

GUIDELINES FOR TENURE AND PROMOTION IN ACADEMIC MEDICAL CENTERS
FOR BIOETHICS AND MEDICAL HUMANITIES SCHOLARS



Biomedical ethics and medical humanities have become familiar in the world of academic medicine. The fields include scholars from a wide range of disciplines, including philosophy, literature, social science, law, medicine, nursing, religious studies, and many others. There are a wide range of approaches and activities. While significant challenges exist in assessing the scholarly activities of faculty throughout the two fields, there is a particular difficulty for those (typically PhD's) whose research bears far more resemblance to colleagues in the humanities departments of liberal arts colleges and universities than research that typically takes place in academic medical centers. This document is intended to provide guidance for the appointment, promotion, and tenure in academic medical centers of faculty whose research, scholarship, and teaching are in the traditional humanities. It should be noted that this document's purview is restricted to recommendations for humanities-trained scholars who are working in bioethics and/or the medical humanities, and these standards cannot necessarily be applied to other scholars, such as social scientists, who are also working in bioethics or the medical humanities.

The career path of junior faculty members in these disciplines has become established sufficiently that we may present some reflection on the challenges faced in promoting and tenuring these faculty and offer some guidance in meeting these challenges. Traditionally, many medical schools* hired one or two senior professors to build their bioethics and medical humanities programs. As a result, the professors in question, who may have held a terminal degree in a non-medical discipline such as philosophy, theology or literature, typically had already fulfilled criteria for professional accomplishment before joining the medical school faculty. Their careers also may have included participation in professional organizations or as consultants for institutions that are recognizable within the academic medical establishment. In the brief history of bioethics and medical humanities, then, these senior appointments constituted much of the hiring and, owing to the scholars' professional standing, did not raise pressing questions of how to evaluate the progress of bioethics scholars in a medical environment.

For more than a decade, bioethics faculty at many institutions have also been hired at junior ranks and thus, like all other junior faculty, have had to demonstrate independent scholarship and prominence to advance through appointments and promotions procedures in these health-related professional schools. Further, as more institutions create bioethics and medical humanities programs, individual junior faculty sometimes find themselves to be the first bioethics or humanities scholar in a given professional school. Thus, it may be useful to identify the relevant criteria that have been used to evaluate medical school faculty whose primary field is bioethics and/or the medical humanities.

Who Are Bioethicists and Medical Humanities Scholars and What Do They Do?

Bioethicists and scholars of the medical humanities come from a wide variety of academic backgrounds and serve a variety of functions within their institutions. Bioethics and the medical humanities have developed as fields in response to the needs of the medical and health-care professions and in an effort to help these professions better serve the general public. As a result, these scholars often occupy multi-faceted roles with a variety of expectations and, bioethics and medical humanities centers, programs, and departments are usually dynamic places making interesting and important contributions to the lives of the schools and health-care systems within which they are housed or with which they are affiliated.

Bioethicists and medical humanities scholars may have obtained their training in any of a variety of fields including philosophy, theology, religious studies, literature, and many of the other disciplines within the traditional humanities. Some have backgrounds in law, public health, or social sciences such as anthropology or sociology. Others have their primary training in medicine, nursing, or one of the health-care professions and may have received additional training such as a fellowship or a Master of Arts in bioethics. Multiple graduate or professional degrees are not uncommon. Two points are worth noting in this connection. First, the wide variety of skills sets garnered in their training means that bioethicists and medical humanities scholars have a large number of different scholarly activities and focuses. This is the rich, multidis-

* Similar observations and recommendations made in this report may also apply to nursing schools, schools of public health, and other allied health fields.

ciplinary dimension of the field. Second, in contrast to the first point, the field has also become interdisciplinary in that scholars working on the same problem influence each other and gain complementary skills. As a result, they will often do similar work despite their differing disciplinary origins.

Many bioethicists and medical humanities scholars publish a significant amount. It is not unusual for more senior scholars to average two peer-reviewed journal articles per year. Some publish book-length manuscripts through university presses that are peer-reviewed and considered major accomplishments. Because influencing health-care professionals, public policy makers, and the general public is important, many also write a fair number of non-peer reviewed works for trade publications, magazines, newsletters, and other venues that influence the debate and dialogue on important issues.

Many of these faculty carry significant teaching loads at various levels including undergraduate medical education, graduate medical education, and graduate programs such as in master of arts programs in bioethics. Furthermore, many provide significant amounts of continuing education via grand rounds, case conferences, and other venues in which health-care professionals seek to update their knowledge. Because bioethicists and medical humanities scholars may be part of a very small cadre of faculty qualified to address the ethics and humanities portion of the curriculum of their school, they are often pressed into educational leadership roles such as course director, faculty advisor, curriculum committee member or graduate program director much earlier in their careers than their peers in arts & sciences faculties or basic science PhDs in health-care institutions.

Similarly, service is often an important and valued dimension of the work of bioethicists and medical humanities scholars. Sometimes this service is in aid of the educational mission of the institution as when these professionals help to devise educational and evaluation standards of medical professionalism and participate in the institution's re-accreditation efforts in this regard. Similarly, bioethicists are often found on Institutional Review Boards, conflict of interest committees, and other research advisory boards. Many bioethicists serve on hospital or health system ethics committees, and some conduct ethics case consultation. An informal survey of any group of bioethicists and medical humanities scholars will vastly multiply this list of committee assignments and task forces to which they are assigned. The service of persons with expertise in ethics is often valued by their institutions because of the help it provides in meeting the requirements of the many bodies to which academic health science centers are subject, e.g., LCME, JCAHO, AAHRP, etc., but also because these contemporary institutions value this expertise for how it helps them meet and enrich their educational and health-care missions.

Many bioethicists and medical humanities scholars are also known for the way in which they integrate these various roles of scholar, educator, and consultant. That is, many do not compartmentalize their work into their "real" work of scholarship and the afterthoughts of education and service. Their scholarship often reflects their educational and service roles. This is a natural consequence of the fact that their institutions consult them on current ethical, legal, and social challenges, and they may generate new knowledge in their effort to respond appropriately.

This brief description shows that bioethicists and medical humanities scholars pose a challenge for their deans and rank and tenure committees. Medical schools often have several kinds of tenure paths, and it may not be obvious on which path particular bioethicists and medical humanities scholars best fit. It has been our experience that these faculty may not fit any of the paths but require amending particular requirements. In the following sections, we outline some helpful considerations in hiring and evaluating bioethicists and medical humanities scholars for tenure and promotion. These necessarily will be general suggestions. Not only do members of our field come from a diverse set of disciplinary backgrounds, employ very different research methods, and have a variety of career trajectories, but also health care institutions differ in their mission and criteria for tenure. Nevertheless, two points are essential:

1. Expectations for each particular faculty member should be clearly articulated when hired, and subsequent evaluation should be consistent with these standards.
2. Adequate mentoring of junior faculty must be provided. A senior faculty member can often help to articulate standards for a junior faculty member and help to develop strategies to meet them. If mentors are not familiar with the work of bioethicists or medical humanities scholars, they may wish to consult established

faculty. The Association of Bioethics Program Directors and the American Society for Bioethics and Humanities can be helpful in this regard and their members are available to assist upon request.

Establishing Expectations: Career Paths in Bioethics & Medical Humanities

Medical schools often have several different appointment categories that have accompanying expectations and criteria for tenure and promotion. In particular, virtually all have one or more (a) tracks that are designed for faculty whose main work is considered to be research and one or more (b) tracks designed for faculty who are defined as educators or clinician-educators. Let us consider the possible appropriateness of each for a bioethicist or medical humanities scholar.

- (a) Researcher tenure and promotion paths - Many faculty who populate the rosters of medical schools fit a very similar profile in their path to tenure. Research is interpreted to mean empirical research and they are generally expected to have served as principal investigators, bringing in a significant level of funding by the time they are considered for tenure. These faculty are often expected to be virtually self-supporting and have obtained support for their fellows and support staff as well. They are also usually required to have a publication record that is substantial and reflects their role in supervising, mentoring, and collaborating with junior faculty and fellows, and that indicates the direction of their future work.

This profile reflects the work of very few bioethicists. Some ethicists, usually those whose disciplinary background is in the social sciences, public health or other discipline that focuses on sizable empirical studies, have successfully fulfilled such requirements. It has also become clear that these standards may sometimes be more realistic in early career than for established scholars. For instance, an empirical researcher may initially obtain a career development award that carries a high level of salary recovery. This may lead to the unrealistic expectation that this investigator can maintain levels of salary support throughout his or her career comparable to that attained by outstanding researchers in the biomedical sciences (e.g., 50% or more). For these researchers, institutions must often adjust such expectations to levels that are more realistic to the field.

In general, the customary requirements will simply not be suitable to evaluate the accomplishments of most bioethicists and medical humanities scholars. Most research in bioethics and medical humanities is not of an empirical but a conceptual and/or descriptive nature. As a result, bioethics and medical humanities faculty placed on this kind of track will be evaluated in terms of their research, research that is evaluated according to the standards of their home disciplines. We will discuss these standards at greater length later in this report.

- (b) Educator or clinician-educator tenure and promotion paths – Appointment and tenure paths for educators or clinician-educators are sometimes utilized for bioethicists and medical humanities scholars. These paths may sometimes be more appropriate because they do not emphasize funding requirements and because some bioethicists and medical humanities scholars place great emphasis on their educational activities and may generate education-related scholarship.

However, it is important to note that many medical schools do not give tenure to those in clinician-educator paths. These institutions typically use such paths for clinical teachers who do not emphasize scholarship and publication and whose income is primarily derived from patient care. This kind of appointment path does not reflect the work or the funding arrangements of bioethicists and medical humanities scholars and is therefore not appropriate.

In what follows, we further elucidate the considerations relevant to establishing rigorous standards for evaluation of bioethicists and medical humanities scholars that are analogous to their colleagues in clinical and basic science depart-

ments. This report is being prepared in an effort to assist medical and other health professional schools in appropriately and fairly reviewing the quantity and quality of achievements by faculty in bioethics and medical humanities.[†]

Professional Activities in Bioethics and the Medical Humanities

As we have noted, bioethics and medical humanities are, by definition, interdisciplinary and heterogeneous fields, and expertise in philosophy, law, religious studies or related humanities disciplines are common. Although some bioethics and medical humanities scholars may hold non-humanities degrees, the early and mid-career trajectory of professors of bioethics and medical humanities often resembles that of colleagues in the arts and sciences more than that of colleagues in medicine or the basic sciences. Thus, consultation with bioethicists and medical humanities scholars from other institutions may be necessary to obtain an accurate perspective of the faculty member's accomplishments. In this way, there can be assurance that the evaluation is both rigorous and appropriate.

The remainder of this report addresses five key areas relevant to promotions decisions: the timing and direction of academic accomplishment: publication, external funding, consultative activities, and service.

Publication

Faculty in bioethics and medical humanities set a robust publication pace. At the junior level, it is often expected that the faculty member will average 1.5 peer-reviewed articles per year over the time frame of their tenure path. Many institutions require an increased rate, e.g., 2 peer-reviewed publications annually for a specified period, for promotion to full professor.

It is one of the hallmarks of this field that its scholars often work on multiple issues and may use a variety of methods of inquiry. Our description of their work suggested that the impetus for some of their scholarship comes from new scientific and regulatory and pedagogical developments that affect society and their particular institution. As a result, they may gain expertise on a wide array of issues over time. It is not unusual for a bioethicist or a medical humanities scholar to publish articles on several different topics; such a research program may appear to biomedical promotion committees as lacking sufficient focus, but it reflects the expectations of the field and, in some cases, may be part of a coherent, long-term scholarly project. Also, medical humanities scholars publish at a slower pace than some of their bioethics colleagues, and they may produce articles that test ideas and stake out territory years in advance of a published book. As is true for scholarship in the law, scholarship in the humanities may reveal a smaller number of articles, and each may be greater in length, than is usual for scientific papers, and yet the articles may reflect a significant amount of original research and scholarship.

Similarly, the form of research in bioethics and medical humanities as well as venues of publication may be unfamiliar in medical schools. Whereas medical scientists tend to publish in teams and single-author research papers are a rarity, singly authored publications are highly valued in bioethics and the medical humanities, and unlike medicine, books are

[†] Senior faculty members in all fields have a professional responsibility to mentor junior faculty. Senior faculty in medicine may find it a challenge, however, to mentor junior faculty who come from different disciplinary backgrounds than their own. These senior faculty members, like the promotions committees who ultimately will be asked to evaluate the accomplishments of junior faculty, may find it useful to have an understanding of the relevant professional standards for an individual bioethics or medical humanities faculty member. Again, these standards may differ significantly based on the discipline of and approach or method used by the faculty member in her or his own work. Given the differences in backgrounds, it likely will be helpful if institutions can make their own expectations for promotion clear to junior bioethics faculty, and also to familiarize themselves with the types of achievements that would be a sign of prominence and independence in the junior faculty member's own area and field. Further, institutions in which there are insufficient numbers of senior bioethics or medical humanities faculty to assist in promotion and tenure review may find it useful to seek consultants from another institution in order to supplement the knowledge-base of the regular committee members.

considered in most humanities disciplines and in bioethics to be an important form of publication. Edited volumes generally carry less weight than a single-authored book, but if they are regarded as charting an important new area they may be given equivalent weight to a major paper in a peer-reviewed journal.

Obviously, not all bioethics scholarship is of the nature just described. Some bioethics research utilizes quantitative methods similar to those used in epidemiology or health services research and includes large teams of collaborators. Other bioethics scholars conduct empirical qualitative work and their portfolios may resemble those of anthropologists or sociologists. A few may conduct some empirical work while also writing conceptual/analytic pieces for publication.

The venues for peer-reviewed publications in bioethics and humanities vary with the discipline and the topic. Papers may appear in journals focused on bioethics or medical humanities, in journals appropriate to the discipline (e.g., philosophy, literature, law, sociology), in health policy publications, or in more traditional medical, nursing, public health or science journals. It may be reasonable for a medical school, say, to expect some publications in medical journals, especially for bioethicists. Promotions committees may find it useful to identify an outside reviewer who can provide guidance on types of journals and articles that would be expected for someone of the faculty member's background and rank to have as part of their portfolio.

Furthermore, we must always emphasize that expectations be mutually agreed upon at the earliest juncture. In general, it is not difficult to determine overall quality of journals of all types. Medical journals are well known to members of rank and tenure committees, and similar evaluations of bioethics journals can be made based on their selectivity and impact. It is desirable at the time of hire for the faculty and his or her mentor to review specialty journals that may be choice venues for the faculty member and mutually to determine how they will be perceived based on available data.

External Funding

Extramural funding, when granted after a competitive, peer-reviewed process, provides evidence of the significance and quality of research. As we have noted, this kind of expectation is generally considered more appropriate for faculty who conduct empirical studies than the majority who do conceptual, descriptive, or analytic scholarship. However, even for empirically-oriented faculty, their work is often of a different nature from the work typically funded at medical schools and by the National Institutes of Health. Thus expecting these bioethics scholars to receive funding from any particular source (such as the NIH) may not be appropriate but sources should be recognized based on their appropriateness for the project, e.g., foundations that specialize in the kind of research for which the bioethicist is seeking funding. It is important that any requirement for funding be commensurate with the type of research that the person does and be determined to be an appropriate indicator of the quality of the work of the faculty member.

Funding for humanities scholars, equally a sign of merit, often carries the disadvantage of requiring a year's leave of absence, a requirement that, given the typically small size of the medical humanities faculty, may impair the institution's teaching program.

Consultation

All faculty members are expected to serve on governance committees and otherwise lend their expertise to preserve and advance the institution's welfare. Bioethicists and scholars in the medical humanities can be expected to serve on one or more ethics committees, institutional review boards, animal care committees and the like. In addition, their uniquely multi-disciplinary background and experience often makes them particularly valuable in-house consultants in other contexts, such as for conflict of interest committees or as advisers in institutional policy development. Both medical humanities scholars and bioethicists are routinely recognized for their ability to make essential contributions to curriculum development, as in the case of the "core competencies" in residency training. These contributions, which may be of varying levels of formality, should be considered as elements of the bioethicist's or medical humanities professor's professional role in an assessment of the candidate's performance and value to the community and institution.

A note of caution is in order. Our experience suggests that institutions are quick to utilize the unique expertise of their ethics and medical humanities faculty. They are often asked to sit on standing committees and are often among the first to be added to ad hoc committees and task forces. It is important for those mentoring junior faculty to advocate on their behalf to make sure that this element of the workload is reasonable and manageable. In addition, it is important that these faculty are appropriately credited for all their service. This latter consideration is particularly important in the case of ad hoc work which may not be integrated into the normal reporting channels.

Professional Service

Active participation in professional societies should be required as part of the tenure path. Organizations such as the American Society for Bioethics & Humanities (ASBH) and the American Association of Medical Colleges (AAMC) are important venues for presentation of faculty work. Depending on the background and areas of research of the faculty member, other national meetings such as the American Public Health Association (APHA), the American Academy of Religion (AAR), and the American Philosophical Association (APA) may also present a desirable option. Similarly, such societies have opportunities for committee and annual meeting service. A record of such service commensurate with the faculty member's interests and professional background is required. [Holding of major offices such as board member or annual meeting chair cannot be required of entry level faculty. Obviously, if such service occurs, it greatly adds to the candidate's promotion and tenure profile.]

Public Service

The field of bioethics has an important public dimension, particularly in its impact on public policy. Some bioethicists are engaged in scholarly projects, committees of professional organizations, governmental commissions, legislative councils and other activities that affect policymaking. They may chair state or national panels and provide testimony for regulatory bodies. These public venues in which the profession expresses itself and shares its expertise should be recognized in tenure and promotion decisions as evidence of regional, national, or international reputation, as appropriate. Of course, junior faculty are likely to have few such activities in their portfolio at the time of tenure review.

Criteria for Promotion to Tenured Faculty

Associate Professor: Candidates should have a national reputation for outstanding independent work in bioethics or the medical humanities. Peer-reviewed articles in recognized journals and/or a book with a recognized publisher should tell a coherent story about their research and scholarship. The number of such articles or books should be modified if appropriate for their length and number (if any) of coauthors. They should be members of and participate in the meetings and activities of appropriate professional organizations, through presenting papers and providing leadership. Candidates should have a record of excellence in teaching and service commensurate with disciplinarily appropriate and mutually-agreed upon expectations. In instances in which the type of research appropriate for the scholar is dependent upon external funding, they will have attained grant support from a federal agency or a foundation or participated in grant-supported projects.

Professor: Candidates should be established bioethics or medical humanities scholars in their area of expertise, with a national reputation—or international reputation at institutions where that is required for medical scientists. Their research and publication record should reflect continuing excellence, productivity, and intellectual growth since their promotion to associate professor. In general, they should have published a substantial series of papers in well-known peer-reviewed journals or one or more books or monographs of a scholarly nature or some combination of the two. Candidates should have given invited lectures at national and international levels. They may be the principal investigator in one or more funded projects, be a leader in their professional organization, or have served on bodies engaged in developing public policy.

Recent Tenurings at Bioethics and Medical Humanities Programs at Other Universities

University A – The bioethics program at this university has two full-time faculty members; the newer one received tenure within the last year. This faculty member was tenured on the same track as the school’s basic science researchers but the requirement for research funding was waived. He was otherwise subject to the same or similar publication, teaching, and service standards.

B School of Medicine – This school has a tenure path available in its clinician-educator track as well as its more research-oriented tracks. Bioethics faculty are placed on the appropriate track and tenured based on the standards of that track with conceptual researchers tenured on the clinician-educator track and empirical researchers on the research-oriented track.

C School of Medicine - The bioethics program at this university has four full-time faculty members, two currently have tenure. The one more recently tenured (approximately five years ago) was also tenured on the same track as the basic science researchers. The requirement for research funding at this school does not apply to “programs” in contrast to departments. As a result, there is no such requirement for this group. His publication record was subject to standards very similar to those contained in this document, e.g., books with major presses were weighted heavily. There were no clinical standards on this track, and he does not do case consultation. This program has also begun discussions with its administration about tenuring some of their future faculty in their clinician educator track as they have faculty members who are more clinical in their work than these conceptual scholars.