

# DOM APT Reviewer Checklist

## Clinical Practice and/or Administrative Leadership

### ASSOCIATE PROFESSOR

Candidate Name:

Submission Type: Select Submission Type

- Appointment
- Promotion

Review Date: Click or tap to enter a date.

Site: Select a Site

Division: Select a Division  
 Secondary Department: N/A

Current Rank: Select Rank  
 Current Track: Select Track

Proposed Rank: Select Rank  
 Proposed Track: Select Track

Reviewer Name: Select Reviewer

**SUMMARY** *(In 5 sentences or less, outline the faculty member's background and expertise to provide context to the evaluation)*

	<p><b>Supporting Evidence</b></p> <p><i>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.</i></p>
<p><b>OVERVIEW</b>  <b>Across all ranks</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Full-time faculty physician with 90% or more commitment to and excellence and leadership in one or more of these areas: clinical practice, clinical teaching, clinical laboratory and clinical administration.  <u>Note:</u> This track is mostly for physicians but can occasionally be for professionals with doctoral degrees like psychologists or directors of clinical labs.</li> <li><input type="checkbox"/> Demonstrates increasing service and leadership in administrative and policy-making functions both within the institution and broader scientific and medical communities.  <i>(Select all that apply)</i></li> <li><input type="checkbox"/> Participates and contributes to major institutional committees that are critical to the mission of the</li> </ul>

		<b>Supporting Evidence</b>
		<i>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.</i>
	<p>school, the health System and affiliated hospitals (e.g., Medical Board).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Outstanding service as an educator (e.g., residency program director).</li> <li><input type="checkbox"/> Administrative roles (e.g., Vice-Chair or Director for Quality Assurance).</li> <li><input type="checkbox"/> Other</li> </ul> <p><input type="checkbox"/> May have conventional scholarly output. (Not required but a plus) <i>(Select all that apply)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> May develop innovative approaches to patient care and related activities.</li> <li><input type="checkbox"/> Disseminates innovations beyond the institution through writing, lectures, or workshops.</li> </ul> <p><input type="checkbox"/> Participates in clinical trials. (Not required but considered a PLUS)</p>	
<b>Comment</b>		
<b>OVERVIEW Associate Professor</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must demonstrate excellence and leadership in one or more of the clinical areas (practice, teaching, laboratory leadership, administration).</li> <li><input type="checkbox"/> Must be acknowledged as expert clinical practitioners and/or leaders in clinical administration within and beyond the institution.</li> <li><input type="checkbox"/> Must be active participants in institutional and departmental committees, making contributions at both levels.</li> <li><input type="checkbox"/> Demonstrates skills and accomplishments in some or all the following areas: quality of care, patient satisfaction, administration, innovation, DEI, service professionalism, teaching and mentoring.</li> <li><input type="checkbox"/> Recognized within MSHS (or prior institution) and/or regionally for accomplishments.</li> <li><input type="checkbox"/> <u>For those with substantial effort as educators</u>, must be recognized for teaching excellence on departmental and school level with institutional recognition considered a plus.</li> <li><input type="checkbox"/> Disseminates innovations or information about best practice through publications, lectures, seminars or</li> </ul>	

		<p align="center"><b>Supporting Evidence</b></p> <p><i>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.</i></p>
	<p>workshops inside or beyond the institution. (Considered a plus)</p>	
<p>Comment</p>		
<p><b>Preliminary Decision</b></p>	<p>Does this candidate meet overview criteria for this track?    <input type="checkbox"/> Yes   <input type="checkbox"/> No  <b>If no, then stop and contact DOM APT Administrative Staff ( <a href="mailto:DOMFacAffairs@mssm.edu">DOMFacAffairs@mssm.edu</a> )</b></p>	
<p><b>QUALITY OF CARE</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Acknowledged as an excellent clinician in their field and as a resource for truly excellent care. (Part I Practice Addendum).</li> <li><input type="checkbox"/> Established reputation among MDs and other health professionals in MSHS (or prior institution) with recognition beyond Mount Sinai to be considered a plus (Part I of Practice Addendum): <i>(Select all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Awards</li> <li><input type="checkbox"/> Invitation to participate and/or speak at meetings and discussions of clinical care.</li> <li><input type="checkbox"/> Success in the care of one’s own and other physicians’ patients.</li> <li><input type="checkbox"/> Evidence of having been consulted for analytic, diagnostic or treatment opinions on difficult or unique cases.</li> <li><input type="checkbox"/> General reputation on clinical subjects.</li> </ul> </li> <li><input type="checkbox"/> Shows increasing volume of cases reflecting candidate’s expanding referral base and wide catchment area (Part I of Practice Addendum).</li> <li><input type="checkbox"/> Perceived by other experts within Mount Sinai (or prior institution), and ideally in the region, as a source of excellent care for patients, <i>e.g.</i>, through patient referrals, or, if focused on laboratory services, for excellent knowledge and analytical and diagnostic skills (Part I of Practice Addendum).</li> </ul>	
<p>Comment</p>		
<p><b>PATIENT SATISFACTION</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must show evidence (if applicable) of both new patient acquisition and a consistent panel of returning patients, indicating ongoing trust and continued care, (Part I of Practice Addendum).</li> <li><input type="checkbox"/> Shows high grades on patient satisfaction surveys, if applicable (Part I of Practice Addendum).</li> </ul>	

		<p align="center"><b>Supporting Evidence</b></p> <p><i>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.</i></p>
	<input type="checkbox"/> Other evidence of patient satisfaction (e.g. Individual patient letter or letters of support, etc.).	
<p>Comment</p>		
<p><b>INNOVATION</b></p>	<input type="checkbox"/> Integrates advances in the field into clinical practice, laboratory management, or education (Part I of Practice Addendum). <input type="checkbox"/> May show evidence of new approaches that he/she/they developed and have proven successful or have potential to improve patient care (Part I of Practice Addendum). <i>(Select all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patents and commercialization relating to such approaches. (Considered a plus)</li> <li><input type="checkbox"/> Development of multidisciplinary practices that improve patient care and management.</li> <li><input type="checkbox"/> Involved in clinical trials. (Not required but considered a plus)</li> <li><input type="checkbox"/> <u>For administrative leaders:</u> widely recognized for development of clinical or educational program innovations that have been adopted by other practices or institutions (Part I or III of Practice Addendum).</li> <li><input type="checkbox"/> Other</li> </ul>	
<p>Comment</p>		
<p><b>ADMINISTRATION</b> (Optional section based on administrative contribution)</p>	<input type="checkbox"/> Successfully organizes or oversees changes that have a positive impact on any of the following areas: quality of care, scope of services, accessibility, patient satisfaction, financial and program viability and other relevant areas (Part III of Practice Addendum).	
<p>Comment</p>		

		<b>Supporting Evidence</b>
		<i>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.</i>
<b>TEACHING &amp; MENTORING</b>	<input type="checkbox"/> Must show substantial involvement in teaching, mentoring and general professional development of house staff, fellows, faculty, and other health professionals (Part II of Practice Addendum). <i>(Select all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Favorable evaluations from students/trainees.</li> <li><input type="checkbox"/> Teaching awards</li> <li><input type="checkbox"/> Strong positive feedback from faculty peer educators.</li> <li><input type="checkbox"/> Individual level mentoring</li> <li><input type="checkbox"/> Leadership role in educational program.</li> </ul> <input type="checkbox"/> For educators on this track, evidence of direct, sustained involvement in teaching, with significant impact and innovation in pedagogic activities: <ul style="list-style-type: none"> <li><input type="checkbox"/> Reputation for excellence in education beyond the candidate’s own program demonstrated through broadening involvement from a single program to the departmental and institutional level (Part II of Practice Addendum).</li> <li><input type="checkbox"/> Evidence of lectures and panel participation at other schools/organizations. (Not required but considered a PLUS)</li> <li><input type="checkbox"/> Education of the public and patients through lectures and discussion sessions at community centers or in other settings. (Not required but considered a PLUS)</li> <li><input type="checkbox"/> Evidence of increasing involvement in education program administration or leadership roles, <i>e.g.</i>, course directors, residency program directors or co-directors. (Considered a PLUS)</li> <li><input type="checkbox"/> Documentation of educational contributions and impact may include but is not limited to: curricular improvements, innovative teaching, organizational changes, advising course programs, accreditation reviews, and leadership or key role extramural educational grant awards (Part II of Practice Addendum).</li> </ul>	
Comment		
<b>DIVERSITY &amp; INCLUSION</b>	<input type="checkbox"/> Creates and supports an environment of diversity and inclusion.	
Comment		

		<b>Supporting Evidence</b>
		<i>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.</i>
<b>SERVICE, PROFESSIONALISM and CITIZENSHIP</b>	<input type="checkbox"/> Exhibits exemplary professionalism and contribute to the positive culture of their programs or departments.	
	<input type="checkbox"/> Expected to take on increasing responsibility in the department and institution. <i>(Select all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participation in committees</li> <li><input type="checkbox"/> Leadership roles (Considered a plus)</li> <li><input type="checkbox"/> Other</li> </ul>	
	<input type="checkbox"/> Participates and/or has leadership role(s) in external professional organizations. (Not required but considered a plus)	
	<input type="checkbox"/> Provides pro bono clinical care through local, national, and international organizations (Part I of Practice Addendum). (Considered a plus)	
Comment		
<b>IMPORTANT CONSIDERATIONS</b>	<p>Appointment and Term:</p> <ul style="list-style-type: none"> <li>• Term of appointment can be 1, 2 or 3 years.</li> </ul> <p>Reappointment and Non-Reappointment:</p> <ul style="list-style-type: none"> <li>• Terms can be 1, 2, or 3 years.</li> <li>• Reappointment to a term longer than 1 year requires review and approval by the Office of the Dean.</li> <li>• No limit on reappointments.</li> <li>• Notice of non-reappointment is minimum 6 months on 1- or 2-year terms; Minimum one-year notice on terms more than 2 years.</li> </ul> <p>Promotion:</p> <ul style="list-style-type: none"> <li>• The Chair may, at any time, recommend qualified faculty for promotion to Professor.</li> </ul> <p>Tenure: Tenure is not offered on this track.</p>	
<b>TRACK SWITCH CRITERIA</b>	<input type="checkbox"/> Independent Investigator (Investigator track?) <input type="checkbox"/> Robust scholarly productivity (CE track?) <input type="checkbox"/> Multiple teaching roles like program director, associate program director, director of education programs.	

**\*If incomplete, template will be returned**

**Reviewer Decision**

- UNDECIDED (Requires Discussion)**
- Support Request for Appointment/Promotion**
- Deny Request for Appointment/Promotion**

**Other reviewer recommendations:**

Track Switch:  Yes  No

If Yes, select Track: Select a Track

Secondary appointments in other departments:  Yes  No

If yes, select Department: Select a Department

#### Committee Decision

Support Request for Appointment/Promotion

Deny Request for Appointment/Promotion

#### Other committee comments:

Track Switch:  Yes  No

If Yes, select Track: Select a Track

Secondary appointments in other departments:  Yes  No

If yes, select Department: Select a Department

Call division chief

Check with APT committee chair Dr. Jonathan Halperin

**FINAL DECISION:** Choose an item.

**DENY REQUEST** - Reason for Denial:

- 1.
- 2.
- 3.

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Recommended CV edits (Note: this will be forwarded directly to the candidate so please provide full sentences):

- 1.
- 2.
- 3.
- 4.
- 5.

Additional Comments for APT Chair/Administrative Staff:

- 1.
- 2.
- 3.
- 4.
- 5.

#### RESUBMISSION COMMENTS

Initial Date Submitted: Click or tap to enter a date.

For APT Committee Leadership Use only