

# **Guidelines for Promotion and Tenure of Bioethics and Medical Humanities Faculty**

## **Association of Bioethics Program Directors**

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Note: These Guidelines are informed by, but separate from, the ASBH's document, "Guidelines for Tenure and Promotion in Academic Medical Centers for Bioethics and Medical Humanities Scholars."

### **Purpose and intended audience**

Many academic health centers employ faculty members whose work is primarily in bioethics or the medical humanities. This document is written to assist those interested in assessing the accomplishments of such faculty members, as they are put forward for promotion or tenure. In many respects, the work of faculty members in bioethics and medical humanities is similar to that of colleagues in the basic sciences or clinical departments. In other respects, their work differs. This document is intended to help interested parties understand the relevant differences, similarities, and evidence of excellence. We note that this document is directed at the work of faculty in academic health centers and may not necessarily be applicable to other parts of a university.

The central purposes of scholarship and creative work are to deepen understanding and to advance and disseminate knowledge through publication and education. Numbers of publications, rankings of publication venues, citation indices, journal impact factors, and funding levels are imperfect surrogate markers of the extent to which a scholar achieves these central purposes. They should be invoked with caution, only after careful consideration of their relative merits.

### **I. Academic disciplinary and professional background**

Bioethics and medical humanities are multi-disciplinary fields. Scholars in bioethics and medical humanities come from a variety of disciplines and bring their insights and scholarly methodologies to bear on health care, health policy, and biomedical science. Typically, scholars in bioethics and medical humanities have terminal degrees in one or more of the following:

- philosophy, theology, religious studies, literature, history, education, another humanities discipline, or the visual or performing arts;
- anthropology, sociology, psychology, or social sciences,
- law, medicine, nursing, public health, another health-care profession, or biomedical science.

Some bioethics and medical humanities faculty have complemented their primary training with a fellowship or a Master's degree in bioethics, or combined training in two or more disciplines in other ways. Some may have a doctorate in bioethics or medical humanities.

### **II. The work of bioethics and medical humanities faculty**

#### **A. Scholarly and creative work, research, and publication**

##### **1. Type of scholarly work**

One of the hallmarks of bioethics and medical humanities is that scholars in these fields work on multiple issues, using a variety of methods of inquiry. The impetus for scholarship in bioethics and medical humanities often comes from new or recurrent scientific, societal, legal, policy, or pedagogical developments or issues. As a result, bioethics and medical humanities scholars gain expertise on a wide array of issues over time.

- a. Much research in bioethics and medical humanities is conceptual, analytic, or descriptive in nature using the traditional methodologies of philosophy, history, law, or literature. Compared to empirically based research, more of this work is single-authored.
- b. A growing portion of research in bioethics is empirical and may engage community participants. Empirical research utilizes quantitative methods (similar to those used in epidemiology or health services research) and/or qualitative methods (similar to those used in anthropology or sociology), and mixed methods including community-based participatory research. Empirical research may include teams of collaborators and multiple authored papers.
- c. For those in medical humanities, scholarly work may take the forms described above in (a) but it may also take the form of creative work, such as poems, short stories, other narratives, plays or other performing or visual artistic works reflecting on health, illness, and the world of health care.

## **2. Publication**

### **a. Pace**

Similar to colleagues in philosophy, history, or literature departments or law schools, bioethics and medical humanities scholars who do conceptual or analytic work are likely to publish fewer articles or articles of greater length than those whose work is primarily empirical.

### **b. Venues**

Venues for peer-reviewed publications in bioethics and medical humanities vary with the discipline and the topic. Many medical and scientific journals publish some papers addressing bioethics and medical humanities topics. Bioethics and medical humanities scholars also publish in bioethics and health policy journals, law reviews and journals, journals of specific humanities or social science disciplines (e.g., philosophy, literature, sociology), journals focused on medical- or health-specific aspects of a discipline (e.g., medical sociology), and medical journals (both general and specialty).

### **c. Books**

In contrast to clinical medicine and basic science, books in bioethics and medical humanities, both single authored and edited, are considered to be an important scholarly accomplishment.

## **3. Extramural funding**

Extramural funding provides one type of evidence of the significance and quality of proposed research. Such funding is more often a source for empirical, analytic, or policy research than

for conceptual or descriptive scholarship or creative work. There are proportionally fewer grant opportunities in bioethics than in the basic and clinical sciences (and even fewer in the medical humanities). Obtaining government or foundation grants are notable accomplishments, though may not be a realistic possibility—and hence not a required criterion—for many scholarly faculty.

## **B. Teaching**

Bioethics and medical humanities faculty teach at various levels including undergraduate, medical education (both undergraduate and graduate), and graduate (master's or doctoral) programs. Many provide significant amounts of education via grand rounds, case conferences, and other forums. They also may contribute to curriculum development in undergraduate, graduate and post-graduate medical and other health discipline education. Similar to other academic health center faculty, bioethics and medical humanities faculty members may take on educational leadership and mentoring roles such as course director, dissertation or thesis mentor, faculty advisor, curriculum committee member or graduate program director. Reflecting the multiple disciplines of bioethics and medical humanities faculty, some teach students outside the academic health center.

Accomplishment in bioethics and medical humanities education does not fundamentally differ from that in other biomedical disciplines and can be evidenced by excellence in teaching, innovative curricula, documented peer-review, student evaluations, and scholarship regarding health care professional education in bioethics and medical humanities.

## **C. Service**

### **1. Clinical and research ethics consultation**

Bioethics faculty members may provide clinical or research ethics consultation in academic hospitals or health systems, either as individual consultants, as members or chairs of related committees, or by joining clinical rounds or conferences.

### **2. Institutional service**

Bioethics faculty members may serve on one or more ethics committees, institutional review boards, animal care committees, and the like. In addition, the background and experience of faculty in bioethics and medical humanities makes them valuable consultants in other contexts, as members of conflict of interest committees, advisers in institutional policy development, in developing evaluation standards for medical professionalism, and by participating in curriculum committees, institutional re-accreditation efforts, or admissions committees among others.

### **3. Service to the profession**

National organizations such as the American Society for Bioethics and Humanities, the Canadian Bioethics Society, and other professional and scientific societies are important venues for presentation of scholarly work and committee service. Also important are national entities such as the Association of American Medical Colleges, the National Academy of Medicine (formerly, the Institute of Medicine), the National Institutes of Health, the Canadian Institutes of Health Research, the American Medical Association, medical specialty

organizations, Royal College of Physicians and Surgeons of Canada and international organizations such as UNESCO and the International Association of Bioethics. In light of the multiple disciplines represented in bioethics and medical humanities, service and leadership can be found in many different professional organizations.

#### **4. Government service**

Bioethics often plays an important role in policy discussions and debate regionally, nationally, and internationally. Using their scholarly expertise, bioethicists may be asked to serve on government grant review panels, committees of professional organizations, governmental commissions, legislative councils and other activities that affect policy-making. They may chair state or national panels and provide testimony for regulatory bodies.

#### **5. Public Service**

Bioethics has an important public dimension, and additional public service by those in bioethics may be evidenced by participation in community forums, public presentations, and other public affairs activities.

### **III. Criteria for promotion and tenure in bioethics and the medical humanities**

A. The relative weight and precise level of accomplishments in scholarly work, education, clinical care, and service will vary among institutions.

B. As with any faculty member, the scholarly work of those in bioethics and medical humanities should demonstrate originality and independence and constitute a body of work that meets the University's expectations for national or international recognition.

C. The weight of impact factors of publications must be judged by those within the discipline. H-Indexes may not be a reliable measure of impact in bioethics and the medical humanities. Faculty H-Indexes will be lower than those of faculty in other disciplines, and it is well known that these cannot be used to compare impact across disciplines.

D. External letters of support from nationally and internationally recognized scholars in the faculty member's area of scholarship can provide invaluable help in evaluating work that may be unfamiliar to members of a promotion and tenure committee.

E. Funding requirements for promotion or tenure should consider the availability of extramural funding for the candidate's specific field of inquiry and the extent to which extramural funding is necessary for the candidate to accomplish his or her scholarly work.