PRACTICE TRACK GUIDELINES
FOR APPOINTMENT OF
ASSOCIATE PROFESSOR AND PROFESSOR

Specific criteria for each rank in the Practice Track are contained in the Faculty Handbook. The guidelines below are designed to assist Chairs in preparing applications for prospective Associate Professors and Professors in the Practice Track for review by the institutional Committee on Appointments, Promotions and Tenure.

Eligibility for the Practice Track
Faculty in the Practice Track must be full-time employees of **Mount Sinai Health System ("Mount Sinai")**. They are expected to devote a preponderance of effort – typically 90% or more – to clinical practice and/or clinical administration. Within this framework, faculty may be:

- Based on the main Mount Sinai campus
- Based at the Health System member hospitals
- Based at an off-site practice owned by Mount Sinai

Incoming faculty being appointed as Associate Professor or Professor in the Practice Track will initially be appointed with the title of Senior Faculty. This transitional title will allow for the collection of objective and/or verifiable data regarding clinical excellence.

Curriculum Vitae
The standard MSSM C.V. format should be used as a starting point. We encourage Practice Track candidates to annotate their C.V.s, with descriptive information to help the Committee on Appointments, Promotions and Tenure learn more about their clinical practice, innovations in

patient care, teaching and service to Mount Sinai, roles in professional organizations, and participation in community affairs. A sample C.V. for a Practice Track candidate is available on line.

Reviewer List
Colleagues, mentors and others with sufficient expertise can provide important input to the Committee about a candidate's accomplishments.   As part of the appointment/promotion packet, the candidate must submit a list of names of potential reviewers (including title(s), organization and email address for each). The Dean's Office will then solicit letters from appropriate individuals on the list.

In identifying reviewers please use the following guidelines:

Professor
- Minimum of **10** reviewers
- Geographically dispersed list of reviewers -- particularly nationally -- will be viewed favorably.
- Reviewer Restrictions:
    o Reviewers cannot be from a promotion candidate's own primary academic department at Mount Sinai
    o At least four (4) reviewers must be from outside Mount Sinai and its affiliates.
    o Reviewers who are not at the rank of Professor in their home institution should hold senior leadership positions in their school, hospital, or professional organization, e.g., Chair of Department, Chief of Service, Institute Director.
    o No more than two external reviewers can be from the same institution

Associate Professor
- Minimum of **six** (6) reviewers
- Geographically dispersed list of reviewers -- from the tri-state regional or beyond -- will be viewed favorably.
- Reviewer Restrictions:
    o Reviewers cannot be from a promotion candidate's own primary academic department at Mount Sinai.
    o At least two (2) reviewers must be from outside Mount Sinai and its affiliates.
    o Reviewers who are not at the rank of Associate Professor in their home institution should hold mid to senior leadership positions in their school, hospital, or professional organization, e.g., Division Chief, Chief of Service.
    o No more than one external reviewer can be from the same institution

Chair's Statement *(See sample Chair Statements for Promotion Candidate and Appointment Candidate in the Practice Track.)*

A strong statement of support from the candidate's Chair (co-signed by Division Chief, if applicable) will help familiarize the Committee with the candidate's accomplishments. The statement may not exceed three (3) pages, i.e., 750 words, and should address performance in all five categories described in the Faculty Handbook <link> for this track. If the candidate lacks experience in some of these five areas, or if some categories do not apply to the candidate's practice, simply note that in the statement. The five areas are addressed below.

1. Quality of Care:
   o Quantitative data on quality of care can include **but is not limited to** the following metrics and/or other data specific to the candidate's specialty:
     ▪ Patient volume, e.g., number of active patients in FPA practice, annual volume of hospital admissions
     ▪ Growth of practice - increase in patient panel over a number of years, e.g., five or ten years
     ▪ Geographic reach – local, regional, national or international referral base
     ▪ Length of Stay - ALOS/ELOS *(From the FPA Dashboard)*
     ▪ Risk-adjusted mortality rates *(From the FPA Dashboard)*
     ▪ Readmission rates *(From the FPA Dashboard)*
     ▪ Discharge orders entered before 11:00 A.M. *(From the FPA Dashboard)*
     ▪ Discharge summaries dictated > 30 days (*From the FPA Dashboard*)
     ▪ Pain Scores *(From the FPA Dashboard)*
     ▪ Core Measures applicable to the specialty
     ▪ RVUs (compared with MGMA or other benchmarks for specialty, adjusted for percentage clinical effort)
     ▪ AHRQ Adult Safety scores (UHC)
     ▪ Other internal and external quality metrics if available
   o Please provide commentary on these quantitative measures, including standards against which the candidate can be compared. Example:
     ▪ **Uninformative**: Dr. X logged 4500 RVUs in 2010
     ▪ **Better:** Dr. X logged 4500 RVUs in 2010, placing him/her in the MGMA 75th percentile for his/her specialty
     ▪ **Best:** Dr. X logged 4500 RVUs in 2010, placing him/her in the MGMA 75th percentile and also among the top 10% of MSSM physicians in this specialty.
     If comparative data/performance targets are unavailable, interpretative comments from the Chair will be especially important.
   o Data Limited – If comprehensive quantitative data are unavailable, (e.g., the candidate is never the discharging physician and therefore has no Dashboard data) use other means to describe quality of care that may include: reputation among other physicians; referral patterns; consults on difficult cases; patient panels that include other Mount Sinai physicians; and professional awards.
   o Other qualitative information – provide any additional information that addresses the high quality of care provided by the candidate, e.g., a description of highly complex patient management

2. <u>Patient Satisfaction</u> – The Chair's statement of support should include information relating to the inpatients (using data from the Hospital Consumer Assessment of Healthcare Providers Survey, HCAHPS) and outpatients (FPA Patient Satisfaction Survey results (Press Ganey). Commentary on the data is encouraged. Summaries of patient testimonials or complimentary letters may be helpful if these data are unavailable.

3. <u>Innovation</u> – Describe evidence of novel approaches that the candidate has developed or adopted in the practice of care. Linking innovations to improved quality or operational outcomes will add strength to this area.

4. <u>Teaching</u> – Describe excellence in: teaching and mentoring medical students, residents or fellows; quality and quantity of invited lectures at professional conferences; participation in patient education events; teaching awards and/or membership or recognition by Mount Sinai's Institute for Medical Education.

5. <u>Service</u> - Supplement C.V notations of institutional or external professional service by placing this in context. Describe the degree of effort, the prominence of the organization, and the benefits that this service has or will provide to Mount Sinai or the broader community and profession.

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