii. Collaborate with the community to improve the care of specific populations
  - iv. The candidate is recognized as a referral destination in his/her area of expertise locally and regionally
- c. Systems Based Practice – Demonstrate the ability to effectively call on health care system resources to provide care that is of optimal value for patients and public health
- i. Participate actively and demonstrate leadership in local department, medical school, or clinical health system committees
  - ii. Develop a reputation for delivering high quality, cost-effective patient care
  - iii. Collaborate well with all members of the health care team to provide the best overall patient outcomes, care, and satisfaction
  - iv. Successfully lead clinic, department, or health system safety and quality improvement processes
  - v. Active involvement in community education or policy change that leads to improved community health outcomes.
- d. Medical Knowledge – Demonstrate and apply knowledge of established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences to patient care
- i. Demonstrate “cutting-edge” technologies and knowledge in area of expertise; effectively transmit these concepts to trainees, colleagues, patients, and the public
  - ii. Effective teacher of residents, students, other trainees, colleagues, and the public
  - iii. Lead or participate in clinical research programs
  - iv. Effectively transmit clinical knowledge by giving lectures, teaching in postgraduate courses, presenting symposia, and public outreach
  - v. Transmit new information as an author or co-author in the medical/scientific literature or the lay press or media
  - vi. Develop clinical guidelines, clinical policy, or clinical care manuals
  - vii. Demonstrate family medicine specialty medical knowledge through active involvement in developing American Board of Family Medicine (ABFM)

Maintenance of Certification (MOC) modules and board or Certificate of Added Qualification (CAQ) examination questions.

- e. Interpersonal and Communication Skills – Demonstrate interpersonal communication and collaboration skills to effectively exchange information with patients, their families, trainees, other health professionals, and the public
    - i. Demonstrate excellent and effective communication with other health care professionals.
    - ii. Demonstrate excellent and effective education and counseling with patients and families.
    - iii. Demonstrate excellent and effective medical science translation for the lay public.
    - iv. Demonstrate excellent and effective communication with the community and public officials.
  - f. Professionalism – Demonstrate commitment to fulfilling professional responsibilities, adhering to ethical principles, and showing sensitivity to patients of diverse backgrounds
    - i. Maintains high standards of ethical behavior.
    - ii. Demonstrate exemplary sensitivity to age, gender, and culture of patients, health care professionals, and the public.
    - iii. Demonstrate leadership and mentorship in applying shared standards and ethical principles prioritizing the patient above self-interest.
    - iv. Advance the standing and excellence of family medicine as a profession.
2. Requirements for service, teaching and mentoring, a local or regional reputation, and professionalism are common to all seeking promotion in the Master Clinician Track:
- a. Service may be reflected in any of the following:
    - i. Service to the division, department, graduate program, Medical School, University, and/or health system
    - ii. Service to the candidate’s discipline or specialty
    - iii. Service to the community
  - b. Teaching and Mentoring may be demonstrated by the following:
    - i. Teaching and other activities related to education, with positive evaluations from learners (students, trainees, peers) and course/program directors
    - ii. Effective mentoring of peers and trainees supported by evaluations demonstrating mentee outcomes
  - c. Reputation is reflected in external recognition of the candidate’s contributions to an area of clinical care, education, scholarship, or leadership. Clinical reputation as an expert and leader should be supported in letters provided by external experts in the candidate’s field. A local reputation is required for promotion to Associate Professor, and a regional reputation is required for promotion to Professor. A local reputation denotes standing within the University of Minnesota and affiliates. A regional reputation denotes standing within the state of Minnesota and surrounding states (referral area).  
*NOTE: Documenting a regional reputation for Associate Professors or a national reputation for Professors is not required for promotion in the Master Clinician Track.*

- i. Local recognition is documented by external letters of evaluation and invitations or nominations to one or more of the following:
    - 1. Serve on at least one of the following within the University of Minnesota: study sections; policy boards; leadership board or executive office; committees; editorial boards of regional, national, or international publications; clinical guideline writing teams
    - 2. Review manuscripts submitted to peer-reviewed regional, national, or international journals,
    - 3. Present their work orally at meetings or clinical symposia,
    - 4. Deliver lectures or seminars outside of the department.
    - 5. Invitations as Visiting Professor (or equivalent) at other institutions.
    - 6. Regular participation in lay public education or translation of medical science through the print or electronic media
  - ii. Regional recognition and beyond is documented by external letters of evaluation and as exemplified by invitations or nominations to three or more of the following:
    - 1. Serve on at least one of the following: regional or national study sections; regional or national policy boards; leadership board or executive office of regional or national organizations; regional or national committees; editorial boards of regional, national, or international publications; regional clinical guideline writing teams
    - 2. Review manuscripts submitted to peer-reviewed regional, national, or international journals,
    - 3. Present their work orally at regional or national meetings or clinical symposia,
    - 4. Deliver lectures or seminars at other regional or national academic institutions.
    - 5. Invitations as Visiting Professor (or equivalent) at other national institutions.
    - 6. Regular participation in regional or national lay public education or translation of medical science through the print or electronic media
- d. Professionalism - High standards of professionalism are demonstrated by department head letters, department reports, annual reviews, and both internal and external review letters. This is reflected in the following:
- i. Maintaining high standards of ethical behavior and a commitment to fulfilling professional responsibilities
  - ii. Demonstrating professional behavior towards all faculty, learners, staff, health professionals, patients, and community members
  - iii. Contributing to the governance and administration of the department, Medical School, and/or University
  - iv. Letters of commendation from peers, interprofessional coworkers, learners, patients, and community organizations
3. The candidate must be an excellent citizen within the University of Minnesota community.

#### **B. TO ASSISTANT PROFESSOR**

Not applicable in the Medical School (entry level rank is Assistant Professor)

### C. TO ASSOCIATE PROFESSOR

A recommendation for promotion to Associate Professor is made when an eligible faculty member has a local reputation as a leader in the field and has fulfilled the specific standards for promotion to Associate Professor as stated by this Master Clinician Track Statement. A trajectory that will result in eventual promotion to the rank of full Professor is expected for all faculty promoted to Associate Professor. Time in previous rank is not a factor when considering promotion to Associate Professor.

#### 1. Clinical/Patient Care Activities

The candidate is expected to spend the majority of his/her time in direct patient care, precepting with residents, or administrative activities principally directed at clinical care. Promotion requires that the candidate be an excellent clinician and/or health care provider. Excellence in these functions must be sustained (See Definition of Excellence for Clinical Practitioner Section Below). If clinical activity is a major portion of the candidate's application, evidence must be presented describing the candidate's accomplishments in this and related activities, such as the number of clinics attended, type of patients seen, procedures performed, inpatient responsibilities, and outreach activities including community service. Other areas of clinical activity may be considered. Evidence of excellence in performing clinical responsibilities should include:

Excellence will be assessed by

- Reputation among patients, peers, and trainees
- Patient satisfaction data if available
- Consultation requests by colleagues inside and outside the University of Minnesota
- Consultations or referrals from the community
- Patient letters and comments

#### a. Clinical Activity:

- i. Evaluations of the candidate's clinical activities and performance by three recognized authorities in the candidate's field including at least one letter from outside the School. Ideally, these letters should review the candidate's local reputation and compare the candidate with other faculty of similar rank and experience.
- ii. A scholarly approach to patient care as demonstrated by one or more of the following:
  1. Knowledge and/or use of current concepts, techniques, or technologies,
  2. Development of new diagnostic and/or treatment programs; or
  3. Local or regional dissemination of this knowledge to students and/or patients, as evidenced by the presentation of seminars or written materials, CME programs, Department conferences, and a bibliography of publications. Copies of CME written materials and publications, which support a scholarly approach to patient care, should be included with the candidate's file.
- iii. Documentation of clinical activities (e.g. yearly statistics describing referral numbers, clinics attended, procedures performed, number of patients seen, panel size, panel zip codes, panel management, resident and medical student supervision).

- b. Administrative Activity: If present or past professional service to the Department, Medical School, University of Minnesota, hospital, or community is an important aspect of the candidate's application, such service must be documented in one or more of the following areas:
  - i. Major committee assignments with the candidate's role on the committee and time commitment;
  - ii. Administrative assignments or duties with end product, the candidate's role and time commitment;
  - iii. Professional administration and program development with end product, the candidate's role and time commitment. If supervising a clinical or administrative unit, this unit should be identified and its mission described together with the duties and responsibilities of the candidate and evidence of program growth including its regional and state reputation;
  - iv. Professional service to local, regional or governmental units should be listed with the candidate's role and time commitment;
  - v. Appointment or election to office in local, county, state, or national medical societies and health-care organizations;
  - vi. Participation as a question developer for the ABFM specialty or CAQ certifying board or MOC activities.

## 2. Academic Participation

The candidate must make a measurable and valued contribution to the department's academic mission for teaching family medicine and mentoring junior faculty or trainees at the excellent to outstanding level in evaluations.

The candidate should also distinguish her/himself in one or more of the following areas:

- a. Participate in the dissemination of knowledge, which may include contributions as a co-author, writing reviews or chapters in textbooks, invitations to speak at local, regional or national meetings, or participation on external review panels
- b. Leadership activities in local, regional or national organizations
- c. Invitations to participate in CME activities outside the University of Minnesota
- d. Interpreting medical science, services, and policies for the public through the print, electronic, or broadcast media.
- e. Ability to generate referrals from beyond the typical distribution of the respective clinical practice (demonstrates a reputation external to our organization as "best in class").
- f. Demonstrate high measures of targeted clinical excellence that contribute to furthering family medicine (e.g., Meaningful Use measures; Patient-Centered Medical Home (PCMH) statistics).
- g. Establish quality improvements or systems-based changes that enhance of the care provided to patients within the University or beyond the physician's individual patients.
- h. Sustain exemplary clinical leadership and unique program of development within the University.
- i. Contributions to the medical or lay literature demonstrating an ability to build on existing knowledge including publication in journals or dissemination of knowledge to a

wider audience (e.g. regional or national) through non-peer reviewed publications and patient education.

- j. Disseminate peer-reviewed data and expertise in the form of Grand Rounds for other departments or organization, clinical practice guidelines, seminars, podcasts, websites, and small group activities with peer reviewed data.
  - k. Demonstrate collaboration with researchers and educators internal and external to the Department of Family Medicine.
  - l. Demonstrate excellence and expertise through the receipt of honors and awards from internal and external sources.
  - m. Selected among the region's and nation's elite clinicians such as Best Doctors®, Castle-Connolly, Top Doctors, or similar recognition.
3. ACGME Competency Criteria - Candidates must demonstrate excellence in each of the following.
- a. Practice Based Learning and Improvement
    - i. Continued self-assessment of one's own practice and efforts to improve patient care practices is required for promotion in the Master Clinician Track.
    - ii. The American Board of Family Medicine (ABFM) requires that every board certified physician participate in improvement in medical practice activities as a part of their maintenance of certification (MOC) and evidence of high-quality contributions beyond that required by ABFM for MOC is required.
    - iii. Examples include, but are not limited to:
      - 1. Participation in an MOC or Multi-specialty MOC Portfolio Program in quality improvement efforts in the local practice that may be sponsored by the institution or hospital Quality Improvement department.
      - 2. Participation in an ABFM-approved structured, well-designed Quality Improvement project that has demonstrated improvement in care and is based on accepted improvement scientific and methodology.
      - 3. Participation in advanced hands-on clinical education experiences for individual providers.
      - 4. Authorship or co-authorship in published articles relating to Quality Improvement activities in health care.
  - b. Patient Care and Procedural Skills
    - Examples include, but are not limited to:
      - i. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
      - ii. Strong local reputation among faculty and trainees for clinical excellence and service to patients (e.g., would be comfortable with candidate being physician or healthcare provider for evaluator, family, and loved ones).
      - iii. Candidate is a recognized referral destination in his/her area of expertise locally or regionally.

- iv. Developing patient education materials, decision-making models or materials and innovations in delivery of care that are recognized and/or used on a national level
- v. Invitation to teach procedural skills or patient care techniques at University of Minnesota courses
- vi. High quality patient care and procedural skills are required for promotion the Master Clinician Track. Examples include but are not limited to:
  - 1. Being named to “Best Doctors” lists.
  - 2. Preferred referral patterns within UMN/UMP/Fairview as well as local practices.
  - 3. Evidence of excellent clinical outcomes.
  - 4. Development of patient education materials.
  - 5. Development of decision-making models or materials.
  - 6. Innovations in delivery of care (e.g., inventions, patents, tools).
  - 7. Invitation to teach skills or patient care at local-level courses.
  - 8. Participation in global medicine or outreach to underserved area initiatives
  
- c. Systems Based Practice
 

Evidence of appropriate use of system resources to provide quality care that is optimally valued is required for promotion in the Master Clinician Track. Examples include but are not limited to:

  - i. Create or participate in division/departmental-level consensus conferences.
  - ii. Provide leadership in hospital and UMN committees.
  
- d. Medical Knowledge
  - i. Local reputation among faculty and trainees for clinical knowledge and knowledge application to the care of patients (e.g., someone you would recommend to care for yourself, your family, or your close friends and loved ones).
  - ii. Candidate is a recognized referral destination in his/her area of expertise locally and regionally.
  - iii. Evidence of medical knowledge above and beyond the basic medical knowledge required to provide safe, effective patient care is required for promotion in the Master Clinician Track. Examples include but are not limited to:
    - 1. Presenting at Departmental Grand Rounds.
    - 2. Regular participation in medical student/resident lectures.
    - 3. Presentation at other departments’ grand rounds, CME events, or other invited lecture events.
  
- e. Interpersonal and Communication Skills
  - i. Ability to effectively communicate with patients, families, health care team members, and the public.
  - ii. Examples of effective interpersonal and communication skills include but are not *limited* to:

1. No cited issues or concerns regarding care delivery, quality of care or safety concerns over the period under consideration for promotion.
2. Superior results on “360 degree” evaluations.
3. Participation or leadership in entity culture and safety grand rounds, lectures, seminars.
4. Participation of leadership in safety/culture simulations.

f. Professionalism

- i. Evidence of professionalism is based on a demonstrated commitment to carrying out professional responsibilities, adhering to ethical principles, and sensitivity to our diverse patient population.
- ii. Examples of professionalism include but are not limited to:
  1. Leads or participates in diversity initiatives, studies, or care models (e.g. Comprehensive Gender Care team).
  2. Service to the Department, School, or University on governance-related or policy making committees.
  3. Roles in discipline-specific regional and national organizations.
  4. Service to the department, University, local community or state organization, and public engagement.

D. TO PROFESSOR

A recommendation for promotion to Professor is made when an eligible faculty member achieves a regional reputation or beyond for their clinical skills with evidence of effective mentoring of other faculty members and fostering a culture that enhances diversity.

1. Promotion to professor on the Master Clinician track requires that the candidate meet the above criteria over a sustained period of time and expand the scope of excellence measures since promotion to Associate Professor.
2. The candidate should be a highly respected and expert clinician and/or clinical care provider in the area of expertise with continued contributions to teaching, research and/or service.
3. Mentoring is required for promotion to Professor.
4. In addition, the candidate must have a regional sphere of influence or significant reputation outside the University of Minnesota and local area. Additional academic, scientific, scholarly, and/or professional achievements may include, but are not limited to the following and not all achievements will apply to all faculty. Reputation can be achieved by:
  - a. Publication of original articles, reviews, digital media, patents, chapters in textbooks, invitations to speak at regional or national meetings, development of clinical programs, participation on external review panels, or leadership activities in regional or national organizations.
  - b. Consultations for physicians outside the institution
  - c. Referrals from physicians and providers within the region or beyond
  - d. Service as a speaker at regional or national conferences
  - e. Promoting relationships with regional, national, or international medical societies
  - f. Service as a visiting professor
  - g. Authoring books, chapters, or reviews
  - h. Serving on editorial boards
  - i. Serving as an officer of a national professional society
  - j. Regional or national academic awards or honors

- k. Appointment to government-review panels or committees
  - l. Appointment to major committees of state or national professional societies
  - m. Documentation of funds raised by clinical service or clinical research
5. Other Criteria
- a. Promotion to Professor in the Master Clinician Track requires continued high-quality contributions and sustained effort to expand the criteria of that are listed in section IV.C.3.a-f. Above.
  - b. Mentoring
    - i. Mentoring is required for promotion to Professor and candidates are expected to provide effective mentoring for junior faculty and learners in compliance with collegiate and University policies. Mentoring includes professional development activities for learners and faculty (e.g., continuing mentorship of pre-doctoral students, medical students, and residents, advancement of postdoctoral associates, junior faculty members, and other professional colleagues).

## **V. VOTING PROCEDURES**

A positive vote by more than 50% of eligible faculty members voting in the Department will be considered favorably for promotion in the Medical School. All full time faculty holding appropriate appointment and rank, including those at affiliated sites, are eligible to vote on recommendations for promotion of candidates in the Master Clinician Track.

## **VI. PROCESS FOR UPDATING THIS STATEMENT**

The Medical School will review its Master Clinician Track Statement Preamble at least every five years, or more frequently as needed. Revisions will be made by the Associate Dean for Faculty Affairs. The revisions will be presented to the Faculty Advisory Council. All Medical School faculty will be invited to review and give input on the Statement, and approval will be obtained through a simple majority vote of the faculty, in conjunction with approval of their departmental criteria, with the approval date noted on the document.