

The Career Track applies to faculty who wish to be evaluated for promotion on the basis of excellence in **clinical care**, effectiveness as educators, and / or contributions to research. Faculty on this track are expected to excel in their domain of expertise, engage in scholarly activity, and contribute substantively in at least one other domain (see below for descriptions). It is expected that the Faculty Career Track will be the largest track in the School of Medicine and will be appropriate for most faculty.

Three domains of effort, **clinical practice, education programs, and original investigation**, serve as the primary areas of promotion evaluation on the Faculty Career Track (domains are described below).

Promotion Timing. The timing of promotion along this track is flexible, allowing faculty to progress at their own pace. This distinguishes it from the Faculty Tenure Track, which is timed and has separate criteria for advancement. The Faculty Tenure Track is described in a separate document. This information is adopted from The Duke Medical School Faculty Career Track documentation. Additional information for promotion, and explanations regarding *Scholarship*, and *Impact* may be found at Duke Medical School Faculty Career Track (<https://medschool.duke.edu/sites/default/files/2021-06/faculty-career-track.01.2021.pdf>)

Domains of Effort

Clinical Focus: This description is relevant to the **Clinician-Investigator, Clinician-Educator, Clinician-Administrator** and other faculty who devote effort principally to the delivery of clinical care.

Clinical faculty in the Faculty Career Track are expected to deliver high quality, compassionate, innovative and evidence-based clinical care. To be considered for promotion, faculty should demonstrate effectiveness in clinical practice as well as at least one additional domain (research / original investigation, clinical practice advancement, education programs, or leadership / service). Several clinician-based 'Pathways to Promotion' are described in this document; these illustrate in part the variety of faculty activities valued by the institution. The Pathways to Promotion are meant to be facilitative and instructive (rather than prescriptive or exclusive) to aid the faculty member in career development and in preparation of materials to be evaluated by mentors and Department / Division leadership. The criteria for promotion are further described below (see Clinical Practice).

Educational focus: This description is relevant to faculty for whom the development of education programs is a primary focus.

Educational effort and effectiveness are expected of all faculty, and is an essential component of all promotion dossiers. The majority of faculty in the School of Medicine will engage in teaching in the context of their clinical or research work. The Faculty Career Track allows for education to be a primary focus of the evaluation for promotion. For this focus area, education innovation, program development, leadership, recognition for teaching excellence and scholarship in education all provide evidence of excellence in education and are considered in the promotion process. The criteria are further described below (see Education Programs).

Research Focus: This path is expected to be used by research intensive faculty with little clinical responsibilities. This includes investigators in clinical departments and faculty with a clinical sciences appointment in departments using both clinical and basic science pathways.

Faculty engaged primarily in research activities are expected to develop high quality, innovative, original contributions. To be considered for promotion, faculty should demonstrate effectiveness in at least one additional domain (education programs, clinical practice advancement, or leadership / service).

Research faculty are expected to be collaborative, extending the research capabilities of Duke and fully utilizing available resources in ways that are responsive to the availability of external funding. They are expected to facilitate research opportunities for additional faculty, and protect the long-term financial stability of the research enterprise. Faculty appointments are contingent on the availability and sustainability of external research funding. Should a faculty member lose external funding, departments may provide short-term financial support in the University component of compensation. Faculty are required to keep their Department Chair and (as applicable) Center or Institute Director fully informed of known or reasonably anticipated changes in funding as soon as that information is available. The criteria for promotion are further described below (see Research/Original Investigation).

Pathway to Promotion

The demonstration of clinical effectiveness is required for promotion. Clinical effectiveness in this context connotes outstanding contributions to clinical practice in the faculty member’s chosen field, evidence of a wide referral base (for physicians who accept referrals, or acknowledgement of institutional reputation if primary care or other non-referral specialty), excellent patient reviews, consistent compliance with clinical performance metrics, adherence to institutional standards for professionalism, and evidence of respect by peers (e.g., serving as a reference resource about an area of clinical knowledge, invitations to present at regional or national CME meetings). Pathway includes demonstration of service to the institution.

Clinician-Educator

The Clinician-Educator contributes directly to the scholarship of education per se, such as collaborative educational research, scholarly evaluation of teaching methodologies, publication regarding learning in an area of clinical expertise, or creation and dissemination of innovative approaches to improving clinical care through learning pathways. Publication in traditional and digital formats, use of social media, review chapters, preparation of national educational materials, institutional guidelines regarding education, classroom teaching and contribution to content development for educational products and courses are all elements considered in a promotion portfolio. Membership in Duke AHEAD is a requirement. Some faculty may choose to take advantage of educational offerings and advanced training in educational methodologies. Demonstration of measurable impact at the institutional level is a requirement. Service components may include membership in departmental, SoM or institutional committees relevant to education, education administration and leadership, service as course or program director, and implementation of education programs locally or nationally.

Domain of Institutional Impact	Primary Activities Along Pathway to Promotion*	Associated Service
Clinical Care	Acknowledged excellence as a clinician. Facilitative role in academic mission of department Strong local / regional reputation, eventually attaining	Executive level leadership of service line, eventually attaining health system level leadership that impacts patient care Participation / leadership of committees, task forces

	<p>national or international reputation (Professor)</p> <p>Practice improvement initiatives</p>	<p>Leadership of local, regional, and national organizations</p> <p>Effective mentoring of trainees and junior faculty</p>
Clinician-Educator	<p>Established track record of development and support of didactic courses, assessments and learning activities</p> <p>Lectures given at institutional, regional, national meetings</p> <p>Service as director or associate director of course, clerkship, residency or fellowship</p> <p>Receipt of national or institutional teaching award</p> <p>Obtaining internal funding for innovative educational program or interdisciplinary team</p> <p>Development of new courses or adoption of ideas into curricular changes locally/regionally, nationally</p> <p>Appointed to institutional education leadership position (professor)</p> <p>Participation in Duke AHEAD required</p>	<p>Course or program director</p> <p>Leadership of accreditation groups, scholarly societies, departmental education committees, admissions committees, national educational organizations (AAMC). CME course, faculty development course</p> <p>Effective mentoring of trainees and junior faculty</p>
Clinician-Investigator	<p>Participation in clinical research through clinical trial enrollment, PI of site-based research program, or work in support of translational research.</p> <p>Evidence of collaborative and facilitative work expected as scholarly output in form of published manuscripts, case reports, book chapters, consensus statements and non-</p>	<p>Editorial leadership position of specialty journal</p> <p>Service on institutional, regional or national committees related to research activities (IRB, DOCR, etc.)</p> <p>Influential blogs, websites, columns in professional trade journals or patient publications</p>

	<p>peer reviewed content on social medial and other platforms</p> <p>Sustained independent research funding not required but funding as co-investigator on federal or other grants expected</p> <p>Visiting professorships or invited presentations at national meetings</p> <p>Invention disclosures, patent applications, patents or trademarked products</p>	<p>Effective mentoring of trainees and junior faculty</p>
<p>Clinical Practice Advancement (patient safety / quality, health services research, implementation science, informatics / information technology / data science)</p>	<p>Responsible for development and implementation of innovative programs that advance patient safety and quality of care through changes in systems of practice or information technology systems</p> <p>Secured internal funding to implement innovative program</p> <p>Demonstrated improvement in care through assessment of patient outcomes, patient satisfaction, ROI</p> <p>Local (Associate Professor) or regional / national (Professor) reputation for expertise</p>	<p>Relevant presentations at local / regional / national meetings</p> <p>Invited lecture at national meeting</p> <p>Visiting Professorships</p> <p>Development of materials that educate others about successful practices</p> <p>Development of think tanks, local collaborations at Duke and elsewhere to advance the practice of patient care.</p> <p>Effective mentoring of trainees and junior faculty in this area</p>
<p>Clinician Leader-Administrator</p>	<p>Service to the institution that contributes to the greater good</p> <p>Evidence of developing (Associate Professor), mature (Professor) leadership abilities</p> <p>Significant leadership of clinical services unit</p> <p>Professors are clearly recognized leaders of the institution</p>	<p>Most activities are service-based</p>

Appointment Ranks

Medical Instructor

The rank of Medical Instructor is intended as an entry level appointment. The tenure clock is not active for faculty at this rank. This “pre-tenure clock” appointment provides the beginning faculty member time to establish the foundations of an academic career prior to advancing to the rank of Assistant Professor. Appointment at the rank of Medical Instructor is typically for a period of 1-2 years (maximum of 3 years), after which it is expected that the faculty member will transition to the rank of Assistant Professor as a Regular Rank faculty member, or for clinicians, to transition to the Non-Regular Rank faculty if the intent is to engage solely in clinical practice. The Clinical Sciences Appendix of the Faculty Handbook has additional information about distinctions between Regular Rank and Non-Regular Rank faculty.

Assistant Professor

The rank of Assistant Professor is intended as an entry level appointment. This appointment is “undifferentiated” regarding track assignment. During time at this rank, the faculty member has the opportunity to become established in scholarly endeavors. The date of hire at the rank of Assistant Professor marks the start of the tenure probationary period. Criteria for promotion from Medical Instructor to Assistant Professor and for initial appointment at the Assistant Professor level are developed at the Department level. The decision to advance an (undifferentiated) Assistant Professor to the Faculty Tenure Track occurs in discussion with the faculty member, faculty member mentor, and the Department Chair or Division Chief. This discussion should be ongoing, with a decision made in the 4th - 5th year after hire. For faculty electing to follow the Faculty Tenure Track, this decision is expected to coincide with promotion to the rank of Associate Professor without tenure. For faculty electing to follow the Faculty Career Track, timing of the promotion to the rank of Associate Professor is flexible.

Associate Professor

The rank of Associate Professor is earned by the faculty member who has demonstrated excellence as a clinician, educator, and / or investigator along with scholarship that advances the academic missions of the Health System, School of Medicine and / or their Department. This promotion recognizes contributions that add value to the institution and to healthcare. Faculty at the rank of Associate Professor may be eligible for longer term contracts per the discretion of their Department.

To be promoted to the rank of Associate Professor, the faculty member will have a strong institutional (or wider) reputation for excellence in their area of expertise. Faculty at this level should be able to demonstrate effective engagement with the School in several ways, including:

- Contribution to innovative Division level processes and programs.
- Mentoring of trainees and junior colleagues.
- Collaboration across medical disciplines or units.
- Leadership within a service line, local or regional organization, and / or committees, subcommittees, and / or task forces of the University and Health System (including all affiliated hospitals and the Durham Veteran’s Administration (VA) Medical Center)

Three domains of effort, **clinical practice, education programs, and original investigation**, serve as the primary areas of promotion evaluation on the Faculty Career Track. Impact at the institutional level in one of these primary domains is required for promotion. **In addition to impact in one of the three domains (above) of primary focus, promotion to the rank of Associate Professor requires effectiveness**

in at least one of the additional domains. The following paragraphs describe qualities that support advancement to the rank of Associate Professor.

Clinical Practice (as area of primary domain or focus)

- The Associate Professor is expected to have an established institutional and, if applicable (e.g., subspecialty practice) regional reputation for clinical excellence. The ability to attract clinical referrals from a wide region or, for primary care fields, acknowledgement of the faculty member as a recognized expert in the care of patients, populations or communities is expected.
- Scholarship related to clinical practice is required and can be documented via any of an array of formats including peer reviewed manuscripts, case reports, book chapters, and consensus statements, as well as non-peer reviewed content, institutional reports and presentations, social media and other platforms; peer reviewed manuscripts are not required for promotion on this track unless specified by Department-level criteria.
- Faculty at the rank of Associate Professor are expected to contribute to process and systems improvement, aspiring to become clinical leaders within Duke Medicine (including the Private Diagnostic Clinic, affiliated hospitals and the VA), as a component of demonstration of their impact on clinical practice (e.g., participation in local and regional administrative think tanks and conferences, development of processes to facilitate and improve organizational effectiveness, membership on University committees and task forces, and local or regional leadership positions in professional societies).
- Other supportive criteria include:
 - o Visiting professorships, invited presentations at national meetings, honors and awards
 - o Mid-level editorial leadership positions in major journals, or executive leadership of lower-level journals
 - o Co-authorship of clinical policy statements, consensus statements, or practice guidelines
 - o Influential educational blogs, websites, columns in professional trade journals, or non-technical medicine-related academic books
 - o Invention disclosures, patent applications, and / or awarding of patents reflecting clinical innovation
- Effective mentoring of trainees and junior faculty is expected, within the sphere of practice of the faculty member.
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required.

Research / Original Investigation (applicable to faculty with a primary focus on Clinical Practice or Education Programs)

- The Associate Professor will have actively facilitated the conduct of research through original investigation, medical education outcomes research, patient enrollment into clinical trials and / or other collaborations that enable research as appropriate to the Department and the faculty member.
- Scholarship reflecting original investigation is expected and can be documented via any

of an array of formats including peer reviewed manuscripts, case reports, book chapters, and consensus statements, as well as non-peer reviewed content, institutional reports and presentations, social media and other platforms; peer reviewed manuscripts are not required for promotion on this track unless specified by Department-level criteria.

- Published materials are expected to be constructive conveyors of our academic missions and provide high quality information that enhances and advances patient care.
- Participation in clinical, site-based research as a site Principal Investigator (PI) of major national trials is considered favorably.
- Collaborative research and team science are highly valued by the School of Medicine.
- Open Science provides a mechanism for data sharing that supports data transparency and integrity, facilitates scientific discovery and promotes public health. Participation in Duke Open Science and other Open Science platforms is highly valued by the School of Medicine (see also Leadership / Service section).
- Sustained and / or independent research funding is not required; however, effort on funded grants or other forms of demonstrated contribution to ongoing funded activities is expected for promotion that references research / original investigation.
- Effective mentoring of trainees and junior faculty is expected, within the sphere of original investigation of the faculty member.

Clinical Practice Advancement (e.g., patient safety / quality, information technology innovation)

- The Associate Professor will have demonstrated leadership in developing and evaluating innovative approaches that advance patient care, coordinating a variety of processes, systems and platforms.
- Obtaining funding (institutional or otherwise) for program innovation is viewed favorably.
- Demonstration of improved outcomes in the quality of care, patient satisfaction, value of care, and / or return on investment as a result of clinical practice advancement activities, reflected by use of national metrics, is expected.
- The Associate Professor will have developed institutional, local and regional reputations for excellence:
 - Development of think tanks, collaborative research platforms focused on clinical practice
 - Visiting professorships, invited presentations at national meetings, honors and awards
 - Influential clinical practice blogs, websites, columns in professional trade journals, or non-technical medicine-related academic books
 - Organization and leadership of CME courses focused on clinical practice
- Effective mentoring of trainees and junior faculty is expected, within the sphere of clinical practice advancement of the faculty member.

Leadership/Service

- Service to the institution that contributes to the greater good of the University will be considered supportive.
- Leadership of clinical services (inpatient and / or outpatient), participation in clinical regulatory and oversight groups, and / or leadership of clinical teams is expected at the rank of Associate Professor – examples include:
 - Division Chief, service line director, or executive leadership of major health system or Department-wide organizations or committees
- Contribution of expertise and leadership to advancing healthcare is expected, such as participation in local and regional administrative meetings, think tanks, or conferences;

development of processes to facilitate and improve organizational effectiveness; membership on School of Medicine and University committees, task forces, search committees, and local or regional leadership positions in professional societies or mid-level leadership of a national organization.

- Open Science provides a mechanism for data sharing that supports data transparency and integrity, facilitates scientific discovery and promotes public health. Participation in Duke Open Science and other Open Science platforms is highly valued by the School of Medicine. Opportunities for documentation of contributions to Open Science include annotation of publications listed in the Duke CV, in the personal statement (for bodies of work such as specific research initiatives), and in the letter of support provided by the Division Chief and Department Chair. Participation is considered under the broad category of service to the School of Medicine. The quality and use of data deposited into Open Science platforms by faculty may be recognized for contributing to knowledge generation and research integrity. Specifics of the policy are available at <https://scholarworks.duke.edu/open-access>.

Professor

The rank of Professor is reserved for individuals who are recognized both within and beyond the institution as outstanding clinicians, educators, and / or investigators with a scholarship portfolio that enables and advances the academic missions of their Department, the School of Medicine, and the Health System. This promotion recognizes contributions that add value to the institution and to healthcare. Faculty at the rank of Professor may be eligible for longer term contracts per the discretion of their Department.

To be promoted to the rank of Professor, the faculty member will have a strong regional or national reputation for excellence in their area of expertise. Faculty at this level should be able to demonstrate effective engagement with the School in several ways, including:

- Leadership and innovation through Department level programs that could serve as exemplars for other institutions to emulate.
- Mentoring of learners and colleagues.
- Collaboration across departments, disciplines and / or institutions.
- Executive level leadership within a service line, local or regional organization, and / or committee, or subcommittee, and / or task forces of the University and Health System (including all affiliated hospitals and the Durham Veteran's Administration (VA) Medical Center)

For clinicians, the ability to attract clinical referrals from a wide region or, for primary care fields, acknowledgement of the faculty member as a recognized expert in the care of patients, populations or communities will be considered in the promotion decision as well as contributions to teaching, mentoring, and leadership / service.

Criteria for achievement listed under each category below are meant to build on those described for prior ranks, and should be considered in that context. **In addition to impact in one of the three domains (listed above) of primary focus, promotion to the rank of Professor requires effectiveness in at least one of the additional domains.** The following paragraphs describe qualities that support advancement to the rank of Professor.

Clinical Practice (as area of primary focus)

- The Professor must have a strong regional to national reputation for exceptional knowledge of and excellence in a defined domain of clinical care.

- Scholarship related to clinical practice is required and can be documented via any of an array of formats including peer reviewed manuscripts, case reports, book chapters, and consensus statements, as well as non-peer reviewed content, institutional reports and presentations, social media and other platforms; peer reviewed manuscripts are not required for promotion on this track unless specified by Department-level criteria.
- The rank of Professor requires that the faculty member is clearly recognized as a leader in the School of Medicine, Private Diagnostic Clinic (PDC), and / or Duke Health System, including all affiliated hospitals and the VA Hospital; some faculty at this rank will hold executive leadership positions and / or leadership of major committees or organizations.
- Within a Department, the School of Medicine, or the Health System (including affiliated hospitals and the VA), the faculty member should be engaged with activities that advance clinical practice. Examples include the following (and are to be documented under “Clinical Practice Advancement”, or “Leadership & Service” as appropriate):
 - Development of better health care structures or processes that improve outcomes and systems performance, with associated national metrics
 - More efficient, cost-effective delivery of health care as measured by national metrics
 - Demonstration of positive ROI from implementation decisions, as measured by prospective metrics (including non-financial)
 - Participation in national think tanks and conferences
 - Leadership of national administrative groups, specialty groups, governing bodies, and licensing groups
 - Leadership of University committees, task forces, and search committees
 - Leadership position in national professional societies / organizations
- Conduct consistent with our Core Values and Statement on Faculty Professionalism is required.

Research / Original Investigation (applicable to faculty with a primary focus on Clinical Practice or Education Programs)

- The Professor will have actively facilitated the conduct across applicable domains of research (e.g., basic science, translational science, clinical science, implementation science, outcomes research, population health, health services research) through original investigation, patient enrollment into clinical trials and / or other collaborations that enable research as appropriate to the Department and the faculty member.
- Scholarship reflecting original investigation is expected and can be documented via any of an array of formats including peer reviewed manuscripts, case reports, book chapters, and consensus statements, as well as non-peer reviewed content, institutional reports and presentations, social media and other platforms; peer reviewed manuscripts are not required for promotion on this track unless specified by Department-level criteria.
- Published materials are expected to be constructive conveyors of the academic missions and provide high quality information that enhances and advances patient care and / or healthcare.
- Demonstration of sustained funding of a research portfolio as site PI for multi-center trials or other clinical research activities is supportive but not required.
- Other supportive accomplishments include:
 - Sustained record of leadership in a field of clinical research
 - Visiting professorships, plenary session / keynote presentations at national meetings, invited presentations at national meetings, national honors and awards
 - Executive editorial leadership positions in major specialty journals
 - Lead author or committee chair of clinical policy statements, consensus

- statements, or practice guidelines
- Multiple influential educational blogs, websites, columns in professional trade
- journals, or non-technical medicine-related academic books
- Invention disclosures, patent applications, awarding of patents reflecting clinical innovation
- Effective mentoring of trainees and junior faculty is expected, within the sphere of original investigation of the faculty member.

Clinical Practice Advancement (e.g., patient safety / quality, information technology innovation)

- The Professor will have established nationally recognized expertise related to activities in this domain, particularly innovative approaches for developing and implementing programs that advance patient care coordination across a variety of platforms and processes.
- Professors will be recognized institutional leaders positioned to guide others in the use of processes, systems, and technologies that enhance patient care and healthcare.
- Professors are expected to embrace and enable collaborative and innovative approaches.
- Effective mentoring of trainees and junior faculty is expected, within the sphere of clinical practice advancement of the faculty member.

Leadership/Service

- Professors should be clearly recognized as leaders of the institution through leadership of a discipline, service line, cross departmental program, course or administrative unit.
- Significant leadership of clinical services, participation in clinical regulatory and oversight groups, or demonstration of significant leadership of operating room or clinical teams is expected of faculty members at this rank – examples include:
 - Division Chief, service line director, and executive leadership of a major Department-wide organization or committee
 - Participation in regional and national administrative meetings, think tanks, or conferences; development of processes to facilitate and improve organizational effectiveness; membership on University Committees, task forces, search committees, and leadership position of a regional or national professional society or organization
 - Active engagement with recruitment processes for new faculty and learners as requested by the Chair
- Open Science provides a mechanism for data sharing that supports data transparency and integrity, facilitates scientific discovery and promotes public health. Participation in Duke Open Science and other Open Science platforms is highly valued by the School of Medicine. Opportunities for documentation of contributions to Open Science include annotation of publications listed in the Duke CV, in the personal statement (for bodies of work such as specific research initiatives), and in the letter of support provided by the Division Chief and Department Chair. Participation is considered under the broad category of service to the School of Medicine. The quality and use of data deposited into Open Science platforms by faculty may be recognized for contributing to knowledge generation and research integrity. Specifics of the policy are available at <https://scholarworks.duke.edu/open-access>.

Once nominated for promotion, typically by your Division Chief, the nomination is voted on by the Department Appointments, Promotion, and Tenure (DAPT) Committee. If the nomination is approved you will need to provide the information/documentation listed below, to the DAPT Administrator (pamela.neville@duke.edu). Once the information is received (including receipt of the letters of recommendation), the dossier will be presented to the DAPT Committee for a formal review, discussion, and vote. The meetings are held quarterly (typically in June, September, December, and March). If your dossier is approved by the committee, it will be forwarded to the Department Chair, and School of Medicine for review, and approval.

Required Documentation for Promotion

- **Intellectual Development Statement** The links below will assist you in preparing this document <https://sites.duke.edu/aptneurology/files/2022/04/Intellectual-Development-Statement.doc> (document will download)
- **APT Intellectual Development Statement Guidelines** (<https://medschool.duke.edu/about-us/faculty-resources/faculty-appointments-promotion-tenure/clinical-science-apt/faculty/apt>)
- **Current CV in Duke Format** (download document from this link <https://sites.duke.edu/aptneurology/files/2022/04/Duke-CV-Template-8-1.doc>) **Please add an "Invited Lectures" section in your CV. You can add under "Other", label it as section d. Invited Lectures.**
- **Annotated Bibliography** (publications within the past seven years). A list of the faculty member's most significant publications over the past seven years. The annotated listing of publications should consist of: the most significant publications over the past 7 years; a full citation for each work (author, publication year, title of article, journal name, volume and pages); a brief, 3-4 sentence description of the major findings of each work and its significance. The list should be determined by the faculty member.
 - For Associate Professor, Career Track 5 publications
 - Professors, Career Track 10 publications
- **Six (6) Letters of recommendation.** You may work with your division chief for help with developing a roster of 8-10 names so that we may request letters of recommendation. We will need the name, rank, address, email address, and phone number of 8-10 reviewers who are experts in your field. The reviewers should be able to independently evaluate your work. The School of Medicine requires 6 letters of recommendation (reviewers external to Duke are required). We request 8-10 names because not every request will be acknowledged. The reviewer must be at or above the proposed rank, at an external academic institution, and you cannot have had any direct collaboration with them in the last 7 years. They do *not* have to know you, and it is actually best to have a few names of people who truly don't know you. The administrative coordinator, Pamela Neville (pamela.neville@duke.edu) will request the letters on behalf of the faculty member.



List of Reviewers -
Template.docx