

**Academic Appointments, Promotions and Titles at
Geisel School of Medicine at Dartmouth**



G E I S E L
— SCHOOL OF —
M E D I C I N E
A T D A R T M O U T H

Mission of Geisel School of Medicine at Dartmouth

The mission of Geisel School of Medicine at Dartmouth (Geisel¹) 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 physicians/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 in the promotion of wellness of the population as well as excellence in clinical 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

¹ Geisel is one of five schools that comprise Dartmouth College (Arts & Sciences, Geisel, Guarini School of Graduate and Advanced Studies, Tuck School of Business, and Thayer School of Engineering). The preponderance of non-volunteer faculty at Geisel are employees of Dartmouth College and its major clinical partners: Dartmouth-Hitchcock (D-H), the White River Junction Veterans Affairs Medical Center (WRJ VAMC) and the California Pacific Medical Center (CPMC).

create an environment of discovery, as clinicians who excel in clinical 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.

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

Academic Medical System (AMS) Faculty Line

As faculty members in the AMS Line are not employees of Dartmouth College, **they are not eligible for tenure.**

AMS Line faculty members are those who exemplify the clinical academic mission of the School and the Medical System. For clinicians in the AMS Faculty Line, they are expected to be practitioners who stay at the forefront of advances in their fields, knowing the research related to their fields, developing programs to advance that field, and contributing to that scholarship. They are expected to make the 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 clinical care, and to advance their specific fields with colleagues across the country and the globe. All faculty members in the AMS Faculty Line are expected to demonstrate engagement in academic activities (e.g., tumor boards, Grand Rounds, Morbidity and Mortality Rounds, seminars, and professional societies).

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, residents, or fellows), but whose primary responsibilities are to provide clinical care within our affiliated community-based practices.

I. Academic Progression and Promotion

Departmental Chairs are charged with the expectation that promotion should occur by six to seven years in rank. Accelerated promotions are rare and will be recommended only for exceptional individuals.

While promotion by 6-7 years in rank is the goal, there is no penalty in the AMS Line for continued reappointment in rank or in considering promotion at any time when the Chair/Departmental Promotions Committee believes the candidate has met criteria for consideration by the Appointments, Titles, and Promotions (APT) Committee for advancement.

Time in rank alone, however, is not sufficient to warrant promotion. To merit promotion, the faculty member must provide strong evidence of achievement according to the criteria appropriate to a particular portfolio of academic activities.

Appointment to senior ranks or advancement in any of the three tracks in the AMS Faculty Line is predicated on meeting criteria for excellence in endeavors central to that given track (teaching, engagement, research, and clinical care), and in all cases on meeting metrics for disseminated scholarship with documented and measurable impact. However, the weight of the components for advancement will vary with the different track and with individuals within each track.

a. Assistant Professor to Associate Professor:

It is the expectation that individuals promoted (or appointed on hire) as Associate Professor in any of the three tracks within the AMS Faculty Line will have developed **a robust regional to burgeoning national presence in the emphasized areas of each specific track.** This reputation may be evident in different ways for each specific

individual; particularly balanced by the time that they have available in each area of endeavor (*see Section III*). In all cases, however, individuals promoted to senior ranks will be expected to have a foundational record of peer-reviewed, original, and disseminated scholarship. If such scholarship is in the form of original articles, such articles will be expected to be in journals recognized by an indexed database (e.g., Medline and other indexed databases within the [Web of Science/The Social Sciences Citation Index](#)) relative to the individual's field of endeavor.

b. Associate Professor to Professor:

Criteria for promotion (or appointed on hire) to the rank of Professor follow from those established for appointment/promotion to Associate Professor, with the expectation that both quantitative and qualitative advances in research, education, engagement, and clinical care, as applicable, will have been made in order for this rank to be bestowed. Those promoted to Professor must have a sustained record of excellence and will have garnered **extramural recognition at the national and/or international level** in the emphasized areas of each specific track.

II. Tracks

a. Clinician-Scholar Track

Advancement in the Clinician-Scholar Track is predicated upon demonstrated excellence according to criteria set out in Section III for:

- 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
- a foundational level of original, peer-reviewed scholarship; and
- advancement of disseminated scholarship through either conventional and/or non-conventional³ mechanisms; and
- promotion of population wellness/clinical care either directly through patient contact or through the development of programs that have demonstrable and substantive impact on these endpoints. Such programs may include implementation (e.g., quality improvement) or novel educational paradigms.

Faculty members in the Clinician-Scholar Track will be expected to be fully dedicated to innovation and excellence in the delivery of clinical⁴ (may be at multiple levels, e.g., UME, GME, CME; associate providers)

³ *Non-conventional scholarship that arises from the creation of programs that advance specific academic goals of a department or other unit within the school/medical center. The goals of such programs must be specifically defined and outcomes of such programs directly measurable for consideration for promotion or appointment at senior ranks.*

⁴ *In a small number of cases, faculty may meet the criteria for appointment/advancement in the Clinician-Scholar Track, even if they themselves are not directly engaged in patient care. Since these faculty members are not expected to have effort committed to clinical activities, the programs they develop, either pedagogical (which may be at multiple levels, e.g., UME, GME, CME) or clinical (e.g., the National Center for PTSD) are expected to have broad and measurable impact institutionally, regionally, and nationally. Original inquiry (research) and peer-reviewed scholarship is expected. Moreover, as with laboratory or data sciences, when applicable to their*

graduate (PhD or Masters programs) or undergraduate education. These faculty members are expected not only to be excellent teachers, but also to play a key role in the evolution of the health care curriculum both at Geisel and on a regional and national front.

Although original inquiry (research) and disseminated scholarship (as defined below) is required for advancement in this track, extramural funding is not, although success in obtaining such support will be taken as validation of the faculty member's contributions to advancing her/his given field.

Advancement in the Clinician-Scholar Track may be by:

- Individuals who are engaged in research in association with their clinical activities and conventional peer-reviewed and original publications resulting from those activities; or
- Faculty members recognized for the design, development, and implementation of programs that have a substantive, measurable, and multiplicative or even exponential impact on clinical education and clinical practice through the innovations they establish. The programs they develop/improve and the outcomes measured through these programs
 - **must meet missions/goals established and documented** by the Department, Medical School, and/or Health System.
 - **the impact of such programs must be measurable** as assessed and reported within a rigorous and scientifically approved study design.

Such measures may include (but are not limited to):

- increased success of trainees on standardized exams (e.g., USMLE Step 1);
- enhanced success of trainees being accepted to targeted/identified residency or fellowship programs or in being hired to the professional staff of targeted/identified academic health systems;
- improvement of metrics on questionnaires such as the GQ that indicate measurable and *significant* improvement on identified and specific metrics;
- increased success of goals of the department/institutions(s) to enhance recruitment, retention, and advancement of under-represented minorities in the trainee and faculty populations;
- increased success in research areas such as the numbers of externally funded grants; and
- increased success in patient outcomes and or in efforts that diminish cost while maintaining or augmenting patient outcomes.

Development of such programs is likely to occur through the collaborative efforts of more than a single individual, and individuals may be recognized by academic advancement for such collaborative efforts. However, faculty members will be recognized for academic advancement for new or redesigned programs based on both their measurable impact and the ability to define "substantive and original"

specific area, peer-reviewed extramural support will be taken as validation of the faculty member's contributions to advancing her/his given field.

contributions that are unique to that faculty member in the design, methods, and/or implementation of the programs and their impact.

b. Traditional Track

Advancement in the Traditional Track requires meeting expectations set out for the Clinician-Scholar Track and an established record of robust clinical research (See Section III).

As with other faculty lines, the Geisel School of Medicine recognizes and values team-based as well as individual research efforts. However, advancement in the Traditional Track or Investigator-Scholar Track (see below) requires recognition and the development of a national/international reputation as leader in a field, even when work is performed in the context of a team, not simply acknowledgement that one is contributing member to a program.

c. Investigator-Scholar Track

Individuals in the Investigator-Scholar Track will, in most cases, be non-clinicians (e.g., PhDs) dedicated to research outside of the delivery of care.

Faculty members in the Investigator-Scholar Track will be expected to meet comparable expectations in research and scholarship as faculty members in the Traditional Line. However, they are not expected to be engage in direct clinical care. Faculty members may participate in a broad range of teaching (and such activities will be considered at the time of promotion); however, not all of those in this Track will have access to graduate students, postdoctoral scholars, or other trainees, and as such, formal teaching is not obligatory.

III. Areas of Academic Endeavor

Scholarship is key to advancement at Geisel. We define scholarship as the *creation* and *dissemination* of new knowledge. Activities in these four areas are considered as part of the promotion assessment:

- a) Teaching
- b) Investigation (research)
- c) Engagement
- d) Promotion of wellness and excellence in clinical care

The descriptions and criteria below for each area 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 promotion of wellness and excellence in clinical 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.

a. Criteria Related to Teaching

Teaching is a core mission of Geisel School of Medicine at Dartmouth and a fundamental expectation of all members of the Geisel faculty. Geisel faculty participate in the education of many other learners in our university and our academic medical system. They also teach broadly within our region and beyond. As such, we recognize teaching accomplishments across a broad array learners (undergraduate, medical, and graduate students; residents, clinical, and postdoctoral research fellows; and allied medical personnel and peers) and in settings that range from didactic lecture halls to individualized engaged learning paradigms.

We expect all of 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.

Criteria that support excellence in teaching include, but are not limited to:

- Recognition by peers and students as a key and/or outstanding individual in training, teaching, and advising as 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 documented outcomes of teaching (e.g., the mentees who have gone on to obtain positions of their own in biomedical or academic institutions);
- Documentation of the success of specific educational programs implemented by a faculty member either singly or as a substantive member of a team that results in meeting specific set goals of the Department, the Medical School, and/or the Medical School's primary clinical partners, including (but not limited to):
 - Record of placement of residents in well-recognized programs which can be attributed to a new or revised program;
 - Record of hires of clinical trainees to the academic faculties and/or the professional staff of organizations with a reputation for excellence in academic medicine and/or health care delivery which can be attributed to a new or revised program;
 - Record of training providers that meet a specific goal identified by the school and the health care system (e.g., trainees that increase the ranks of primary care providers in rural areas);
 - Record of peer-reviewed publication and or extramural awards in areas of medical pedagogy;
 - Record of non-traditional scholarship in areas of medical pedagogy;
 - Record of student performance improvement (e.g., augmented scores on USMLE1).
- 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.
- Scholarship in the area of innovation in curriculum design and teaching that enriches Dartmouth's teacher/scholar model through the innovative use of institutional resources, such as library resources and expertise, that has an objective and evidence-based impact on learners.
- Novel scholarship as made evident in Dartmouth's Digital Library and Dartmouth Digital Learning Initiatives.
- Peer-reviewed extramural support for educational inquiry.
- 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 textbooks, web-based training modules, clinical handbooks) adopted by Geisel and/or other institutions.

Individuals for whom teaching and pedagogical research comprise a critical part of their academic endeavors may want to track their activities using an educator's portfolio. While there is not a required template for these portfolios, we note that the [AAMC provides helpful guidance](#) for both planning and recording of these activities with respect to academic advancement.

b. Criteria Relating to 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. As such, Geisel recognizes that research may encompass a broad range of academic inquiry.

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 peer-reviewed work. Disseminated, original, and substantive 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).
- In the case of both disseminated, peer-reviewed scholarship and peer-reviewed funding, Geisel recognizes that such efforts more likely than not will occur in the context of collaborations with colleagues and often as the combined efforts among individuals in research teams. In this context, Geisel recognizes the importance of substantive and original investigation whether attributed to an individual who is the head of a research team or to members within such a team by the following standards:

*Substantive and original scientific contributions*⁵ represent content or methodological work that is substantive (associated with a major scientific contribution or impact) and original (novel and/or unable to be replaced or substituted with a generic or standard alternative). “Substantive and original” scientific contributions are critical to the impact, design, methods, findings, and/or interpretation of research, and include ones that are specific to the faculty member offering the contribution. In the area of research methods, substantive and original contributions apply to, for example, developing novel techniques, methods, and/or analytic models that break new ground, establish novel paradigms, and are associated with original publications in peer-reviewed publications, and/or major invited presentations at national or international meetings, and/or attributable funding (as an independent investigator or as part of a team—with commensurate effort as noted above) to support development of those techniques.

- 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.

⁵ *While recognizing that the term substantive is subjective in nature, in the context of appointments or promotions to a faculty rank, unless otherwise indicated by documentation provided by the faculty member’s chair, it will be expected that substantive effort on sponsored projects will be reflected in greater than de minimis effort on such work. This designation of “substantive” does not mean that contributions to projects at de minimis effort are not without importance in evaluation of the faculty member’s portfolio, but that such efforts will be weighted accordingly in considering the overall the faculty member’s academic contributions. For promotion/appointment to Associate Professor or Professor, faculty members will be expected, in all but rare cases, to have a well-documented and consistent record of contributions on funded awards at this level of effort.*

In contrast to substantive contributions, a professional “service” or operational contribution is one that, while of noted value to the research project, can be readily replaced, substituted, contracted, or otherwise arranged or purchased and which is not unique to a faculty member. Examples of service or operational contribution include providing a research service, biological product (unless it is a novel reagent developed by the individual as part the academic program of discovery), tool, registering patients in a database, or routine component in a research study that are along the lines of standard practice in the field.

As noted above, research accomplishments 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, 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, however useful to the collaborative effort, does not meet the criteria for advancement if it is bereft of analysis and interpretation, which are the cornerstones of scholarship. In this regard, as with effort on sponsored projects, for a faculty member to hold the rank of Associate Professor or Professor, with rare exception, it will be the expectation that they have a well-documented and consistent record of peer-reviewed publication in indexed journals which includes first and/or last author status.

- Invited lectures, particularly at major scientific meetings.
- Development of programs that result in increased submission of awards and receipt of funded awards of learners/faculty engaged in research.
- Development of programs/methodologies that enhance and support new modes of scholarship, applied practice, and research innovation.
- 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.
- 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.

c. Criteria Relating to 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.”⁶ As such, engagement recognizes that service to both intra- and extramural communities fulfills not only an operational function, but is also fundamental to scholarship. Engagement is an alliance of university scholars, lay people, and individual knowledge-creating institutions in the local, regional, national and international community. Engagement promotes the public good and produces “projects that create knowledge and understanding that we cannot obtain anywhere else, while strengthening culture, community, and democracy.”⁷ 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.

- 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

⁶ Ward, K. *Faculty Service Roles and the Scholarship of Engagement*, 2003.

⁷ Ellison, J. and Eatman, T.K. *Scholarship in Public: Knowledge Creation and Tenure Policy in the Engaged University*, 2008

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 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.
- Involvement in initiatives that meet key departmental and/or institutional goals in attracting individuals from under-represented groups to residency and fellowship programs and to the professional staff of the health system; and/or developing mentorship and sponsorship programs that act to enhance the representation of under-represented women and minorities in areas of health care.

d. Criteria Relating to Promotion of Wellness and Advancement of Clinical Care

Academic Medicine has two primary directives: 1) to promote population health as made evident by programs and efforts that augment wellness and lessen the burden to society of our health care systems programs and 2) to provide for excellence in clinical care as made evident through advances in clinical research and in direct clinical practice.

Excellence in promoting wellness and advancement of clinical care 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.

- 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, considering the impact of the program, based on regional health care need, patient volumes, program quality, and sustainability. Impact of such programs may be gauged through measures that include (but are not limited to):
 - Improved clinical effectiveness within the health care organization which can be attributed to a new or revised program;
 - Improved indices of wellness/professional satisfaction of professional staff in the health care system which can be attributed to a new or revised program;
 - Improved patient and/or population outcomes which can be attributed to a new or revised program;
 - Improved interprofessional dynamics of a clinical service attributable which can be attributed to a new or revised program;

- Increased patient referral base which can be attributed to a new or revised program; and
 - Record of placement of medical students in high quality residency programs which can be attributed to a new or revised program.
- 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 clinical care.
- Patient referrals or professional recommendations from other health care providers and patients, considering 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 clinical 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.