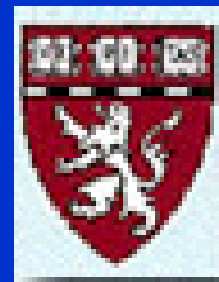


# PROMOTION VIA THE CLINICAL EXPERTISE AND INNOVATION CRITERIA

## “Perspectives from the Subcommittee of Professors”

G. William Dec, MD  
Cardiology Division  
Massachusetts General Hospital &  
Harvard Medical School



Disclosures: None

# ESTABLISHING A PROMOTION PROFILE AT HARVARD MEDICAL SCHOOL

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## **Area of Excellence**

**Clinical Expertise and Innovation**



## **Evaluation for Teaching and Education**



## **Significant Supporting Activities**

**Investigation**

**Education of Patients and Community**

**Administration & Institutional Service**

# THE PROMOTION PROCESS AT HARVARD MEDICAL SCHOOL

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MGH Departmental Review Committee



Partners Academic Review Committee



HMS Joint Executive Committee



HMS P & R  
Committee

Ad hoc  
Committee



HMS SOP

# CLINICAL EXPERTISE AND INNOVATION METRICS (1)

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- Recognition as a Clinical Expert
  - Strong regional/national/international reputation as a clinical expert in your defined area of excellence
  - Clinical leadership roles within the MGH/Partners/HMS, national leadership roles [participant → chair of committees, writing groups, annual scientific sessions]
- Influencing Clinical Practice
  - Development or local adoption of innovative approaches to diagnosis, treatment or prevention of disease; development of models of improved care delivery
    - Creation of multidisciplinary clinical service
    - Development/implementation of practice guidelines, quality improvement processes that change standard of care
    - Development of innovative technologies, drugs, surgical procedures that are superior to current standard of practice

# CLINICAL EXPERTISE AND INNOVATION METRICS (2)

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- Evidence for Regional/ National Recognition

## Assistant Professor

Invitations to speak locally, regionally on area of expertise

Speaker in Harvard CME courses

Invitations to participate locally in guideline development for practice or quality improvement programs

Peer reviewer for clinical journals

Peer-reviewed funding to support innovative practices [**need not be NIH; industry and foundation support is helpful**]; *useful but not essential for promotion*

Local awards for contributions/innovation in area of clinical expertise

# CLINICAL EXPERTISE AND INNOVATION METRICS (3)

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- Evidence for Regional/ National Recognition

## Associate Professor

Invitations to speak regionally and nationally on area of clinical expertise

Leadership roles in regional and national professional organizations, courses, programs

Service on national committees evaluating programs in area of excellence [e.g. NIH study sections, American Heart Association, Heart Failure Society of America, etc, etc...]

Membership on editorial boards in area of clinical expertise

Peer reviewed funding to support innovation; *useful but not essential*

Regional and/or national awards for innovation [Young Investigator Award, ,etc]

# CLINICAL EXPERTISE AND INNOVATION METRICS (4)

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- Evidence for Regional/ National Recognition

## Professor

Visiting Professorships, international lectures

Leadership roles in national/international professional organizations

Service as a consultant on issues related to clinical expertise [expert panels, government agencies, American Subspecialty Board, etc]

Service on national and/or international committees developing guidelines for care, quality improvement initiatives

Editorship(s) of journal(s) in field of expertise

Peer-reviewed funding to support innovations that influence clinical care nationally

National or international awards [Named lectureships at national meetings, honorary degrees, etc]

# CLINICAL EXPERTISE AND INNOVATION METRICS (5)

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- Evidence of Scholarship

Publication of first author original research > reviews and/or chapters related to area of clinical expertise

Development of guidelines and/or protocols for patient management that are adopted *locally*

Publication of first or senior author original research > chapters, or reviews

Development of guidelines and/or protocols for patient management that are adopted *regionally or nationally*

Publication of first or senior author manuscripts that demonstrate impact of innovation on quality, outcomes or access to care

Publication of original research > chapters, reviews, guidelines as senior author



# EVIDENCE OF SCHOLARSHIP

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- **Quantity *versus* Quality (specific journals , H-index) of Publications**
  - Less rigid than Investigator criteria
  - Original research publications (clinical trials, translational investigation) carry the most weight but all publications (reviews, chapters, non-print materials) count
  - First and senior author have most impact but middle author publications still useful, particularly with large collaborative projects
  - Selected best papers are carefully reviewed by primary reviewer for committee presentation
  - **Rough guidelines on Quantity:**
    - Assistant Professor      10-20 publications
    - Associate Professor      30-50 publications
    - Professor                      60-100+ publications

# TEACHING AND EDUCATIONAL CONTRIBUTIONS

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- HMS teaching: required but not sufficient for advancement beyond Assistant Professor rank
- CME courses are useful, particularly if national or leadership role can be demonstrated
- Lecturing at plenary sessions or “Meet the Experts: at subspecialty national scientific meetings, grand rounds at academic medical centers, Visiting Professorships have high impact
- Evidence for mentoring is very important at Associate and Professorial levels



# TIMELINE AND PITFALLS

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- P & R committee meets twice per month
- SOP meets monthly
- Average time for promotion
  - Assistant/Associate Professor: 12 months
  - Professor 12-18 months (or longer)
- Things that will delay the promotion process
  - CV not in current Harvard format
  - Missing or late referee letters
  - Lack of truly independent external reviewer [“I had the pleasure of working with Dr. X on a project...” or PubMed listing of co-authored publications]
- Late initiation of the promotion process
  - Be proactive, check with your Chief of Service on timing