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Academic Appointments, Promotions and Titles at

Geisel School of Medicine at Dartmouth

(Promotion Information for Individuals in the Academic Medical System Line)

The full document may be found at

http://geiselmed.dartmouth.edu/faculty/pdf/geisel_faculty_apr.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)¹, 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”² 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.

¹ 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).

² 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
- Educator-Scholar 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:

The AMS Faculty Line:

Appointment of individuals as faculty members in the AMS Faculty Line does not require a national search performed by Dartmouth College or adherence to (EO/AA) Guidelines of Dartmouth College, although it is expected that both D-H and WRJ VAMC will perform national searches for these positions. Individuals in this line who are ≥ 0.5 FTE will be accounted for in the Dartmouth College Affirmative Action Plan--but as non-employees and thus distinct from faculty members in the Tenure-track/Tenure and Non-tenure Faculty Lines.

Individuals appointed in the AMS Faculty Line will, in all but rare exceptions, hold a terminal degree (e.g., MD, PhD, DVM, or DO). In rare cases, individuals who hold non-terminal degrees appropriate for a specific position (e.g., an MBA or M.Ed.) may, upon approval by the Dean or

her/his designee, the DAB, and the Provost, be approved for appointment to the AMS Faculty Line.

Individuals appointed in the AMS Faculty Line are those who exemplify the clinical academic mission of the School and the Medical System. As such, academics are expected to be deeply imbued within their activities: not only in commitment to training learners, but in expectations that they themselves will be lifelong learners. For clinicians in the AMS Faculty Line, they will be expected to be practitioners who stay at the forefront of advances in their fields through participation in both local venues such as tumor boards, Grand Rounds, Morbidity and Mortality Rounds, and seminars, and also through active participation in professional societies. They will be practitioners who are expected to commit to knowing the research related to their fields and to contribute to that scholarship, most often through peer-reviewed and nationally recognized venues. As clinicians for whom these academic pursuits are integral to all that they do, including patient care, those in the AMS Faculty Line will also be the members of the faculty who will be expected to make the most substantive contributions to the education of others, including medical students, residents, fellows, other health care professionals, and their own colleagues, either as separate activities or in concert with patient care, and to advance their specific fields with colleagues across the country and the globe.

It is this commitment to the full scope of academic medicine that sets apart the AMS Faculty Line clinicians from members of the Clinical Faculty Line who may educate learners (e.g., precepting students), but whose primary responsibilities are to provide patient care either at D-H, WRJ VAMC, or within our affiliated community-based practices. (Clinically-prefixed faculty members may engage in many of the activities noted above, but at a more restricted level than do faculty members in the AMS Line. 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--but such advances may not necessarily need to be disseminated more broadly).

Although it is not necessary to explicitly delineate the Track (Clinician-Investigator vs. Clinician-Educator) at the time of hire into the AMS Faculty Line, the expectations for these practitioners with respect to expected contributions to clinical care, research, service, and teaching (and the resources provided for these activities) should be defined by their employers at that time.

Individuals hired in the Investigator Track of the AMS Faculty Line will not be expected to have clinical responsibilities, but to be fully engaged in research and research-related teaching efforts.

Individuals in the Clinician-Investigator and Investigator Tracks in the AMS Faculty Lines, shall be expected to demonstrate the same commitment to academic medicine, but their activities will be substantively weighted to research and thus may be partially or completely outside of the realm of direct patient care.

Except as noted above, all appointments to the rank of Assistant Professor, Associate Professor, or Professor in the AMS Faculty Line require:

- Successful completion of a postgraduate training program and (for clinicians) certification or eligibility for certification by the American Board of Medical

Specialties, American Osteopathic Board, equivalent foreign board, or the equivalent for non-M.D. or non-D.O. specialists;

- Evidence of demonstrated scholarly accomplishments (in all but exceptional cases, peer-reviewed);
- Commitment to excellence in clinical care with evidence of a high level of clinical competence, skill, or expertise, as demonstrated by recommendations from the program director and associated faculty; or
- Commitment to excellence in clinical research with evidence of a high level of research competence, skill, or expertise, as demonstrated by recommendations from the candidate's postdoctoral and/or thesis mentors, and by other faculty who know of the individual or who have the capability to assess her/his work.

Appointments to the AMS Faculty Line will not be restricted by geography. Individuals appointed to this line shall be expected to contribute $\geq 10\%$ of their effort to academic pursuits related to the mission of the Geisel School of Medicine (such activities may be performed in concert with providing clinical care, but need to be documented). Moreover, as noted above, the expectation is that an academic perspective and commitment to understanding the science and theory of one's practice should be an inseparable part of the clinical care provided by faculty in this line.

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.

A. Departmental Oversight

The Chair (or his/her designee as academic advisor) shall meet with each faculty member at the rank of Assistant Professor or Associate Professor on a regular basis (which, at a minimum is annually, but which is expected to be more than once per year) in order to assure that each faculty member below the rank of Professor is meeting expectations for teaching, research, and service to Dartmouth. For faculty members in the Tenure-track/tenure, Non-tenure and AMS Lines, the Chair should insure that there is an academic plan that will be consistent with promotion within the expected timeframe of six (6) years in rank (except when circumstances support either an accelerated or prolonged timeframe). The Chair (and/or his/her designee) shall meet with Professors at least annually to ascertain that they are meeting expectations for teaching, research, and service to Dartmouth. Moreover, faculty members should convey to Chairs at these meetings information related not only on their status with respect to their teaching, research and service, but also information as to what resources are needed and, conversely what barrier they believe exist, towards maximizing their academic potential.

In these annual meetings, all faculty members shall also convey information to their Chairs as to efforts made in their research programs, in their teaching or in their service with respect to meeting institutional goals of enhancing diversity and inclusion. Such efforts may include their own efforts to hire more diverse staff, students, or faculty; to augment representation of diverse populations in their curricular materials, or to serve on committees (internally or externally) that work to meet these goals.

To this end, it is also the obligation of each department to designate a senior mentor or senior faculty mentoring committee to each faculty member below the rank of Professor to assure that she/he is provided ongoing and appropriate guidance to develop to the best of her or his ability including supporting opportunities for faculty development that will promote diversity and inclusion with the goal of advancement in rank within a period of six (6) years. Promotion criteria for faculty members will differ depending on the line, track, and rank; however, advances for all academic titles shall be predicated upon common elements of excellence in scholarship, reflecting contributions of each faculty member to her/his academic field of endeavor and to the community that includes Dartmouth but also extends beyond its borders.

Recommendations to advance a candidate to the APT Committee for consideration for promotion is to be made following review and recommendation by a committee of senior faculty at Geisel

with expertise in the candidate's field of endeavor to the candidate's Chair(s). This committee may be composed of solely of members of the candidate's home department or, for departments that have smaller numbers of senior faculty members, of members from the home department and other departments with appropriate expertise.

It is critical to note that time in rank alone is not sufficient to warrant promotion. To merit reappointment or promotion, the faculty member must provide strong evidence of achievement according to the criteria appropriate to a particular portfolio of academic activities.

C. Progression to Promotion

AMS Faculty Line

As an institution charged with educating health care providers and enhancing the knowledge of medical science and medical practices, Geisel relies on clinical institutions to provide educational and research opportunities in the clinical setting that are essential to the mission of the Medical School. We recognize that the clinicians who provide access to patients and teaching for medical students and house staff are foundational to our mission. We also recognize that such clinical faculty may be engaged in research that fulfills core missions of our Medical School. Finally, we recognize that, through research and/or patient care, these clinicians educate the leading physicians/providers and biomedical scientists of tomorrow.

As noted above, individuals appointed in the AMS Faculty Line are those who exemplify the academic mission within the clinical environments of the School and the Medical System. As such, academic attributes are expected to be deeply embedded in all of their activities.

The majority of individuals in the AMS Faculty Line will be predominantly engaged in teaching associated with patient care (Clinician-Educator Track), although a select cadre may also excel at research (Clinician-Investigator Track) or be non-clinicians dedicated to research outside of the delivery of care (Investigator Track). An even smaller cadre may be expected to be Educator scholars; dedicated to advancing clinical pedagogical programs, but not have direct patient care or substantive supported research activity.

Advancement in the AMS Faculty Line is predicated on meeting criteria for excellence in patient care, education, scholarship, engagement, and, in some instances, research (see Section C below). The weight of the components for advancement will vary with the different track and with individuals within each track.

Please note:

- Individuals do not need to meet all of these criteria for advancement
- Promotion/appointment at the rank of Associate Professor versus Professor in most cases will reflect qualitative (e.g., regional to burgeoning national reputation for Associate Professor versus National to International recognition for Professor)

a. Assistant Professor to Associate Professor:

The Chair(s) (and or his/her designee) of the Department(s) should review the progress of each Assistant Professor with her/his senior faculty (or Promotions Committee) according to policies outlined in Appendix 1: Geisel School of Medicine at Dartmouth Guidelines for Faculty Promotion Procedures, with the expectation that each Assistant Professor in the AMS Faculty Line will be put forward for review by the APT Committee for promotion to Associate Professor by six (6) years in rank as Assistant Professor. Although advancement to Associate Professor within six (6) years in rank is the expectation, multiple renewals of three (3)-year terms as Assistant Professor are allowable in the AMS Faculty Line.

Clinician-Educator and Clinician-Investigator (AMS Faculty Line):

All individuals being considered for promotion (or initial appointment) to Associate Professor in the Clinician-Educator and Clinician-Investigator Tracks of the AMS Faculty Line must have demonstrated excellence in:

- teaching (may be at multiple levels: UME, GME, CME, associate providers, undergraduates); and
- engagement at the institutional (e.g., the entities that comprise DHMC: D-HC, MHMH, WRJ VAMC) and extramural (e.g., professional societies) levels; and
- scholarship;

and must have garnered a substantive extramural recognition at a regional level and a burgeoning reputation at the national level.

Individuals being considered for promotion (or initial appointment) to Associate Professor in the Clinician-Investigator Track will be expected to meet criteria for regionally to nationally recognized excellence in:

- clinical care, as set forth in Part 3B;
- research, as set forth in Part 3B;
- teaching (may be at multiple levels: UME, GME, CME, associate providers, undergraduates);
- engagement at the institutional (e.g., the entities that comprise DHMC: D-HC, MHMH, WRJ VAMC) and extramural (e.g., professional societies) levels; and
- scholarship.

The extent to which to which faculty members in the Clinician-Investigator Track meet the specific criteria for research shall be weighted in consideration of the concomitant commitment to clinical care. Specifically, if an individual in the Clinician-Investigator Track has the preponderance of effort dedicated to research (e.g., 80-90%) she/he shall be expected to adhere to the same level of accomplishment as set forth for those in the Tenure-track/Tenure Faculty

Line. However, if a faculty member has substantive effort devoted to clinical care (e.g., 50%), expectations for research and scholarly accomplishments shall be adjusted accordingly.

Teaching, either in concert with patient care or in association with research/service activities, may constitute a non-majority component of the responsibilities of those in the Clinician-Investigator Track. Nonetheless, both Clinician-Educators and Clinician-Investigators in the AMS Faculty Line are expected to teach a defined set of learners to some extent.

Investigator Track (AMS Line):

Individuals being considered for promotion (or initial appointment) to Associate Professor in the Investigator Track are not required to participate in activities outside of their research endeavors (teaching by those in the research “team” may be considered part of their responsibilities while recognizing that not all of those in this line will have access to graduate students or postdoctoral scholars and as such, teaching is not an obligatory part of this track). They will be expected to meet criteria for regionally to nationally recognized excellence in research as set forth in Part 3B (and to standards comparable to those for individuals in the Non-tenure Line).

As for Non-tenure Line faculty members, teaching (outside of the research team) is not required for individuals in the Investigator Track of the AMS Faculty Line. However, if teaching within the context of research activities (i.e., training of graduate students, research associates, residents, and/or fellows) *is* part of the activities for those in this track, it may be considered at the time of review for promotion, although it is not required.

Educator-Scholar (AMS Line):

As with individuals in the Educator-Scholar Track in the Tenure-track/Tenure Line, these faculty members will be expected to be fully dedicated to innovation and excellence in the delivery of medical education (at multiple levels, e.g., UME, GME, CME) and are expected not only to be excellent teachers, but also to play a key role in the evolution of the health care curriculum both here at Geisel and on a national front. Although extramural funding is not required for advancement in this track, original inquiry (research) and scholarship is.

Moreover, as with laboratory or data sciences, peer-reviewed extramural support for educational inquiry will be taken as validation of the faculty member’s contributions to advancing her/his given field.

Individuals in this track are expected to sustain a record of excellence for peer-reviewed work in either the specific scientific discipline or in medical pedagogy. Individuals appointed in this track will also be expected to provide exemplary service/engagement to the Medical School as well as to professional organizations related to their chosen field.

While scholarship in the Educator-Scholar Track in the AMS Line may take different forms, for non-traditional scholarship, for advancement in rank, candidates must be able to show that their innovations in pedagogy have been adopted by other institutions and provide reviewable data that the adoption of new approaches (as designed and/or implemented by the candidate) have had a measurable impact on specific outcomes (for example, but not limited to: learner scores on

USMLE Step 1; enhanced residency or fellowship placement, improved patient outcomes, increased success of submitted grants).

b. Associate Professor to Professor:

The Chair(s) (and or his/her designee) of the Department(s) should review the progress of each Associate Professor with her/his senior faculty (or Promotions Committee) according to policies outlined in Appendix 1: Geisel School of Medicine at Dartmouth Guidelines for Faculty Promotion Procedures, with the expectation that each Associate Professor in the AMS Faculty Line will be put forward for review by the APT Committee for promotion to Professor by six (6) years in rank as Associate Professor. Although advancement to Professor by six (6) years in rank is the expectation, multiple renewals of six (6)-year terms as Professor are allowable in the AMS Faculty Line (see Part IIB, section 3c).

Faculty members promoted to Professor in the AMS Faculty Line must have garnered extramural recognition at the national and/or international level and must be recognized for their accomplishments in teaching, scholarship, engagement, and (where applicable to the individual tracks) in clinical care and research. Criteria for appointment or promotion to the rank of Professor follow from those established for appointment/promotion to Associate Professor in the AMS Faculty Line, with the expectation that both quantitative and qualitative advances in education, engagement, patient care, research, and scholarship will have been made in order for this rank to be bestowed.

Professor (reappointment): The Chair(s) (and or his/her designee) of the Department(s) should review the performance of each Professor to ascertain that she/he continues to meet expectations for achievements in teaching, service, and scholarship and, (where applicable) engagement and/or research.

C. 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.”³ 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

³ Ward, K. *Faculty Service Roles and the Scholarship of Engagement*, 2003.

create knowledge and understanding that we cannot obtain anywhere else, while strengthening culture, community, and democracy.”⁴ 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.
- 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

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

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.

**Appendix 1: Geisel School of Medicine at Dartmouth
Guidelines for Faculty Promotion Procedures
(Tenure-track/Tenure, Non-tenure, and AMS Faculty Lines)**

The authority to award faculty titles at the Geisel School of Medicine at Dartmouth (Geisel) lies with the Trustees of Dartmouth College. The Trustees, however, act upon recommendations made by the Medical School and the administration of Dartmouth College. These guidelines outline the procedures for the consideration of appointment and/or promotion to senior rank (Associate Professor/Professor). Consideration for tenure at Geisel is made upon appointment or promotion to Professor for those individuals who are employees of Dartmouth College.

These guidelines focus on *procedures* for evaluation of appointments/promotions to senior ranks at Geisel. The *substantive* standards that govern all appointments, promotions and titles are found in the parent document entitled, "Academic Appointments, Promotions and Titles at Geisel School of Medicine at Dartmouth."

I. Procedures for Promotion Consideration Prior to the Appointments, Promotions and Titles (APT) Committee Review.

Annual reviews and appropriate mentoring of all faculty members is required by governing principles of the Medical School and by LCME standards for accreditation. Each member of the faculty will receive such reviews from his/her respective Chair or Director¹ (or the Chair's designated official) and mentoring from the Chair and members of the Department's/Institute's¹ Promotions Committee. These individuals are responsible, in conjunction with the faculty member, for guiding her/him along the appropriate trajectory for academic advancement.

The department has the initial responsibility for determining whether or not to recommend a faculty member in the department for promotion based on a thorough and objective review. Considerations about faculty promotions at the departmental level are led by the Departmental Chair with the involvement of the Department Promotions Committee. The Promotions Committee shall comprise all (or representative faculty members, depending on the size of the department) at the rank of Professor who hold voting rights (i.e., not emeritus, voluntary, visiting, adjunct, or clinical).

Departmental Review:

The Department Review process should commence so that the candidate's completed portfolio will be presented to the APT Committee at a time when the candidate has been ~six (6) years in rank. Reviews that result in portfolios presented to the APT Committee before the candidate has been in rank at least five years will signify that the candidate is considered exceptionally qualified for advancement. Department Chairs and their Departmental Promotions Committees must provide candidates and their mentors a list of the material required for departmental

¹ Directors/Institutes which have Chair/Department standing hereafter are encompassed within the terms Chairs/Departments

review at least two months prior to this review, to allow the candidates adequate time to prepare this material.

Extramural Reviewers

Number of reviewers: During the *departmental* review process, the Departmental Chair will solicit and receive a minimum of three (3) letters from outside (non-peer) reviewers who are qualified to assess the candidate's academic performance. Outside reviewers must not have an appointment at any institution where the faculty member holds an active appointment (e.g., if the candidate has an adjunct appointment at another institution) and must not have a personal (e.g., is married to) or financial (e.g., shared intellectual property) conflict of interest with the candidate.

Letters solicited for the Departmental review, as well as those sent forward to the APT Committee, must come from outside reviewers who hold academic rank at or above the academic rank for which the candidate is being considered.

Selection of reviewers: The candidate may provide the Chair with a list of up to five suggested outside reviewers, together with information about the professional relationship of the suggested reviewers to the candidate, if any, and the basis for their selection as individuals qualified to evaluate the candidate. In selecting the outside reviewers from whom letters will be requested, at least one of the minimum of three (3) letters must be from the list provided by the candidate.

The outside reviewers should be qualified to credibly assess the candidate's performance under the principles outlined in the document entitled, "Academic Appointments, Promotions and Titles at Geisel School of Medicine at Dartmouth". Because these principles vary depending upon the level of promotion under consideration and the nature of the candidate's portfolio, the credentials of the outside reviewers may vary depending on the particular situation. It is recognized that outside reviewers may not necessarily be *personally* familiar with specific aspects of a candidate's portfolio (e.g., teaching or clinical care). The major role of these reviewers is to assess the professional reputation and standing of the candidate in the non-Dartmouth academic community relevant to the candidate's proposed rank and faculty line.

Solicitation of Letters; Departmental Assessment

To ensure consistency among departments and consistency between the departmental review and review by the APT Committee, the Chair's letters to outside reviewers should use the template letter provided as Attachment A in this document. Each potential reviewer should receive the solicitation to review (template) letter, a copy of the Chair's draft letter to the Dean about the candidate, and a copy of the document "Academic Appointments, Promotions and Titles at Geisel School of Medicine," in which the appropriate criteria for the title for which the candidate is being recommended are *excerpted*. The candidate should not be informed of the names of the outside reviewers selected by the Chair, and the Chair is responsible for informing the candidate that the candidate should not personally communicate with any of the candidate's suggested outside reviewers about the fact that their opinions may be solicited or the substance of the review.

As indicated below, *all* outside letters received shall be included in the candidate's portfolio that is provided to the Medical School's APT Committee. In assembling this portfolio, the Department will provide a list of a) the reviewers suggested by the candidate and b) the reviewers suggested by the Chair, and will indicate on both lists the reviewers from whom responses were obtained.

Intramural Reviewers

The Chair will also solicit letters from at least two (2) inside (Geisel) peer reviewers, selected by the Chair without consulting the candidate. The peer reviewers may have a stronger basis than outside reviewers to assess the candidate's teaching abilities, clinical skills, and contributions to the Dartmouth community.

Recommendations

After considering the candidate's file, including the letters solicited by the Chair, the Department's promotions committee will decide to recommend the candidate for promotion or decide not to forward the candidate's file for further consideration for promotion at the present time. Reviewers who are asked for additional letters for the APT review should not be informed of the deliberations or vote by the Department Committee (i.e., whether it was unanimous or not).

Transmittal of Recommendation for Promotion

The Departmental Chair will forward recommendations for promotion to the APT Committee, which will perform its own review. The Chair will transmit the following documents to the APT Committee:

1. A letter from the Chair to the Dean of the Medical School (Dean's Letter), in his or her capacity as Chair of the Department's promotions committee, recommending promotion. The letter will include the following information and assessments:
 - a. The first paragraph of the letter should contain the candidate's proposed rank (primary department listed first, if joint appointment). If the promotion is to the rank of Professor, the first paragraph should also specify whether this is a request for tenure or non-tenure;
 - b. The effective date of the proposed appointment;
 - c. Identification of the candidate's faculty line (see "Academic Appointments, Promotions and Titles at The Geisel School of Medicine at Dartmouth" document);
 - d. A breakdown of the percentage of effort the candidate spends in clinical activities, research or other forms of scholarship, teaching, and engagement;

- e. A precise description of the candidate's field of specialty;
- f. A detailed explanation of the basis for the promotion recommendation, including:
- i. The professional and personal qualities of the candidate that merit consideration;
 - ii. The candidate's academic role in teaching and research;
 - iii. The candidate's contribution to the department and the Medical School; and/or,
 - iv. Evidence of regional, national, or international recognition, as appropriate for the level of promotion and the portfolio.

2. A letter of approval from the Chairs of the non-primary departments in the cases of joint appointments. For faculty members in large departments who also report to a Section or Division Chief, a letter of approval from that Chief should also be included.

3. A current Curriculum Vitae of the candidate in the Geisel format: See [Faculty Handbook](#).

4. Data supporting the Chair's assertion that the candidate has achieved the criteria for promotion, including:

- a. Letters from inside reviewers, including, where relevant, letters from colleagues attesting to quality of teaching and, as appropriate, clinical accomplishments;
- b. Teaching evaluations: course reviews, eVal and other metrics (required, for those who have teaching responsibilities in any Line);
- c. For faculty new to Geisel, a letter outlining the candidate's teaching accomplishments/history/expertise, from the candidate's current institution;
- d. Letters solicited from outside reviewers, letters sent to reviewers framing the request; information indicating whether the reviewers were selected by the Chair or by the candidate; explanation of the professional relationship of the reviewers to the candidate, if any; and the basis for their selection as individuals qualified to evaluate the candidate.

The majority of outside letters/reviewers should come from individuals who:

- have not trained or been trained by the candidate within five years of the date of solicitation of the review;
- have not received joint funding (grants, foundation awards, clinical trials etc.) as PI or co-I with the candidate within the past five years; and,
- have not published with the candidate in the past two years.

Letters should be received within no longer than 1 year prior to review of the candidate by the APT Committee.

It is recognized that under certain and limited conditions, departments may find it difficult to obtain the requisite number of letters from individuals who meet the criteria above (e.g., if the candidate is heavily active in large clinical trials that incorporate comparably large numbers of investigators, it may be difficult to obtain letters from those with sufficient expertise who are not in conflict). If Chairs believe that the inability to obtain outside letters is unduly impeding the review of the faculty member, she/he may petition the Dean of Faculty Affairs at Geisel to see if either criterion 2 or 3, above, may be waived for a limited number of letters;

e. Four (4) to ten (10) publications authored by the candidate that best reflect her/his academic endeavors (one copy) or appropriate internet addresses for web-based materials; and,

f. Material from other academic/non-academic institutions indicating the candidate's accomplishments with respect to engagement where applicable.

5. The list of outside reviewers suggested by the candidate, together with the information provided by the candidate about the suggested reviewers, as described above;

6. Evaluations from 10 individuals who have been taught by the candidate. These evaluations may include a combination of medical students, graduate students, residents and post-doctoral fellows, and undergraduate students or other learners; and,

7. The Departmental Chair's assessment of the candidate's institutional contributions, unique characteristics, and potential for leadership within the institution.

The Departmental Chairs will forward their recommendations for promotion and all supporting material to the APT Committee when all materials required for the portfolio are received.

The complete portfolio (all materials) *must* be received in the Dean's Office no later than 3 weeks prior to the scheduled date for the APT Committee review.

The APT committee meets monthly during the academic year, with a hiatus in July and August.

II. Procedures for Promotion at the APT Committee Level

The APT Committee reviews candidates for promotion who have been recommended by their respective departments. The Committee represents the interests and perspectives of the Medical School as a whole.

Committee Composition

The APT Committee consists of 11 members: the Dean of Faculty Affairs at Geisel and 10 faculty members that reflect the diversity of faculty in Geisel with regard to clinical care, teaching, and research. The Dean of Faculty Affairs serves as Chair of the Committee. Members of the Committee, other than the Dean of Faculty Affairs, are chosen by the Dean of Faculty Affairs, in consultation with the Department Chairs and the Geisel Faculty Council. Appointments are subject to approval by the Dean. Initial appointments are made for one year, with the ability to extend the term for an additional three to four years. No member of the Committee (other than the Dean of Faculty Affairs) may serve more than two consecutive terms. Faculty members who rejoin the committee after a hiatus may sign up for a three- or four-year term without the initial one-year period. The Vice Chair of the APT Committee is appointed by the Dean or the Dean's designated official (the Dean of Faculty Affairs at Geisel) from among the members of the Committee. The Vice Chair serves as Vice Chair for two years.

The Vice Chair is responsible for chairing the meetings, working with the Administrative Assistant to assure that the Committee stays on schedule, and working with the Dean of Faculty Affairs at Geisel to make sure information regarding APT proceedings is conveyed to the Department Chairs in an accurate, helpful, and timely manner. The Dean for Faculty Affairs may also call on "reserves": former members of the APT Committee identified by the Dean for Faculty Affairs who may be asked to perform reviews when a quorum is in question without their participation.

The Committee is assisted by the Administrative Coordinator for Recruitment and Faculty Affairs in the Geisel Administration, who maintains the promotion files. More specifically, the Administrative Assistant is responsible for:

- a. Ensuring that all necessary documentation has been provided by the Departmental Chairs;
- b. Maintaining correspondence with outside reviewers, inside reviewers, and students;
- c. Keeping the APT member responsible for the file informed of the status of the file;
- d. Maintaining all APT documentation (both hardcopies and electronic documents for the committee's use that are posted on protected internet sites; e.g., SharePoint);
- e. Ensuring that the candidate's file contains at least five letters from outside reviewers in the case of promotions to Associate Professor and at least seven letters from outside reviewers in the case of promotions to Professor. The majority of the letters in the file should be solicited from outside reviewers who are not drawn from the list of suggested reviewers provided by the candidate and must not have a conflict of interest with the candidate;
- f. Providing administrative support to the APT committee and taking minutes at the meetings;

g. Ensuring that copies of the letters to the Chairs from the Dean of Faculty Affairs at Geisel/Vice Chair of the APT Committee that summarize the APT Committee's deliberations, as well as formal letters acknowledging appointments/promotions, are maintained in the candidates' files.

Committee Meetings and Schedule

The Provost of Dartmouth College approves appointments and promotions at Geisel on a rolling basis (with the exception that promotions/appointments with tenure must be voted upon by the Board of Trustees). The APT Committee, therefore, meets on a year-round basis. The number of portfolios ready for review, the availability of Department Chairs or their designated officials, and the availability of APT Committee members will set schedules. In general, the APT Committee meets once monthly, with fewer meetings in the summer months. Because portfolios are reviewed on a year-round basis, Geisel Administration will not accept portfolios from the Departments until they are complete.

Committee Operations

The Departments are responsible for obtaining all promotions materials. The Geisel Dean's Office is responsible for assembling materials into portfolios for review by the APT Committee. The APT Committee is responsible for reviewing information regarding the candidates' qualifications for promotion in rank, assuring the objective assessment of the candidates' academic and professional achievements, and putting forward recommendations for advancement.

1. The Dean of Faculty Affairs at Geisel assigns each candidate for promotion to one APT Committee member who will then be responsible for an in-depth review of the candidate's file. This individual must not have a conflict of interest with the candidate (e.g., is in the same primary department, has written a letter for the candidate, has a familial relationship with the candidate, is a colleague with whom the candidate publishes, shares grant support or intellectual property, or is a mentor for the candidate through mechanisms such as PPG, COBREs etc.).
2. While it is the responsibility of the department administrators and Geisel administration to ensure portfolios are complete, APT reviewers should nonetheless double-check to make sure all required letters and other components are assembled. If any document is missing, the reviewer should alert the Director of Faculty and Staff Recruitment and Retention or the Dean of Faculty Affairs, and the review shall be rescheduled for a later date when the portfolio is complete.
3. The APT Committee member responsible for a candidate may also choose to seek additional reviews from inside reviewers selected by the Committee member.
4. The Committee member responsible for a candidate will make a presentation of the candidate's file to the APT Committee and will participate in the Committee's deliberations. This presentation must be written. The presenter may include in her/his draft letter the expected recommendation for or against advancement, but she/he should not make that

recommendation known to the rest of the committee at the time she/he presents the portfolio. Following a discussion and a vote of the committee, the presenter should amend her/his letter to indicate the committee vote and submit the final letter to the Administrative Coordinator for Recruitment and Faculty Affairs (*vide infra*).

5. The Department Chair or her/his designated official is invited to attend the presentation of the candidate and to answer questions from the committee. Other key individuals (e.g., the Director of the Cancer Center or a Chair from a joint department) may also be invited to attend.

6. Faculty members who hold the same primary appointment as the candidate or who have any other recognized conflict of interest shall leave the room during the presentation and subsequent voting. Such conflicts include, but are not limited to: co-authoring papers or grants within the past five years for grants; within the past two years for papers, being a co-holder of intellectual property with the candidate, being a current or former mentor, having written a letter of support for the candidate for his/her current promotion, or familial relationship. Individuals who hold secondary/tertiary appointments may participate in the discussion and the vote as long as they, in good conscience, are not in conflict.

7. After this initial discussion, the Chairs and their designated officials shall be excused. A motion to recommend for promotion/appointment shall be made and seconded. After the motion has been proposed, the Committee shall then discuss and vote on the motion:

a. Candidates who receive a “yea” vote to advance from greater than 50 percent of the APT Committee members will be recommended for promotion/appointment. A quorum (six (6) members of the committee who do not have a conflict and can thus vote) must be present and vote for an action to be taken.

b. Candidates who receive a “yea” vote to advance from less than 50 percent of the APT Committee members will not be recommended for promotion.

c. A secret ballot can be called for by any member of the Committee at any time. Otherwise, voting will be performed by a show of hands.

In some cases, the APT Committee may find that more information is required before coming to a vote. In these cases, the motion shall be tabled, and the Department Chair shall be informed that no decision can be made until the portfolio can be re-reviewed with new information. The revised portfolio can be re-reviewed as soon as the requested information is in hand.

8. The Committee's vote and a brief written summary of the reasons for the vote will be prepared by the Dean of Faculty Affairs at Geisel and the Vice Chair of the APT Committee. This summary shall be sent to the Department Chairs(s) as soon as possible following the APT's decision. Each note on the recommendation of the candidate should delineate the reasons why the recommendation carried or did not carry. If promotion/appointment was recommended, this note should also contain one of the following sentences:

As you know, our recommendation must be approved by the Dean of Geisel, the Dean's Academic Board (DAB), and the Provost of Dartmouth College. Therefore, we request that you not let Dr. XXX or others know of our decision until the promotion has been approved at all levels.

As you know, our recommendation and the award of tenure must be approved by the Dean of Geisel, the Dean's Academic Board (DAB), the Provost of Dartmouth College, and the Dartmouth College Board of Trustees. Therefore, we request that you not let Dr. XXX or others know of our decision until the promotion has been approved at all levels.

9. The Dean of Faculty Affairs at Geisel will submit to the Dean the recommendations for each candidate reviewed by the APT Committee, the written summaries of the Committee's review, and the vote tabulation for each candidate.

10. Throughout the review process, the APT Committee's procedures are confidential. Committee members shall not disclose any recommendation or any details of the process or discussion outside the APT meetings.

**Geisel or New Faculty Member Being Considered for Appointment/Promotion
to Associate Professor through the APT Committee**

This document should be used in conjunction with documents entitled, “Academic Appointments, Promotions and Titles at The Geisel School of Medicine at Dartmouth” and “APT Guidelines and Structure.”

All documents will be uploaded to a restricted site. Only one copy of each is therefore required.

Candidate’s Name: _____

- Chair’s Letter (to Dean):**
 - Original must be on letterhead and signed. An electronic version is acceptable, but the signature should not be electronic, copied or stamped (i.e., a scan of the original letter should be submitted).
 - The first paragraph should indicate the Faculty Line (Tenure-track/Tenure, AMS, or Non-tenure) and track (e.g., Investigator-Educator), if the promotion is being considered with tenure (Tenure-track/Tenure Faculty Line, DC paymaster only), and the fractional FTE committed to each relevant activity (teaching, research, service, administration).
 - Secondary Chair letter, necessary only if there is a joint appointment.
 - Section Chief and Tertiary Chair letters, when applicable (optional).
- Curriculum Vitae (CV):**
 - Must be in the Geisel format, current and dated.
- Career Overview:**
 - This is part of the CV. It must be written by the candidate.
- Research Funding:**
 - This is part of the CV.
 - For grants, list past awards, current awards, and pending proposals, with the information requested. *Do not* provide information on unsuccessful proposals.
 - If no information is provided in CV, it will be assumed that there is no research support.
- Publications:**
 - Provide pdfs of four to ten different publications
- Five (5) Letters from Outside Reviewers:** Departments must provide a list of the external reviewers identified as “Chosen by Chair” and “Chosen by Candidate.” List needs to identify name, institution and rank of reviewer (*vide infra*).
 - The letters must be on letterhead, dated, with original signature and indicating the rank of the reviewer.
 - Unless otherwise approved, letters must be within 1 year of date of APT review.
 - Reviewer must be of the same or higher rank as the candidate’s proposed rank (Associate Professor or equivalent). Must not be a modified title.
 - Letters cannot be from individuals who have a conflict of interest with the candidate (e.g., close relative, business partner, etc.).
 - The majority of the required five letters must come from *individuals* who
 1. have not trained or been trained by the candidate within five years of the date of solicitation of the review;
 2. have not received joint funding (grants, foundation awards, clinical trials, etc.) as PI or co-I with the candidate within the past five years;
 3. have not published with the candidate in the past two years.

It is recognized that under certain and limited conditions departments may find it difficult to obtain the requisite number of letters from individuals who meet the criteria above (e.g., if the candidate is heavily active in large clinical trials that incorporate comparably large numbers of investigator), it may be difficult to obtain letters from those with sufficient expertise who are not in conflict). If Chairs believe that the inability to obtain outside letters is unduly impeding the review of the faculty member, he/she may petition the Dean of Faculty Affairs at Geisel to see if either criterion 2 or 3, above, may be waived for a limited number of letters.

- The majority of the five required outside letters must not come from *institutions* where the candidate has trained in the past five years or holds an adjunct appointment (current or within the past 5 years).
- The majority of the five required outside letters must be from individuals selected by the Chair.
- More than five letters may be solicited; all letters (even if there are more than five) must be submitted with portfolio.



Lists of Outside Reviewers:

- For Reviewers selected by the Chair, provide a single page that indicates
 - Reviewers' names, ranks, institutional affiliations, and contact information.
- For Reviewers selected by the Candidate, provide a single page that indicates
 - Reviewers' names, ranks, institutional affiliations, and contact information.



Two (2) Letters from Peers:

- Letters should be from current peers (i.e., at the same institution where the candidate holds a position; or for recent senior recruits, their immediately prior institution) and from individuals of comparable or higher rank.



***Narrative Evaluations from Learners (Students, Fellows, Residents):**

- Request at least 10 evaluations.



***Formal Teaching Evaluations:**

- Reviews and quantitative metrics for all formal (i.e., not individual mentoring) UME, GME, associate provider and graduate student teaching, and undergraduate teaching when applicable. Do not include information on faculty members other than candidate.



Completed DAB form:

- Please note, this does not indicate or guarantee recommendation to promote/appoint.

*Note: Some faculty members in the Non-tenure Faculty Line or the Investigator Track of the AMS Faculty Line may not have interactions with students. These requirements are optional for those who do not have these responsibilities.

**Geisel or New Faculty Member Being Considered for Appointment/Promotion
to Professor through the APT Committee**

This document should be used in conjunction with documents entitled, “Academic Appointments, Promotions and Titles at Geisel School of Medicine at Dartmouth” and “APT Guidelines and Structure.”

All documents will be uploaded to a restricted site. Only one copy of each is therefore required.

Candidate’s Name: _____

- Chair’s Letter (to Dean):**
 - Original must be on letterhead and signed. An electronic version is acceptable, but the signature should not be electronic, copied or stamped (i.e., a scan of the original letter should be submitted).
 - The first paragraph should indicate the Faculty Line (Tenure-track/Tenure, AMS, or Non-tenure) and track (e.g., Investigator-Educator), if the promotion is being considered with tenure (Tenure-track/Tenure Faculty Line, DC paymaster only), and the fractional FTE committed to each relevant activity (teaching, research, service, administration).
 - Secondary Chair letter, necessary only if there is a joint appointment.
 - Section Chief and Tertiary Chair letters, when applicable (optional).
- Curriculum Vitae (CV):**
 - Must be in the Geisel format, current and dated.
- Career Overview:**
 - This is part of the CV. It must be written by the candidate.
- Extramural Support:**
 - This is part of the CV.
 - For grants, list past awards, current awards and pending proposals, with the information requested. *Do not* provide information on unsuccessful proposals.
 - If no information is provided in CV, it will be assumed that there is no research support.
- Publications:**
 - Provide pdfs of four to ten different publications
- Seven (7) Letters from Outside Reviewers:** Departments must provide a list of the external reviewers identified as “Chosen by Chair” and “Chosen by Candidate.” List needs to identify name, institution and rank of reviewer (*vide infra*).
 - The letters must be on letterhead, dated, with original signature and indicating the rank of the reviewer.
 - Unless otherwise approved, letters must be within 1 year of date of APT review.
 - Reviewer must be of the same or higher rank as the candidate’s proposed rank (Professor or equivalent). Must not be a modified title.
 - Letters cannot be from individuals who have a conflict of interest with the candidate (e.g., close relative, business partner etc.).
 - The majority of the seven required letters must come from *individuals* who
 1. have not trained or been trained by the candidate within five years of the date of solicitation of the review;
 2. have not received joint funding (grants, foundation awards, clinical trials etc.) as PI or co-I with the candidate within the past five years;
 3. have not published with the candidate in the past two years.

It is recognized that under certain and limited conditions departments may find it difficult to obtain the requisite number of letters from individuals who meet the criteria above (e.g., if the candidate is

heavily active in large clinical trials that incorporate comparably large numbers of investigators, it may be difficult to obtain letters from those with sufficient expertise who are not in conflict). If Chairs believe that the inability to obtain outside letters is unduly impeding the review of the faculty member, he/she may petition the Dean of Faculty Affairs at Geisel to see if either criterion 2 or 3, above, may be waived for a limited number of letters.

- The majority of the seven required outside letters must come from *institutions* other than those where the candidate has trained in the past five years or holds an adjunct appointment (currently or within the past five years).
- The majority of the seven required outside letters must be from individuals selected by the Chair.
- More than seven letters may be solicited; all letters (even if there are more than seven) must be submitted with portfolio.



Lists of Outside Reviewers:

- For Reviewers selected by the Chair, provide a single page that indicates
 - Reviewers' names, ranks, institutional affiliations, and contact information.
- For Reviewers selected by the Candidate, provide a single page that indicates
 - Reviewers' names, ranks, institutional affiliations, and contact information.



Two (2) Letters from Peers:

- Letters should be from current peers (i.e., at the same institution where the candidate holds a position; or for recent senior recruits, their immediately prior institution) and from individuals of comparable or higher rank.



***Narrative Evaluations from Learners (Students, Fellows, Residents):**

- Request at least 10 evaluations.



***Formal Teaching Evaluations:**

- Reviews and quantitative metrics for all formal (i.e., not individual mentoring) UME, GME, associate providers and graduate student teaching, and undergraduate teaching when applicable. Do not include information on faculty members other than candidate.



Completed DAB form:

Please note, this does not indicate or guarantee recommendation to promote/appoint.

*Note: Some faculty members in the Non-tenure Faculty Line or the Investigator Track of the AMS Faculty Line may not have interactions with students. These requirements are optional for those who do not have these responsibilities.

1. The Chair's letter included for reviewers (below) should only briefly and factually summarize the candidate's portfolio (e.g., to indicate their relative distribution of effort to teaching, clinical care or research, their area of expertise; whether they were hired mid-rank from another institution; or other pertinent factual information). This letter should not provide an assessment or other subjective measures of the candidate or indicate whether or not the candidate has (has not) been unanimously recommended by the departmental committee for promotion.

2. The Chair's letter to the APT Committee that accompanies the candidate's full portfolio (Chair's letter to Dean) should provide a full summary of the candidate's contributions, especially noting salient comments by the outside reviewers and aspects of the candidate's professional performance that may not be evident from her/his CV alone and should indicate whether or not the promotion was unanimously supported by the department committee.

ATTACHMENT A

Sample letter to outside reviewers

«today»

«name»

«address»

Dear «ltrname»:

The promotions process of the Geisel School of Medicine at Dartmouth involves review of each nominee's curriculum vitae and other selected material by acknowledged academic leaders outside of the Dartmouth community. Should you provide it, your letter of reference, along with those of other external and internal referees, learner evaluations, and my letter to the Dean in support of the candidate's promotion will be provided to Geisel's Appointments, Promotions and Titles (APT) Committee.

As part of this process, I write to solicit your participation so as to inform our departmental promotions committee. You have identified as an authority in a field related to that of «promo_name» who is being considered for «appt/promo» «title» along the «faculty line/track» portfolio. Please note that it is not essential for you to know the candidate personally or even by reputation.

What we seek is your opinion of the quality of this individual's accomplishments based upon the enclosed material listed below:

- 1) Dr. «last_name»'s current curriculum vitae.
- 2) Excerpts from the document entitled, "Academic Appointments Promotions and Titles at the Geisel School of Medicine at Dartmouth", that are relevant to the faculty line/track of the proposed candidate. The document in full may be found at:

http://geiselmed.dartmouth.edu/faculty/pdf/geisel_faculty_appt.pdf

3) Reprints of selected publications.

Both our departmental committee and the institutional APT Committee would be very grateful for your candid opinion regarding this candidate's suitability for the proposed rank in the indicated faculty line. We would especially value your comments about the candidate's stature at a regional and/or national level for those being proposed for promotion to Associate Professor and at a national and/or international level for those being proposed for promotion to Professor, as well as your evaluation as to whether or not the candidate would be likely to be promoted to the proposed rank in a comparable faculty line at your own institution.

The decision to award tenure at The Geisel School of Medicine is considered at the level of Professor. The decision to award tenure is also a separate decision from that of promotion. If the candidate is also being considered for tenure, we would appreciate your comments on both the suitability of the candidate for the proposed rank and, separately, the suitability of the candidate for tenure.

The APT Committee comprises the Dean of Faculty Affairs and ten faculty members at the rank of Professor whose expertise reflects the distribution of clinical, instructional and research departments at Geisel. Subsequent to APT Committee review, the recommendation to promote must be approved by the Dean, the senior leadership of the medical school (the Dean's Academic Board), the Provost of Dartmouth College, and, in the case of tenure, The Board of Trustees. For this reason, it would be particularly useful if your assessment provided sufficient detail to inform individuals who may be unfamiliar with your field of scholarship.

Against this background, I would ask you to emphasize your detailed assessment of the candidate's scholarly contributions to his/her field and, where you are able to do so, the candidate's clinical accomplishments and his/her pedagogical accomplishments. You have perhaps heard the candidate lecture to a regional or national audience, and you have perhaps observed them on a national panel or study section or the equivalent. Please use such observations where applicable. We encourage your comments about the candidate's teaching skills, but recognize that it would be unusual for an outside reviewer to have intimate exposure to this aspect of a candidate's portfolio. Finally, please comment if you know the applicant through work he or she has done with respect to engagement: those activities of the candidate that incorporate how we put into practice the results of our scholarly enterprise and extend our academic efforts beyond the university to have a direct impact on the way people live.

We would greatly appreciate it if we could receive your response by «date». Needless to say, your comments will be held in the strictest confidence. It would also be helpful if you could give us the names of others who might offer valuable opinions about this candidate.

With many thanks for assisting us in this important process.

Sincerely,

Department Chair