**Requirements for Promotion at Geisel School of Medicine at Dartmouth for faculty on the Clinician-Scholar Academic Medical System (AMS) Faculty Line for External Reviewers.**

Faculty on the Clinician-Scholar Track in the AMS Faculty Line will be promoted based 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

d). Development, implementation, and dissemination of evidence-based practice, innovative methods of care, patient safety, and quality initiatives at the regional, national or international level.

e) Original scholarship, with evidence of peer-reviewed publication or other means of scholarly dissemination.

**Promotion to Associate Professor**:

It is the expectation that individuals promoted as Associate Professor will have developed a robust regional to burgeoning national presence in the emphasized areas of the Clinician Educator Track.  In all cases, however, individuals promoted to senior ranks will be expected to have a foundational record of peer-reviewed, original and disseminated scholarship.

**Promotion to Professor**:

Criteria for promotion 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.

**Criteria for Scholarship in the Clinician-Scholar Track (AMS Faculty Line):**

**Areas of Academic Endeavor**:

Time in rank alone 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.For each component, promotion requires scholarship as defined by the *creation* and *dissemination* of new knowledge.

**Criteria Related to Teaching**

* 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
  + Mentoring of a substantial number of students and of the documented outcomes of teaching
* Success of specific educational programs implemented by a faculty member either singly or as a substantive member of a team:
  + Resident placement in related programs
  + Training providers in specific areas
  + 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);
  + Record of enhancing the educational experience and professional development of under-represented learners
* 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.
* Scholarship in 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 curriculum design and teaching with an objective and evidence-based impact on learners.
* 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.
* 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.
* Editorship or authorship of textbooks, reviews, or other scholarly contributions.

**b. Criteria Relating to Research**

For a faculty member to hold the rank of Associate Professor or Professor, it will be the expectation that they have a well-documented and consistent record of peer-reviewed publication. 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:

* Continued publication of substantive, original studies (basic, clinical, pedagogical, or translational science) in peer-reviewed, high-quality journals.
* External funding of competitive peer-reviewed projects, in individual investigator awards, and/or in multi-investigator/institutional projects .
* 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).
* National or international prizes or awards or endowed lectureships.
* Invited lectures, particularly at major scientific meetings.
* 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 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. E.g *leadership* roles with the Clinical Trials Office.

**c. 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 and clinical innovation. Impact of such programs may be (but are not required to be) gauged through measures that include (but are not limited to):
  + Improved clinical effectiveness
  + Improved indices of wellness/professional satisfaction of staff in the health care system
  + Improved patient and/or population outcomes
  + Improved interprofessional dynamics of a clinical service attributable
  + Increased patient referral base
* Record of placement of medical students in high quality residency programs which can be attributed to a new or revised program
* Excellence in metrics/attestations of quality of care (e.g., patient testimonials, 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 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 and complexity of patients referred.
* Recognition by key partners of excellence in care that arises from the concerted efforts of a team of practitioners.
* 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.

Geisel does not *require* measurements such as numbers of referrals, clinical revenue productivity or patient satisfaction surveys in promotion review .

**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.
* Forma 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.
* Membership and 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. .
* Membership (elected) and leadership on state, national, and federal advisory committees.
* Consultancy participation in or institutional reviews of major external programs.
* Contributions with respect to departmental and institutional service related to the mission of the Medical School or Dartmouth-Hitchcock.
* 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.
* Leadership of or major participation in community engagement venues including K-12 and public.
* Pro bono service at organizations (regional, national, and international) that further health care and biomedical teaching/science.
* Involvement in initiatives that advance science and medical education at academic and non-academic institutions outside of Dartmouth.
* DEI initiative involvement.
* Advocacy, including testimonial and involvement in position papers and reviews that shape the direction of medicine and science through local, state, and federal government agencies.

Edited by Petra Lewis MBBS July 16th 2023