

# Academic Medical System (AMS) Faculty Line:

## A. Tracks and Ranks:

### Tracks

- Clinician-Scholar Track
- Traditional Track
- Investigator-Scholar Track

### Ranks

- Instructor
- Assistant Professor
- Associate Professor
- Professor

Faculty members in the AMS Line ( $> 0.5$  FTE) are voting members of the faculty of the Geisel School of Medicine and may be voting members on select College committees where they are selected by the Dean to serve as representatives of the Medical School (e.g., the Committee on Conflict of Interest or the Committee for the Protection of Human Subjects), but are not voting members of the General Faculty of Dartmouth College. As faculty members in the AMS Faculty Line are not employees of Dartmouth College, they are not eligible for tenure.

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  $\geq 0.5$  FTE will be accounted for in the Dartmouth College Affirmative Action Plan--but as non-employees and thus will not be reflected in the Dartmouth College Interactive Fact Book.

Clinicians in the AMS Faculty Line 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 promotion of wellness and excellence in clinical 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 clinical care, and to advance their specific fields with colleagues across the country and the globe.

Scientists within our clinical departments also contribute to our academic mission through the advancement of translational research and studies that advance wellness and provide new

recourse to disease. Finally, both clinicians and non-clinicians in the AMS Faculty Line may advance our academic mission through engagement and program development. By doing so, these AMS Line Faculty prepare leading physicians/providers and biomedical scientists of tomorrow and promote programs that address the most critical needs in health care.

It is this commitment to the full scope of academic medicine that sets apart the faculty in the AMS Line from members of the Clinical Faculty Line (see below) who may educate learners (e.g., precepting students), but whose primary responsibilities are to provide clinical care within our affiliated community-based practices.

The qualifier AMS Faculty Line will be defined in all offer letters (Terms of Appointment Statements), and reappointment letters, and in all Geisel databases, but does not need to be used on internal (e.g., letterhead) or external (e.g., grant application) documents, or on personal business cards (e.g., Jane Doe, Assistant Professor of Pathology).

## **B. Initial Appointments and Appointment Terms**

### **B1. Appointment terms:**

As an institution charged with educating health care providers and enhancing the knowledge of clinical science and clinical practices, Geisel relies on clinical institutions to provide educational, research, and leadership 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, associate providers and house staff are foundational to our mission.

Individuals appointed in the AMS Faculty Line are expected to hold a terminal degree (e.g., MD, PhD, DNP, PsyD, or DO). In rare cases, individuals who hold non-terminal degrees appropriate for a specific position (e.g., an MBA, MPH, or M.Ed.) may, upon approval by the Dean or her/his proxy, the DAB and the Provost, be approved for appointment to the AMS Faculty Line.

With rare exception, 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, candidates must have evidence of peer-reviewed original research in journals that are recognized by being indexed in area-specific databases (e.g., Medline and other indexed databases within the [Web of Science/The Social Sciences Citation Index](#));
- For clinically-active AMS Line Faculty, 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; and/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.

Individuals who do not meet this criteria may be hired at the rank of Instructor with the expectation that when criteria are met (as assessed by the Departmental Chair and the Dean of Faculty Affairs), they will advance without Appointments, Promotions and titles (APT) Committee review to Assistant Professor.

Although not restricted by geography, Individuals appointed in the AMS Faculty Line will be expected to contribute  $\geq 10\%$  of their effort to academic pursuits related to the mission of the Geisel School of and to be an integral part of Geisel's clinical academic community. Therefore, in all but rare cases, individuals appointed to this line will be members of the professional staff of Geisel's three primary clinical affiliates: Dartmouth-Hitchcock, the WRJ VAMC, or, in some cases CPMC.

Appointment to the AMS Faculty Line requires approval by the Department Chair and subsequent review of the candidate's CV, and written delineation by the hiring department of the expected academic responsibilities and proposed academic title. All requests for an academic title in the AMS Line must be entered and approved through the [Geisel Faculty Dashboard](#). Terms of Appointment (TOA) statements signed by the candidate are required before requests for a faculty title are forwarded to the Dean, the DAB and the Provost.

## **B2. Standard Appointment Terms in the AMS Faculty Line:**

### **1. One (1)- year terms (renewable):**

- Instructors (e.g., associate providers without terminal degrees, chief residents, housestaff, per diem clinicians)
- Retired Clinicians: Clinicians who retire from regular employment at D-H or the VAMC and return for teaching, service or research with or without associated clinical care responsibilities may be reappointed in a rank above Instructor (e.g., Assistant Professor, Associate Professor, Professor with the understanding that:
  - Such appointments must be requested and approved by the Chair and the Dean of Faculty Affairs at the time of retirement (without disruption in service) from the clinical partner and must be reapproved annually;
  - The faculty member must contribute to the academic missions of the Medical School with a time commitment comparable to that which they provided prior to retirement from the clinical partner, irrespective of fractional FTE. For example, a former fully active faculty member at the rank of Professor who returns to provide per diem clinical care would nonetheless be expected to devote  $\sim 10\%$  of a full 1.0 FTE to teaching/research to retain any title other than Instructor.
  - Faculty members in the AMS Faculty Line who are granted emeritus/a status upon retirement may also be provided with annual 1-year reappointments as Active Emeritus/a Professor (see Emeritus/a Faculty Line).

### **2. Three (3)-year terms (renewable):**

- Assistant Professors may be reappointed for additional 6-year terms until promoted.

### **3. Six (6)-year terms (renewable):**

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) having established a strong regional to burgeoning national reputation for appointment Associate Professor and a strong national to international reputation for appointment to Professor. 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.

Individuals hired as Associate Professors or Professors in the AMS Faculty Line will be appointed for an initial period of one (1) year (except under conditions where APT review and administration approval occur prior to employment).

- Associate Professors may be reappointed for additional 6-year terms until promoted;
- Professors may be reappointed for additional 6-year terms.

### **B3. Termination of Faculty Titles:**

Faculty appointments shall terminate effective the employment termination date (irrespective of the end date of the appointment term), unless otherwise agreed upon in writing by the Dean of Geisel School of Medicine. New appointments in a different line (e.g., adjunct) may be granted to those who continue to fulfill criteria to hold such titles. Sponsoring departments must submit termination of title paperwork to the Dean's Office for faculty members in the AMS Line who leave employment.

### **B4. Tracks in the AMS Faculty Line:**

Assignment of a faculty member to a given track at the time of appointment may be made to help guide the development of the faculty member in his/her/their path towards promotion and the expectations for promotion will be different for each track. However, assignment is not required for initial appointment and is not immutable. If the interests and trajectory of the faculty member changes at any time prior to promotion, they may "switch tracks" when being considered for advancement by the Appointments, Promotions and Titles (APT) Committee.

- **Clinician-Scholar Track:** The majority of individuals in the AMS Faculty Line are expected to be individuals whose predominant effort are in improving population wellness and providing clinical care, but who also make substantive contributions to academic medicine and affiliate health fields through teaching, program development, and engagement that is associated with that care. Individuals who fulfill these roles will, in nearly all cases, be appointed and advanced along the Clinician-Scholar Track in the AMS Faculty Line. Their advancement will, by and large, be predicated on meeting expectations in a) promotion of wellness and excellence in clinical care; b) teaching, most often associated with delivery of care in the clinical setting; c) engagement in developing

programs that advance population and patient health either directly or indirectly through training of learners; and d) original scholarship disseminated through both conventional and non-conventional mechanisms.

- **Traditional Track:** Active clinicians may also establish robust research programs, as made evident by peer-reviewed extramural support, presence in scientific bodies/organizations, and peer-reviewed and original, disseminated scholarship that has a substantive impact in their respective fields, in addition to the commitments outlined above in teaching, service/engagement and promotion of wellness/excellence clinical care. Individuals meeting these criteria will be considered for appointment/advancement in the Traditional Track.
- **Investigator-Scholar Track:** Faculty members in the AMS Line may establish robust research programs, as made evident by peer-reviewed extramural support, presence in scientific bodies/organizations, and peer-reviewed and original disseminated scholarship that has a substantive impact in their respective fields, but may not have any direct clinical care responsibilities (in many cases, individuals who hold PhDs or other non-clinical degrees). Individuals meeting these criteria will be considered for appointment/advancement in the Investigator-Scholar Track.

## **C. Academic Progression and Promotion in the AMS Faculty Line**

It is the joint 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

### **C1. Departmental Oversight:**

The Chair (and/or his/her/their designee as academic advisor) shall meet with each faculty member at the rank of promotable Instructor, 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.

Each department should work to establish a template for gathering appropriate information such that the Chair (or Chair designee) should be able to assess the accomplishments and shortfalls of each faculty member with respect to the expectations in his/her/their academic line. Templates may vary from department to department, but each department is encouraged to use a similar template and mechanism of assessment for all of its faculty members within a specific track. Chairs (or their designees) need to identify accomplishments, shortfalls and trajectory for advancement well in advance of an expected date for promotion review.

### **C2. Assistant Professor to Associate Professor:**

For all tracks in the AMS Line, 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 5: 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.

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. 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.

### **C3. Associate Professor to Professor:**

For all tracks in the AMS Line, , the Chair(s) of the Department(s) should review the progress of each Associate Professor with her/his senior faculty (or Promotions Committee), with the expectation that each Associate Professor in the Tenure-track/Tenure Line will be put forward for review by the APT Committee for promotion to Professor within six (6) years in rank as Associate Professor.

Criteria for promotion (or initial appointment) 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. While accomplishments may vary with the individual, those promoted to Professor must have a sustained record of excellence and will have garnered extramural recognition at the national and/or international level for teaching, engagement, research, clinical care, and original scholarship, with their specific academic contributions in each area accordingly weighted for the track in the AMS Line and the effort available to each endeavor.

### **C4. Efforts to advance diversity and inclusion:**

The Geisel School of Medicine believes a diverse and inclusive community of students, residents, fellows, staff, and faculty enhances our mission of providing exceptional education, advances biomedical discovery, and fosters innovation to help tackle the most vexing challenges in health care. Building a diverse and inclusive community is an institutional goal to which the Geisel community as a whole must contribute. Therefore, it is also expected that during these

annual meetings that Chairs will assess how their faculty members have advanced the school's mission to build a diverse and inclusive organization. Such efforts may include, but are not limited to:

- Self-education or professional development opportunities that have increased your own awareness, empathy and ability to be inclusive.
- Committee membership, leadership or other service opportunities that have advanced institutional initiatives for diversity and inclusion.
- Mentoring, counseling or advising. This may be student organizations or individual students. It may include mentoring of students who are themselves members of under-represented groups or mentoring majority students in order to enhance their understanding of key issues in diversity and inclusion.
- Incorporation of material in courses, lectures etc. that enhances presentation/understanding of diverse groups. This may include (but not limited to) discussions of both biomedical/health issues that have impact on different under-represented groups, highlighting the accomplishments of non-majority clinicians/scientists who have historically contributed to our knowledge of a biomedical subject, inclusion of issues related to biomedical ethics/or subjects that would be included in medical humanities that encompass greater cultural competence).
- Presentations that you have made to groups within the academic/medical community or the community at large that have enhanced understanding of diversity and inclusion.
- Specific efforts in which you have been engaged that have led to enhanced recruitment or retention of under-represented faculty, staff or students (e.g., service on a search committee that hired a non-majority candidate; hiring a non-majority individual for your laboratory (staff or postdoc); service on admissions committees [med or grad] that augment recruitment of non-majority students; participation in summer programs that have as part of their mission enhancement of non-majority students in the biomedical community.
- Participation in pipeline programs or engagement in efforts to enhance recruitment at meetings (e.g., professional societies, AAMC) or in conjunction with other professional visits (e.g., when giving a seminar at other institutions).
- Participation/membership in local, regional, national, or international organizations whose missions are to enhance diversity and inclusion.
- Other efforts that you may want to report that would meet our diversity and inclusion goals.

In addition, specific programs developed and implemented that promote demonstrable enhancement of the recruitment, retention and advancement of a diverse and inclusive body of faculty, staff and students at Geisel may also fall under the areas of Academic Endeavor (Engagement) described below.

### **C5. Promotion processes as they relate to the Tracks of the AMS Faculty Line**

Criteria related to the four areas of endeavor for which faculty members in the AMS Faculty may be promoted or appointed to advanced ranks are provided in greater detail (Section C6).

## **1. Clinician-Scholar Track (AMS Faculty Line):**

The majority of faculty members in the AMS Line will be in the Clinician-Scholar Track. Promoting population wellness and excellence in clinical care, either directly through patient interactions, clinical administration, or indirectly through development of programs that augment the skills of learners who then, in turn, have measurable impact on the health of their patient populations.

All individuals being considered for promotion (or initial appointment) to Associate Professor in the Clinician-Scholar Track 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
- a foundational level of original, peer-reviewed scholarship; and
- advancement of disseminated scholarship through either conventional and/or non-conventional 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.

Geisel recognizes that fulfilling the academic missions of our medical center may occur through dissemination of new knowledge (scholarship) via conventional mechanisms (e.g., peer-reviewed publications) and also 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. As noted above (Areas of Academic Endeavor), 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.

Teaching, either in concert with promoting population wellness/clinical care or in association with research/service activities, is an important component for advancement in the Clinician-Scholar Track. While faculty members in all tracks of the AMS Faculty Line are expected to teach a defined set of learners to some extent, individuals within the Clinician-Scholar Track, more so than for the Traditional or Investigator-Scholar Tracks, may be recognized for innovation and excellence in the delivery of medical education (at multiple levels, e.g., UME, GME, CME), and in particular, for educational programs that advance defined pedagogical goals of the academic medical system.

It is also the case that a small cohort of faculty members in the Clinician-Scholar Track may not have appreciable or any direct interaction themselves with patients, but nonetheless have substantive impact on health outcomes and patient care through their development novel curricula for clinicians or development of clinical programs (e.g., PTSD Treatment Programs for Veterans) that have a direct impact on patient care both here at Geisel and on a national front and to produce original inquiry (research) and scholarship in this area.



While scholarship in the Clinician-Scholar Track in the AMS Line may take different forms, for advancement in rank candidates must be able to show that contributions made through pedagogical, curricular or program innovations address defined academic missions of the medical school/department and must also provide reviewable data that the adoption of new approaches (as designed and/or implemented by the candidate) have had a measurable impact in meeting those defined programmatic objectives (e.g., but not limited to: learner scores on USMLE Step 1; enhanced residency or fellowship placement, improved patient outcomes, increased success of submitted grants, adoption by other institutions).

Faculty members in the Clinician-Scholar Track of the AMS Faculty Line will be expected to be fully dedicated to innovation and excellence in the delivery of clinical education (may be at multiple levels, e.g., UME, GME, CME; associate providers) 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 at Geisel and on a regional and national front. Although extramural funding is not required for advancement in this track, original inquiry (research) and disseminated scholarship (as defined below) is.

Moreover, as with laboratory or data sciences, while not required, 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 the Clinical-Scholar Track in the AMS Faculty may include:

- 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. In the parlance of geneticists, the impact of faculty members in manner will be expected to be measurable not only on those they directly instruct (F1 generation), but also in subsequent generations of learners (F2 generations and beyond).

In this regard, faculty members in the Clinician-Scholar Track of the AMS Line are expected to excel in mentorship, sponsorship and the development of others. They may do so through the establishment new programs and initiatives or innovative changes to existing programs that that broadly enhance the cadre of well-trained clinical providers and the delivery of clinical care.

These accomplishments must meet a number of criteria:

1. 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. For example, a faculty member may be recognized by creating and implementing educational programs that increase the proportion of trainees that practice in underserved areas, in the development/implementation of novel telehealth programs that increase health outcomes through enhanced outreach and decreased costs, or through programs that enhance trainee or physician wellness. However, such goals

need to be part of larger strategic planning established by the department or institution and recorded as such within the mission statements of the Department, Medical School or Health System.

2. The impact of such programs must be *measurable*. For example, if faculty members develop programs or novel pedagogical methods to advance learning within a specific population of learners, there must be a record that demonstrates the success of such measures in the professional development of the learners; in the impact on the quality of care; or in meeting goals that serve identified mandates of the school and its health system.

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

1. increased success of trainees on standardized exams (e.g., USMLE Step 1);
2. 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;
3. in improvement of metrics on questionnaires such as the GQ that indicate measurable and *significant* improvement on identified and specific metrics;
4. 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;
5. increased success in research areas such as the numbers of externally funded grants
6. increased success in patient outcomes and or in efforts that diminish cost while maintaining or augmenting patient outcomes.

For all such goals to be recognized by academic advancement, they need to be identified, assessed and reported within a rigorous and scientifically approved study design.

As with team science, it is expected that 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, as with team science, 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” contributions that are unique to that faculty member in the design, methods, and/or implementation of the programs and their impact.

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

## **2. Traditional Track (AMS Faculty Line):**

Appointment to the Traditional Track of the AMS Faculty Line and advancement in this line requires a commitment to and excellence in research (broadly defined as original inquiry), teaching, either at the level of the institution and/or more broadly within the professional community, promotion of population wellness/clinical care, and original, disseminated scholarship (Section 3B).

A commitment to and demonstrated excellence in teaching may be at any clinical level (UME, GME, CME, associate providers) or in graduate education (PhD or Masters programs). Teaching in venues outside of Geisel (e.g., Dartmouth undergraduates or summer courses associated with other organizations) may also be considered when assessing a candidate's teaching accomplishments, but should not be the sole teaching activity.

As with the other tracks in the AMS Faculty Line, individuals in the Investigator-Scholar Track are expected to participate in activities of the medical system that are intrinsic to its academic mission (e.g., tumor boards, Grand Rounds, Morbidity and Mortality Rounds, seminars, and professional societies). They are also expected to demonstrate a level of professional engagement (e.g., membership/office in professional societies, study sections, invited speaker engagements) as well as institutional service (Medical School or Academic Medical System).

Individuals being considered for advancement in the Traditional Faculty Line shall also have a record of excellence in promotion wellness and/or improving clinical care as made evident by assessments by external and internal peers as well as measurable outcomes improving patient/population health.

Excellence in these areas is predicated on recognition by both internal and external peers and by documented demonstrable impact of work, whether conventional peer-reviewed or in the development/implementation of novel programs related to goals of the academic medical system.

## **3. Investigator-Scholar Track (AMS Line):**

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. As with faculty in the Traditional Line, individuals in the Investigator-Scholar Track will be expected to achieve recognition with regard to research (including recognition by extramural funding agencies), teaching, and engagement/service, and to have documented peer-reviewed scholarship.

As with the other tracks in the AMS Faculty Line, individuals in the Investigator-Scholar Track are expected to participate in activities of the medical system that are intrinsic to its academic mission (e.g., tumor boards, Grand Rounds, Morbidity and Mortality Rounds, seminars, and professional societies). They are also expected to demonstrate a level of professional engagement (e.g., membership/office in professional societies, study sections, invited speaker engagements) as well as institutional service (Medical School or Academic Medical System). However, they are not expected to be engaged in direct clinical care, and they are not

*required* to teach outside of their research activities (i.e., teaching 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, postdoctoral scholars or other trainees and as such, formal teaching is not obligatory, faculty members in the Investigator-Scholar Track of the AMS Faculty Line *may* choose to be engaged in graduate/post-graduate level teaching and clinical teaching. If they do, (i.e., in the teaching of medical students, graduate students, research associates, residents, and/or fellows), their portfolios will be assessed in these area according to criteria also set out for graduate/post-graduate teaching by faculty members in the Traditional Track of the AMS Line and the Tenure-track/Tenure and Non-tenure Faculty Lines.

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 or Investigator-Scholar Tracks in the AMS Faculty Line 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.

#### **C6. Areas of Academic Endeavor:**

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.

Scholarly activity in the AMS Faculty Line is recognized in the areas of teaching, research (investigation), promotion of wellness/excellence in clinical care, and engagement. For each component, promotion requires scholarship as defined by the *creation* and *dissemination* of new knowledge.

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 may be interwoven into each of the other areas. The weighting of these different areas of endeavor will vary for those in the three tracks of the AMS Faculty Line. The depth of accomplishment will also be expected to vary with promotion/appointment to Associate Professor (very strong regional to burgeoning national presence, as recognized by external peers and officers, as well as internal colleagues) versus promotion/appointment to Professor, with tenure (very strong national to international presence as recognized by external peers and officers, as well as internal colleagues). 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 or met in any specific number.

**a. 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.

#### **b. 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 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 text books, 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. 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 promotion of wellness and excellence in clinical 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.

### **b. 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 peer-reviewed. 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 times 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* 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.

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 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. In this regard, as with effort on sponsored projects, Similarly, as with committed efforts on sponsored research, 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.

- 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.
- 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.

Whether the research endeavor is characterized as team-based or not, faculty and their mentors are strongly encouraged to follow the precepts and guidelines of the ICMJE in terms of defining authorship (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). In particular, faculty and those that mentor them should pay attention to 4 criteria recommended by the ICMJE:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Both faculty members, and their senior mentors are also strongly encouraged to consult with the Biomedical Libraries on best publishing practices (<https://researchguides.dartmouth.edu/PUBLISHARTICLE>). The librarians provide an excellent resource in how to adhere to journal and funding organization requirements, open access considerations, the meaning of impact factors and how they are calculated, as well as how to assess whether a given journal meets a given scholar's community norms or to be potentially wary of it (i.e., it may be a "predatory journal").

**c. 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. Both clinicians and non-clinicians may lessen the burden of disease through research and program development that advance health and wellness. For faculty members that are engaged in direct clinical care, we expect both superior performance and a clear academic dimension to these activities, 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 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.

### **Criteria Relating to Promotion of Wellness and Excellence in 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. 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.
- 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, 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 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.

**d. Engagement:** Engagement has been defined as “a highly positive step towards reestablishing what higher education is intended to be: a community of scholars, serving both internal and external audiences in addition to the academic and the public good.”<sup>[1]</sup> As such, engagement recognizes that service to both intra- and extramural communities fulfills not only an operational function, but is also fundamental to scholarship. Engagement is an alliance of university scholars, lay people, and individual knowledge-creating institutions in the local, regional, national and international community. Engagement promotes the public good and produces “projects that create knowledge and understanding that we cannot obtain anywhere else, while strengthening culture, community, and democracy.”<sup>[2]</sup> While committee membership is recognized as a valuable contribution to the academic community and is considered in the evaluation for appointment or promotion, engagement goes beyond service work. Engagement is one of the key endpoints of scholarship: extending academic efforts beyond one's own clinical, laboratory or classroom responsibilities to have a broader impact on the biomedical community within the institution and on society and its environs at large.

### **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 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.

[1] Ward, K. *Faculty Service Roles and the Scholarship of Engagement*, 2003.

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

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