

Clinical + Admin Pharmacy
Clinical Unit Criteria



The University of Georgia

College of Pharmacy

Approved

5 April 2012

Date: March 8th, 2012

To: Svein Øie
Dean

From: Brad Phillips
Head

Re: Approval of a separate CAPU within the department

I am seeking approval to establish a separate Clinical Appointment and Promotion Unit (CAPU) within the department. Faculty in the department developed and approved the attached CAPU unit criteria. These criteria were approved by the majority of clinical and tenure track faculty (23 yea, 1 nay) in the department during our March 5th faculty meeting. The CAPU criteria align with the university's Guidelines for Appointment and Promotion of Clinical Faculty. Please give your highest level of support to this request.

APPROVED:

SVPA&A & Provost

5/9/12

Date

Department of Clinical and Administrative Pharmacy Clinical Appointment and Promotion Unit Criteria

These unit criteria align with college of pharmacy and university policies and guidelines for promotion of clinical-track faculty in the Department of Clinical and Administrative Pharmacy. The Clinical Appointment and Promotion Unit (CAPU) in the department is comprised of a separate unit of the clinical faculty, as long as critical mass is met, with the department head serving as the CAPU head.

Background

An important part of the Mission of the University of Georgia, College of Pharmacy is to serve the needs of society by furthering the frontiers of pharmacy clinical practice, providing students with the highest quality education through a state-of-the-art pharmacy care environment and assuming a leadership position to advance and refine the roles of pharmacy practitioners.

A fundamental component of carrying out our Mission is the presence of a critical mass of teachers—educator-practitioners—who have the interest, experience, training and time to direct the process of educating our students. While acknowledging the vital role these educator-practitioners play in our clinical program, we are, paradoxically, unable to adequately recognize their contributions and accomplishments within the scope of the traditional merit and promotion processes.

The current dilemma has its roots in academic medicine and dates back to the early 1900's when Abraham Flexner produced a report that advocated the design of a medical curriculum to integrate basic science and clinical care. While this fusion enabled the evolution of the present biomedical era, this focus greatly impacted the hiring practices and criteria for advancement within the ranks of the health science disciplines. The College recognizes that the educator-practitioner Faculty must necessarily devote a great proportion of their time to the inseparable activities of teaching and clinical service and, therefore, have less time for traditional creative work than non educator-practitioner scholars at the University. To recognize the need for and provide avenues for promotion of the educator-practitioner, the clinical track (non-tenure) appointment has been created.

Eligible Voters for Appointment and Promotion of Clinical Faculty Ranks

If the number of clinical faculty in an academic unit constitutes a critical mass, the clinical faculty will comprise a separate CAPU. The academic unit head serves as the CAPU head.

If the number of clinical faculty in the department does not constitute a critical mass, both clinical and tenure track faculty in the unit will comprise the CAPU. The academic unit head will serve as the CAPU head.

Clinical faculty have full faculty voting privileges for all matters with the exception of appointment, promotion and tenure of tenure-track faculty and other tenure-related issues.

CRITERIA

As required per the University Policy on Guidelines for Appointment and Promotion of Clinical Faculty, faculty on the clinical track must have a terminal degree for their discipline, or equivalent experience to practice in a clinical care setting. Licensure in the faculty member's area of practice is required. Completion of residency, fellowship and/or postdoctoral training is preferred.

For promotion to Clinical Associate Professor, faculty MUST have established a regional reputation with a clearly emerging national reputation in clinical pharmacy.

For promotion to Clinical Professor, faculty MUST have established a national reputation and possibly an international reputation in clinical pharmacy.

Faculty members are not required to provide evidence in all areas listed and no one area will be weighted more than another for promotion considerations. Examples of contributions to clinical practice and creative works can be found in Appendices A and B, respectively.

Contributions to Teaching

Contributions to teaching are measured in the following categories:

> Teaching Effectiveness	Evidence:	Student/resident evaluations, student/resident letters with examples Peer evaluations of classroom/lab/practice site teaching
>Teaching Accomplishments	Evidence:	Student organization, college, university and professional organization awards for teaching

> Instructional Development

Evidence: Teaching innovations: new course development, course revisions
Adoption by other institutions

> Student Supervision

Evidence: Successful mentoring and training of students and residents
Presentation of student and/or resident scholarship (e.g, published abstracts and/or presentations)
Student publications in the peer-reviewed literature resulting from faculty mentorship as co-author.

> Outside Teaching

Evidence: Joint appointments to other academic institutions, CE presentations, seminars, panel presentations
Inter-professional education (e.g., medical, nursing, etc.)

Evaluation of Evidence: Peer review and P&T Committee review of the faculty's teaching portfolio.

Contributions to Service

Contributions to service are measured in the following categories:

> University/College

Evidence: Service on college and university committees, task forces, etc.
Service on departmental committees, task forces, etc.
Documented mentoring of junior faculty
Faculty advisor to student organizations

>Professional Organizations	Evidence:	<p>Appointed Chair and/or elected offices in state, regional, national or international professional organizations</p> <p>Service on committees in state, regional, national or international professional organizations</p> <p>Fellow status in professional organizations (e.g., FCCP, FAHA)</p> <p>Membership on site / program accreditation teams</p>
> Public/Community Service Outreach	Evidence:	<p>Board membership/consultation on public health programs</p> <p>Community education programs</p>
>Clinical Service	Evidence:	<p>Board certification(s) in faculty's area of clinical practice</p> <p>Letters from peers and health care professionals evaluating quality of patient care</p> <p>Documented clinical interventions and or patient outcomes</p> <p>Evidence of adoption of services elsewhere</p> <p>Other examples of evidence provided in Appendix A.</p>
> Health-Systems	Evidence:	<p>Adjunct clinical appointments in health care systems</p> <p>Service on health care system committees</p>

Evaluation of evidence: P&T Committee review of curriculum vitae and promotion dossier

Contributions to Scholarship

Contributions to scholarship are measured in the following categories:

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| > Publications | Evidence: | Publication of original research in peer-reviewed journals
Publication of reviews, commentaries, letters in peer-reviewed journals
Publication of books and book chapters
Publication on scholarship of teaching and learning |
| > Presentations | Evidence: | Presentations at local, state, regional, national and international meetings
Invited seminar presentations at other colleges/universities
Publication of presented abstracts |
| > Grants and Contracts | Evidence: | Funded grants and contracts for scholarship |
| > Other Creative Works | Evidence: | Documented dissemination of creative work (e.g., implementation of an original clinical service at another health care or academic institution, development and directorship of a nationally accredited PGY-1 or PGY-2 residency program).

Other examples of evidence provided in Appendix B. |

Evaluation of evidence: P&T Committee review of curriculum vitae and promotion dossier.

Appendix A. Other examples of evidence for contributions to clinical service.

1. Evaluation and recognition (honors and awards) of practice proficiency by state, national or international professional organizations.
2. Development or application of innovative pharmacy care programs and activities (including but not limited to innovative drug distribution programs, staff-pharmacist development and/or continuing education programs, drug information dissemination, medical histories and/or counseling programs, postgraduate training programs, postgraduate fellowship training programs, disease management programs, compounding programs, treatment programs, etc.)
3. Documentation of referrals.
4. Documentation of consultation in the candidate's field.
5. Development/modification of Patient Care Protocols utilized by health care organizations.
6. Drug Monographs prepared for Pharmacy and Therapeutic Committee considerations.
7. Editing contributing to professional newsletters.
8. Grants/contracts received to provide services to the health care organization.
9. Identification as an expert consultant by agencies outside of the University.
10. Reviewer or editor for professional journals, reviewer of abstracts for professional meetings.
11. Documentation of contribution to the mission and goals of the faculty's practice settings.
13. Demonstration of professional advancement or leadership through administrative duties within a health care organization.
14. Demonstration of professional advancement or leadership through managerial duties within a health care organization.

Appendix B. Other examples of evidence of creative works.

1. Participation in clinical research (e.g. clinical drug trials, pharmacoepidemiologic studies, pharmacoeconomic studies, pharmacokinetic trials, etc). May include consultation on protocol development, patient recruitment, performance of trials, data collection, data analysis, manuscript preparation, and abstract preparation for submission to professional meeting.
2. Published position papers.
3. Published Case Reports.
4. Published book reviews.
5. Published practice guidelines and policy statements.
6. Departmental and institutional governance and academic policy and procedure development as related to teaching, research and clinical activities.
7. Editorial/reviewer work for professional journals in which research results are published.
8. Reviewer for abstracts for state, regional and national professional meetings in which research results are presented.
9. Reviewer of research proposals for funding by University or national organizations.
10. Reviewer for textbooks and book chapters