**UNIVERSITY OF MINNESOTA MEDICAL SCHOOL**

**MASTER CLINICIAN TRACK**

**Definition of Excellence for Clinical Practitioners**

When developing their pathway towards master clinician, faculty members should consider the six competencies developed by the ACGME. University of Minnesota clinicians should strive to be judged excellent in all six areas. Individual Departments will develop their own promotion statements that provide specialty-appropriate emphasis and alignment within the six competencies. Master clinicians should serve as role models for medical students, residents, fellows, and/or colleagues.

It is important to distinguish between a “marker” of excellence and a “criterion” for promotion. The term “marker” refers to an attribute that may be used to judge excellence in basic competencies of clinical practice. In contrast, a “criterion” refers to a standard of excellence in clinical practice that must be met or surpassed.

The competencies are listed alphabetically, and the markers for excellence are listed numerically for each competency.

**A. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.**

1) Strong local reputation among faculty and trainees for clinical excellence and service to patients (e.g., would be comfortable with candidate being physician for evaluator, family and loved ones).

2) Candidate is a recognized referral destination in his/her area of expertise locally and regionally.

**B. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences, as well as application of this knowledge to patient care.**

1) Demonstrates “cutting-edge” technologies and knowledge in area of expertise; effectively transmits these new concepts to trainees.

2) Effective teacher of residents, students, other trainees, and colleagues.

3) Participates in clinical research programs. This may include enrolling patients into clinical trials, analyzing clinical-pathological material, and contributing to design and analysis.

4) Demonstrates involvement in transmitting clinical knowledge by giving lectures, teaching in postgraduate courses, and presenting symposia.

5) Transmits new information as an author or co-author.

**C. Practice-based learning and improvement that involves the investigation and evaluation of patient care, the appraisal and assimilation of scientific evidence, and improvements in patient care.**

1) Demonstrates excellence in clinical outcomes.

2) High level of patient satisfaction.

3) Strong approval by referring physicians.
D. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.

1) Demonstrates excellence in ability to communicate effectively with other health care professionals.

2) Demonstrates excellence in educating and counseling patients and families.

E. Professionalism, as manifested through a commitment to fulfilling professional responsibilities, adhering to ethical principles, and showing sensitivity to patients of diverse backgrounds.

1) Maintains high standards of ethical behavior.

2) Demonstrates exemplary sensitivity to age, gender, and culture of patients and other health care professionals.

F. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

1) Participates actively in local clinical practice committees; demonstrates leadership in these committees. Examples of such committees can be found in the individual departments, medical school, and clinical health system.

2) Develops a reputation for delivering high quality, cost-effective patient care.

3) Collaborates well with all members of the health care team to provide the best overall patient outcomes, care, and satisfaction.

A. Promotion to Associate Professor

1. Clinical/Patient Care Activities. The candidate is expected to spend the great majority of his/her time in clinical activities and patient 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). Excellence will be assessed by the individual’s reputation among peers and trainees, and by patient satisfaction data if available. Being sought out for consultation by colleagues inside and outside the institution and/or being the recipient of referrals from the community will further demonstrate excellence. The candidate is expected to have board certification in his/her medical specialty.

2. Academic Participation. The candidate must make a measurable and valued contribution to the department’s academic mission. This contribution must take the form of teaching activities (including mentoring junior faculty and/or trainees), which must be judged to be excellent to outstanding. The candidate should also distinguish her/himself in one or more of the following areas: participation in the generation of knowledge, which will be enhanced if his/her contribution is valued sufficiently to be included as a co-author, writing reviews or chapters in textbooks, invitations to speak at regional or national meetings, participation on external review panels, leadership activities in regional or national organizations, or invitations to participate in extra-institutional CME activities.

3. Other Activities. The candidate must be an excellent citizen within the University of Minnesota community.
B. Promotion to Professor

Promotion to professor on the Master Clinician track requires that the candidate meet the above criteria over a sustained period of time. The successful individual will be highly respected and expert clinician and/or clinical care provider in the area of expertise. Contributions to teaching, research and/or service also must be sustained. In addition, the candidate must have a sphere of influence or significant reputation outside the University of Minnesota. This reputation can be achieved by 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. Being sought out for consultation by physicians outside the institution and being the recipient of referrals from the community will further demonstrate evidence for a reputation that extends beyond our campus.

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APPENDIX 1

PROMOTION CRITERIA MATRIX

NOTE: The following table is intended to represent examples of clinical excellence and is intended to assist faculty, department chairs and promotion committees in matching candidates’ accomplishments to the promotion criteria. It is not meant to be exhaustive or prescriptive.

<table>
<thead>
<tr>
<th>Recognition for excellent clinical care, such as regional or national referrals, patient satisfaction surveys, Top Doctor awards.</th>
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<tbody>
<tr>
<td>Recognition for excellence or innovation in clinical activity at the local, regional, national or international level through letters of reference, institutional evaluations, invitations to speak, requests to write reviews, etc.</td>
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<tr>
<td>Honors or awards for excellence in clinical activity at the local, regional, national or international level.</td>
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<tr>
<td>Letters of support from colleagues, trainees, peers.</td>
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<td>Development of new techniques, therapies, devices, patient care practices or health care delivery systems that have improved the health of patients or populations.</td>
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<tr>
<td>Creative, active achievement in the evaluation of the effectiveness of care (quality, outcomes, patient safety, utilization, access, cost).</td>
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<tr>
<td>Assumption of a substantive leadership role at the regional or national level – e.g., chairing committees, or serving as officer of local or statewide professional clinical organizations.</td>
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<tr>
<td>Participation in significant self-assessment activities and audits of one’s own practice that have led to improvements in quality, efficiency or outcomes of care.</td>
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<tr>
<td>Creation and/or development of an innovative clinical program.</td>
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<tr>
<td>Demonstration of effective leadership at the site of clinical practice – e.g., director of a clinical service, head of a division, chair of a department, head of an interdisciplinary team that creates and manages a clinical pathway and outcomes evaluation, medical staff president.</td>
</tr>
<tr>
<td>Assumption of a substantive leadership role at the national or international level - e.g., chairing national symposia and meetings, chairing committees or serving as officer of national professional organizations, journal editor.</td>
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<tr>
<td>Quality improvement numbers of one’s own practice and how they compare to peers regionally and nationally.</td>
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<tr>
<td>Demonstration of excellent clinical productivity, to be determined by the faculty member’s division/department</td>
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<tr>
<td>Significant creation or development of programs to address or improve provider work life balance</td>
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<tr>
<td>Participation in committees writing practice guidelines or consensus statements</td>
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<tr>
<td>Developing and/or disseminating clinical pathways</td>
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UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL

DEPARTMENT OF RADIOLOGY
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 whether faculty meet the general criteria for promotion on the Master Clinician Track. Master Clinician Track appointments are annually renewable and are not in the tenure stream. Criteria and standards described in this Statement are used for appointment at all ranks and for promotion of faculty 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.
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 a either an M.D. or D.O.
b. Board eligibility or certification.
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 Performance Review of Faculty

1. Process
All Master Clinician Track faculty, at all ranks, undergo 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 annually reviews the progress of each faculty member. The Department Head prepares a written summary of that review and discusses the faculty member’s progress with the faculty member, giving him/her a copy of the report. In considering proposals for promotion in rank, the Medical School and its Departments comply with the procedures described in this Statement.

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 ACGME competencies provide a framework for the education and training of our residents as well as an expectation of how faculty members should conduct themselves to achieve high quality, empathetic patient care that not only diagnoses and treats illness, but also aids in improving 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 acting as a role model 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 their patient care practices.
   b. Patient Care and Procedural Skills - Provision of patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
   c. Systems Based Practice – Demonstration of an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
   d. Medical Knowledge – Demonstrated knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.
e. Interpersonal and Communication Skills – Demonstration of interpersonal and communication skills that result in effective information exchange and teaming with patients, patients’ families and professional associates.

f. Professionalism – Demonstration of a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

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 regional 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. Time in previous rank does not influence the final decision when considering promotion. Additional academic, scientific, scholarly, and/or professional achievements, which include but are not limited to the following, recognizing that not all standards will apply to all faculty:

1. Practice Based Learning and Improvement
   
   Continued self-assessment of one’s own practice and efforts to improve patient care practices is required for promotion in the Master Clinician Track.

   Examples include, but are not limited to:
   a. Participation in Maintenance of Certification (MOC) or Multi-specialty MOC Portfolio Program through participation in quality improvement efforts in one’s local practice that may be sponsored by the institution or hospital Quality Improvement department.
   b. Participation in an ABR-approved structured, well-designed Quality Improvement project that has demonstrated improvement in care and are based on accepted improvement scientific and methodology.
   c. Promoting radiation safety through institutional, systemic, or regional programs or committees.
   d. Promoting MR safety through institutional, systemic, or regional programs or committees.
   e. Increasing institutional, systemic, or regional knowledge and understanding of CT and MR contrast agents or Nuclear Medicine radiopharmaceuticals through lectures, programs, public engagement, and/or other means.
   f. Development or redesign of effective resident or fellow curriculum or teaching programs.
   g. Leadership in implementation of new quality or safety programs.
   h. Leadership in local or regional committees dealing with lifelong learning.
   i. Participate in development of departmental knowledge assessment materials.
   j. Authorship or co-authorship in published articles relating to QI activities in health care.

2. Patient Care and Procedural Skills
   
   Evidence of recognized high quality patient care and procedural skills is required for promotion the Master Clinician Track. Examples include but are not limited to:
   a. Being named to “Best Doctors’ list.
   b. Preferred referral patterns within UMN/UMP/Fairview as well as local practices.
   c. Evidence of excellent clinical outcomes.

e. Development of decision-making models or materials.

f. Participation in local or regional practice parameter development.

g. Participation in local or regional imaging appropriateness criteria development.

h. Receiving awards or other recognition related to resident or fellow teaching.

i. Participation in local or regional imaging or clinical trials.

j. Development and/or leadership of new clinical programs.

k. Innovations in delivery of care (e.g., inventions, tools).

l. Invitation to teach skills or patient care at regional-level courses.

m. Participation in global medicine or outreach to underserved area initiatives.

3. 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:

a. Creation or participation in division/departmental-level consensus conferences.

b. Lead or participate in hospital and UMN committees.

c. Departmental leadership in Root Cause analysis

d. Participation in multispecialty or systemwide quality improvement initiatives or programs.

e. Participation in local or regional radiology committees

4. Medical Knowledge

Basic medical knowledge is required for provision of safe, effective patient care. Evidence of medical knowledge above and beyond that required for simple patient care is required for promotion in the Master Clinician Track. Examples include but are not limited to:

a. Presenting at Departmental Grand Rounds.

b. Delivery of high quality medical student/resident lectures.

c. Presentation at other departments' grand rounds or other invited lecture events.


e. Successful implementation of new protocols or algorithms to improve or optimize image quality and/or reduce patient dose.

f. Review articles for peer reviewed journals.

g. Publication of reference material on imaging findings or image-based procedures.

5. Interpersonal and Communication Skills

Key to success as a physician is the ability to effectively communicate with patients and fellow members of the health care team. Failure to effectively and clearly communicate with others can hinder and even adversely affect outcomes. Examples of effective interpersonal and communication skills include but are not limited to:

a. No cited issues or concerns regarding care delivery, quality of care or safety concerns over the period under consideration for promotion.

b. Superior results on 360 evaluations.

c. Participation or leadership in entity culture and safety grand rounds, lectures, seminars.

d. Participation of leadership in safety/culture simulations.

e. Development of patient-centered educational materials.

f. Leadership in local or regional interdisciplinary conferences.

g. Successful development of standardized report templates that gain institutional acceptance and usage.
6. **Professionalism**

Evidence of professionalism is based on a demonstrated commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to our diverse patient population. Examples of professionalism include:

a. Leads or participates in diversity initiatives, studies, or care models (e.g., Comprehensive Gender Care team).

b. Service to the Department, School, or University on governance-related or policy making committees.

c. Roles in discipline-specific regional and national organizations.

d. Service to the community or state, and public engagement.

e. Mentors others regarding professionalism and ethics.

D. To Professor

A recommendation for promotion to Professor is made when an eligible faculty member achieves national and/or international visibility of their clinical skills. This includes evidence of effective mentoring of other faculty members, and fostering a culture that enhances diversity. Additional academic, scientific, scholarly, and/or professional achievements, which include but are not limited to the following, recognizing that not all standards will apply to all faculty:

1. **Practice Based Learning and Improvement**

While quantity and type of practice based learning and improvement is highly variable for Master Clinician Track faculty, continued and sustained effort is required for promotion to Professor. Continued evidence of high-quality contributions to quality improvement efforts is required. Examples include but are not limited to:

a. Continued participation in Maintenance of Certification (MOC) or Multi-specialty MOC Portfolio Program through participation in quality improvement efforts in one’s local practice that may be sponsored by the institution or hospital Quality Improvement department.

b. Continued participation in an ABR-approved structured, well-designed Quality Improvement project that has demonstrated improvement in care and are based on accepted improvement scientific and methodology.

c. Promoting radiation safety through national programs or committees.

d. Promoting MR safety through national programs or committees.

e. Increasing national knowledge and understanding of CT and MR contrast agents or Nuclear Medicine radiopharmaceuticals.

f. Leadership of effective resident or fellow curriculum and teaching programs.

g. Leadership or participation in implementation of quality or safety programs on the national level.

h. Participation or leadership in national committees dealing with lifelong learning.

i. Participate in development of national knowledge assessment materials.

j. Innovations in delivery of care (e.g., inventions, tools).

k. Invitation to teach skills or patient care at national-level courses.

l. Participation in global medicine or outreach to underserved area initiatives.

2. **Patient Care and Procedural Skills**
While quantity and type of patient care and procedural skills is highly variable for Master Clinician Track faculty, continued and sustained effort is required for promotion to Professor. Continued evidence of high-quality contributions to quality improvement efforts is required. Examples include but are not limited to:

a. Being named to “Best Doctors’ list.
b. Preferred referral patterns within UMN/UMP/Fairview as well as local practices.
c. Evidence of excellent clinical outcomes.
d. Development of decision-making models or materials.
e. Participation in national imaging or clinical trials.
f. Development of patient education materials, decision-making models or materials and innovations in delivery of care that are recognized and/or used on a national level.
g. Invitation to teach skills or patient care at national-level courses.
h. Participation in national practice parameter development.
i. Participation in national imaging appropriateness criteria development.
j. Leadership of new clinical programs that advance to national prominence.

3. Systems Based Practice
While quantity and type of examples for systems based practice is highly variable for Master Clinician Track faculty, continued and sustained effort is required for promotion to Professor. Continued evidence of high-quality contributions to systems improvement efforts is required. Examples include but are not limited to those that are listed in section IV.C.3

a. Creation or participation in regional/national-level consensus conferences.
b. Participate in national-level committees.
c. Lead local, regional, or national radiology committees.

4. Medical Knowledge
While the quantity and type of examples for medical knowledge is highly variable for Master Clinician Track, continued and sustained effort is required to promotion to Professor. Additional efforts include but are not limited to:

a. Presenting at Grand Rounds.
b. Delivery of high quality medical student/resident lectures.
c. Presentation at other departments' grand rounds or other invited lecture events.
d. Publication of successful novel imaging protocols in CT, US, MR, or Nuclear Medicine.
e. Publication of new protocols or algorithms to improve or optimize image quality and/or reduce patient dose.
f. Review articles for peer reviewed journals.
g. Edit peer reviewed journals.
h. Publication of reference material on imaging findings or image-based procedures.

5. Interpersonal and Communication Skills
While the quantity and type of examples for interpersonal and communication skills is highly variable for Master Clinician Track, continued and sustained effort is required to promotion to Professor. Additional efforts include but are not limited to:

a. National-level courses or presentations on communication skills.
b. No cited issues or concerns regarding care delivery, quality of care or safety concerns over the period under consideration for promotion.
c. Superior results on 360 evaluations.
d. Participation or leadership in entity culture and safety grand rounds, lectures, seminars.
e. Participation of leadership in safety/culture simulations.
f. Development of patient-centered educational materials.
g. Leadership in interdisciplinary conferences.
h. Participation in development of standardized reporting on a national level.

6. Professionalism
While the quantity and type of examples for professionalism is highly variable for Master Clinician Track, continued and sustained effort is required to promotion to Professor. Additional efforts include but are not limited to those that are listed in section IV.C.6 above. Further examples include:
   a. Leadership roles in discipline-specific national organizations, including but not limited to:
      committee chair, symposium organizer, session chair, grant reviewer, member of editorial board
   b. Leadership roles in the service to the Department, Medical School, or University on governance-related or policy making committees (e.g.: committee chair).
   c. Evidence of skills in ongoing mentorship for advancing the careers of younger professionals (e.g., continuing mentorship of pre-doctoral students, medical students, and residents, advancement of post-doctoral associates, junior faculty members, and other professional colleagues).
   d. Service to the community, or state, and public engagement.

7. Mentoring
Additionally, faculty seeking promotion to Professor are expected to provide effective mentoring and/or advising to junior faculty and learners at other levels, in compliance with collegiate and University policies. Mentoring includes activities that advocate for the professional development of learners.

V. PROCEDURES
A positive vote by more than 50% of eligible faculty who vote in the Department of Radiology 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 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.

Departments will review their specific criteria at least every five years, and more frequently as needed. Approval will be obtained through a simple majority vote of the Department faculty and the date will be noted on the Department Master Clinician Track Statement.

History of Revisions: