



# UC San Diego

## Policy & Procedure Manual

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### PERSONNEL-ACADEMIC

#### Section: 230-28 SUPPLEMENT III

Effective: 03/01/2014

Rescinded: 07/01/2017

Supersedes: New

Review Date: Not Applicable

Issuance Date: 03/01/2014

Issuing Office: [Academic Personnel Services](#)

### GUIDELINES FOR THE PROFESSOR OF CLINICAL X (i.e., PHARMACY) SERIES

These guidelines are intended to provide additional, detailed information on the Professor of Clinical X (i.e., Pharmacy) series (hereafter referred to as Clinical X) at UC San Diego, to assist in the evaluation of the appropriateness of appointment to and advancement within the Clinical X series in the Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS).

#### Definition of the Professor of Clinical X series

The Professor of Clinical X series should be reserved for those faculty who demonstrate, or have the strong potential to demonstrate expertise, dedication and achievement in clinical and educational activities within and outside the Health Sciences. Appointment in this series should represent recognition by the institution of an individual's commitment to the clinical and educational activities that are of utmost importance to the mission of the Health Sciences. Thus, appointment in this series should reflect high institutional esteem for the selected individual, and advancement should be based on well-documented contributions toward this mission. Criteria for appointment and promotion in this series should be rigorously applied.

Candidates for the Professor of Clinical X series should demonstrate excellence in both teaching and clinical practice, as well as documented scholarship that has an impact beyond UC San Diego. This requirement is intended to distinguish Clinical X faculty from faculty in the Health Sciences Clinical Professor series, who are required to demonstrate excellence in teaching and clinical activity with scholarly or creative activities related to their clinical practice. In achieving beyond the criteria set forth for the Health Sciences Clinical Professor series, candidates in the Professor of Clinical X series should be able to demonstrate 1) accomplishments of increasing geographic scope as they advance through the series, from local to regional to national to international levels, and 2) areas of recognized clinical expertise.

The Professor of Clinical X series should be available at all levels of professorship to candidates who have demonstrated focus, ability, and commitment towards a career of clinical education and practice. The criteria should be considered as specific as the criteria for the Ladder-Rank series. The Professor of Clinical X should not be used as a series into which to transfer faculty from other series because of insufficient research productivity. It is preferable that a candidate demonstrates desire for a continuous career in clinical education and practice from the time of his or her first appointment, although well-substantiated changes in career goals do occur and should be taken into consideration.

#### Criteria and Methods of Evaluation for Appointment and Advancement

Candidates for the Professor of Clinical X series will be required to demonstrate excellence in teaching, professional competence, clinical activity and creativity. It is essential that the candidate demonstrate early in his or her career a desire to participate and advance in this series through continuous achievement. The guidelines should therefore be clear and unequivocal such that candidates are fully aware of the level of achievement expected of them prior to appointment or advancement at each level. When a candidate approaches the time of consideration for appointment or advancement in the series, the individual has the primary responsibility for documenting success in reaching the required level of

achievement. The school has the responsibility to ensure that appropriate teaching assessments are performed.

### **A) Teaching and Educational Activity**

The level at which excellence in educational activity is recognized for appointment or advancement in the Professor of Clinical X series should be:

- 1) Assistant Professor: recognition at the institutional and local level.
- 2) Associate Professor: recognition at the institutional and regional level.
- 3) Full Professor: recognition at the institutional and national level.

#### **Methods of Evaluation:**

The following methods are not all-inclusive and should be used only where appropriate.

- Documentation of the types of teaching carried out, the time involved, the primary teaching role (e.g., preceptor, lecturer or mentor), the average number and type of students per year, and the average number of contacts per year. Descriptions of the teaching environment and workload are important.
- Documentation of special courses taught, including the type and setting. Also documented should be the continuity of the course (year-to-year, for example). Attendance, growth of attendance, and participant evaluations of the course should be included.
- Letters or standardized teaching evaluations from students who have been taught at the individual, group and conference levels.
- Recommendations and critical reviews from fellow educators at the parent institution or from other institutions, outside pharmacists and other health care professionals, including unsolicited commendations. These should be based on personal observation of the candidate's teaching (including peer review). Letters from patients may be included, but would receive less weight if not critically written.
- Documentation of teaching leadership in the department, medical centers or pharmacy school; in some cases may be indicated by title (e.g., Director of Training Program), in all cases by extent of responsibility and recognition.
- Description of teaching awards received and the basis for the recognition.
- Documentation of the number of invitations to participate in conferences and continuing education courses. The type of conference and sponsoring institution should be recorded. Teaching ratings and comments from the participants should be included. If available, ratings of other lecturers (with identity undisclosed) should be included with this information for comparison.
- Roles in educational organizations (e.g., offices, committees, or boards of directors). The duties performed and the innovations accomplished should be outlined. Leadership contributions to the organization of educational activities in the health sciences schools may also be considered and evaluated here, beyond ordinary participation as university service.
- Documentation of a role in running a scientific or clinical meeting locally, nationally, or internationally. This should include factual and evaluative documentation as above. It is recommended that candidates review their objective evaluations from the sources indicated when consulting with the department chair or equivalent.

### **B) Clinical Activity and Professional Competence**

Pharmacy practice in the health care system is in constant evolution. Faculty in this series should have clinical activity that is innovative and creative and expands the scope of pharmacy practice. The impact may be on the care of individual patients or on the care of patient populations depending on the type and scope of the practice environment.

1) Assistant Professor:

The candidate must demonstrate an understanding of the subject of his or her clinical activity, as well as an appropriate quality and volume of activity as judged using the methods described below. This evaluation may be based on activity at UC San Diego or its affiliated institutions. In addition to the provision of individual patient care, clinical activity may take the form of developing and/or administrating specific clinical care programs or programs involving applications and quality improvement of new methodologies in the delivery and use of medications and clinical pharmacy services. These may include, but are not limited to, developing, implementing or administering a successful clinical program (e.g. medication-therapy management program, pharmacist-physician collaborative practice, therapeutic drug monitoring service, etc.). It is important that the candidate demonstrates promise and a desire to progress in the acquisition and application of clinical expertise.

2) Associate Professor:

The candidate must be clinically active in the local institution and, in applicable disciplines, at the community or regional levels. The latter are more likely to involve program development, supervision, or consultation, rather than individual patient care. Activities at the national level are desirable but not required. A demonstration of creativity is important in documenting superior clinical achievement.

3) Full Professor:

The candidate's clinical influence must be recognized beyond the parent institution, at the regional and national levels. Activities at the international level are desirable, but not required. A clear demonstration of creativity is important in evaluating clinical achievement.

**Examples of Clinical Activity:**

Clinical activity is distinct from research and creative work in that it impacts individual patients and/or patient populations in the care of the candidate. The following examples are not all-inclusive:

- Consulting pharmacist in medical center in- and/or outpatient specialty services such as infectious disease rounds, emergency medicine service, anti-coagulation clinics, etc. wherein complex cases of patients with multiple conditions are reviewed for situations such as, contraindicated medication combinations, most effective medications to use among a number of alternatives, etc.
- Contributions to Drug Utilization Review or Formulary Consultations to determine the most effective medication based on what is available in a hospital formulary.
- Medication reconciliation services wherein patient medications are reviewed to identify such things as contraindicated combinations of medications, assessment of more effective medications than those currently prescribed, etc.
- Development and implementation of medication prescribing systems in medical centers (e.g., computerized tracking of medicines using bar codes) to reduce medication errors.
- Development, implementation, and participation in new clinical practice sites.

- Development and implementation of new models of pharmacy care delivery.

### **Examples of Professional Competence:**

The following examples are not all-inclusive:

Invited service on editorial boards, as a peer reviewer for scientific publications, or as a peer reviewer for scientific grant applications are indications of an established or developing professional competence.

Invitations to speak at local, state, national or international scientific meetings or to serve on or lead panel discussions are an indicator of professional competence.

### **Methods of Evaluation:**

The following methods are not all-inclusive. Each method should be used only where appropriate. In each case, the goal is to document excellence, and the data should be evaluated accordingly.

- Testimony attesting to clinical competence from peers and faculty of higher rank (or equivalent rank for full Professors). It is important to obtain such testimony from practitioners of the same or related disciplines. For the evaluation of clinical activity, testimony may be from individuals from within and outside the institution. For appointments above the entry level (Steps I & II at the Assistant rank) such testimony should preferably be from reviewers independent of the candidate (e.g., outside the School of Pharmacy).

Documentation of excellence when a candidate develops or implements a clinical service should be gathered. This should include comments from other healthcare professionals attesting to the impact of the faculty member's practice on patient care and/or the practice environment. When appropriate, evaluators should be asked to comment on the candidate's communication skills, accessibility and availability, clinical skills, clinical judgment, creativity, leadership, personal qualities and/or the effect of the candidate's practice on patient care.

For faculty whose practice does not directly impact individual patients, information should be provided that demonstrates the faculty member's work to improving patient care overall.

- Evaluation forms completed by students, members of the department, practitioners outside UC San Diego, any clinician who consults with the candidate, nurses, patients, etc.
- Documentation of the patient population and pharmacotherapeutic interventions using quantitative and qualitative measures.
- In specialties that render consultations, documentation of the helpfulness or the frequency of error in the rendering of expert opinion would also provide a measure of clinical excellence. These evaluations would usually be obtained outside the candidate's specialty or discipline.

Demonstration of excellence in establishing or running a clinical pharmacy service, either inpatient or outpatient. This could include, e.g., mental health, cardiology, critical care, diabetes, general medicine, chronic kidney disease, liver disease, or pain and palliative care.

Clinical, economic, and humanistic outcomes data could be an indicator of excellence. Evidence of consultations or referrals from other healthcare professionals is outstanding endorsement of a candidate's clinical excellence. Another example of strong evidence of clinical expertise is that the candidate is frequently asked to provide input to committees or organizations that are making decisions influencing the use of medications in patient populations.

As the impact of the candidate's practice may influence patient care in a variety of ways, the total impact on patient care should be evaluated and not just the impact on individual patients.

### **C) Creative Work**

Many faculty in the health sciences devote a large proportion of their time to the inseparable activities of teaching and clinical service and therefore have less time for formal creative work than most other scholars in the University. Some clinical faculty devote this limited time to academic research activities; others utilize their clinical experience as the basis of their creative work. Nevertheless, an appointee to the Professor of Clinical X series is expected to participate in scholarly pursuits in applied clinical sciences. This includes activities which may be independent or collaborative, and may focus on formal clinical or laboratory research, scholarly publications, or creative educational work.

Creative work is distinct from clinical activity in that it indirectly impacts 1) patient populations that are not in the care of the candidate, 2) the practice of other health professionals, 3) the education of students or trainees beyond those for whom the candidate is responsible for teaching, or is in other ways unrelated to the candidate's direct clinical, educational, administrative activities.

1) Assistant Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should include at a minimum active participation in such pursuits.

2) Associate Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should have resulted in a significant contribution to knowledge or clinical or educational practice. Although collaboration with other faculty in the health sciences is expected, independence or leadership in some of these creative activities must also be demonstrated.

3) Full Professor:

A candidate's achievement and contribution to scholarship in the applied or clinical sciences should manifest continued involvement and leadership in activities such as those described above.

**Methods of Evaluation:**

The candidate's creative work must have been disseminated, e.g., in a body of publications, in teaching materials used in other institutions, or in improvements or innovations in professional practice. For appointment or promotion to higher levels, there should be evidence that these have been adopted or had an influence elsewhere.

For the assessment of research and creative work, testimony should be obtained from independent reviewers from outside the institution.

The following methods are not all-inclusive. Each method should be used only where appropriate.

- 1) Evidence of achievement may include clinical case reports. Clinical observations are an important contribution to the advancement of practice and knowledge in the health sciences and should be judged by their accuracy, scholarship, and utility.
- 2) The development and evaluation of techniques and procedures by clinical investigators constitute significant and valuable pursuits in the clinical sciences. These activities are necessary for improvement in the practice of health care. Creative achievement may be demonstrated by the development of innovative programs in health care or in transmitting knowledge associated with new fields or other professional activity.
- 3) Textbooks and reference publications, or contributions by candidates to the literature for the advancement of professional education or practice, should be judged as creative when they contain original scholarly work, manifest an innovative approach, or include new information such as research results.

- 4) The development of new or better ways of teaching the basic knowledge and skills required by students in the health sciences may be considered evidence of creative work. This may be demonstrated in written materials, novel approaches to teaching, or, for example, the development of computer methods that can be used for teaching, clinical care, or research.
- 5) Acquisition of extramural resources for clinical or educational programs, including research or practice, is usually an indication of successful creative effort.

The significance of the quantitative productivity level achieved by a candidate should be assessed realistically, with knowledge of the time and institutional resources available to the individual for creative work, and the nature of the individual's professional discipline.

**D) University and Public Service**

Service is an important component of the activity of faculty in the Professor of Clinical X series. In many cases, this service will have a direct bearing on the education and clinical care missions of the University, and will therefore be best listed and evaluated under the categories of teaching and professional or clinical activity, which take precedence as criteria for advancement. For example, invited service on pharmacy and therapeutics committees or similar activities would be useful in evaluating a candidate's clinical expertise. Examples of University and Public Service include, but are not limited to, the Space Committee, the Research Committee, the Admissions Committee, service in professional organizations, community outreach, etc.

With increasing rank, greater participation and leadership in service are expected, although formal criteria are not specified. The extent and significance of service at the school, campus, University, community, and national or profession-wide level should be evaluated.

March 2014