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

| Candidate Name:                            |   |   |  |  |
|--|---|---|--|--|
| Submission Type: So  Appointment Promotion | elect Submission Type   | Review Date: Click  | c or tap to enter a date.  |  |
|  |   |   | Division: Select a Division<br>Secondary Department: N/A   |  |
| ·  |   | Proposed Rank: Se<br>Proposed Track: S  |  |  |
| Reviewer Name: Se                          | lect Reviewer   |   |  |  |
| SUMMARY (In 5 sent                         | ences or less, outline the faculty member's b   | ackground and expertise   | 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<br>Across all ranks               | □ Full-time faculty physician with 90% commitment to and excellence and or more of these areas: clinical prateaching, clinical laboratory and physician occasionally be for professional degrees like psychologists or dilabs.  □ Demonstrates increasing service and administrative and policy-making for the institution and broader scientific communities.  (Select all that apply) | d leadership in one actice, clinical inical administration. cians but can als with doctoral directors of clinical and leadership in functions both within |  |  |

|                        |   | 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 |
|------------------------|---|---|
|                        | <ul> <li>☐ Outstanding service as an educator (e.g., residency program director).</li> <li>☐ Administrative roles (e.g., Vice-Chair or Director for Quality Assurance).</li> <li>☐ Other</li> <li>☐ May have conventional scholarly output. (Not required but a plus) (Select all that apply)</li> <li>☐ May develop innovative approaches to patient care and related activities.</li> <li>☐ Disseminates innovations beyond the institution through writing, lectures, or workshops.</li> <li>☐ Participates in clinical trials. (Not required but</li> </ul> | Statement, or Practice Addendum.  |
|                        | considered a PLUS)  |   |
| Comment<br>OVERVIEW    |   |   |
| Associate<br>Professor | <ul> <li>Must demonstrate excellence and leadership in one or<br/>more of the clinical areas (practice, teaching,<br/>laboratory leadership, administration).</li> </ul>  |   |
|                        | <ul> <li>Must be acknowledged as expert clinical practitioners<br/>and/or leaders in clinical administration within and<br/>beyond the institution.</li> </ul>  |   |
|                        | <ul> <li>Must be active participants in institutional and<br/>departmental committees, making contributions at<br/>both levels.</li> </ul>  |   |
|                        | Demonstrates skills and accomplishments in some or all of the following areas: quality of care, patient satisfaction, administration, innovation, DEI, service professionalism, teaching and mentoring.   |   |
|                        | Recognized within MSHS (or prior institution) and/or regionally for accomplishments.  |   |
|                        | For those with substantial effort as educators, must be recognized for teaching excellence on departmental and school level with institutional recognition considered a plus.   |   |
|                        | ☐ Disseminates innovations or information about best practice through publications, lectures, seminars or workshops inside or beyond the institution.  (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.        |
| Preliminary     | Does this candidate meet overview criteria for this track?         | □Yes □ No                               |
| Decision        | If no, then stop and contact DOM APT Administrative Star           | ff ( DOMFacAffairs@mssm.edu )           |
| QUALITY OF CARE | Acknowledged as an excellent clinician in their field and          |   |
|                 | as a resource for truly excellent care. (Part I Practice           |   |
|                 | Addendum).   |   |
|                 | ☐ 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):                                |   |
|                 | (Select all that apply)  |   |
|                 | ☐ Awards   |   |
|                 |  |   |
|                 | ☐ Invitation to participate and/or speak at meetings               |   |
|                 | and discussions of clinical care.                                  |   |
|                 | $\square$ Success in care of one's own and other physicians'       |   |
|                 | patients.  |   |
|                 | $\square$ Evidence of having been consulted for analytic,          |   |
|                 | diagnostic or treatment opinions on difficult or                   |   |
|                 | unique cases.  |   |
|                 | ☐ General reputation on clinical subjects.                         |   |
|                 | ☐ Shows increasing volume of cases reflecting candidate's          |   |
|                 |  |   |
|                 | expanding referral base and wide catchment area (Part              |   |
|                 | I of Practice Addendum).   |   |
|                 | ☐ Perceived by other experts within Mount Sinai (or prior          |   |
|                 | institution), and ideally in the region, as a source of            |   |
|                 | excellent care for patients, e.g., through patient                 |   |
|                 | referrals, or, if focused on laboratory services, for              |   |
|                 | excellent knowledge and analytical and diagnostic skills           |   |
|                 | (Part I of Practice Addendum).                                     |   |
| Comment         | ( )  |   |
| PATIENT         | ☐ Must show evidence of both new patient acquisition               |   |
| SATISFACTION    | ·  |   |
|                 | and a consistent panel of returning patients, indicating           |   |
|                 | ongoing trust and continued care (Part I of Practice               |   |
|                 | Addendum).   |   |
|                 | ☐ Shows high grades on patient satisfaction surveys (Part          |   |
|                 | I of Practice Addendum).   |   |
| Comment         | ·  |   |
|                 |  |   |
| INNOVATION      | $\square$ Integrates advances in the field into clinical practice, |   |
|                 | laboratory management, or education (Part I of                     |   |
|                 | Practice Addendum).  |   |
|                 | ractice Addendatily.   |   |

|  |   | 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>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).         (Select all that apply)         □ Patents and commercialization relating to such approaches. (Considered a plus)         □ Development of multidisciplinary practices that improve patient care and management.         □ Involved in clinical trials. (Not required but considered a plus)         □ For administrative leaders: 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).         □ Other</li> </ul> |  |
| Comment  |   |  |
| ADMINISTRATION (Optional section based on administrative contribution) | 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).  |  |
| Comment TEACHING &   |   |  |
| MENTORING  | <ul> <li>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). (Select all that apply)</li> <li>□ Favorable evaluations from students/trainees.</li> <li>□ Teaching awards</li> <li>□ Strong positive feedback from faculty peer educators.</li> <li>□ Individual level mentoring</li> <li>□ Leadership role in educational program.</li> </ul>  |  |
|  | For educators on this track, evidence of direct, sustained involvement in teaching, with significant impact and innovation in pedagogic activities: ☐ Reputation for excellence in education beyond the candidate's own program demonstrated through broadening involvement from a single program to  |  |

|                             |   | 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 |
|-----------------------------|---|---|
|                             | the departmental and institutional level (Part II of  | Statement, or Practice Addendum.  |
|                             | Practice Addendum).   |   |
|                             | <ul> <li>□ Evidence of lectures and panel participation at other schools/organizations. (Not required but considered a PLUS)</li> <li>□ Education of the public and patients through</li> </ul>   |   |
|                             | lectures and discussion sessions at community centers or in other settings. (Not required but considered a PLUS)  |   |
|                             | ☐ 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)  |   |
|                             | ☐ 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<br>Addendum).   |   |
| Comment                     |   |   |
| DIVERSITY & INCLUSION       | Creates and supports an environment of diversity and inclusion.   |   |
| Comment                     |   |   |
| SERVICE,<br>POFESSIONALISM  | Exhibits exemplary professionalism and contributes to the positive culture of their programs or departments.  |   |
| and CITIZENSHIP             | Expected to take on increasing responsibility in the  |   |
|                             | department and institution. (Select all that apply)   |   |
|                             | ☐ Participation in committees   |   |
|                             | <ul><li>☐ Leadership roles (Considered a plus)</li><li>☐ Other</li></ul>  |   |
|                             | Participates and/or has leadership role(s) in external professional organizations. (Not required but considered a plus)   |   |
|                             | Provides pro bono clinical care through local, national, and international organizations (Part I of Practice Addendum). (Considered a plus)   |   |
| Comment                     |   |   |
| IMPORTANT<br>CONSIDERATIONS | <ul><li>Appointment and Term:</li><li>Term of appointment can be 1, 2 or 3 years.</li></ul>   |   |
|                             | i - icini di apponitificiti can de 1, 4 Ul J (Cal).   |   |

|                          |   |  | 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   |
|                          | Reappointment and Non-Reappointmen  | <b>+</b> ·   | Statement, or Practice Addendum.   |
|                          | <ul> <li>Terms can be 1, 2, or 3 years.</li> <li>Reappointment to a term longer the Dean.</li> <li>No limit on reappointments.</li> </ul> | than 1 year requires<br>minimum 6 months o<br>2 years. | on 1 or 2 year terms; Minimum one-   |
| TRACK SWITCH             | ☐ Independent Investigator (Investigato   | or track?)   |  |
| CRITERIA                 | ☐ Robust scholarly productivity (CE track ☐ Multiple teaching roles like program of programs.   | •  | ogram director, director of education  |
| *If incomplete, temp     | late will be returned   |  |  |
| ☐ Support R              | ED (Requires Discussion)<br>Request for Appointment/Promotion<br>Luest for Appointment/Promotion  |  |  |
|                          | mmendations:<br>: □ Yes □ No<br>Track: Select a Track   |  |  |
|                          | opointments in other departments:  Department: Select a Department  | ☐ Yes ☐ No   |  |
|                          | n<br>Request for Appointment/Promotion<br>uest for Appointment/Promotion  |  |  |
|                          | omments:<br>:   Yes   No<br>Track: Select a Track   |  |  |
| -                        | ppointments in other departments:  Department: Select a Department  | ☐ Yes ☐ No   |  |
| ☐ Call divisi☐ Check wit | on chief<br>h APT committee chair Dr. Jonathan I  | Halperin   |  |

| FINAL DECISION: Choose an item.   |  |  |
|---|--|--|
| DENY REQUEST - Reason for Denial:   |  |  |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| 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.   |  |  |
| - top to other a data.  |  |  |
|   |  |  |
|   |  |  |
| For APT Committee Leadership Use only   |  |  |