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**Academic Appointments, Promotions and Titles at**

**Geisel School of Medicine at Dartmouth**

**(Promotion Information for Individuals in the Clinical or Adjunct Line)**

*The full document may be found at*

*[http://geiselmed.dartmouth.edu/faculty/pdf/geisel\\_faculty\\_appt.pdf](http://geiselmed.dartmouth.edu/faculty/pdf/geisel_faculty_appt.pdf)*



GEISEL  
— SCHOOL OF —  
MEDICINE  
AT DARTMOUTH

## Part I: Introduction

### Mission of Geisel School of Medicine at Dartmouth

*The mission of Geisel School of Medicine (Geisel), as part of Dartmouth College and Dartmouth-Hitchcock Medical Center (DHMC)<sup>1</sup>, is to improve the lives of the people we serve—our students, faculty and staff, patients, residents, alumni, and our community. Our vision is to be the Medical School that sets the standard for educating physician/providers, scientists, and teachers to be leaders of change in creating a healthier, better world. We advance our mission by providing an inclusive forum that supports the expression, consideration, and evaluation of diverse ideas, and that empowers each member of our community to reach his or her full potential. Geisel is committed to an environment where there are no barriers between research and education or between innovation and implementation. We strive to disseminate our discoveries readily and to translate our accomplishments into better health for those we serve. Our goals are advanced by a community of scholars whose success is intertwined with the success of our academic and clinical partners and that is guided by the principles of integrity, service, and compassion.*

Our mission rests on our ability to appoint and advance faculty members who excel in teaching, research, scholarship, engagement, and patient care. Geisel grants faculty appointments to qualified health science professionals in recognition of the diverse contributions they make to the mission of the school as educators of students of many types, as scientists who create an environment of discovery, as clinicians who excel in patient care, and as professionals who implement change that advances academic medicine and biomedical research. Faculty titles are awarded on the basis of qualifications, experience, and achievement. Promotion in rank is given to those faculty members who achieve distinction for themselves and for the school, as determined by criteria that are consistent with specific titles and professional responsibilities. Without exception, appointments, titles, and promotions are granted by Geisel to those who have shown they merit such recognition or advancement.

The expectations for how each faculty member will commit his/her time and the criteria he/she will need to fulfill for academic advancement will depend on the faculty line, the track, and the rank of each faculty member. However, scholarship in its broadest definition to “think, communicate and learn”<sup>2</sup> is fundamental to the endeavors of all faculty members of our Medical School, and both appointments and promotions are granted in recognition of excellence in scholarship.

The specific criteria for excellence may vary, but key elements relate to intellectual productivity; to the development and dissemination of new knowledge; and to advances in one’s field or discipline leading to recognition by peers, students, patients, and the broader community. The appointments and promotions process also recognizes excellence in other areas essential to the academic medical system mission, such as leadership roles at Geisel, its clinical partners, Dartmouth College, and the society they serve.

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<sup>1</sup> DHMC comprises Geisel School of Medicine (Dartmouth College), Dartmouth-Hitchcock Clinic (D-HC), Mary Hitchcock Memorial Hospital (MHMH), and Veterans’ Affairs Hospital in White River Junction (WRJ VAMC).

<sup>2</sup> Boyer, Ernest L. *Scholarship Reconsidered: Priorities of the Professoriate*. The Carnegie Foundation for the Advancement of Teaching, 1990.

## Part II: Structure and Organization of the Faculty at Geisel School of Medicine

### A. Faculty Definitions and Titles

All faculty titles at Geisel School of Medicine are provided by Dartmouth College for the express purpose of supporting the academic missions of the Medical School. Faculty titles shall not be granted for purposes outside of those that support the educational, service, and research missions of the Medical School.

#### 1. Full Voting Members of the Professoriate:

##### a. Tenure-track/Tenure Line:

###### Tracks:

- Investigator-Scholar Track
- Educator-Scholar Track

###### Ranks:

- Assistant Professor
- Associate Professor
- Professor

Faculty Members in the Tenure-track/Tenure Line shall include members of the Professoriate who are employees of Dartmouth College at the rank of Assistant Professor, Associate Professor, and Professor in either the Investigator-Scholar or the Educator-Scholar Track. All faculty members appointed to the Tenure-track/Tenure Line and only faculty members within this line shall be considered eligible for tenure.

##### b. Non-tenure Line:

###### Ranks:

- Assistant Professor
- Associate Professor
- Professor

Faculty Members in the Non-tenure Line include members of the Professoriate who are employees of Dartmouth College at the rank of Assistant Professor, Associate Professor, and Professor.

#### 2. Limited Voting Members of the Professoriate:

##### a. Academic Medical System (AMS) Faculty Line:

###### Tracks:

- Clinician-Investigator Track
- Clinician-Educator Track
- Investigator Track

**Ranks:**

- Assistant Professor
- Associate Professor
- Professor

Faculty Members in the AMS Faculty Line include members of the Professoriate at the rank of Assistant Professor, Associate Professor, and Professor in the Clinician-Educator, Clinician-Investigator, or Investigator Track. Faculty members in the AMS Line may be employees of Dartmouth-Hitchcock (D-H; Dartmouth-Hitchcock Clinic, and Mary Hitchcock Memorial Hospital), White River Junction Veterans Affairs Medical Center (VAMC), or California Pacific Medical Center (CPMC).

**3. Restricted-/Non-voting Members of the Professoriate:**

- a. **Instructors**
- b. **Lecturers**
- c. **Clinical Faculty Line**
- d. **Adjunct Faculty Line**
- e. **Emeritus**
- f. **Honorary Faculty (and special case of Post-“FRO” faculty)**
- g. **Visiting Faculty**

The titles of Instructor, Lecturer, and such modified faculty titles as Clinical, Adjunct, Emeritus, Honorary, or Visiting, may be provided to individuals who are:

- employees of Dartmouth College who hold primary appointments in non-Geisel Schools;  
or
- employees of D-H, WRJ VAMC, CPMC or other institutions who make contributions to the educational and/or research missions of the Medical School;  
or
- individuals who are not employees of Dartmouth College or its primary clinical affiliates. Such appointments will be rare.

In all but a limited number of cases, these appointments are non-voting. In a small number of cases, when approved by the Dean or his/her designee, individuals who hold these titles may be given limited voting privileges (e.g., if they serve on the Faculty Council or the Medical Education Committee). Individuals in these lines are not voting members of the General Faculty of Dartmouth College.

**Clinical Faculty Line:****Ranks:**

- Clinical Instructor
- Clinical Assistant Professor
- Clinical Associate Professor
- Clinical Professor

To help fulfill its academic mission to train the next generation of physicians, scientists, and health care providers, Geisel School of Medicine at Dartmouth depends on the committed participation of community-based physicians and other advanced clinicians who may be employed by the entities that comprise DHMC (Geisel, D-H, or WRJ VAMC) or by other clinical practices. In particular, as inter-professional education assumes an increasing prominence in medical training, health care professionals who do not hold a terminal degree (and therefore will usually not qualify for advancement beyond Instructor in the AMS Faculty Line) play increasingly important roles in the academic missions of the Medical School and as such, should be recognized by academic titles and paths of academic advancement.

In addition, clinicians, including physicians, employed by one of Geisel's major affiliates (D-H, VAMC, CPMC) who fulfill important administrative and clinical functions at these sites, but who do not meet the expectations for appointments/promotion in the AMS Line, may be appointed and advance in the Clinical Faculty Line.

**Adjunct Faculty Line:**

**Ranks:**

- Adjunct Instructor
- Adjunct Assistant Professor
- Adjunct Associate Professor
- Adjunct Professor

To help fulfill its academic mission to train the next generation of scientists, educators, and health care providers, Geisel School of Medicine depends on the committed participation of investigators and teachers who may be members of other schools at Dartmouth (A&S, Thayer, or Tuck) or who are not salaried by Dartmouth College or by any entity that employs voting and non-voting members of the Regular Faculty.

## **B. Oversight and Responsibility for Academic Appointments and Appointment Terms**

Individuals who comprise the Faculty of Geisel School of Medicine may be employed by Dartmouth College or other entities; however, all faculty titles are granted solely by Dartmouth College.

We recognize that diversity and inclusion are at the very core of our educational mission and are catalysts for institutional and educational excellence. We are committed to building an excellent academic environment, which includes efforts to build a diverse and inclusive faculty. With this goal in mind, departments and programs are asked to develop strategies that incorporate diversity and inclusion as key parameters in their efforts to recruit and retain faculty.

All appointments to any faculty rank must be put forward to the Dean by the Chair (or Institute Director; hereafter referred to as Chair) of the hiring academic department and must be approved by the Dean of Geisel (or his/her designee: e.g., the Dean of Faculty Affairs at Geisel), the Dean's Academic Board (DAB), and the Provost of Dartmouth College.

Under all but exceptional circumstances, individuals proposed for appointment (or promotion, see Part III) to senior faculty titles will have served at Dartmouth or an equivalent academic institution for at least 5 years at the prior academic rank. Irrespective of faculty line, appointments and promotions to senior ranks are based on an explicit recognition of excellence, both qualitatively and quantitatively, with advancement from Associate Professor to Professor being reserved for our most distinguished faculty. Continued service and performance at the rank of Assistant Professor shall not, in and of itself, constitute grounds for promotion to Associate Professor, nor time in rank at Associate Professor alone qualify for promotion to Professor.

Early appointments or promotions will be rare and, when granted, will signify *exceptional* potential and particularly noteworthy accomplishments. All appointments and promotions to the rank of Associate Professor or Professor must be recommended by the APT Committee of Geisel, and approved by the Dean, the Dean's Academic Board, and the Provost of Dartmouth College.

### **Initial Appointments:**

### **Restricted-/Non-voting Voting Faculty Lines:**

- **Clinical Faculty Line**

To help fulfill its academic mission to train the next generation of physicians, scientists, and health care providers, Geisel School of Medicine at Dartmouth depends on the committed participation of community-based physicians and other advanced clinicians who may be employed by the entities that comprise DHMC (Geisel, D-H, or WRJ VAMC) or by other clinical practices. In particular, as inter-professional education assumes increasing prominence in medical training, health care professionals who do not hold a terminal degree (and therefore will usually not qualify for advancement beyond Instructor in the AMS Faculty Line) play increasingly

important roles in the academic missions of the Medical School and as such, should be recognized by academic titles and paths of academic advancement.

Initial appointments in the absence of documented scholarship or a record of commitment to the educational mission of the Medical School through teaching and/or service should be made at the rank of Clinical Instructor. Policies for appointment/reappointment for the Clinical Faculty Line are described in Appendix 1: Restricted-/Non-voting Faculty Appointments and Promotions Procedures.

Individuals appointed to the Clinical Faculty Line may hold a doctoral level degree (e.g., MD, PhD, DVM, DO, or equivalent) or non-doctoral degree (e.g., APRN, PA, RNA, MSW, or BSN). In most instances, individuals in the Clinical Faculty Line who fulfill these roles through their work as community-based preceptors, as associate providers, or as physicians at the medical center in Lebanon or at WRJ VAMC have fewer expectations for academic commitment than those in the AMS Faculty Line. As noted, clinically-prefixed faculty members may engage in many of the activities noted above, but may do so at a more restricted level. They should be engaged in advancing their respective fields through scholarly efforts, but such efforts may be more modest in scope or more regional in nature (e.g., developing policies that advance learners as a group or clinical care at their home practice); such advances do not necessarily need to be disseminated more broadly.

*In toto*, these individuals train our students, residents, fellows, and other health care professionals, but are not expected to engage in the same range of scholarly endeavors or institutional commitments as are members of the AMS Faculty Line. By providing these individuals with faculty appointments, Geisel recognizes the important contribution that they make to the academic mission of the School.

All individuals who are awarded faculty appointments in this line because of their commitments to the educational mission of the medical system must contribute to teaching endeavors of the UME/GME/inter-professional curricula at the level of  $\geq 20$  contact hours/year (i.e., the equivalent of taking one On-Doctoring student) for community-based preceptors or  $\geq 5\%$  FTE for clinicians (physicians, psychologists, or associate providers) within the academic medical system (e.g., D-H or WRJ VAMC). These activities may be performed in concert with patient care.

Initial appointments in the absence of documented scholarship or a record of commitment to the educational mission of the Medical School through teaching and/or service should be made at the rank of Clinical Instructor.

Individuals appointed at the rank of Clinical Assistant Professor or higher, must have successfully completed relevant postgraduate training programs and certification or have eligibility for certification by the American Board of Medical Specialties, American Osteopathic Board, equivalent foreign board (or the equivalent for non-MD or DO specialists), or non-doctoral degree.

- **Adjunct Faculty Line**

Individuals in the Adjunct Faculty Line teach our students, advance our research endeavors, and contribute to the scholarly mission of the Medical School, usually outside the sphere of clinical practice, but are not expected to engage in the same range of scholarly endeavors pertinent to the mission of the Medical School as are members of the Regular Faculty. By providing these individuals with faculty appointments as Adjunct Faculty Line, Geisel recognizes the important contribution that they make to the academic mission of the School. Faculty members may be appointed as Adjunct Instructor, Adjunct Assistant Professor, Adjunct Associate Professor, or Adjunct Professor.

It is expected that these individuals shall hold doctoral degrees or the highest appropriate professional degree (e.g., MPH or MBA). Appointments (along with reappointments and promotions where appropriate) for the Adjunct Faculty Line shall be put forward by the relevant Chair and require approval by the Dean of Geisel, the Dean's Academic Board and the Provost.

In granting contributing faculty appointments, the main factor to be considered will be the individual's commitment to the Geisel academic mission. Such a commitment requires documented direct contact with medical students, graduate students, residents, fellows, or other learners. Consistent with the requirements for Clinical Faculty Line, those appointed as adjunct faculty members are expected to contribute  $\geq 20$  hours of net teaching per year in a registered course (e.g., one listed in the ORC of Dartmouth College) or to play a documented and substantive role as part of an ongoing research project by members of the non-voluntary (Tenure-track/Tenure, AMS, Non-tenure Faculty Line) Faculty (e.g., as key personnel on a grant held at Dartmouth, D-H, or WRJ VAMC or documented and on-going co-authorship on peer-reviewed publications). Collaboration on publication alone is not a sufficient basis for granting adjunct status to faculty members in other Schools at Dartmouth or other institutions.

### Part III: Academic Progression and Promotion

It is the responsibility of the faculty member and the departmental Chair to establish a clear understanding of the faculty member's goals and the Medical School's expectations to achieve those goals in order to develop plans to advance his or her academic career. This process leads to the generation of an academic portfolio that is consistent with the mission of Geisel, tailored to the particular talents, interests, and responsibilities of the individual faculty member, and guided by criteria that define accomplishment along specific career paths. The portfolio is a framework for academic development.

#### Areas of Academic Endeavor

Scholarly activity within an academic medical system is recognized in the areas of teaching, investigation, and patient care. Each of these three areas has traditionally been an integral part of academic medicine, and what constitutes scholarship in these arenas is usually well defined. Contemporary academic communities also recognize the value and the contributions of a fourth component: engagement. To emphasize, we define scholarship as the *creation* and *dissemination* of *new* knowledge. Activities in all four areas (teaching, research, clinical care, and engagement) must meet this definition to be considered scholarly work.

The descriptions below provide professional models and related indicators of excellence for academic contributions within each arena. These criteria are neither completely inclusive nor absolute. Moreover, there is a rich interdependency among these areas, each informing aspects of the others. In particular the area of engagement is interwoven into each of the other three areas of investigation, teaching, and patient care. Appointments to specific titles and advancement along specific lines will depend on the ability of the faculty member to make substantive contributions in more than one of these domains of scholarly activity, but the weighting of each contribution may vary with each individual's professional record of accomplishment. Finally, because notable accomplishments may vary not only among individuals, but also with time as innovations shape the academic sphere, the following descriptions are intended to be suggestive of appropriate criteria, but do not provide a rigid checklist of items that must be met.

**1. Teaching:** Teaching is a core mission of Geisel School of Medicine at Dartmouth and a fundamental expectation of all members of the Geisel faculty. While Geisel has historically been primarily dedicated to the teaching of medical and graduate students, Geisel faculty now participate in the education of many other learners in our academic medical system, within our region, and beyond (e.g., residents and interns, students in the other professional schools and in Arts and Sciences at Dartmouth, students in summer courses, and students in Dartmouth Community Medical School). The goal of all scholarship is to inform those inside and outside our own sphere. An informed and diverse body of learners becomes a critical legacy of our faculty and institution, and we are committed to excellence in their education. Indeed, some members of the faculty may devote the majority of their professional energy to teaching and to the area of scholarship that is the development and dissemination of novel pedagogy.

We expect our faculty to be dedicated to our learners and to aspire to excellence in teaching. We recognize and reward our teachers for their ability to inspire these learners to achieve a sound

mastery of the subject, a critical manner of thinking, a healthy skepticism of dogma, and a clear notion of what is both known and unknown in their field. In addition, we expect our faculty to instill in those they teach these same skills and values so that they, in turn, will excel in teaching others. Our faculty members should teach rather than train, serve as role models rather than simply instruct, and inspire students to expand the horizons of knowledge.

### **Criteria Related to Teaching**

The candidate's contribution to teaching and its impact on learners should be documented through syllabi showing participation in didactic courses, evidence of membership on thesis and qualifying examination committees, and documentation of training of individual students, including both identification of mentees and service on student committees. The criteria for teaching excellence include:

- Recognition by peers and students as a key and/or outstanding individual in training, teaching, and advising of undergraduate, medical, and graduate students; residents, clinical, and postdoctoral research fellows; and allied medical personnel and peers. Such recognition of excellence is supported by:
  - Surveys, evaluations, and institutional ratings by students at all training levels;
  - Assessments of the candidate's teaching contribution from department Chairs or by other institutional officials (e.g., course directors) that provide a judgment based on a significant sample of the individual's teaching;
  - Documentation of the faculty member's mentoring of a substantial number of students and of the outcomes of teaching (e.g., the mentees who have gone on to obtain positions of their own in biomedical or academic institutions);
  - Formal acknowledgement of outstanding teaching (e.g., selection as Class Day speaker; Teacher of the Year award; membership in AOA, HHMI, and Teaching Professorships).
- Leadership and major participation in departmental or institutional courses or educational programs (e.g., clinical clerkship directorship), development of novel graduate curricula or novel programs that extend across the institution (e.g., development or substantive contributions to MD/MSE, MD/MBA, MS/MD, MD/PhD, or AB/MD curricula).
- Scholarship in the area of education and teaching methodologies, including textbooks, videotapes, and training manuals, as well as the development, dissemination, and effective implementation (documented) of new courses, curricular content, or novel teaching materials--syllabi, web-based and/or computer-assisted instruction, films, or videotapes. Developments that are peer-reviewed and/or exported on a national or international level shall be heavily weighted.

- Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials. Service in a major teaching responsibility (e.g., course director with major teaching responsibility) shall constitute a heavily weighted achievement when coupled with substantive effort commitment to other activities (e.g., clinical care or research).
- Measures of student achievement (e.g., scores on local or national board and in-service examinations, publication of students' work).
- Effective leadership or major participation in Continuing Medical Education (CME) at the local, regional, or national level; design of courses; and/or participation therein.
- Effective leadership or major participation in Graduate Medical Education (GME) at the local, regional, or national level; design of curricula; and/or participation therein.
- Frequent invitations to serve as a visiting Professor or outside speaker, especially in endowed visiting Professorships or lectureships.
- Letters of commendation for exceptional educational contributions to other institutions and organizations.
- Evaluations and ratings arising from participation in other teaching programs.
- Peer-reviewed research that involves the development or evaluation of teaching methods, material (e.g., national board questions), and/or new programs, or that defines important, innovative, and effective (documented) changes in medical education.
- Editorship or authorship of textbooks, reviews, or other scholarly contributions.
- Development of important curriculum offerings or teaching materials (including text books, web-based training modules, clinical handbooks) adopted by Geisel and/or other institutions.

**2. Research:** The mission of the investigator is research, encompassing the discovery, production, and dissemination of new knowledge. Productive scholarship at all levels, from the molecular basis of living systems and human disease to health services and public policy, is an essential characteristic of an academic medical system. The biomedical research of today informs and transforms clinical practice and the health care policies of tomorrow. Results of research can have exponential influence well beyond Geisel by enhancing our understanding of the fundamentals of biological processes, developing new drugs and devices, and advancing healthcare delivery. Accomplished, active investigators imbue their teaching with the rigor of the scientific method and the excitement of discoveries that transform their fields. Investigators

nurture an atmosphere of inquiry that permeates all phases of biomedical training and, in turn, promotes the development of researchers under their tutelage who have the ability to ask critical questions. This skill is at the heart of academic medicine, and individuals who understand the fundamental mechanisms of health, disease, and health care delivery will be those best equipped to advance the frontiers of biomedical knowledge and patient care.

The Geisel School of Medicine also recognizes that research may encompass a broad range of academic inquiry. Specifically, we recognize that as with laboratory or data sciences, peer-reviewed extramural support for educational inquiry and scholarship in this area of endeavor will be viewed as contributing to the research community and will be taken as validation of the faculty member's contributions to advancing her/his given field.

### **Criteria Relating to Research**

The candidate should be recognized by peers as an investigator whose work has been instrumental in promoting significant advances in her/his field of inquiry, inclusive of basic research, clinical research, pedagogy, and health care delivery science. Hallmarks of recognition include both those made as an individual and those made as part of a larger, cooperative team. Recognition of excellence in investigation is made evident by:

- Documentation of the ability to create new knowledge or manners of thought, as made evident by continued publication of substantive, original studies (basic, clinical, pedagogical, or translational science) in peer-reviewed, high-quality journals. Assessment through publications and peers that one has had a substantive impact in driving advances in her/his chosen field of endeavor.
- Recognition by peers for independent and original investigation as shown by external funding of competitive peer-reviewed projects, in individual investigator awards, and/or in multi-investigator/institutional projects (biomedical or educational/pedagogical).
- Entrepreneurial advances. The transfer of knowledge and technology is integral to the educational mission. Research excellence may be recognized by intellectual property (patents, licenses, rights granted under copyright) and the transfer of technological advances to industries that provide for the improvement of society.
- Substantive, non-peer reviewed contributions to the biomedical literature (e.g., authorship or editorship of textbooks, monographs, reviews, or journals). Such contributions may also be relevant to a faculty member's contributions as an educator and/or clinician.
- National or international prizes or awards.
- Invitation to hold endowed lectureships.
- Invited lectures, particularly at major scientific meetings.

- Impact of scholarly output (through a variety of media, including opinion pieces and white papers) on scientific debate, policy, and health care practice.
- Participation on editorial boards, associate editorships, and editorships of journals.
- A strong record of departmental/institutional participation in scientific training.
- Leadership of or active participation in development of research programs (institutional, extramural, and those that link research efforts of Geisel with other organizations).
- Active participation in research-related administrative or committee activity.
- Leadership of or active participation in program projects, training grants, graduate programs, or postdoctoral training programs that advance scientific content in concert with the teaching of science.
- Substantive and significant contributions in biomedical research. These are often achieved by individuals as part of a complex and distributed team of investigators and clinicians. The scholarly importance of these team-science activities is recognized even when individuals are not accorded conventional indications, such as first or last authorship on collaborative projects. While team science is to be recognized and rewarded, to achieve academic advancement as part of collaborative efforts, individuals must provide intellectual input that is *critical* to the scholarship. Contributions must be substantive, not simply supportive, and essential to the efforts of the team to move forward the particular field of inquiry. Service participation (e.g., registering patients in a database), however useful to for the collaborative effort, does not meet the criteria for advancement if it is bereft of analysis and interpretation, which are the cornerstones of scholarship.
- Leadership roles in institutional activities that are critical for broad-based discovery and scholarship. While service work is expected of all faculty members, it is recognized that leadership roles associated with specific activities are fundamental to the scholarly output of large sectors of the institution, even if that individual is not identified by named investigator status on specific grants or published work arising from those efforts. Such efforts may include *leadership* roles with the Clinical Trials Office or in major initiatives such as establishment of institution-wide electronic health record (EHR), etc. Administrative support of such efforts in the absence of evidence of leadership capacity, while valued, is not a criterion for academic advancement.

**3. Clinical Care:** Excellence in clinical practice is an essential characteristic of an academic medical system. The scholarly clinician brings both superior performance and a clear academic dimension to the care of patients, evidenced by breadth and depth of knowledge, awareness of the fundamentals of basic science, pathophysiology and current clinical concepts, extensive use of the biomedical resources available to assist and improve clinical care, excellent judgment, humility, and an exemplary willingness to both teach and learn from professional colleagues. As embodied in the Oath of Hippocrates, the clinician demonstrates a consistent and deeply held dedication to human welfare, the promotion of good health, and the relief of human suffering.

Excellence in clinical practice can be assessed by a number of indicators, including recognition by peers and patients, clinical scholarship, practice of evidence-based medicine, quality of clinical service, whether as an individual or a team, and contributions to the profession and institution. In each instance, these are by-products of the individual's dedication to the highest principles of medical practice.

### **Criteria Relating to Clinical Care**

Recognition by peers and patients--a reputation within and outside of DHMC for excellence in medical practice as made evident by:

- Development and maintenance of clinical skills and/or programs that have been demonstrated to significantly improve patient outcomes, clinical innovation, and elected or invited service to the profession, taking into account the impact of the program, based on regional health care need, patient volumes, program quality, and sustainability.
- Excellence in metrics of quality of care (e.g., patient satisfaction, peer and support team evaluations).
- Regional to national (for Associate Professor) or national/international (for Professor) recognition by peers and patients as an excellent clinician and consultant; evidence of unusual competence and accomplishment in clinical service.
- Invitation to lead, organize or participate as faculty in regional or national CME courses or other programs that disseminate medical knowledge.
- Evidence of a leadership role in local or regional clinical affairs by service (e.g., as Section Chief, Clerkship Director, Departmental Vice Chair, Departmental Chair, Center Director, or Service Line Director) and/or active and ongoing participation in committee, program, and/or governing boards.
- Design and/or participation in workshops that promote and improve patient care.
- Patient referrals or professional recommendations from other health care providers and patients, taking into account percentage of referrals/consultations that are requested by other peer providers rather than assigned and number and complexity of patients referred.
- Recognition by key partners of excellence in care that arises from the concerted efforts of a team of practitioners. It is recognized that referrals may not be common for certain disciplines (radiology, anesthesiology, emergency medicine, pathology). In these fields, the recommendations of colleagues who can attest to the importance of the skills and contributions of the candidate in promoting the well being of his/her patients will be weighed.

- Consulting activities, documented acknowledgement by peers as a premier consultant, and requested involvement in complex clinical problems.
- Introduction of novel and innovative skills or techniques locally, regionally, nationally, or internationally.
- Special competencies that improve or extend other clinical or training programs.
- Participation in clinical and translational research including questions relating basic biomedical science to patient care, clinical trials, comparative effectiveness research, and quality improvement and translating education research and innovation into standard teaching practice. In assessing such participation, prime consideration should be given to the role of the individual in concept, design, oversight, and conduct of the research activity, as well as membership on key project committees and authorship.

**4. Engagement:** Engagement has been defined as “a highly positive step towards reestablishing what higher education is intended to be: a community of scholars, serving both internal and external audiences in addition to the academic and the public good.”<sup>3</sup> As such, engagement recognizes that service to both intra- and extramural communities fulfills not only an operational function, but is also fundamental to scholarship. Engagement is an alliance of university scholars, lay people, and individual knowledge-creating institutions in the local, regional, national and international community. Engagement promotes the public good and produces “projects that create knowledge and understanding that we cannot obtain anywhere else, while strengthening culture, community, and democracy.”<sup>4</sup> While committee membership is recognized as a valuable contribution to the academic community and is considered in the evaluation for appointment or promotion, engagement goes beyond service work. Engagement is one of the key endpoints of scholarship: extending academic efforts beyond one's own clinical, laboratory or classroom responsibilities to have a broader impact on the biomedical community within the institution and on society and its environs at large.

#### **Representative Criteria Related to Engagement**

- Regional/national (Associate Professor) or national/international (Professor) recognition by peers for original teaching or investigative accomplishments as made evident by invited presentations, lectures, and symposia, requested publications; and formal awards. It is expected that national/international invitations will be more prevalent for those being considered at the rank of Professor than Associate Professor.
- Distinctive recognition through formal awards, invited and named lectures, and participation in symposia, professional society programs, and invitations to lead or participate in notable regional, national, or international courses. It is expected that named lectureships and national/international awards will be more prevalent for those being considered for the rank of Professor than Associate Professor.

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<sup>3</sup> Ward, K. *Faculty Service Roles and the Scholarship of Engagement*, 2003.

<sup>4</sup> Ellison, J. and Eatman, T.K. *Scholarship in Public: Knowledge Creation and Tenure Policy in the Engaged University*, 2008

- Membership on editorial boards, study sections, and/or advisory groups.
- Leadership roles on editorial boards, study sections, and/or advisory groups.
- Appointed or elected membership/leadership roles in major societies; committee/program, national professional organizations; governing boards and organizations for major professional meetings. It is expected that such elections will be more prevalent for those being considered for the rank of Professor than Associate Professor.
- Membership (elected) and/or leadership roles in societies and/or governing boards related to the candidate's area of endeavor. Participation from local/regional to national/international level is expected to increase from Associate Professor to Professor. Progression from membership to leadership roles is also expected to increase from Associate Professor to Professor.
- Leadership roles in institutional activities that are critical for broad-based scholarship and/or transformative programs at Dartmouth. While service work is expected of all faculty members, it is recognized that leadership roles associated with specific activities are fundamental to the missions of large sectors of the institution, even when that individual may not be identified by named investigator status on specific grants or published work arising from those efforts. Such efforts may include leadership roles with major programs (e.g., Senior Administration, Dartmouth/Geisel Centers; NSF ADVANCE grants; COBRE or INBRE awards) or in major institutional initiatives. Administrative support of such efforts in the absence of evidence of leadership capacity, while valued, is not a criterion for academic advancement.
- Membership (elected) and leadership on state, national, and federal advisory committees.
- Involvement in activities such as position papers and reviews that shape the direction of medicine and science through local, state, and federal government agencies.
- Consultancy participation in or institutional reviews of major external programs.
- Appointed or elected service and leadership on Geisel/DH/Dartmouth College Advisory Committees.
- Contributions to entrepreneurial efforts that create new products or implement advances in product design and instrumentation relative to biomedical science and/or biomedical education.
- Contributions to non-conventional scholarship (e.g., opinion pieces, white papers) that can be shown (e.g., page view, citations) to have a substantive impact on scientific debate, policy, and health care practice.

- Contributions to advances in computation and computing infrastructure and to development and implementation of large databases and/or networks.
- Participation in community-based research organizations.
- Contributions to education communities of practice and/or education collaborations.
- Design and participation in workshops that advance key areas of academic medicine.
- Contributions with respect to departmental and institutional service related to the mission of the Medical School.
- Leadership of or major participation in community engagement venues (e.g., Geisel Community Medical School, HHMI-sponsored outreach programs).
- Development and implementation of curricula associated with regional K-12 outreach.
- Community science cafes and other initiatives that disseminate advances in science and healthcare through media for the general public.
- Community mentoring activities including efforts to enhance the skills of students entering STEM fields and efforts to enhance the diversity of student and faculty representation at Geisel.
- *Pro bono* service at organizations (regional, national, and international) that further health care and biomedical teaching/science (e.g., The Good Neighbor Clinic, Headrest, Listen, WISE, Second Growth, Dar-Dar, the WHO, After School Enrichment Programs).
- Involvement in initiatives that advance science and medical education at academic and non-academic institutions outside of Dartmouth.

### **C. Progression to Promotion**

#### **Clinical Faculty Line**

There are no required/standard time periods for advancement in the Clinical Faculty Line, although Chairs are encouraged to work with their faculty in this line to promote academic advancement along a trajectory that parallels that for the AMS Faculty Line.

Each Chair should create his or her own appointment/promotion advisory process for his or her department's Clinical Faculty Line. In granting Clinical Faculty Line appointments, the main factor to be considered will be the individual's commitment to Geisel's academic mission. Such a commitment requires documented direct contact with learners. Community-based physicians as well as non-physician health professionals and associate providers, including those employed by the primary clinical partners of Geisel School of Medicine, may be eligible for an appointment as Clinical Faculty Line if they make a substantial contribution to the Geisel mission.

As with initial appointments and reappointments, individuals promoted in the Clinical Faculty Line shall be expected to demonstrate a substantive and sustained contribution to a required component of training for students, fellows, residents, or associate provider students (e.g., nursing or PA students at DHMC). For example, for faculty members appointed to this line for their commitments to UME or GME, they would be expected to make a commitment equivalent to that of at least one On Doctoring student per year (e.g.,  $\geq 20$  hours/year in instruction).

Promotion is based upon academic accomplishment, not simply time in rank. Promotion for faculty members in the Clinical Faculty Line shall be reviewed by processes outlined in Appendix 1: Restricted-/Non-voting Faculty Appointments and Promotions Procedures.

### ***Clinical Instructor***

Individuals appointed to the rank of Clinical Instructor may be promoted in this line.

### ***Clinical Assistant Professor***

Promotion to the rank of Clinical Assistant Professor shall be based on demonstrated excellence in teaching and/or scholarly endeavors in that realm. Recommendation for promotion shall be based on attainment of some (not necessarily all) of the metrics below. Recommendation may also be made on the basis of other metrics not listed below (i.e., it is not mandatory to meet all of these metrics nor is this list all-inclusive of achievements that may be considered when recommending promotion).

- A commitment to provide high quality instruction or service to UME education at Geisel and GME/CME education at DH. Examples: precepting one “On Doctoring” student in clinic per year, taking one clerkship student in clinic for one month, or leading an On Doctoring small group at  $\geq 20$  hrs. of net teaching per year; training;
- Recognition by peers and students for excellence in teaching and training, as made evident by student assessments and awards;
- Recognition that the faculty member serves as a role model, advisor, or mentor to multiple students throughout his/her years at Geisel (e.g., On Doctoring through Year 4 Electives);
- Membership on major Geisel committees, such as the Geisel Diversity Council or the Medical Education Committee;
- Participation in the development and implementation of new courses, electives or curricular content, or important teaching materials;
- Leadership of or major participation in design of courses, and/or participation therein;

- Participation in local, regional, or national educational meetings and regular invitations to serve as an outside speaker;
- Participation as a speaker in CME and other faculty development activities;
- Demonstration of an ongoing commitment toward improving teaching skills (e.g., professional societies' faculty development workshops or workshops through the Dartmouth Center for Advancement of Learning, (DCAL).
- Scholarship, either through conventional peer-reviewed publications or dissemination of academic work through other media;
- Engagement in public activities, policy-making bodies etc., at the local, regional, or national level that advance missions of the individual's profession and the Medical School.

### ***Clinical Associate Professor***

Recommendation for promotion to Clinical Associate Professor shall be advanced by the Chair and reviewed by the Clinical/Adjunct Faculty Promotions Committee based on criteria consistent with this rank as outlined below. As with advancement to Clinical Assistant Professor, promotion to Clinical Associate Professor shall be based on attainment of some (not necessarily all) of these criteria, and factors other than those listed here may be considered in the promotions process:

- Service as a Clinical Assistant Professor at Geisel, or an equivalent institution for five to seven years, with a consistent record of excellence and participation in teaching (Note: As with voting Geisel appointments, continued service and performance at the rank of Assistant Professor shall not, in itself, constitute grounds for promotion to Clinical Associate Professor);
- Evidence of continued excellence in teaching medical students, with demonstrably greater responsibility for teaching, development of curricula or syllabi, and/or course leadership;
- Demonstration of an ongoing commitment to improving teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning, DCAL) or through conferences and online training;
- And on one or more of the following:
  - Active and ongoing participation in Geisel educational committees and activities, such as active membership in the Community Preceptor Education Board (CPEB) or Medical Education Committee, or being a presenter in Geisel faculty development activities;
  - Active and ongoing participation in clinical research, as evidenced by the academic portfolio, external funding of competitive peer-reviewed research or education projects, and manuscript development at a level appropriate for involvement;

- Substantive professional recognition, as evidenced by some of the following: elected membership in local, regional, and national medical societies; recognition through formal awards; local and regional invited lectures; participation in symposia, professional society programs, etc.;
- Peer-reviewed publications or dissemination of scholarly work through other media.

### ***Clinical Professor***

Promotion to the rank of Clinical Professor will be granted only in recognition of exemplary and distinctive achievement. Recommendation for promotion to Clinical Professor shall be advanced by the Chair and reviewed by the Clinical/Adjunct Faculty Promotions Committee. Criteria for this title may include:

- Service as a Clinical Associate Professor at Geisel, or an equivalent institution, typically for at least five years, with a consistent record of outstanding performance in teaching, and usually investigation as well. Continued service and performance at the rank of Clinical Associate Professor shall not, in itself, constitute grounds for promotion to Clinical Professor.
- Continued substantial involvement in student teaching ( $\geq 20$  net teaching hours per year, *vide supra*), with strong evidence of sustained excellence in teaching.
- Continued contribution and leadership in development of curricula or syllabi for students or preceptors, and/or course and educational committee leadership.
- And one or more of the following
  - Continued publication of important and innovative clinical/educational studies in peer-reviewed journals;
  - Recognition by peers as a premier physician/provider and/or continued productive participation in investigation, as evidenced by sustained external funding of competitive peer-reviewed research projects;
  - Identification as a key and/or outstanding individual in training, teaching, and advising of undergraduate students, as evidenced by formal evaluations and awards;
  - Recognition as a key and/or outstanding administrator whose activities advance the *academic* missions of the medical center.
- Faculty members promoted to the rank of Clinical Professor also may have achieved substantive professional recognition as evidenced by some of the following:
  - Authorship or editorship of textbooks, monographs, or journals;
  - Membership on editorial boards, study review sections, and/or advisory groups;
  - Elected leadership and membership in local, regional, and national medical societies;

- Distinctive national recognition, as evidenced by invited memberships, participation in major committees and programs, formal awards, and major invited lectures;
- National recognition, as evidenced by awards or participation in regional/national symposia, courses, and teaching programs;
- Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials;
- Exceptional leadership or administrative performance, as evidenced by major roles in local or regional clinical affairs or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards;
- Distinctive advances in teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning; DCAL) or through conferences and online opportunities.

## **5. Adjunct Faculty Line**

In most cases, faculty members who hold adjunct titles are non-voluntary faculty members in other Schools at Dartmouth (i.e., A&S, Thayer or Tuck) or hold regular faculty titles at other academic institutions. As such, Geisel will in nearly all cases promote a member of the adjunct faculty who receives such a promotion in the regular faculty at his or her primary School or Institution. There are no standard time periods for advancement in this faculty line.

For those faculty members in the adjunct faculty line who do not hold primary appointments elsewhere, each Chair should create his or her own appointment/promotion advisory process for his or her department's Adjunct Faculty Line.

Reappointments at rank for the Adjunct Faculty Line will be based on a recommendation by the Chair for demonstrated commitment to excellence in teaching and service to the missions of Geisel that includes documentation of the specific teaching responsibilities of the proposed faculty member. In many cases, members of the adjunct faculty hold regular faculty appointments in other departments at Dartmouth or at other academic institutions. Unless there is evidence to the contrary, if these individuals are promoted in their home departments, they will be awarded a comparable advancement in the Adjunct Faculty Line at Geisel as well. Adjunct faculty members who do not hold a regular faculty appointment elsewhere may become eligible for promotion to higher rank in this line, following the procedure described for advancement of members of the *Clinical Faculty Line*.

### ***Adjunct Instructor***

Adjunct instructors may hold a terminal or, in some cases, non-terminal degree. They are expected to make substantive contributions to the non-clinical teaching and research missions of the Geisel School of Medicine. Individuals appointed to the rank of Adjunct Instructor may be promoted. Promotion is based upon academic accomplishment, not simply time in rank.

### ***Adjunct Assistant Professor***

Sample criteria (not an all-inclusive list, nor do all criteria need to be met for advancement) relating to demonstrated excellence in teaching (non-clinical) and/or research include:

- In most cases, a doctoral degree (M.D., D.O., Ph.D., or equivalent) with successful completion of a postgraduate training program and a major commitment to research and teaching;
- Documented contributions to ongoing research activities at Geisel, as made evident by a role as key personnel on a Geisel-sponsored grant and/or by peer-reviewed publications with members of the Geisel faculty;
- A commitment to provide high quality instruction or service to Geisel. Examples: contribution to ongoing didactic lecturing equivalent to about 20-30 hours of net teaching per year;
- Recognition by peers and students for excellence in teaching and training, as made evident by student assessments and awards;
- Recognition that the faculty member serves as a role model, advisor, or mentor to multiple students throughout his/her years at Geisel;
- Membership on Geisel research or educational committees;
- Participation in the development and implementation of new courses, electives or curricular content, or important teaching materials;
- Leadership of or major participation in design of courses and curricula;
- Participation in local, regional, or national educational meetings and regular invitations to serve as an outside speaker;
- Participation in faculty development activities;
- Demonstration of an ongoing commitment toward improving teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning; DCAL) or through conferences and online training.

### ***Adjunct Associate Professor***

Promotion to the rank of Adjunct Associate Professor will be granted only in recognition of contributions to the Geisel mission that go well beyond those stipulated for appointment to the rank of Adjunct Assistant Professor. Criteria for this title may include:

- Service as an Adjunct Assistant Professor at Geisel or an equivalent institution for five to seven years, with a consistent record of excellence and participation in teaching and/or research endeavors (Note: As with voting Geisel appointments, continued service and performance at the rank of Adjunct Assistant Professor shall not, in itself, constitute grounds for promotion to Adjunct Associate Professor.);

- Promotion to Associate Professor of the voting faculty of the candidate's home department/institution;
- Evidence of continued excellence in teaching students and commitment to improving teaching skills, with demonstrably greater responsibility for teaching, development of curricula or syllabi, and/or course leadership;
- Evidence of continued excellence in research and increased commitment to team-based research efforts, as evidenced by the academic portfolio; external funding of competitive peer-reviewed research or education projects; publications and manuscript development at a level appropriate for involvement; and development of important web-based curricula or dissemination of research through peer-reviewed websites;
- Substantive professional recognition, as evidenced by elected membership in local, regional, and national societies; recognition through formal awards; local and regional invited lectures; participation in symposia, professional society programs, etc.;
- Documented contributions to institutional or program reviews or grant writing activities;
- Demonstration of continued advances in teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning; DCAL) or through conferences and online training.

### ***Adjunct Professor***

Promotion to the rank of Adjunct Professor will be granted only in recognition of exemplary and distinctive achievement. Criteria for this title may include:

- Service as an Adjunct Associate Professor at Geisel or an equivalent institution, typically for at least five to seven years, with a consistent record of outstanding performance in teaching, and usually investigation as well. Continued service and performance at the rank of Adjunct Associate Professor shall not, in itself, constitute grounds for promotion to Adjunct Professor;
- Evidence of continued excellence in research and increased commitment to team-based research efforts, as evidenced by the academic portfolio; external funding of competitive peer-reviewed research or education projects; publications and manuscript development at a level appropriate for involvement; and development of important web-based curricula or dissemination of research through peer-reviewed websites;
- Promotion to Professor of the voting faculty of the candidate's home department/institution;
- Continued substantial involvement in student teaching ( $\geq 20$  net teaching hours per year, *vide supra*) and documented recognition of excellence in teaching;

- Continued contribution and documented leadership in development of curricula or syllabi for students and/or other learners, and/or course and educational committee leadership;
- Distinctive national recognition as evidenced by elected membership in local, regional, and national societies; recognition through formal awards; local and regional invited lectures; participation in symposia, professional society programs, etc. Membership on editorial boards, study review sections, and/or advisory groups;
- Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials;
- Exceptional leadership or administrative performance, as evidenced by major roles in local or regional clinical affairs or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards;
- Documented contributions to institutional or program reviews or grant writing activities;
- Distinctive advances in teaching skills (e.g., through The Dartmouth Center for the Advancement of Learning; DCAL) or through conferences and online training.

## **Appendix 1: Restricted-/Nonvoting Faculty Lines – Processes for Appointment and Promotion**

All appointments are term-limited.

Individuals who hold appointments as Adjunct, Honorary, Post-FRO, Visiting, and Active Emeritus Faculty are expected to be voluntary (i.e., do not receive compensation from Dartmouth College) unless:

- Otherwise approved by the Dean (e.g., active emeritus or Post-FRO supported on grants);
- Employed by one of the other Schools of Dartmouth College (A&S, Thayer, Tuck).

Appointments at the rank of Instructor/Lecturer or in the Clinical Faculty Line may be provided for employees of Dartmouth College or of D-H, WRJ VAMC, or CPMC.

For all appointments to these lines, all active association with Geisel School of Medicine ends as of the termination of the appointment. There is no obligation of the School to notify individuals that their faculty status ends if the appointment term is not renewed. It is implicit in the granting of faculty titles at Geisel that, in addition to demonstrated accomplishments in the indicated areas of endeavor, all individuals being considered for appointment or promotion at Geisel School of Medicine must meet the criteria of professional codes of conduct as outlined in the policies of Dartmouth College and its academic clinical partners (e.g., D-H, WRJ VAMC, CPMC).

### **Appointment/Reappointment Processes:**

1. For preceptors in the Clinical Faculty Line. All new clinical preceptors will
  - a. Be directed by course coordinators to fill out an online appointment application <https://geiselmed.dartmouth.edu/faculty/adjunct/>, which should define the expected contributions supporting the requests for appointment.
  - b. For first time appointments or reappointments following a break in service, candidates will need to provide an updated CV: Please use the Geisel CV for Clinically-prefixed Faculty Template, which may be found on the [Geisel Faculty Handbook site](#). CVs do not need to be provided for individuals who are requesting reappointments without a break in service.

1. Clinical Faculty Line appointments will be provided to clinicians whose primary responsibilities are to train learners (medical students, residents, and fellows). In nearly all cases, such individuals will not be otherwise affiliated with Geisel or its primary clinical partners (e.g., such individuals are community-based physicians who precept medical students and are not employees of D-H, WRJ VAMC, or CPMC). Faculty appointments in this line will be provided to:

- a. Clinical practitioners (physicians or associate providers) who meet the requirements with respect to academic qualifications and who are responsible for providing formal evaluations in required courses and clerkships that contribute to a UME student's grade. The LCME elements dictate that these individuals must hold a faculty appointment;
- b. Clinical practitioners who meet the requirements with respect to academic qualification and who are responsible for providing formal evaluations in required rotations that contribute in required programs for resident and fellow training;
- c. Individuals who meet academic requirements for rank may be provided with a faculty appointment in the Clinical Faculty Line if they contribute more than 20 contact hours to an approved (but not necessarily required, e.g., elective) academic course or program at Geisel or participate in other documented academic missions of the medical school;
- d. The Chair of the department may petition the Dean for an exemption to this minimum requirement for individuals who have fewer than 20 contact hours in a non-required course or who are providing instruction in a non-evaluative role in a required course.

Once submitted, the candidate's information (application and CV) is sent to the appropriate sponsoring department.

- The appropriate department or program (e.g., On-Doctoring, third-year clerkship director, specific residency program) reviews and approves of the appointment.
- Department Chair reviews/approves.
- Dean of Faculty Affairs at Geisel reviews/approves (Dean's Office).
- Approved information is entered into Dartmouth's HR system (Dean's Office).
- New appointments are reviewed/approved at the Dean's Academic Board (meets on the third Thursday of each month).
- Letters are sent to preceptors, and copied to chairs, course directors, and coordinators, confirming their new faculty appointments and outlining their rights and responsibilities.

2. Individuals who provide clinical care at D-H, the WRJ VAMC, CPMC and whose primary academic responsibilities are in the context of training learners in the context of that clinical care may also be granted faculty titles in the Clinical Faculty Line.

In requesting faculty appointments for these individuals, the Department Chair should:

- Submit a request via Dashboard for initial appointments following approved protocols;
- Submit via Sharepoint for reappointments.

Requests must include documentation of the specifics of the expected; teaching/research contributions (e.g., third year clerkship) and time commitment (e.g., 5% of clinical time).

Faculty must be provided with the appropriate Terms of Appointment Statement delineating rights and responsibilities.

3. Individuals may be awarded adjunct faculty titles through Geisel if they
  - a. are members of other Schools at Dartmouth (Arts and Science, Tuck, or Thayer) and they contribute to teaching at Geisel in a position of recognized authority (i.e., a course instructor or co-instructor);
  - b. are key personnel (e.g., PI or co-I) on sponsored programs and/or have a demonstrated and ongoing record of collaborative scholarship with non-adjunct faculty members at Geisel School of Medicine;
  - c. for individuals who do not meet these criteria, the Chair of the department may petition the Dean for an exemption. Such exemptions must be based on making a substantive academic contribution to the missions of the Medical School.

All *new* requests should be uploaded to the online appointment application <https://geiselmed.dartmouth.edu/faculty/adjunct/>. Each request should:

- define the expected teaching/research contributions supporting the requests for appointment;
- provide an updated CV. If the individual has a Dartmouth CV from one of the other Schools at Dartmouth or another Institution of higher education, that format is acceptable. If they do not, please use the [Geisel School Community-Based Faculty CV Template](#).

4. With regard to initial requests for appointment to Dartmouth College-paid or unpaid positions (i.e., not employees of D-H, WRJ VAMC, or CPMC) at the rank of Instructor, Lecturer, Visiting Faculty, Active Emeritus/Post-FRO, Honorary Faculty, Research Associates, and Research Scientists:

- Initial requests should be made to the Dean of Faculty Affairs and include
  - a. a CV for the proposed candidate and
  - b. a draft of an offer letter (using appropriate Geisel template) that sets out the terms of the hire/appointment.
- All salaries for individuals hired by Dartmouth College for appointment as Instructor, Lecturer, Visiting Faculty, Active Emeritus/Post-FRO, Honorary Faculty, Research Associates, or Research Scientists must be reviewed and approved by the Dean of Faculty Affairs and the Executive Dean for Administration and Finance.
- Candidates will need to sign offer letters, and a copy of the signed letter should be provided to the Dean's Office.

- Reappointments for Instructor, Lecturer, Active Emeritus/Post-FRO, Honorary Faculty, Research Associates, or Research Scientists should be submitted via Sharepoint with the required documentation.
- Visiting faculty appointments are not renewable unless an exemption is granted by the Dean.
- Faculty members who are appointed as adjunct faculty for a given term in order to teach a course in A&S, Tuck, or Thayer that is cross-listed at Geisel (or in which Geisel students enroll) will be provided with a corresponding single-term appointment that will begin and end concurrently with their primary adjunct responsibility.

### **Promotion Process in the Clinical Faculty Line**

1. For Individuals in the Clinical Faculty Line, community-based faculty should communicate with the appropriate individuals (e.g., Vice Chair for Academics, Clerkship Director) within their department to review their CVs and to request consideration for promotion.
2. If the Director/Vice Chair agrees that the candidate should be considered for promotion, she/he will then request review of the candidate's portfolio by the Department Chair.
3. If the Department Chair agrees that the candidate's portfolio merits consideration for advancement, the department will then assemble the required portfolio for the individual which includes:
  - a. the Chair's letter;
  - b. an up-to-date CV in the Geisel format for Clinical/Adjunct faculty (see Faculty Handbook Page: "Geisel CV for Community-based faculty");
  - c. relevant teaching evaluations for the past five years (when applicable);
  - d. narrative evaluations from 10 learners from the last five years (when applicable);
  - e. peer letters of recommendation (five for Associate Professor; seven for Professor) from individuals within the Geisel community or external to Geisel (i.e., individuals who can attest to the candidate's qualifications).
4. The Dean of Faculty Affairs at Geisel will then solicit outside reviews from three members of the Geisel faculty who have expertise in the candidate's practice area and who are of comparable or higher rank.
5. Recommendations based on review of the portfolio will then be forwarded to the Dean, the DAB, and the Provost.