

## Faculty Appointments and Titles at Dartmouth Medical School

### Part I

#### Introduction

As an academic medical center, Dartmouth-Hitchcock Medical Center (DHMC) must fulfill complex missions in education, research and patient care. Its ability to do this depends on the committed participation of excellent faculty in a broad range of disciplines.

Faculty appointments at Dartmouth Medical School and DHMC are based on potential for and evidence of academic accomplishment. Over the course of their careers, faculty may become eligible for promotion to higher rank based on distinctive contributions as determined by criteria appropriate to their background and training and their academic and professional responsibilities.

*In granting faculty appointments and titles, three areas of scholarly endeavor are recognized: investigation, teaching, and patient care. **Criteria for assessing potential and actual contributions to the academic life of the institution in each of these areas are outlined in Part II of this document.***

*It is the responsibility of the faculty member and the departmental chair to develop a clear understanding of the faculty member's goals, supported by plans for developing and documenting the academic dimensions of his or her career. This process leads to the development of an academic "portfolio" tailored to the particular talents, interests, and responsibilities of the individual faculty member. The portfolio is a framework for academic development and should be periodically reviewed and updated; each faculty member should do this in consultation with her or his departmental chair.*

While promotion criteria for faculty holding different portfolios may be different, they share common elements of excellence and scholarship. In all but the most unusual instances, the portfolio will contain activities drawn from at least two of the three recognized areas, leading to three clusters of portfolios: *Investigator/Teacher*, *Investigator/Clinician/Teacher* and *Clinician/Teacher*. These designations emphasize that, ordinarily, all members of the faculty are expected to teach. At the same time, since the proportion of total effort devoted to any one of the three areas may vary considerably from person to person, there should be substantial flexibility in how any one faculty member prepares his or her portfolio. To merit promotion, the faculty member must provide strong evidence of achievement within the areas selected for their portfolio. Not every member of the faculty will be expected to advance to the rank of Professor.

Credit toward appointment and promotion may also be accorded to members of the academic faculty who make important contributions through administrative activities. However, administrative functions are a part of academic life and some participation is expected of all faculty. Exceptional contributions associated with senior administrative responsibilities may carry considerable weight in the promotions process.

## Introduction (continued)

A recommendation by the Faculty Promotions Committee to appoint or promote will be based on excellence, whatever the criteria appropriate to a particular portfolio of academic activities. The criteria for appointments and promotions (Parts II, IV) interpreted within the framework of Guiding Principles (Part III) will serve as an institutional guide for the construction and evaluation of portfolios. Recognizing that the standards for excellence will be equally rigorous for all portfolios, separate academic titles with designations of "clinical" or "tenure" will be eliminated.

## **Part II**

### **Areas of Academic Endeavor**

#### **Investigation, Teaching, and Patient Care**

Scholarly activity within an academic medical center occurs, and is recognized, in three areas of endeavor: investigation, teaching, and patient care. This section provides a professional model and related indicators of excellence for academic contributions within each arena. It is, of course, recognized that there is a rich interdependency between these areas, each informing aspects of the other. As a consequence, in all but rare instances, each faculty member is expected to make a substantive contribution in at least two of these domains of scholarly activity.

#### **The Investigator**

##### **Professional Model**

The responsibility and motivation of the investigator is the production of new knowledge. Productive scholarship at all levels, from the molecular to the sociological, is an essential characteristic of an academic medical center. It generates an atmosphere of inquiry that casts the institution as a graduate school rather than a training center.

The biomedical research of today, whether basic or applied, informs the clinical practice of tomorrow. When taught by active investigators, students at all levels are exposed to the scientific method that, in part, underlies excellence in medicine. The investigator nurtures an atmosphere of inquiry that permeates all phases of biomedical training and produces both future investigators and clinicians. These individuals care for patients logically, appreciate the fundamental mechanisms of health and disease, and are equipped to stay abreast of new developments in their field.

##### **Criteria Relating to Excellence in Research**

1) Recognition by peers as an independent, original, and substantive investigator

Publication of original research in rigorously refereed major journals

A strong record of national grant support awarded through peer-review

National or international prizes or awards

Invitation to hold endowed lectureships

Invited lectures, particularly at major scientific meetings

Documented testimonials of research excellence

The Investigator - Criteria Relating to Excellence (continued)

2) Contributions to the field

Evidence of seminal work

Participation on editorial boards, associate editorships, editorships of journals

Participation on national study sections and scientific advisory boards

Leadership roles in national or international scientific societies

Leadership roles in major national or international meetings

Consultancy participation, or institutional or program reviews

3) Contributions to the institution

A strong record of departmental/institutional participation in scientific training

Leadership or active participation in development of research programs

Active participation in research-related administrative or committee activity

Leadership or active participation in program project, training grant, graduate program, or postdoctoral training

## **The Teacher**

### **Professional Model**

Teaching of undergraduate, graduate, and postdoctoral students is a central mission of the academic medical center. Students are an important part of the legacy of our faculty and institution and we are committed to excellence in their education. Indeed, certain members of the faculty may devote a majority of their professional energy to the development, application, and evaluation of teaching. These individuals may be recognized for their achievements in this area.

Teachers are dedicated to students, to the educational process and to the achievement of excellence in teaching. More importantly, they stand out by virtue of their ability to inculcate in their students a sound mastery of subject, a critical manner of thinking, a healthy skepticism for dogma, and a clear notion for both what is known and what is unknown in their field. Such individuals teach rather than train, serve as role models rather than instructors, and inspire their students to expand the horizons of knowledge.

### **Criteria Relating to Excellence in Teaching**

#### 1) Contributions to the educational mission at DHMC

Recognition by peers and students for excellence in teaching and training of students, residents, and/or fellows documented through:

Formal acknowledgement of outstanding teaching  
(e.g., Class Day speaker, Teacher of the Year, membership in AOA)

Complete surveys, evaluations, or ratings by students at all training levels  
(undergraduates, doctoral candidates, residents, fellows)

Written reports by officially designated faculty evaluators from outside the individual's department, providing supportive comment based on a significant sample of the individual's teaching

Leadership and major participation in departmental or institutional courses or educational programs for clinical clerks based on:

Number of years involved in each course or clerkship  
Number and type of students and hours of interaction  
Special accomplishments or recognition

Documentation that the faculty member continues to serve an important function as a role model or mentor to a significant number of students

Development and implementation of new courses or curricular content or important teaching materials -- syllabi, computer-assisted instruction, films, or videotapes

## The Teacher - Criteria Relating to Excellence (continued)

Measures of learner achievement (e.g., scores on local or national board and in-service examinations, publication of student work)

Leadership or major participation in Continuing Medical Education, design of courses, and/or participation therein

### 2) Contributions to the teaching mission outside of DHMC

Regional, national, and international contributions in educational and professional leadership; evidence of a regional or national impact through teaching

Regular invitations to serve as a visiting professor or outside speaker, especially in endowed visiting professorships or lectureships

Professional and educational leadership roles (e.g., program chair for professional society's annual meeting)

Letters of commendation for exceptional educational contributions to other institutions and organizations

Evaluations and ratings arising from participation in other teaching programs

### 3) Contributions to the teaching profession

Published research that involves the development or evaluation of teaching methods and/or new programs, or that defines important and useful changes in medical education

Editorship or authorship of textbooks, reviews, or other scholarly contributions

Authorship of important curriculum offerings or teaching materials adopted by other institutions

## **The Academic Clinician**

### **Professional Model**

Excellence in clinical practice is an essential characteristic of an academic medical center. The scholarly clinician brings both superior performance and a clear academic dimension to the care of patients, evidenced by breadth and depth of knowledge, awareness of new procedures and concepts, understanding and appropriate use of the medical resources available to assist and improve clinical care, and an exemplary willingness to both teach and learn from professional colleagues. The academic clinician demonstrates a consistent and deeply held dedication to human welfare, the promotion of good health, and the relief of human suffering.

Excellence in clinical practice can be assessed by a number of indicators, including recognition by peers and patients, intensity and quality of clinical service, 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. Such individuals should be distinguishable from the majority of other clinicians and provide a strong model for physicians within and outside of academic medicine.

### **Criteria Relating to Excellence in the Academic Clinician**

- 1) Recognition by peers and patients -- a physician's reputation; a reputation within and outside of DHMC for excellence in medical practice

Patient referrals from other physicians and patients taking into account:

Geographical size of the referral area; it is understood that this aspect will be specialty-dependent in many instances.

Percentage of referrals/consultations that are requested by other physicians rather than assigned

Number and complexity of patients referred

Consulting -- documented acknowledgement by peers as a premier consultant -- requested involvement in complex clinical problems

- 2) Professional contributions to patient care

Introduction of new skills or techniques that are unique locally or regionally

Special competencies that improve or extend other clinical or training programs

Development and maintenance of new clinical programs, taking into account:

Number of years the program has been in existence

## The Academic Clinician - Criteria Relating to Excellence (continued)

Impact of the program, based on:

Number of patients

Adoption of similar programs in other settings

Influence on related programs within DHMC

Innovations that improve the quality, efficacy or efficiency of patient care

Cost

Resource utilization

Professional time

Length of inpatient stay

Clinical productivity in the group practice setting; clinical productivity does not refer to enhancing institutional revenue or individual financial gain;

rather, productivity is an expression of professional commitment based on:

Volume of patients (outpatient and inpatient census)

Volume of procedures

Consultations

### 3) Professional contributions to enhancing the profession

Participation in research involving patients including questions relating basic biomedical science to patient care, clinical trials, outcomes investigations, and cooperative groups; indicators include:

Number of patients recruited into the project

Role in development or oversight participation

Membership on key committees

Authorship or reporting responsibilities

Substantive contributions to the medical literature (e.g., books, chapters, reviews)

Leadership and active participation in continuing medical education at the local, regional, or national level

Appointed or elected leadership or membership on regional or national societies or specialty governing boards (e.g., American Medical Association, American College of Surgeons, national or regional program boards of professional societies)

Leadership in clinical care (e.g., membership on major clinical committees at the local, regional, or national levels)

Appointed or elected leadership or membership on DHMC clinical governing boards

## **Part III**

### **Guiding Principles for Faculty Appointments and Promotions at Dartmouth Medical School**

The philosophy underlying the *appointments* and *promotions* process at Dartmouth Medical School is outlined in the following principles. *These principles set forth general expectations for each member of the faculty and frame the criteria that govern appointments and promotions.*

#### **Importance of Scholarship**

Academic appointments and promotions are granted in recognition of excellence in scholarship. Original investigation, teaching, and the integration and application of knowledge are different forms of scholarly activity, each of which is essential to fulfilling the mission of an academic medical center.

#### **Excellence**

Scholarship in any of its various forms should be distinguished by excellence. The specific criteria for excellence may vary, but key elements relate to intellectual, published productivity and to contributions to the field or discipline leading to recognition by peers, students, and patients. The appointments and promotions process should also recognize excellence in other contributions essential to the academic medical center mission, such as leadership roles in Dartmouth-Hitchcock Medical Center and the society it serves.

#### **The Academic Portfolio**

Individual faculty members, differing in professional background and interest, have the responsibility to develop a range of academic activities suitable to their individual talents and aspirations. While the scholarly dimensions of teaching, research and clinical care are each worthy of recognition, the strongest portfolios will normally include strengths in at least two of the three areas of endeavor.

#### **Clarity of Intent**

The faculty member's portfolio is developed as the faculty member, working with the departmental chair, defines the particular activities through which he or she will contribute to the academic mission of the Medical Center. While the detailed content of the academic portfolio may be shaped to some extent by unexpected developments and opportunities, the direction, goals, and basic character of the portfolio should be framed as a matter of active intent.

## **Growth and Development**

Clarity of intent and a focus on achieving excellence lead to progressive growth in the academic dimensions of a faculty member's professional life. This progressive maturation is a reflection of the faculty member's commitment to the activities and goals of his or her academic portfolio.

## **Evaluation and Quantitation**

It is the responsibility of each faculty member, working with her or his departmental chair, to provide appropriate documentation of progress toward meeting the explicit academic goals of the individual's portfolio. This documentation is strengthened if, as discussed above, it is clear that it represents an ongoing evaluation of progress toward prospectively defined academic goals. Because goals may change, there should be periodic review of the portfolio by the faculty member and her or his departmental chair.

## **Notes**

*The **appointments** and promotions process is based on an explicit recognition of excellence, both qualitatively and quantitatively.* Therefore, merely fulfilling the intents set forth in a given academic portfolio cannot be accepted as sufficient for promotion.

Early promotion to senior rank will be rare and, when granted, will signify unusual potential and particularly noteworthy accomplishment beyond the fulfillment of threshold requirements.

Promotion to the rank of Professor will be granted in recognition of distinctive achievements and will be reserved for our most distinguished faculty.

## **Part IV**

### **Portfolio Prototypes for Faculty Appointments and Promotions**

#### **at Dartmouth Medical School**

As discussed in Part I, each member of the faculty, with the support of his or her departmental chair, is responsible for defining a portfolio of academic activities tailored to the needs of the institution and to the individual's own talents and goals. In almost all instances, an individual's portfolio will contain elements drawn from at least two of the three recognized areas of scholarly endeavor. The following samples are intended as descriptive prototypes for three common clusters of portfolios. It is understood that strong portfolios may vary widely in character. Therefore, the following descriptions are intended to be suggestive of appropriate criteria, and not to provide a checklist of items, each of which must be met.

#### **The Investigator/Teacher**

##### **Assistant Professor**

A doctoral degree [Ph.D., M.D., or equivalent] and two years of postdoctoral training, with a major commitment to independent investigation

Evidence of capacity for original and independent research at a very high level of competence, as demonstrated by recommendations from established senior faculty at other institutions

Clear capacity for scientific productivity, as evidenced by authorship, preferably as senior author, and by major contributions to substantive work published in peer-reviewed journals; within the context of this portfolio, non-reviewed publications, case reports, and all but invited substantive reviews will not be heavily weighted

A strong interest in and capacity for teaching, as evidenced by recognition by associated faculty, program director, peers at other institutions, and students, for excellence in training, teaching and advising of undergraduate, graduate, medical students and postdoctoral fellows

## **The Investigator/Clinician/Teacher**

### **Assistant Professor**

A doctoral degree [M.D., Ph.D., or equivalent] with successful completion of a postgraduate training program; ABMS Board Certification or equivalent (e.g., Royal College) or board eligibility in a clinical discipline or the equivalent for non-M.D. specialists; and a major commitment to research (clinical, methodological, or laboratory), teaching, and clinical service

Commitment to excellent patient care with evidence of a high level of clinical competence, with or without unique clinical skill or expertise, as demonstrated by recommendations from the program director and associated faculty

Demonstration of a consistent and deeply held dedication to human welfare, the promotion of good health and the relief of suffering

A strong interest in and capacity for teaching, as evidenced by recognition by associated faculty, program director, peers at other institutions, and students, for excellence in training, teaching and advising of undergraduate, graduate, medical students, and clinical and research postdoctoral fellows

Potential for substantial academic contributions as evidenced by senior authorship and publication of substantive original studies, either clinical or basic, in peer-reviewed journals; case reports or reviews will not be heavily weighted in this portfolio

## **The Clinician/Teacher**

### **Assistant Professor**

A doctoral degree [M.D., Ph.D. or equivalent] with successful completion of a postgraduate training program; ABMS Board Certification or equivalent (e.g., Royal College) or board eligibility in a clinical discipline or the equivalent for non-M.D. specialists; and a major commitment to teaching and clinical service

Commitment to excellent patient care, with evidence of a high level of clinical competence, with or without unique clinical skill or expertise, *as demonstrated by* recommendations from the program director and associated faculty

*Demonstration of* a consistent and deeply held dedication to human welfare, the promotion of good health, and the relief of suffering

A strong interest in and capacity for teaching, *as evidenced by* recognition by associated faculty, program director, peers at other institutions, and students, for excellence in training, teaching and advising of undergraduate, graduate, medical students, and clinical and research postdoctoral fellows

Potential for academic contributions to clinical care *as evidenced by* publication of original studies, clinical observations, or reviews in peer-reviewed journals

## **The Investigator/Teacher**

### **Associate Professor**

Service as an assistant professor at DMS, or an equivalent institution, typically for a period of five to seven years, with a consistent record of excellence in research and teaching; promotion with less than six years in rank as assistant professor will be considered only under circumstances of exceptional achievement; continued service and performance at the rank of Assistant Professor shall not, in itself, constitute grounds for promotion to Associate Professor

Documentation of the ability to create new knowledge or manners of thought as evidenced by continued publication of substantive, original studies in peer-reviewed journals

Recognition by scientific peers for independent and original investigation; in most instances this will be evidenced by external funding of competitive peer-reviewed research projects

Evidence of continued excellence in training, teaching, and advising of undergraduate, medical, and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; in the context of a portfolio with a major in investigation, service in a major teaching responsibility (e.g., course director with a major teaching role) shall constitute a heavily weighted achievement

Faculty promoted to the rank of associate professor also may have achieved substantive professional recognition as evidenced by some of the following:

Elected membership in major scientific societies

Distinctive recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs, etc.

Development of new teaching materials, textbooks, curricula, training manuals, syllabi, videotapes, etc.; in the context of this portfolio, such developments that are exported to other institutions shall be heavily weighted

Evidence of a leadership role in local or regional medical affairs by active and ongoing participation in committee, program, and/or governing boards

## **The Investigator/Clinician/Teacher**

### **Associate Professor**

Service as an assistant professor at DMS, or an equivalent institution, typically for a period of five to seven years, with appropriate board certification or the equivalent for non-M.D. specialists and a consistent record of excellence in research, clinical service, and teaching; promotion with less than six years in rank as assistant professor will be considered only under circumstances of exceptional achievement; continued service and performance at the rank of Assistant Professor shall not, in itself, constitute grounds for promotion to Associate Professor

Documentation of the ability to create new knowledge or manners of thought as evidenced by continued publication of substantive, original studies in peer-reviewed journals

Recognition by scientific peers for independent and original investigation; in many instances this will be evidenced by external funding of competitive, peer-reviewed research projects

Evidence of continued excellence in training, teaching, and advising of undergraduate, medical, and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; in the context of this portfolio, service in a major teaching responsibility (e.g., director of residency training in discipline) shall constitute a heavily weighted achievement

Faculty promoted to the rank of associate professor also may have achieved substantive professional recognition as evidenced by some of the following:

Elected membership in major scientific societies

Local and regional recognition by peers and patients as an excellent clinician and consultant; evidence of unusual competence and accomplishment in clinical service

Development and maintenance of clinical skills and/or programs that are locally and/or regionally distinctive; programs that measurably improve patient outcomes, the efficiency of care or that represent a category of care not otherwise available in the region shall be given particular significance; clinical innovations, significant original research and elected or invited service to the profession will be weighted such that clinical productivity in the average range is sufficient

Distinctive recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs and CME courses

The Investigator/Clinician/Teacher – Associate Professor (continued)

Development of new teaching materials, textbooks, curricula, training manuals, syllabi, videotapes, etc.; in the context of this portfolio, such developments that are exported to other institutions shall be heavily weighted

Evidence of a leadership role in local or regional clinical affairs by service as a section chief and/or active and ongoing participation in committee, program, and/or governing boards

## **The Clinician/Teacher**

### **Associate Professor**

Service as an assistant professor at DMS, or an equivalent institution, typically for a period of five to seven years, with appropriate board certification or the equivalent for non-M.D. specialists and a consistent record of excellence; promotion with less than six years in rank as assistant professor will be considered only under circumstances of exceptional achievement.

Chairs will conduct a substantial review of achievement relative to previously articulated expectations during the fifth year in rank as assistant professor; these discussions should be documented and should determine whether or not a recommendation for promotion is anticipated, and what further achievements, if any, will be expected to assure such a recommendation; continued service at the rank of Assistant Professor shall not, in itself, constitute grounds for promotion to Associate Professor

Faculty promoted to the rank of associate professor should have achieved local and regional recognition by peers and patients as an excellent clinician and/or consultant and have achieved a high level of competence and accomplishment in clinical service; demonstrated clinical competence satisfactory for continued medical practice at DHMC is not in itself sufficient for promotion to associate professor

Evidence supporting a high level of excellence in clinical care include:

Development and maintenance of clinical skills and/or programs that are locally and/or regionally distinctive; programs or skills that measurably improve patient outcomes, the efficiency of care or that represent a category of care not otherwise available in the region shall be given particular significance

Active and ongoing participation in clinical research as indicated by the development and/or conduct of clinical trials; continued publication of original studies, clinical observations, or reviews in peer-reviewed journals;

New programs, clinical innovations and/or participation in significant clinical research will be weighted such that clinical performance satisfactory for continued medical practice at DHMC is sufficient;

A leadership role in local or regional clinical affairs by participation as a section chief and/or active and ongoing participation in committee, program, and/or governing boards

Evidence supporting a high level of excellence in teaching include:

Evidence of continued excellence in clinical training, teaching, and advising of medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; in most instances, this is evidenced by recognition through formal awards, local and regional invited lectures, and participation in symposia, professional society programs and CME courses

The Clinician/Teacher – Associate Professor (continued)

Development of new teaching materials, textbooks, curricula, training manuals, syllabi, videotapes, etc.; such developments that are exported to other institutions shall be heavily weighted; by itself, assignment to a major teaching responsibility shall not constitute a heavily weighted achievement

## **The Investigator/Teacher**

### **Professor**

Promotion to the rank of Professor will be granted in recognition of distinctive achievement and is reserved for the most distinguished members of our faculty; continued service and performance at the rank of Associate Professor shall not, in itself, constitute grounds for promotion to Professor

Service as an Associate Professor at DMS, or an equivalent institution, typically for at least five years with a consistent record of outstanding performance

Continued publication of important, innovative and original studies in peer-reviewed journals

Regional and national recognition by peers as a premier investigator; continuation of productive, independent and original investigation as evidenced by sustained external funding of competitive peer-reviewed research projects

Identification as a key and/or outstanding individual in training, teaching, and advising of undergraduate, medical, and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; recognition for excellence, as evidenced by formal evaluations and awards and the subsequent achievements and stature of former students

Faculty promoted to the rank of Professor also may have achieved substantive professional recognition as evidenced by some of the following:

Authorship or editorship of textbooks, monographs, or journals

Membership on editorial boards, study sections, and/or advisory groups

Elected leadership and membership in major scientific societies

Distinctive national recognition as evidenced by invited society memberships, participation in major society committees and programs, formal awards and major invited lectures

National recognition as evidenced by named lectureships and awards or participation in regional/national symposia, courses, and teaching programs

Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials; developments that are exported to other institutions shall be heavily weighted; in the context of a portfolio with an investigator major, service in a major teaching responsibility (e.g., course director with major teaching responsibility) shall constitute a heavily weighted achievement.

The Investigator/Teacher – Professor (continued)

Exceptional leadership or administrative performance, as evidenced by major roles in local or regional clinical affairs or national professional organizations, and by active and ongoing participation in committee, program, and/or governing boards

## **The Investigator/Clinician/Teacher**

### **Professor**

Promotion to the rank of Professor will be granted in recognition of distinctive achievement and is reserved for the most distinguished members of our faculty; continued service and performance at the rank of Associate Professor shall not, in itself, constitute grounds for promotion to Professor.

Service as an Associate Professor at DMS, or an equivalent institution, typically for at least five years with appropriate board certification or the equivalent for non-M.D. specialists and a consistent record of outstanding performance

Continued publication of important, innovative, and original studies in peer-reviewed journals

Regional and national recognition by peers as a premier investigator. Continuation of productive, independent, and original investigation as evidenced by a strong record of external funding of competitive peer-reviewed research projects

Identification 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 colleagues; recognition for excellence, as evidenced by named lectureships and awards, participation in regional or national CME symposia and teaching programs, formal evaluations and the subsequent achievements and stature of former students

Faculty promoted to the rank of Professor also may have achieved substantive professional recognition as evidenced by some of the following:

Authorship or editorship of textbooks, monographs, or journals

Membership on editorial boards, study sections, and/or advisory groups

Elected leadership and membership in major scientific societies

Recognition by peers and patients as a premier practitioner and consultant, based on outstanding competence and accomplishment in clinical service as evidenced by a regional or national referral base

Development and maintenance of nationally recognized clinical skills and/or programs

Distinctive national recognition as evidenced by invited society memberships, participation in major society committees and programs, formal awards and major invited lectures

The Investigator/Clinician/Teacher – Professor (continued)

Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials; developments that are exported to other institutions shall be heavily weighted; in the context of this portfolio, service in a major teaching responsibility (e.g., director of residency training in discipline) shall constitute a heavily weighted achievement.

Exceptional leadership or administrative performance as evidenced by major roles in local or regional clinical affairs or national professional organizations and by active and ongoing participation in committee, program and/or governing boards

## **The Clinician/Teacher**

### **Professor**

Promotion to the rank of Professor will be granted in recognition of distinctive achievement and is reserved for the most distinguished members of our faculty; continued service and performance at the rank of Associate Professor shall not, in itself, constitute grounds for promotion to Professor

Service as an Associate Professor at DMS, or an equivalent institution, typically for at least five years, with appropriate board certification or the equivalent for non-M.D. specialists and a consistent record of outstanding performance

Recognition by peers and patients as a premier practitioner and consultant based on outstanding competence and accomplishment in clinical service as evidenced by a regional or national referral base

Development and maintenance of nationally recognized clinical skills and/or programs; programs or skills that measurably improve patient outcomes, the efficiency of care or that represent a category of care not otherwise available in the region shall be given particular weight

Identification as a key and/or outstanding individual in clinical training, teaching, and advising of medical and graduate students, residents, clinical and postdoctoral research fellows, and colleagues; recognition for excellence as evidenced by named lectureships and awards, participation in regional or national CME symposia and teaching programs, by formal evaluations, and by the subsequent achievements and stature of former students

Development of, major responsibility for, and active participation in significant clinical trials; in almost all instances, promotion to the rank of Professor requires continued publication of original studies, significant clinical observations, or comprehensive clinical reviews in peer-reviewed journals

Faculty promoted to the rank of Professor also may have achieved substantive professional recognition as evidenced by some of the following:

Authorship or editorship of textbooks or journals.

Distinctive national recognition as evidenced by invited society memberships, participation in major society committees and programs, formal awards, and major invited lectures

Directorship or development of major courses or other curricular offerings and/or development of significant new teaching materials; developments that are exported to other institutions shall be heavily weighted

Formal acknowledgement of outstanding teaching  
(e.g., Class Day speaker, Teacher of the Year, membership in AOA)

The Clinician/Teacher – Professor (continued)

Exceptional leadership or administrative performance, as evidenced by major roles in local or regional clinical affairs or national professional organizations and by active and ongoing participation in committee, program, and/or governing boards

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