5. General Guidance for Appointments and Promotions
Patient Care Single Mission Pathway

NOTE: This section is intended to be equivalent to the information provided as guidance for each of the non-tenure track and non-tenured ranks following the standard two-mission area model.

Non-tenure appointments and promotions require evidence of an ongoing excellent to outstanding record of high quality performance in healthcare with professionalism. Appointment or promotion is dependent on achievement and not length of service, and is an honor within the institution.

Documentation of excellence includes, but is not limited to, the following.

1. **Documentation of excellent <u>leadership</u> in the patient care mission.**
    a. Evidence of leadership role in a Baylor clinical program, division, service or section beyond providing clinical service (e.g., leadership role in clinical trials, medical service chief, chief of staff).
    b. Evidence of leadership roles in patient safety, quality improvement, systems-based care, or policy development.
    c. Evidence of playing major role in forming the curriculum of a clinical program, such as a fellowship or residency.
    d. Evidence of leadership role in developing of new Baylor departments, sections and service (e.g., The Children's Hospital of San Antonio).

2. **Documentation of excellent <u>clinical expertise</u>.**
    a. Clinical care awards or other recognition of excellence (e.g., Early Career Faculty, Star or Master Clinician Award for Excellence in Patient Care; or outstanding clinician award from section, department, or hospital), with information about criteria for award and the selection process.
    b. National or local awards for quality improvement, patient safety, or practice change (e.g., National Quality Forum, Joint Commission).
    c. National or local awards for contributions or excellence in clinical innovation.
    d. Significant recognition by regional, national, and international peers.
    e. Strong reputation as a clinical expert, based on documented internal or external peer review by referees from other Baylor departments, other hospitals, and other academic medical centers.
    f. Referring physician evaluations or recommendations (e.g., referrals from community-based providers or network physicians based on expertise of faculty member).
    g. Requests to serve as consultant or educator/trainer to other institutions on areas related to clinical expertise.
    h. Invitations to speak locally or nationally on topics related to area of clinical expertise.
    i. Confirmation of clinical consultations outside the practitioner's own clinical site.
    j. Documentation that referrals from this practitioner's practice play a critical/essential role in implementing clinical trials or providing subjects for other practitioners' clinical trials.

3. **Documentation of excellent contributions to <u>patient care quality and safety</u>.**
    a. Sustained institutional or external support for original research, proof-of-concept, and development and implementation of innovative tools, strategies, health and science policy-based projects related to diagnosis, treatment, quality improvement and patient safety.

b. Development of innovative improvements to patient care, quality, and safety programs (e.g., disease management programs, best practice guidelines, policies, protocols, algorithms).
c. Development of comparative effectiveness studies or evidence-based medicine practice guidelines that improve health care quality or safety.
d. Local education roles in patient safety, quality improvement, or systems-based care with sustained impact, such as demonstrated with a Faculty Educational Excellence award.
e. Documented major role in interdisciplinary clinical conferences at local, regional, or national education or care management meetings.
f. Key role in the adaptation, testing, implementation, or local/regional dissemination of established (evidence-based) tools, strategies, approaches, or health and science policies related to diagnosis, treatment, quality improvement or patient safety.
g. Work referenced in national practice guidelines or policy.
h. Review articles in peer reviewed or non-peer reviewed journals.
i. Clinical effectiveness and quality measures (e.g., InterQual, Joint Commission, "Get with the Guidelines," benchmarked patient outcomes, patient safety, utilization, access, and cost).
j. Demonstrated efficiency (e.g., examples of lean management, cross specialty utilization of services).
k. Customer/patient satisfaction (e.g., Press Ganey scores from past three years, patient comments, unsolicited patient letters).

4. Documentation of excellence in <u>business development related to patient care</u>.
a. Dissemination of innovations that were adopted by other institutions or businesses (e.g., clinical care models, strategies, devices, or tools).
b. Local care path development or championship (e.g., Heart Failure Society of America heart failure disease management).
c. Development of a new line of care or interdisciplinary clinical service (e.g., niche service, sleep medicine, multidisciplinary wound care, women's comprehensive care).
d. Development of interdepartmental product lines, pathway creation, contributions to Centers of Excellence, or other collaborative clinical care areas.
e. Innovative application of an existing technology or development of novel technology, tool, strategy, innovation, or policy program.
f. Venture capital investments in developed technology, tool, strategy, innovation, or policy program.
g. Improvements in resource management and utilization (e.g., reduction in length of stay, readmissions, appointment no shows).

Other examples of excellence may be considered, as appropriate, including such as specialty certification(s) issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists Board.