

The Clinician-Educator Pathway in Radiology: An Analysis of Institutional Promotion Criteria

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Abstract

Purpose: To provide radiology departmental promotional committees and vice chairs of education with a more global perspective on the types of academic activity valued by institutions to aid in their faculty mentoring and standardizing of the Clinician-Educator (ClinEd) pathway.

Methods: Ninety-two research schools were ranked into three tiers. Ranking was correlated with the presence of a ClinEd track. Thirty promotion documents (ten from each tier) were analyzed to identify common criteria. Differences in guidelines between tiers were assessed by the frequency distribution of criteria.

Results: Tier 1 had a significantly greater proportion of schools with a ClinEd track than tier 2 (73% versus 44%, $p < 0.05$). Thirty-nine criteria were identified and organized into four categories teaching (13), scholarship (12), service/clinical excellence (7), and research (7). The top five included meeting presentations, trainee evaluations, leadership in committees, development of teaching methodologies and materials, and publication of book chapters. First and second tier schools were most similar in frequency distribution.

Conclusions: The criteria for the ClinEd promotion track still vary across institutions, though many commonalities exist. A handful of innovative criteria reflect the changing structure of modern health care systems, such as incorporation of online teaching modules and quality improvement efforts. As health care changes, guidelines and incentive structures for faculty should change as well. The information gathered may provide promotion committees with a more global perspective on the types of academic activity valued by modern-day institutions to aid in the national standardization of this pathway and to assist in faculty mentoring.

Key Words: Clinician educator, management, faculty promotion, medical education

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An important goal of every successful academic radiologist is to achieve promotion from assistant professor to associate professor and eventually, for some, to professor [1]. Such promotions not only represent formal milestones in their academic careers but may also entitle them to additional salary and benefits [1]. The traditional research tracks (which often include tenure) emphasize

the need for externally funded research and sustained research productivity as prerequisites for academic appointment and promotion and are challenging for most clinical radiologists [1,2]. As the economics of managed health care have increased the demand for clinical productivity and decreased the amount of dedicated academic time, the majority of junior attending physicians are likely to be on more clinically oriented promotion tracks [1]. Clinician-Educator (ClinEd) (or clinician-scholar) tracks base academic promotion primarily on performance as a clinical radiologist and as a teacher of radiology, as well as, to varying degrees, research, service, and other scholarly activities.

The ClinEd track has evolved considerably in the past 2 decades. Since its advent, discussion has followed on the specific requirements for promotion [3-5]; however, there has yet to be a national consensus on the matter [3]. In 2002, Glick [6] provided a theory-based rubric for

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evaluating clinical educators, though this has not been standardized across institutions [7]. A useful editorial on this subject was also written by Levine [1] in 2004, although it did not review specific institutional guidelines. A survey of promotions committee chairs in 1997 [8] was also helpful in identifying more specific criteria. The Alliance of Directors and Vice Chairs of Education in Radiology (ADVICER), made up of 63 members from 60 institutions, believed that the promotional landscape for the ClinEd pathway has changed significantly, as it is being increasingly recognized as a distinct track. Awareness of the most common requirements for promotion along the ClinEd pathway (particularly from assistant to associate professor) is crucial for junior faculty members to grow their academic portfolios steadily and to focus their time and energy on scholarly pursuits that have the greatest potential for recognition by promotions and tenure committees, both intra- and interinstitutionally. Additionally, understanding how institutions are thinking about clinical educators is important for shaping the value proposition of the field for future generations. Because of this, ADVICER is interested in attempting to standardize the radiology ClinEd promotions pathway across institutions as well as in mentoring departmental faculty members. To provide ADVICER with initial data related to the spectrum of existing promotion criteria, we sampled promotion guidance documents from a wide range of academic institutions.

METHODS

Institutional Ranking

ADVICER members had anecdotally noticed differences in promotion criteria among institutions of different national “academic ranks.” Although several academic medical institution ranking profiles exist, the comparative analysis presented in the *US News and World Report* (USNWR) research ranking model has been the most studied [9]. Because of this, we used the 2017 USNWR research rankings (released in March 2016) for the purpose of this study. Factors included in the USNWR research analysis are research activity, student selectivity, and quality assessment from peer institutions and residency directors. The research rankings were chosen over primary care rankings because of the academic focus of this study. More specific information on the report methodology is available through the official USNWR yearly publication [10].

The 2017 USNWR research rankings algorithm allocates 92 total schools into 45 total ranks, with some schools sharing rank numbers. To guarantee that we had

a broad sampling of institutions, we divided the 45 total ranks into three tiers with 15 total ranks in each tier and rank numbers as follows: tier 1, rank numbers 1 to 22; tier 2, rank numbers 23 to 54; and tier 3, rank numbers 55 to 88. We then included schools from each tier for analyzing promotion documents to distribute our sample as evenly as possible. Because some schools shared rank numbers, the total number of schools differed in each tier. This was done to prevent separation of schools that were grouped as equal in ranking, as USNWR does not make a distinction between the quality and rank of schools within each rank number. The total distribution included 22 tier 1 schools, 32 tier 2 schools, and 38 tier 3 schools.

Document Sampling and Qualitative Analysis

Using publically available faculty appointment and promotions guidelines from institution websites, we identified whether these 92 institutions had separately defined ClinEd or equivalent tracks. The faculty appointment and promotion guidelines were then obtained from a sampling of 10 institutions within each tier (Table 1). Two reviewers (both fourth-year medical students) split the process of selection. Reviewer 1 addressed tiers 1 and 2, and reviewer 2 addressed tier 3. Starting from institutions at the top of the tier, the reviewer looked at public databases to find the faculty and promotions guidelines document or attempted to access the document through ADVICER members via e-mail. Documents were accessed in March and April 2016. If information was not available, the reviewer moved on to the next institution. The reviewer went down the list until the number of institutional documents available totaled 10 per tier.

Each document was analyzed for mentions of specific criteria for promotion on a ClinEd track. Specific criteria were divided into four broad groups: scholarship, teaching, service (including clinical excellence), and research. Scholarship included any contribution to the field of medical knowledge outside of peer-reviewed publications and grant funding; examples include societal or continuing medical education conference presentations, book chapters, and editorial boards. Contribution in the form of peer-reviewed publication and grant funding was accounted for in research; whether institutions mentioned the quantity or quality of publications was also noted, as well as whether quality was further defined. Service included serving as a departmental or institutional clinical director or chief, as well as serving on committees. Teaching included any metric assessing the educational quality and contribution of an instructor, such as teaching awards and

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