## DOM APT Reviewer Checklist Clinical Practice and/or Administrative Leadership PROFESSOR

Candidate Name:				
Submission Type: S  Appointment Promotion	Select Submission Type	Review Date: Clic	k or tap to enter a date.	
Site: Select a Site		Division: Select a Secondary Depart		
			d Rank: Select Rank d Track: Select Track	
SUMMARY (In 5 ser	ntences or less. outline the faculty me	mber's background and expertise	e to provide context to the evaluation)	
			Supporting Evidence For each selected criterion, provide supporting evidence in the adjacent space. You may copy-paste directly from the source document or specify the page number and section heading. Include source details such as CV, Chair Statement, or Practice Addendum.	
OVERVIEW Across all ranks	more of these areas: clinical clinical laboratory, and clinic Note: This track is mostly for occasionally be for profes	nce and leadership in one or practice, clinical teaching, cal administration. In physicians but can essionals with doctoral ts or directors of clinical evice and leadership in aking functions both within		

		Supporting Evidence
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		supporting evidence in the adjacent space.
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		source document or specify the page number and section heading. Include
		source details such as CV, Chair
		Statement, or Practice Addendum.
	☐ Participates and contributes to major institutional	
	committees that are critical to the mission of the	
	school, the health System, and affiliated hospitals	
	(e.g., Medical Board).	
	☐ Outstanding service as an educator (e.g., residency	
	program director). (Considered a plus)	
	☐ Administrative roles (e.g., Vice-Chair or Director for	
	Quality Assurance). (Considered a plus)	
	☐ Other	
	$\square$ May have conventional scholarly output. (Not required	
	but a plus)	
	<ul> <li>May develop innovative approaches to patient care and related activities.</li> </ul>	
	$\square$ Disseminates innovations beyond the institution	
	through writing, lectures, or workshops.	
	☐ Participates in clinical trials. (Not required but	
	considered a PLUS)	
Comment		
OVERVIEW	☐ Must demonstrate a record of outstanding performance	
Professor	as a rare Master Clinician and/or master clinical	
	laboratory leader.	
	☐ Expected to have substantial leadership role in the	
	provision of clinical services.	
	$\square$ Exhibits excellence as exemplary teachers and/or	
	education program leaders, often for innovative	
	approaches taken.	
	Recognized locally, regionally, and nationally for	
	contributions to the organization and delivery of clinical	
	care as evidenced by publications, invitations to lecture,	
	participation in expert panels at meetings of	
	professional societies or at institutions or organizations	
	at the national level.	
	☐ Widely recognized as a master clinician or leader of an	
	outstanding clinical laboratory or program and	
	promulgation of this expertise to other medical	
	professionals.	
	<u>Note</u> : This supersedes the requirement for continuous	
	generation of traditional scholarly publication of	
	innovative science.	
Comment		

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		You may copy-paste directly from the
		source document or specify the page
		number and section heading. Include source details such as CV, Chair
		Statement, or Practice Addendum.
Preliminary	Does this candidate meet overview criteria for this track?	□Yes □ No
Decision	If no, then stop and contact DOM APT Administrative Staf	
QUALITY OF CARE	☐ Superior performance on quality metrics (Part I of	
	Practice Addendum).	
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	☐ Widely perceived as an outstanding Master Clinician (Part I of Practice Addendum).	
	(Select all that apply)	
	☐ Must be recognized at the institutional level as	
	leaders within specific clinical areas.	
	☐ Actively sought after on an institutional and regional	
	level for expertise.	
	$\square$ Has a panel of patients that include other physicians	
	and broad-based referrals and consultations.	
	☐ Demonstrates novel methods for successfully	
	addressing patient needs whether on individual or	
	programmatic level.	
	☐ Recognized as a resource within and beyond region	
	for defining quality and standards of practice in area of expertise.	
	☐ Recognized at the national level. (Considered a PLUS)	
Comment		
PATIENT	☐ Shows outstanding level of patient satisfaction.	
SATISFACTION	Consistently receives highest ratings on patient	
	satisfaction surveys, if applicable (Part I of Practice	
	Addendum).	
	☐ Shows high patient retention rates that ensure long-	
	term satisfaction and loyalty, if applicable (Part I of	
	Practice Addendum).	
	Other supporting evidence for patient satisfaction.	
Comment		
INNOVATION	☐ Demonstrates ongoing incorporation of latest practice	
	standards into provision of excellent care (Part I of	
	Practice Addendum).	
	☐ Creates/builds/oversees clinical programs widely known	
	for innovation/excellence (Part I of Practice	
	Addendum). (Considered a plus)	
	☐ Introduces or patents new techniques/devices, or their	
	adoption by others. (Considered a plus)	
Comment		

		Supporting Evidence For each selected criterion, provide supporting evidence in the adjacent space. You may copy-paste directly from the source document or specify the page number and section heading. Include source details such as CV, Chair Statement, or Practice Addendum.
SERVICE, POFESSIONALISM	Leaders in departments and play prominent committee roles in the department and health system.	
and CITIZENSHIP	Participates and/or has leadership role(s) in professional societies.	
	<ul> <li>Excellent administrator of a clinical or teaching program or overseeing, expanding, or improving such program(s) (Part III of Practice Addendum). (Considered a plus)</li> </ul>	
	<ul> <li>Provides pro bono clinical care through local, national, and international organizations (Part I of Practice Addendum). (Considered a plus)</li> </ul>	
Comment		
TEACHING & MENTORING	<ul> <li>□ Demonstrates success as role models, mentors, and teachers to young faculty, students, house staff, fellows, or other health professionals within and beyond primary department and one or more MSHS campuses. (Part II of Practice Addendum). (Select all that apply)</li> <li>□ Record of teaching</li> <li>□ Teaching awards</li> <li>□ Invitations for lectures and panels at other institutions or organizations particularly at the national level can demonstrate broad recognition as a clinician and teacher.</li> </ul>	
	Expected to provide public/patient education through lectures at community centers or in other settings.	
	☐ For educators on this track, evidence of success that may include: ☐ Appointment to key institutional leadership role within the school or MSHS (e.g., Associate Dean or Dean for Graduate Medical Education). ☐ OR ☐ Disseminates educational methods and teaching tools beyond MSHS (Part II of Practice Addendum).	
Comment	,	
IMPORTANT CONSIDERATIONS	Appointment and Term:  • The term of appointment is 1,2,3,4, or 5 years, at the Reappointment and Non-Reappointment:  • Terms can be 1, 2, 3, 4, or 5 years.  • Reappointment to a term longer than 1 year requires the Dean.	

			Supporting Evidence For each selected criterion, provide supporting evidence in the adjacent space You may copy-paste directly from the source document or specify the page number and section heading. Include source details such as CV, Chair Statement, or Practice Addendum.
	<ul> <li>No limit on reappointments.</li> <li>Notice of Non-reappointment is ryear notice on terms &gt; 2 years.</li> <li>Tenure:</li> <li>Tenure is not offered on this track.</li> </ul>	minimum of 6 month	s on 1 or 2-year terms; Minimum one-
TRACK SWITCH CRITERIA	<ul> <li>☐ Independent Investigator (Investigator)</li> <li>☐ Robust scholarly productivity (CE track)</li> <li>☐ Multiple teaching roles like program diprograms.</li> </ul>	?)	gram director, director of education
☐ Support ☐ Deny Re Other reviewer red Track Switc If Yes, seled Secondary :	DED (Requires Discussion) Request for Appointment/Promotion quest for Appointment/Promotion commendations: h:  Yes  No ct Track: Select a Track appointments in other departments: ct Department: Select a Department	□ Yes □ No	
= = =	on Request for Appointment/Promotion quest for Appointment/Promotion		
	comments: h:  Yes  No tt Track: Select a Track		
-	appointments in other departments: t Department: Select a Department	☐ Yes ☐ No	
☐ Call divis ☐ Check w	sion chief ith APT committee chair Dr. Jonathan I	Halperin	
FINAL DECISION: C	choose an item.		
DENV DECLIEST	- Posson for Donial:		

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3.
ecommended CV edits (Note: this will be forwarded directly to the candidate so please provide full
entences):
1.
2.
3.
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5.
dditional Comments for APT Chair/Administrative Staff:
1.
2.
RESUBMISSION COMMENTS
Initial Date Submitted: Click or tap to enter a date.
For APT Committee Leadership Use only

1.