



## General Instructions for Preparation of the Faculty of Medicine Curriculum Vitae

**Key:**

Yellow: NEW

Blue: EMPHASIS

The CV, along with letters from internal and external referees and examples of scholarly work, provides the major evidence used during the evaluation of candidates for promotion. Therefore, accurate and complete reporting of contributions and achievements in the CV is essential. Below is some general guidance for preparation of the CV. Additional guidance is provided in each section of the CV.

**Regarding COVID-19:** Scheduled or invited activities that were cancelled, postponed, or converted to virtual format due to the COVID-19 pandemic (including presentations, courses, clinical sessions, etc.) should still be reported in the appropriate CV section, along with a brief note to indicate their status.

- **General questions** regarding the CV guidelines or the promotions and appointments process should be directed to the Office for Faculty Affairs at [ofa\\_promotions@hms.harvard.edu](mailto:ofa_promotions@hms.harvard.edu).
- **Chronology:** All events in the CV should be chronologic, beginning from the earliest and ending with the most recent. When dates cover a range, (e.g., 2005-2007), order by the first year in the range. For ongoing activities, indicate with a dash (2004- ) or by specifically noting 'to present' (2004 – present). If multiple, non-consecutive years, group as a single item (e.g., 1999-2001, 2004, 2007). For faculty based at affiliated clinical institutions, all dates for degrees, postdoctoral training positions, faculty academic appointments, and appointments at hospitals/affiliated institutions should include the month and year, e.g., 07/99-06/05. Outside of these specific categories, all other dates need only list the year. For scholarly works which are updated on a regular basis, e.g. UpToDate, cite the most recent version and in parentheses at the end of the citation, list all years in which you have produced revised versions (e.g., 2011).
- **Definition of local, regional, national, and international:** A number of activities and roles in the CV are categorized as *local*, *regional*, *national*, or *international*. These designations are important in the evaluation for promotion as it is expected that the reach of one's influence and activities will broaden with rank. Thus, while many of the activities reported at the time of promotion to Assistant Professor will be local, it is expected that those under consideration for promotion to Professor will participate in a broad range of national and, very often, international activities.

The designations of *local*, *regional*, *national*, or *international* below are based on both the proximity of the activities to the institution at which you were appointed at that time, as well as the source of the invitation to speak/teach. Please note, designation is based on the institution/organization that hosted/arranged the activity or event, not on the affiliations of those attending or participating in the activity/event. For example, Harvard-hosted events that attract international attendees would still be considered local.

- **Local activities and roles:**
  - During the time of appointment at Harvard, includes activities and roles at or arranged by Harvard and any of its affiliated institutions (e.g., while a MEE faculty member, invitations to speak at BIDMC would be considered local.)

- Activities and roles at institutions not directly affiliated with Harvard, but affiliated with a Harvard partner organization (e.g., an “affiliate of an affiliate”) should be considered local for those faculty who spend at least some time working onsite at that location.
  - Activities organized through a local-international partnership (e.g., a program organized by both a Harvard affiliate and a separate international organization), even those taking place outside of the U.S., should still be considered local.
  - For candidates previously appointed at other institutions, local activities and roles during the time of those appointments would include activities at or arranged by the institution(s) at which the candidate was appointed (e.g., while Associate Professor at UCSF, presentations at San Francisco General Hospital would be considered local).
- **Regional activities and roles:**
    - During the time of appointment at Harvard, includes activities and roles based on invitations from New England institutions apart from Harvard and its affiliates. New England is defined as including the six New England states (Massachusetts, Rhode Island, Connecticut, Maine, New Hampshire and Vermont). For example, presentations at Northeastern University or Brandeis University while a faculty member at Harvard would be considered regional presentations.
    - For candidates previously appointed at other institutions, regional activities and roles during the time of those appointments would include activities based on invitations by institutions in regions geographically near the institution(s) at which the candidate was appointed. For example, if the candidate was appointed at an institution in Philadelphia, talks in Pennsylvania, New Jersey, or Delaware at locations other than the home institution would be considered regional. It is understood that the definition of “regional” is inexact in such cases; the candidate should make the best approximation possible.
  - **National activities and roles:**
    - During the time of appointment at Harvard, this includes activities and roles in the U.S., based on invitations from institutions outside the six New England states.
    - For candidates previously appointed at other institutions in the U.S., national activities and roles during the time of those appointments would include activities in the U.S., but outside the regional area in which the candidate was appointed.
    - If a national meeting happens to be held within your local or regional area, include it as a national activity, not a local or regional one, if you are invited by the national organization.
  - **International activities and roles:**
    - During the time of appointment at Harvard, includes activities and roles outside the U.S. based on invitations from international organizations not affiliated with Harvard.

- For candidates previously appointed at other institutions, international activities and roles would be those outside the country in which the candidate was appointed at that time.
  - If an international meeting happens to be held in the U.S., including Boston, or within your previous local, regional or national area, include it as international activity, not a local, regional or national one, if you are invited by the international organization.
  - Presentations should be considered international if annual meetings for the organization are periodically held outside North America.
  - For candidates previously appointed at institutions outside the U.S., local, regional, national, and international contributions are categorized relative to the appointing institution at that time. For example, for an individual who previously held an appointment at the University of Vienna, any talks given at that institution during the time of the appointment would be considered local, while talks given in Boston during the same time would be considered international.
  - For individuals whose primary appointment is at Harvard, but who simultaneously hold nonvoting appointments at other institution(s), presentations at those other institutions and their affiliates should be reported as local contributions.
- **Sponsorship of presentations by outside entities.** Multiple sections of the CV highlight accomplishments related to presentations (e.g. through CME courses, talks given to professional colleagues locally, regionally, nationally, or internationally, and presentations made to a lay audience). Within each of these sections, information is requested regarding funding by outside entities. An outside entity is a third party (most commonly industry) which provides financial reimbursement to invited speakers at an event and is distinct from the stated event host. An organization hosting a meeting, symposium or workshop and providing financial reimbursement to the invited speakers will be mentioned in the description of the presentation and therefore need not be listed as an outside sponsor.
  - **In general, each activity, role, or achievement should be reported only once in the CV.** Some exceptions may apply. Guidance about where specific activities should be reported is provided in the CV Instructions. If you have additional questions, you may contact the Office for Faculty Affairs by e-mail at: [ofa\\_promotions@hms.harvard.edu](mailto:ofa_promotions@hms.harvard.edu).
  - **If a category does not apply to you, omit the category and its heading entirely.** We recommend that you maintain a separate master version of your CV that contains these categories as place holders for future updates.
  - **Keep in mind that, as part of the evaluation for promotion, your CV will be reviewed by individuals outside your direct field.** Avoid using abbreviations, acronyms and jargon that are not generally known (e.g., names of professional societies).
  - **Include page numbers on the CV** for easy reference by reviewers.

**The Faculty of Medicine at Harvard University**  
**Instructions for the Curriculum Vitae**

**Date Prepared:**

**Name:**

- Former/alternative names can also be listed here (e.g., née Simmons)

**Office Address:**

- List the worksite where you spend the majority of your time

**Home Address:**

**Work Phone:**

**Work E-Mail:**

**Education:**

- List all degree programs beginning with college; may also include courses of study at institutions of higher learning of at least one year in duration. Only include actual degrees, not the US equivalents.
- Include the name(s) of research advisor(s)/mentor(s), as applicable.
- You may list intensive, often competitively awarded professional development programs, which tend to be a year in length or full-time for more than 2 weeks.
  - Shorter and/or less intensive educational experiences, programs, or courses may be described in the Narrative Report.

**Example**

Month/Year(s)	Degree (Honors)	Fields of Study (Thesis advisor for doctoral research degrees)	Institution Location
05/2005	PhD	Microbiology (Advisor: Arun Bhattacharya)	University of Chicago Chicago, IL
05/2007	MD	Medicine	Stanford University Stanford, CA
06/2019-08/2019		Program in Clinical Effectiveness	Harvard T.H. Chan School of Public Health

### Postdoctoral Training:

- *Include internships, residencies, and clinical and research fellowships.*
  - *Include the name(s) of research advisor(s)/mentor(s), as applicable.*
- **Report Chief Resident positions here.**

### Example

Month/Year(s)	Title	Specialty/Department (Primary mentor/PI, if relevant)	Institution Location
07/99-06/04	Resident	Surgery	Cleveland Clinic Cleveland, Ohio
07/05-12/10	Postdoctoral Fellow	Neuroscience (PI: Xie Wang)	Boston Children's Hospital Boston, MA
07/13-6/14	Chief Resident	Psychosomatic Medicine	Mt. Auburn Hospital Boston, MA

### Faculty Academic Appointments:

- *Include appointments conferred by Harvard or another academic institution, e.g., Instructor, Assistant Professor, Associate Professor, Professor, Endowed Associate or Full Professor, and Lecturer.*
  - *For current appointments at other academic institutions, indicate whether or not the appointment confers voting privileges.*
  - **Also include formal affiliate titles with other Harvard schools and departments.**
- Do not include:
  - *Title of appointment for which you are being considered*
  - *Hospital titles or administrative titles (reported under Appointments at Hospitals/Affiliated Institutions or Major Administrative Leadership Positions)*
  - *Named hospital chair titles (reported under Appointments at Hospitals/Affiliated Institutions)*
  - *Titles related to a fellowship, e.g., clinical fellow, research fellow, resident (reported under Postdoctoral Training)*

### Example

Year(s)	Academic Title	Department	Academic Institution
2014-	Instructor	Psychiatry	Harvard Medical School
2019-	Adjunct Faculty	Medicine	Boston University School of Medicine (non-voting)
2020-	Affiliated Faculty	Microbiology	Harvard Medical School

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### Appointments at Hospitals/Affiliated Institutions:

- *List all appointments held at hospitals, clinical sites, and other institutions, whether or not affiliated with Harvard. Note: Every Harvard faculty member based at a hospital should have a hospital title to list in this section.*
- *List any named hospital chair titles*
- *Include formal affiliations with research institutions such as the Broad Institute or Ariadne Labs*
- *Do not include hospital leadership positions, such as Division Chief (reported under Major Administrative Leadership Positions).*

### Example

Year(s)	Position Title	Department (Division, if applicable)	Institution
2004-	Assistant Physician	Medicine (Rheumatology)	Beth Israel Deaconess Medical Center (BIDMC)
2011-2013	Courtesy Staff	Internal Medicine	BIDMC-Milton
2019-	Core Institute Member		Broad Institute

### Faculty Membership in Harvard Initiatives, Programs, Centers, and Institutes

- *List membership in Harvard-sponsored programs and initiatives such as graduate training programs (e.g., Program in Neuroscience), peer-to-peer educational programs like the HMS Academy or Harvard Macy Institute, as well as research collaboratives.*

### Example

Year(s)	Position Title	Program	Institution
2004-	Member	The Academy	Harvard Medical School
2013-	Macy Scholar		Harvard Macy Institute
2019-	Faculty Member	PhD Program in Biological and Biomedical Sciences	Harvard Medical School
2021-	Faculty Member	Center for Brain Science	Harvard University

### Other Professional Positions:

- *List current and past positions including consultant positions, membership on scientific advisory boards for industry or other organizations such as foundations, speakers' bureaus, and any roles in private for-profit and not-for-profit companies.*
- *List outside work experience since obtaining your college degree (paid or unpaid), describe any gaps in education and/or service, and include all current professional roles not described elsewhere in the CV.*

- List any past or current private practice clinical roles here (also list them under Clinical Practice Activities later in the CV).
- Do not include Visiting Professorships (reported under Invited Presentations) or administrative leadership roles (reported under Major Administrative Leadership Positions).
- Do not include positions at Harvard or Harvard-affiliated hospitals or institutions (reported under Appointments at Hospitals/Affiliated Institutions or Faculty Membership in Harvard Initiatives, Programs, Centers and Institutes).

**Example**

Year(s)	Position Title	Institution	Level of effort (current roles only)
1996-1998	Research Scientist II	Amgen, Inc.	
2017-	Scientific Advisory Board	Merck Pharmaceuticals	4 days per year

**Major Administrative Leadership Positions:**

- Group positions according to the following categories: Local, Regional, National, and International (See general instructions for description of local, regional, national, and international categories)
- Includes educational, clinical, research and general administrative leadership positions.
- Examples: Course Director or Co-Director; Clerkship, Residency or Fellowship Director; HMS Advisory Dean; Director or Associate Director of a clinic or clinical service at your institution; Director of a research center; Division Chief; Director of Faculty Development in your department; conference organizer (if not through a professional society or lay organization).
- Do not include leadership roles in professional societies, on grant review or other committees, or in lay organizations, as these are reported in subsequent sections.
- Ordinarily, only faculty-level positions are reported in this section

**Example**

**Local**

Year(s)	Position Title	Institution (note if specific department)
2007-	Director, Interventional Cardiology Fellowship	Massachusetts General Hospital

**National**

Year(s)	Position Title	Organization Location
2019	Conference Co-Organizer, “Ubiquitin Biology”	Keystone Symposia Snowbird, Utah

## Committee Service:

- *Group positions according to the following categories: Local, Regional, National, and International*
- *Includes educational, clinical, research, and administrative committees, thesis committees for non-Harvard students, Institutional Review Board committees, and faculty search committees.*
  - *Note: Service on **local** Dissertation Advisory Committees (DAC), Preliminary Qualifying Exam (PQE) Committees, Thesis Advisory/Defense Committees, or other trainee evaluation committees should be listed in the section for Formally Mentored Harvard Medical, Dental and Graduate Students, located under the Report of Local Teaching and Training.*
- *Do not include membership on committees of professional societies, grant review committees or committees of lay organizations, as these are reported in subsequent sections.*

## Example

### Local

Year(s)	Name of Committee	Institution/Organization
	Dates of Role(s)	Title of Role(s)
1995-2005	Admissions Committee	Harvard Medical School
	2002-2005	Chair, Subcommittee I

## Professional Societies:

- *List the name of any regional, national, or international professional organization or society in which you were either a member **or participated in an associated activity** (either past or present)*
- *Under each professional society, also indicate any roles on committees, leadership positions, or other activities and the years in which those roles occurred.*

## Example

Year(s)	Society Name	
	Dates of Role(s)	Title of Role(s)
2010-	Society of General Internal Medicine	
	2014-2017	Member, Abstract Selection Committee
	2016-2017	Chair, Abstract Selection Committee

## Grant Review Activities:

- *For each committee on which you have served or other grant review activity in which you have participated indicate the following:*
  - *On the first line, indicate year(s) in which you served and the name of the organization for which the activity was performed (e.g., NIH); for committees, also indicate the committee name and whether committee membership was **permanent or ad hoc**, **if applicable**.*

- Under each committee or activity, also indicate any specific leadership roles (e.g., chair) and the year(s) in which you served in those roles.

### Example

Year(s)	Name of Committee	Institution/Organization
	Dates of Role(s)	Title of Role(s)
2010-2017	Molecular Neurogenetics Study Section	NIH
	2010-2012	Ad hoc Member
	2013-2017	Permanent Member

### Editorial Activities:

Report in the following two categories:

- **Ad hoc Reviewer**

- List journals for which you have served as a reviewer.

### Example

Journals for which you serve as a reviewer

*New England Journal of Medicine*  
*Nature Genetics*

- **Other Editorial Roles**

- Examples of roles include editor (including substantial editorial roles that involve writing or presentation of the subject material), editorial board member, guest/section editor, consultant in area of expertise such as biostatistics, or editor or co-editor of a book. If an editorial role goes well above and beyond what is typical, please add a second line noting level of effort and/or and special aspects of the role.
  - For books that you both co-wrote and co-edited, please list editorial contributions in this section and separately list any chapters you authored in the Report of Scholarship section of the CV.

### Example

Year(s)	Role	Journal/Publication Title
2015-	Editorial Board Member	<i>Journal of Clinical Oncology</i>
2016	Co-Editor	Smith LP & Johnson WJ, Eds. <u>Intracranial Hemorrhage</u> 1 <sup>st</sup> Edition, Springer, Philadelphia, PA

## Honors and Prizes:

- List awards for teaching, research, clinical and other academic contributions from college onward.
- Some types of funded awards should be included here, such as pre-doctoral awards, NIH Loan Repayment Awards, non-competitive departmental training awards (e.g., some T32 and K12 awards), and travel awards
- Do not include grants to fund research projects, career development awards, or popular press designations such as Boston Magazine’s best doctors, or inclusion in “Who’s Who,” which are reported in other sections.
- Do not include awards or honors given to your trainees or subordinates, as these awards should be listed in the section for Mentored Trainees and Faculty.

### Example

Year	Name of Honor/Prize	Awarding Organization	Achievement for which awarded (if unclear from award title)
2012	Janeway Award	Boston Children’s Hospital	Teaching

## Report of Funded and Unfunded Projects

- Group into categories: Past, Current, and Submitted. For past and current grants, list projects according to the year when funding began. Once a project has ended, please move it to Past Funded Projects.
- Most grants listed should be from the time period **after you completed training**. Funding received while a postdoctoral trainee may be listed **only if the award was to you as an individual, i.e., not an institutional award**.
- Pre-doctoral awards, NIH Loan Repayment Awards, as well as non-competitive departmental training awards (e.g., T32\*, K12), should be listed in the section for **Honors and Prizes**.
  - \*T32 awards that were the result of a **competitive local selection process, requiring submission of an individual research proposal, may be listed in the funding section**
- Grants where you served as a **faculty trainer or primary mentor** should be listed in a separate section below titled “Training Grants and Mentored Trainee Grants.”
- If a grant has been funded continuously for multiple cycles, list it as a single entry noting the number of cycles.
- If reporting on a portion/sub-award of a larger institutional federal grant, list the local funding distributor as the sponsor, not the overall federal grant.
  - e.g., if awarded a KL2/CMeRIT Medical Research Investigator Training Award from Harvard Catalyst, list Harvard Catalyst as the granting agency, not the larger institutional KL2 award from the NIH.

- For each grant, provide the following information:
  - **Year(s) funded**
    - Give the year(s) of the award including the end date for the current funding cycle. If a project is a clinical trial and the end date is based upon completion of enrollment, report as such (e.g., 2002-completion of enrollment). If a project continues past the initial end date due to a no cost extension, please add NCE and the relevant time period under the original dates.
  - **Title of the grant**
  - **Funding source/Granting agency**
    - Name of government agency and institute, if applicable (e.g., DOD, AHRQ, CDC, NIH/NHLBI), name of company, foundation, professional society or local institution (e.g., hospital, HMS) awarding the grant.
  - **Grant type and grant number**
    - If applicable, include grant number and codes for grant type and agency (e.g., R01 HDxxxxx).
    - For all clinical trials, provide the 8-digit national clinical trial number (NCT) available through ClinicalTrials.gov.
    - Grant type examples (list below not meant to be comprehensive):
      - For government funding: individual investigator-initiated grant, mentored training grant, transition to independence grant, institutional training grant, mid-career mentoring award, program project, contract, cooperative agreement, or conference development.
      - For industry funding: individual research project, pilot study, phase 1, 2 or 3 drug trial; **note if the project was investigator-initiated.**
      - For foundation, professional society or local institutional funding: career development, research, educational or clinical project; for example, a 50th anniversary/Shore award would be considered a career development award.
  - **Official role on project**
    - Provide your official title on the grant. Examples include: PI, Multi-PI, Site PI, Project PI on a program project, Co-Investigator, Consultant, Mentor, or other key personnel role.
      - If you are not the PI, provide their name.
      - List the name(s) of all additional MPI or Co-PI collaborators; if Site PI or Project PI, list the name of the overall PI.
    - Do not list grants on which you are not specifically included as a named investigator/collaborator, including those projects or trials for which your sole role is contribution of patients.

- For current grants on which you are PI, Multi-PI, Site PI, or PI of a project as part of a program project grant, include financial award information for **the entire funding period (all years)**.

- PIs should report total direct costs for the award.
- If Multi-PI, Site-PI, Project PI, or Sub-Contract PI, only report direct costs for your portion of the award, not the overall grant.
- Do not include monetary information for grants on which you do not serve in a PI-type role.
- The reporting of total direct costs for past grants on which you had a PI-type role is optional.
- If a grant has been funded continuously for multiple cycles, financial information is only needed for the current funding cycle. When reporting the direct costs, please note the year in which the current funding cycle began.

- **Description of the major goals of the study and your contributions to the project (limit to 2 sentences)**

- Description should emphasize intellectual contributions.
- For multicenter trials indicate any roles in the overall project (e.g., member or chair of the steering committee, member or leader of paper writing groups).

### Example

#### Current:

Year(s)	Grant title
	Funding Agency, Grant type and Grant number
	Official role on Project (if PI, Multi-PI, Site PI or Project PI, list total direct costs)
	Description of the major goals (limit to 1-2 sentences)
2012-2022	Protective CD8(+) T cell roles in malaria NIH R01 AI47551 (2 <sup>nd</sup> competitive renewal) PI (\$1,250,000 - total direct costs for current funding cycle beginning in 2011) This project seeks to characterize further the protective role of CD8(+) cells in pre-erythrocytic stage malaria
2016-2020 NCE 2020-2021	Magnetic resonance imaging of the brain in diabetes mellitus NCCAM/R01 1234567A Co-Investigator (PI: John Q. Public) The major goal of the study is to use magnetic resonance imaging to determine the effect of changes to the cerebrum in diabetes mellitus.
2020- completion of enrollment	A Randomized Open-Label Phase II Multi-Institutional Study Evaluating the Efficiency of Oral Everolimus Novartis (DF/HCC #11-375); NCT00975474 Multi-PI (Other PI: J. Daniel); \$176,244 – Investigator Initiated The objective of this study is to evaluate the efficiency of a novel somatostatin analog in patients with advanced pancreatic NET.

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## Projects Submitted for Funding:

- *Include grant type, submission date, role on project, funding source, requested costs, grant title, and description of the goals of the study as noted for the section on Funded Projects.*
- *If already scored, include the score. If not yet scored, include expected review date if known.*

### Example

Status	Grant title
	Funding Agency and Grant type
	Role on Project (if in PI role, list requested direct costs)
	Description of the major goals (limit to 1-2 sentences) Include preliminary scores or review date if known
Pending; Submitted 06/2021	Consequences of Aging on Immune Response and Transplant Outcome National Institute of Health/The National Institute of Aging R01 PI – Direct Costs Requested - \$1,250,000 This grant proposes to investigate the effects of donor and recipient age on outcome of solid organ allografts in mice, focusing on the impact of donor age on transplant outcomes, recipient age-dependent immune responses, and age-specific responses to immunosuppressants. SRG Action: Impact/Priority Score: 20, Percentile: 9

## Training Grants and Mentored Trainee Grants:

- *This section denotes contributions to mentorship and grant authorship when funding is not directly supporting the faculty member.*
- *Include grant type, role on project, funding source, grant title, and description of the goals of the training grant as noted for the section on Funded Projects.*
- *You may list grants of your mentees when you are a named grant mentor (e.g. K awards).*
- *Descriptions of your mentees and their accomplishments should be listed under Mentored Trainees and Faculty.*
- **Do not include: grants on which you were a trainee.**

### Example

Year(s)	Grant title
	Funding Agency and Grant type
	Role on Project (e.g. Mentor or Faculty Member)
	Description of the major goals (limit to 1-2 sentences)
2011-2014	Acetaminophen, inflammatory markers, and asthma Robert Schumann Foundation Fellowship Mentor of Joan Washington The major goal is to determine the associations between acetaminophen use, inflammatory markers and acute asthma in emergency department patients.

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Year(s)	Grant title
	Funding Agency and Grant type
	Role on Project (e.g. Mentor or Faculty Member)
	Description of the major goals (limit to 1-2 sentences)

2016-2019      Clinical epidemiology of lung diseases  
NIH 2 T32 HL007179- 01A1  
Faculty  
The major goal is to train research fellows on the clinical epidemiology of lung disease. My role is to mentor trainees with an interest in asthma/COPD exacerbations or in the relationship between nutritional factors and respiratory/allergy diseases.

**Unfunded Current Projects:**

- *List current activities to which you are devoting substantial effort, including studies for which your sole role is the contribution of patients.*
- *Do not include past unfunded projects that have ended, or any information on projects already described in the above sections.*

**Example**

Year(s)	Title of Project
	Role
	One sentence description of the purpose of the project

2011-            Pilot study of the association of the OSCE with performance on Medical Board examinations  
Mentor  
I am supervising an Academy fellow in evaluating the association between OSCE performance and Part I of the Medical Board examinations.

**Report of Local Teaching and Training**

The minimum teaching requirement for all HMS faculty is **50 hours per year**. Time spent teaching Harvard learners (students/residents/fellows/post-docs/colleagues) should be documented within this section of the CV. In all teaching sections for which level of effort is requested, report time spent (in hours per week, month, or year) in direct contact with learners.

Do not include: time spent in preparation for teaching, teaching done while you were a trainee, or non-local teaching. For example, while at HMS, teaching outside of the Harvard system is considered regional/national/international and reported in that section of the CV.

**Teaching of Students in Courses:**

- *List each course in which you have taught medical, dental, graduate or undergraduate students at your local institution.*
  - *Teaching conducted outside of the Harvard system through any institution where you have an academic affiliation (e.g., Adjunct Professor or Lecturer), is considered local and*

should be listed in this section. However, please note that off-site teaching that is not part of a Harvard-affiliated program does not count toward your minimum Harvard teaching requirement.

- This section should include courses affiliated with any Harvard school or affiliate, including any HMS/HSDM courses, as well as other Harvard University courses (e.g., Harvard T. H. Chan School, Harvard Kennedy School, Harvard Extension School, FAS undergraduate students or GSAS graduate students not based at HMS).
- Do not include:
  - Leadership roles in courses (e.g., Course Director), which should be reported under Major Administrative Leadership Positions.
  - Teaching of medical or dental students in clinical rotations, which is reported under Clinical Supervisory and Training Responsibilities.
- Group together if course contributions are repeated over multiple years.

### Example

Year(s)	Course Title	Location
	Type of student/audience	Level of Effort
2006-	The Human Body 1 <sup>st</sup> year medical students	HMS 3-hr sessions per wk for 8 wks

### Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs):

- Include local presentations in lecture and seminar series directed primarily toward residents, fellows and other postdoctoral trainees.
- Group if contributions are repeated over multiple years.

### Example

Year(s)	Title	Location
	Type of trainee/audience	Level of Effort
2016-2017	Management of cholelithiasis 1 <sup>st</sup> year surgery residents	BIDMC One hour lecture

### Clinical Supervisory and Training Responsibilities:

- Describe your level of effort in supervisory, training, and **career advising** responsibilities for medical students, dental students, residents, fellows, and faculty in the clinical setting.
- Group if contributions are repeated over multiple years.
- Do not include leadership roles (e.g., Seminar Director, Residency or Fellowship Director), which should be reported under Major Administrative Leadership Positions.

- Do not include the names and accomplishments of your trainees, as that is noted below under *Mentored Trainees and Faculty*.

**Example**

Year(s)	Type of responsibility	Location
	Type of trainee/audience	Level of Effort
2012-	Ambulatory Congenital Heart Disease Clinic Preceptor Pediatric cardiology fellows	Boston Children’s Hospital 4 hours/week

**Research Supervisory and Training Responsibilities:**

- Describe your level of effort in supervisory, training, and **career advising** responsibilities for medical, dental and graduate students, research fellows, faculty, and other trainees in non-clinical settings (e.g., teaching or training of lab techniques and protocols to trainees; supervision of clinical or educational research or quality-improvement projects; statistical training given to peer faculty).
- Group if contributions are repeated in multiple years.
- Do not include supervision or training of **technicians** unless that supervision resulted in significant career development, e.g., technician received advanced degree, promotion, or authorship on scholarly work as a result of your supervision.
- Do not include the names and accomplishments of your trainees, as that is noted below under *Mentored Trainees and Faculty*.

**Example**

Year(s)	Type of responsibility	Location
	Type of trainee/audience	Level of Effort
2013-	Supervision of post-doctoral research fellows (average of 1-2 fellows per year)	Massachusetts Eye and Ear One hour lab meeting per week; 1:1 supervision one hour per week per fellow

**Formally Mentored Harvard Students (Medical, Dental, Graduate, **and Undergraduate**):**

- Note students who have worked with you on their scholarly project, master’s thesis, or dissertation. For each mentored student, note the students’ names, the years in which they worked with you, the titles of their projects, the outcomes of their work, and any scholarship or presentations resulting from the project.
- Include the names of Harvard students on whose Dissertation Advisory Committee (DAC), Preliminary Qualifying Exam (PQE) Committee, and/or Thesis Advisory/Defense Committee you have served as a member.
  - If you have served on a large number of local DAC, PQE or Thesis committees, it can be helpful to group the students into categories based on the type of committee service.

## Example

Year(s)	Name, Program
	Briefly describe the accomplishments of your mentee as a direct result of your mentorship.
2019-	Susanna Wright, HMS Class of 2024 Currently conducting thesis research in my laboratory. Presented a poster titled "Plasticity of specific inhibitory inputs in the auditory cortex" at the 2021 Society for Neuroscience conference.

## Other Mentored Trainees and Faculty:

- *If there are no entries in the student category above, remove the word "other".*
- *Individuals reported in this section should be those mentored in a research, teaching, or clinical setting other than those described in the section above. List only those trainees or faculty on whose careers you have had a significant impact.*
  - *For training directors and other clinical mentors, it is expected that only selected trainees will meet this criterion.*
    - *Do not include individuals whose sole contact with you has been for limited clinical teaching and supervision.*
    - *For clinical mentorship, the mentorship might have resulted in a quality improvement project, guideline development, or novel clinical program.*
  - *For research, the mentorship will most often have resulted in writing an abstract, a grant application, or a publication with the trainee or faculty member.*
    - *Do not include the names of technicians or research assistants you have supervised unless that supervision resulted in significant career development, e.g., technician pursued advanced degree, received promotion, or earned authorship on scholarly work as a result of your supervision.*
  - *For teaching and medical education, the mentorship might have resulted in improved teaching skills, achievements such as a teaching award, workshop presentation, curriculum development, or a new teaching role.*
  - ***If asked, the individuals listed would be expected to endorse that you have been their mentor.***
- *The mentor may have been instrumental in the career path selected by the mentee based upon prolonged career discussions. However, do not list individuals for whom you have only provided occasional general career advice; such activities can be accounted for in the sections above for clinical or research training activities.*
- *Dates refer to a period of mentorship; end dates should be indicated for individuals who are no longer mentees.*

## Example

Year(s)	Name and degree(s) / Current position, Institution
	Note the mentee's career stage during the mentorship period and your mentoring role. Briefly describe the accomplishments of your mentee as a direct result of your mentorship.
2008-2013	Mary Jones, MD, MPH / Assistant Professor of Preventive Medicine, Northwestern University <i>Career stage:</i> resident, fellow. <i>Mentoring role:</i> research advisor. <i>Accomplishments:</i> multiple first-authored scholarship of mentored research; MPH at HSPH.
2019-	Mario G. Woodruff, MD / Radiology fellow, MGH <i>Career stage:</i> fellow. <i>Mentoring role:</i> fellowship mentor <i>Accomplishments:</i> new quality improvement protocol; presented poster at Radiological Society of North America

## Formal Teaching of Peers (e.g., CME and other continuing education courses):

- *This section should include:*

- *Teaching in all Harvard-sponsored continuing education courses, even if the location of the program is outside Boston. Courses may be organized by a Harvard-affiliated department/institution and often present a comprehensive review of a clinical/ research area.*
- *Teaching in CME courses organized by another institution during the time that your primary appointment was at that institution.*
- *Teaching in courses or modules sponsored by the HMS Office of External Education.*

- *Do not include:*

- *Teaching in courses for professional societies or at national meetings or courses at other institutions or invited by outside CME vendors for which you were an invited participant (report under Regional, National, or International Presentations as appropriate).*
- *Presentations at local grand rounds or conference series even if CME credit is granted (report under Local Invited Presentations).*
- *Leadership roles in courses, such as course director (reported under Major Administrative Leadership Positions).*

- *Please select **either** "No presentations below were sponsored by 3<sup>rd</sup> parties/outside entities" or "Those presentations below sponsored by 3<sup>rd</sup> parties/outside entities are so noted and the sponsor(s) is (are) identified." For those presentations sponsored by entities other than the stated host, (e.g., an industry sponsor for a talk at an academic medical center), include the name of the sponsor in parentheses after the course name.*

- *Group if course contributions are repeated over an expanse of multiple years.*

## Example

### Formal Teaching of Peers:

*No presentations below were sponsored by 3<sup>rd</sup> parties/outside entities.*

Year(s)	Title(s) or topic(s) of talks Course Name (Sponsor, if any)	Number of talks in a single course Location(s) (city or country)
2008	Cardiovascular Disease Update Harvard Medical School CME	Single presentation Chicago
2012	Managing Arrhythmias in the Outpatient Setting Harvard Medical School	Lecture CME Online
2018	Healthcare in the Global Market Harvard Medical School External Education	Four-part online module 4 hours

### Local Invited Presentations:

- *Include presentations directed at a broad audience including peers and other faculty members (e.g., grand rounds; departmental seminars), at or arranged by Harvard and its affiliated institutions or organizations, or at other institutions during the time of your appointment there.*
- *Do not include:*
  - *Talks delivered in the setting of formal courses (report under Teaching of Students in Courses), presentations primarily intended for the education of Harvard trainees (report under Formal Teaching of Residents, Clinical Fellows and Research Fellows) or teaching in Harvard-sponsored Continuing Education Courses (report under Formal Teaching of Peers)*
  - *Presentations to lay audiences (report under Education of Patients and Service to the Community)*
  - *Invitations to speak by institutions in Boston but outside Harvard (report under Regional Presentations)*
  - **Poster presentations** for which there was no platform presentation
- **Please select either "No presentations below were sponsored by 3<sup>rd</sup> parties/outside entities" or "Those presentations below sponsored by 3<sup>rd</sup> parties/outside entities are so noted and the sponsor(s) is (are) identified." For those presentations sponsored by entities other than the stated host, (e.g., an industry sponsor for a talk at an academic medical center), include the name of the sponsor in parentheses after the course name.**

## Example

### Local Invited Presentations:

Those presentations below sponsored by 3<sup>rd</sup> parties/outside entities are so noted and the sponsor is identified.

Year(s)	Title of presentation / Type of presentation Department and Institution where presented (Sponsor, if any)
2003	Cardiovascular Disease Update / Grand Rounds Department of Medicine, BWH
2018	Treatments for Asthma in Children: Update/ Lunchtime Speaker Series Harvard Vanguard Medical Associates (Novartis)

### Report of Regional, National and International Invited Teaching and Presentations

- List chronologically by year within each of the following categories: Regional, National, and International (see general instructions, page 1, for description of categories.)
- Examples include oral research seminars (including those selected as an oral abstract), grand rounds, visiting professorships, invited lectures, plenary talks, moderating a session in a professional society course or meeting, serving on a panel, and invitations to teach clinical or research procedures to faculty or trainees at other institutions.
- Do not include:
  - Presentations to lay audiences (reported under Education of Patients and Service to the Community)
  - Talks delivered in the setting of a Harvard organized/sponsored course at a location outside Boston (reported under Local Invited Presentations)
  - **Poster presentations** or abstracts for which there was no platform presentation
  - Leadership roles in planning or organizing meetings, courses, or conferences (e.g., Course Director), as these should be reported in the section on Major Administrative Leadership Positions or Professional Societies
  - Talks delivered by trainees or collaborators
- If you delivered an oral presentation as the result of a selected abstract, please label the entry as **(selected oral abstract)**, as indicated in the example below. Alternatively, group abstract presentations separately from other invited presentations under the subheadings of Regional, National, or International categories.
- Please select **either** "No presentations below were sponsored by 3<sup>rd</sup> parties/outside entities" **or** "Those presentations below sponsored by 3<sup>rd</sup> parties/outside entities are so noted and the sponsor(s) is (are) identified." For those presentations sponsored by entities other than the stated host, (e.g., an industry sponsor for a talk at an academic medical center), include the name of the sponsor in parentheses after the course name.

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## Example

### Report of Regional, National and International Invited Teaching and Presentations

Those presentations below sponsored by 3<sup>rd</sup> parties/outside entities are so noted and the sponsors are identified.

#### Regional:

Year(s)	Title of presentation or name of course / Type of presentation/role(s) (note if presentation was the result of a selected abstract)
	Location (Sponsor, if any)
2020	Autism Spectrum Disorders / Plenary Session Massachusetts Psychiatric Association (Pfizer) Boston, MA

#### National:

Year(s)	Title of presentation or name of course / Type of presentation/role(s) (note if presentation was the result of a selected abstract)
	Location (Sponsor, if any)
2013	Total Ankle Arthroplasty (CME course) / invited presentation American Association of Orthopedic Surgeons San Diego, CA
2017	Reduction of emergency room visits for asthmatic children with multifactorial home interventions (Selected Oral Abstract) American Academy of Pediatrics Annual Meeting, Orlando, FL
2018	Moderator, Fiber optic Laryngoscopy Hands On Session American Association of Endocrine Surgeons Annual meeting Boston, MA

### Report of Clinical Activities and Innovations

#### **Past and Current Licensure and Board Certification:**

#### Example

Year	Type of License or Certification
2003, 2013	Certification, American Board of Radiology
2004	Massachusetts Medical License

#### Practice Activities:

- List all recent and current clinical activities, both those at Harvard and its affiliates and those outside Harvard, **from the time since your first faculty appointment**. For each indicate:

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- *The discipline in which you practice*
- *Type of activity (e.g., ambulatory practice, inpatient or ICU attending, surgery, interventional cardiology)*
- *Name and location of practice (e.g., Harvard Vanguard Medical Associates, Wellesley site; Brigham Primary Care, Faulkner Hospital; Dimock Community Health Center, Roxbury)*
- *Level of activity (e.g., sessions, days or hours per week or month; weeks or months per year; days/week in the operating room)*

### Example

Year(s)	Type of activity	Name and location of practice	Level of activity
2003-2015	Psychiatry private practice	Wellesley, MA	4-5 hours/week (40 weeks/year)
2005-	Cardiology inpatient consultation	BID-Needham	50 hours/week (4 weeks/year)
2017-	Outpatient GI clinic	Brigham and Women's Hospital	Two 4-hour sessions per week (50 weeks/year)

- *If you have no current clinical activities but have practiced in the past, you may provide a brief (1-4 sentences) description of those prior activities.*

### Clinical Innovations:

- *List innovations in clinical care which may include: novel approaches to diagnosis, treatment or prevention of disease; development and application of technology to clinical care; quality improvement initiatives; development of models of care delivery; programmatic innovations; and/or generation of clinical guidelines.*
- ***This is a key section for candidates being evaluated for promotion with an Area of Excellence of Clinical Expertise and Innovation.***

### Example

Name/location of clinical innovation; (year(s) of activity)	Describe the influence or potential influence of the innovation on clinical care or practice management, including how the innovation is used or has been implemented locally (at HMS), regionally, nationally, or internationally; if developed as a member of a team or committee, describe your contribution. (~1-3 sentences)
Electronic medical record (EMR) QA improvement system at Martha Elliot Health Center (2010)	This EMR modification has improved practice in three clinical areas (documenting patient allergies; confirming follow up on abnormal pap smears; scheduling childhood immunizations). These outcomes were reported at the American Family Practice Society meeting and I have been invited to discuss this system with Harvard Pilgrim Health Care.

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Developed innovative surgical approach for cecostomy placement for antegrade enemas to treat fecal incontinence or refractory constipation (2010-2015)

Combined laparoscopic-colonoscopy cecostomy placement is minimally invasive, decreases morbidity compared to other techniques, reduces length of stay, and is safe and effective. My success in children has led to regional referrals of adult patients for this procedure. This technique has been adopted by the American Pediatric Surgical Association and was included in their recently published guidelines (see references 27 and 29 below).

Clinical development of telotristat for carcinoid syndrome (2017- )

I conceived and led the first clinical study of telotristat, a novel serotonin inhibitor, in patients with carcinoid syndrome. Based on the encouraging results of our initial study, I led an international, placebo-controlled registration study which confirmed the activity of telotristat in carcinoid syndrome. FDA review of telotristat for the treatment of carcinoid syndrome is anticipated in 2019.

### **Report of Teaching and Education Innovations**

- *List innovations in teaching and education which may include: novel approaches to curriculum delivery; novel curricular materials (in any media); programmatic innovations in teaching; development of training or mentorship programs; or any other area of teaching.*
- ***This is a key section for candidates being evaluated for promotion with an Area of Excellence of Teaching and Educational Leadership.***

### **Example**

Teaching/education innovation; (year(s) of activity)	Describe the influence or potential influence of the innovation on education or teaching, including how the material is used locally (at HMS), regionally, nationally, or internationally; if developed as a member of a team, describe your contribution. (~1-3 sentences)
Performance: The Z Score system (2001-2005)	Quarterly clinical performance reports are created for each resident and are used to identify performance issues which then result in faculty-supervised plans for improvement. Reports contain Z scores, Competency flag density, written comments, statistical assessment of performance as compared to peers, and faculty confidence in allowing a resident to act in an unsupervised fashion. This assessment has been published in <i>Academic Medicine</i> (see Ref.13) and has been adopted at five institutions in the New England area.
Creation of a video conferencing lecture series for fellows in MGH Neurology (2016-present)	In response to a survey of fellow needs, I developed and implemented a weekly departmental video conference lecture series for clinical fellows in the Movement Disorders fellowship program. This program increased the participation of off-site fellows in group discussions by 5-fold over previous programs. Results of subsequent surveys indicated that 95% of fellows rated the conference series as “Excellent”. The format of the program has since been adopted by two other divisions within the department.

## Report of Technological and Other Scientific Innovations

- *Development of software, hardware (e.g., instrumentation and devices), and other technologic innovations (including novel applications of existing technology) that influence the conduct of research or clinical care.*

### Example

Innovation; (year(s) of activity)	Describe the influence or potential influence of the innovation on research or clinical care, including how the material is used locally (at HMS), regionally, nationally, or internationally; if developed as a member of a team, describe your contribution (1-2 sentences)
	If applicable, list information regarding any pending, awarded, and/or licensed patents.
Assay for evaluating CD-1 restricted IL-2 expressing NK-T cells (2004-2008)	As a member of the Jones lab, my colleagues and I created a two-tiered infrared detection system to evaluate IL-2 producing NK-T cells following dendritic cell stimulation. This assay has since been used/validated by multiple labs in the US and abroad.  US Patent Application, 22/555555, filed March 17, 2007 www.NKIL2proteinassay.net

## Report of Education of Patients and Service to the Community

- *Please select **either** "No activities or materials below were sponsored by 3<sup>rd</sup> parties/outside entities" or "Those activities or materials below sponsored by 3<sup>rd</sup> parties/outside entities are so noted and the sponsor(s) is (are) identified." For those presentations sponsored by entities other than the stated host, (e.g., an industry sponsor for a talk at a community center), include the name of the sponsor in parentheses after the course name.*
- *Do not include activities, scholarship, or recognition from before your graduate/medical education or those unrelated to your professional area of expertise.*

### Activities:

- *Examples include: talks to lay groups; interviews with journalists regarding health issues or biomedical science; participation in disaster relief and international healthcare activities; service on public committees related to health (e.g., town board of health); leadership of disease-based lay organizations (e.g., National Autism Association of America); or participation in pipeline programs that contribute to K-12 education and/or improve diversity.*

### Example

Year(s)	Organization or institution / Role (Sponsor, if any)
	One sentence description (optional)
2003-	Governor's Council on the Life Sciences / Committee Member Participated in the development of Life Sciences legislation for Massachusetts
2007-2014	Westbrook Community Senior Center / Clinician (Novartis) Participated in blood pressure screening and gave presentation about lifestyle changes to improve cardiac risks

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## Educational Material for Patients and the Lay Community:

- Group materials (in print or other media) into three categories under the following headings:
  - Books, articles, and presentations in other media (e.g., web-based, video, radio, podcasts)
  - Educational material or curricula developed for non-professional audiences
  - Patient educational material

### Example

Year	Title	Type of contribution (Sponsor, if any)	Citation, if any
1995	Living with Diabetes	Co-author	Patient education pamphlet, Joslin

## Recognition:

- Includes awards related to health or science from lay organizations (e.g., recognition as a “Top Doc” or listing in “Who’s Who”) and press interviews or press mentions of scholarship.

### Example

Year(s)	Name of award/recognition	Organization conferring recognition
1999	Mentor of the Year – Health Care	Girls’ Clubs of America
2004	Publicity on NEJM manuscript on palliative care	New York Times, Today Show
2017	Top Doctor (Pediatric Hematology)	Boston Magazine

## Report of Scholarship

### General instructions for scholarship:

- In general, the HMS/HSDM CV format uses the standards set forth by the International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts Submitted to Biomedical Journals. These standards are published by the United States National Library of Medicine (NLM), NIH at: [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html).
- Include only manuscripts that are **published or accepted for publication** (forthcoming) in print or other media. Do not include manuscripts that have been submitted but not accepted for publication or those that are in preparation.
  - **Exception:** Manuscripts submitted to preprint servers (e.g., bioRxiv, medRxiv, Research Square) may be listed in a separate subsection of the Report of Scholarship (see **Manuscripts Submitted to Preprint Servers**)

- Number references in each section; start each section with #1.
- Please use **bold-faced type** for your name in the authorship list.
- Use an asterisk (\*) to indicate co-first or co-senior authorship, even if your name appears either first or last in the author list. **Do not reorder the published list of authors if you are co-first or co-senior.**
- If you are co-author on a paper first-authored by your mentee, you may use two asterisks (\*\*) to denote your mentee.
- If you are using asterisks, please denote use at the top or bottom of the relevant section.
- If you have an ORCID ID or similar unique identifier, please list it at the top of the Report of Scholarship section.
- For scholarship published in a language other than English, please create a separate sub-section within the relevant larger section (e.g. “Research Investigations published in Spanish”). Please provide the English translation and be sure to indicate the original language of publication.
- **Do not shorten a list of authors by using et al.** Instead, list all authors on a citation if the total number of authors is ≤ 50. For publications with >50 authors, you may either list all authors or list a subset of authors as indicated below and in the following example. Be sure to include:
  - a. Your name and authorship position
  - b. First author or all co-first authors
  - c. Senior author or all co-senior authors
  - d. Total number of authors

### Example

Xie ZX\*, Bing-Zhi L\* ... **Feng Q** (12<sup>th</sup> of 94 authors) ...Yuan YJ. “Perfect” designer chromosome V and behavior of a ring derivative. *Science*. 2017 Mar 10;355(6329): 1049-1055.  
 (\*denotes co-first authors)

- For papers that were electronically published but are now available in print, we suggest that you use the print citation instead of the epub date. Optionally, if a PubMed Unique Identifier [[PMID](#)], digital object identifier [[doi](#)] or other ID/tag/linked information is available, you are welcome to include this information.
- Scholarly works, such as clinical consensus statements, which were simultaneously published by multiple journals, should be listed as a single entry that shows citation information for all versions.

### Example

**Lindeman NI**, Cagle PT, Beasley MB, Chitale DA, Dacic S, Giaccone G, Jenkins RB, Kwiatkowski DJ, Saldivar JS, Squire J, Thunnissen E, Ladanyi M.J Molecular testing guideline for selection of lung cancer patients for EGFR and ALK tyrosine kinase inhibitors: Guideline from the College of American Pathologists, International Association for the Study of Lung Cancer, and Association for Molecular Pathology. *J Thorac Oncol*. 2013 Jul;8(7):823-59, *J Mol Diagn*. 2013 Jul;15(4):415-53, *Arch Pathol Lab Med*. 2013 Jun;137(6):828-60.

- *When your scholarship is commented on by professional colleagues, e.g. selected for specific recognition or the subject of a letter to the editor/author's response, provide citations (indented) for that commentary immediately below the scholarship entry.*

### Example

**Mostoslavsky R**, Chua KF, Lombard DL, Pang WW, Fischer MR, Gellon L, Liu P, Mostoslavsky G, Franco S, Murphy MM, Mills KD, Patel P, Hsu J, Hong AL, Ford E, Cheng H-L, Kennedy C, Nunez N, Bronson R, Frendewey D, Auerbach W, Valenzuela D, Karow M, Hottiger MO, Hursting S, Barrett JC, Guarente L, Mulligan R, Demple B, Yancopolous GD, and Alt FW. Genomic instability and aging-like phenotype in the absence of mammalian SIRT6. *Cell*. 2006 Jan 27;124(2):315-29.

- News & Views. Vijg J and Suh Y. Chromatin unbound *Nature*. 2006 Apr 13;440(7086):874-5.
  - Preview. Rodgers JT and Puigserver P. Certainly can't live without this: SIRT6. *Cell Metabolism*. 2006 Feb;3(2):77-8.
  - Selected as "Must Read" by *The Faculty of 1000*
- *Retracted or partially retracted scholarship must be followed by "Paper retracted" with the full citation of retraction. At the end of the CV, provide "Retracted Paper Explanation" with a brief description of the circumstances.*

### Example:

Wakefield AJ, Murch SH, Anthony A, **Linnell J**, Casson DM, Malik M, Berelowitz M, Dhillon AP, Thomson MA, Harvey P, Valentine A, Davies SE, Walker-Smith JA. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*. 1998 Feb 28;351(9103):637-41. **Paper retracted.**

- Partial retraction in: Murch SH, Anthony A, Casson DH, Malik M, Berelowitz M, Dhillon AP, Thomson MA, Valentine A, Davies SE, Walker-Smith JA. *Lancet*. 2004 Mar 6;363(9411):750.
  - Retraction in: [No authors listed] Retraction--Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*. 2010 Feb 6; [375\(9713\):445](#).
- *Scholarship with multiple versions, such as updated articles, chapters, or new editions of a book, should be listed as a single entry, noting all updates in parentheses.*

### Example:

Marion DW. Diaphragmatic pacing. In: UpToDate, Basow DS (Ed), UpToDate, Waltham, MA. 2005. (Updated 2007, 2009, 2011, 2013)

## **Bibliography Outline**

Please organize your bibliography according to the following outline. Exclude categories for which you have no entries. Detailed instructions for each sub-category are provided after the outline.

### **Peer-Reviewed Scholarship in print or other media: (required sub-categories below)**

- Research Investigations
- Other peer-reviewed scholarship
- Scholarship without named authorship

### **Non-peer reviewed scholarship in print or other media: (optional sub-categories below)**

- Reviews, chapters, and editorials
- Books/textbooks for the medical or scientific community
- Case reports
- Letters to the Editor
- Other non-peer reviewed scholarship

### **Professional Educational Materials or Reports in print or other media:**

### **Local/Unpublished Clinical Guidelines and Reports:**

### **Thesis:**

### **Manuscripts Submitted to Preprint Servers (e.g. bioRxiv, medRxiv)**

### **Abstracts, Poster Presentations and Exhibits Presented at Professional Meetings:**

### **Peer-Reviewed Scholarship in print or other media:**

- *Peer review is the critical and independent assessment of manuscripts by experts that informs publication decisions. It typically involves additional people beyond a single Editor. For further information on peer review see: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/responsibilities-in-the-submission-and-peer-review-process.html>.*
- *Separate peer-reviewed scholarship into three categories under the following headings:*
  - 1. Research Investigations**
    - Full-length manuscripts that must include presentation of new data and analysis.*
    - Publications will typically include methods, results, and discussion.*
    - Systematic reviews (with or without meta-analysis) may be included here.*
  - 2. Other peer-reviewed scholarship**
    - Includes peer-reviewed review articles (including narrative reviews, scoping reviews, or other forms of literature review), peer-reviewed clinical guidelines or consensus statements, methods reports, UpToDate entries, peer-reviewed case reports or case series, clinical pathologic conference reports, peer-reviewed educational materials (e.g. MedEdPORTAL), peer-reviewed editorials, descriptions of new models,*

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*theories or programs without systematic evaluation, or full-length proceedings of meetings which have undergone a formal peer-review process.*

### 3. Scholarship without named authorship

- a. *Includes scholarship from multicenter studies on which you are not a listed author in the byline, but are formally cited in the list of investigators for the study (e.g., member of a working group or consortium), typically in the full citation on PubMed or listed in the appendix of the article. Inclusion in the acknowledgments section of a publication does not constitute authorship.*
- b. *The citation, including author order, should appear as originally published. You should not append your name to the list of the writing authors, neither should you append your name if authorship is attributed to a writing group without individuals listed. An appropriate example of citing this work is as follows:*

#### Example

1. Furlow AB, Proudnitz J, Elias DF, Xu XO, Wayne B, **The ABC Clinical Research Network\***. Quality control of measurement in multicenter clinical trials. *Am J Respir Crit Care Med*. 2005 Nov 15;356(10):1276-81 (\*member of the writing group cited in the appendix of the manuscript)

#### Non-peer reviewed scientific or medical scholarship/materials in print or other media:

- *Do not include* articles in newspapers or magazines, books published for the lay public or educational material designed for patients or pre-college students (reported under Education of Patients and Service to the Community).
- Separate materials into the following (optional) categories:
  - **Reviews, chapters, and editorials**
    - a. *Only include reviews, editorials, or other articles here that have not been peer-reviewed; otherwise, they belong in the “Other peer-reviewed scholarship” section above.*
  - **Books/Textbooks for the medical or scientific community**
    - a. *Only include books for which you were an author. Books that you edited should be reported in Other Editorial Activities.*
  - **Case reports**
  - **Letters to the Editor**
  - **Other non-peer reviewed scholarship**

#### Professional Educational Materials or Reports, in print or other media:

- *May be for college, graduate or medical/dental students, residents, clinical or research fellows and/or peers.*

- *Includes curricula, syllabi, tutorial cases, simulation or standardized patient cases, exam questions, web-based educational materials, videos, and podcasts.*
- *For each item indicate:*
  - Type of material (e.g., syllabus, teaching case)
  - If published in print or on the web, provide citation, intended audience (including course number if applicable) and brief description of how the material is used locally (at HMS), regionally, nationally, or internationally; if developed as a member of a committee, describe your contribution (1-2 sentences).

#### **Local/Unpublished Clinical Guidelines and Reports:**

- *Includes guidelines, protocols or standards for clinical care developed individually or as a member of a committee, typically designed for local/internal hospital use. Published, peer-reviewed clinical guidelines should be listed under Other Peer-Reviewed Scholarship.*
- *For each item indicate:*
  - Type of material (e.g., clinical protocol or standard of care)
  - If published in print or on the web, provide citation or link
  - Description of how the material is used locally (at HMS), regionally, nationally, or internationally; if developed as a member of a committee, describe your contribution (1-2 sentences).

#### **Thesis:**

*Provide full citation for doctoral thesis.*

#### **Manuscripts Submitted to Preprint Servers (e.g. bioRxiv, medRxiv, Research Square)**

- *List any unpublished manuscripts that were submitted to, and posted on, a preprint server within the last 3 years. Citations must include a digital object identifier (DOI), as in the example below:*
  - **Author AN, Author BT. 2019. My article title. bioRxiv doi: 10.1101/2019.12.11.123456**
- *If manuscript is accepted for publication in a journal, please remove listing from this section.*

#### **Abstracts, Poster Presentations, and Exhibits Presented at Professional Meetings:**

- *List abstracts published and exhibits presented at meetings during the **last 3 years** which have not already been published as full-length manuscripts.*
  - *If you delivered an **oral presentation** as the result of a selected abstract, please include it in the Report of Regional, National and International Invited Teaching and Presentations and do not include it here.*

- *If a co-author delivered an oral presentation as the result of a selected abstract, please list it in this section and note as “selected oral abstract presented by [co-author’s name]” in parentheses.*
- *Abstracts or exhibits that received special recognition at a meeting (e.g., juried poster presentation, meeting commendation) may be listed regardless of presentation date.*

## **Narrative Report**

*The narrative should describe your major contributions and achievements and should be clear to those outside your field. Readers should understand your career trajectory and impact. You do not need to reiterate your history of training, but the chronology of your accomplishments should be clear. You should describe the extent of your reputation and the key achievements for which you are known. If your accomplishments bridge different arenas (e.g., research and clinical care), you may wish to clarify any connections that are not readily apparent. Additionally, feel free to include any meaningful educational experiences (e.g., leadership or specialized course training) that you feel have impacted your career trajectory.*

### **General Guidelines**

- *Do not exceed two single-spaced pages; length is generally commensurate with rank (e.g. ≤ 1-page for Instructors and Assistant Professors)*
- *Can be optionally organized with subheadings for different topics*
- *Write in the first person (use “I” statements)*
- *Avoid jargon; instead, write for a broad audience*
- *Avoid or limit personal details about your family or health*
- *Update periodically to account for career growth*

### **Purpose of the Narrative**

- *Tell a cohesive story about the various aspects of your career*
- *Describe the impact of your work on the field, with an extension to how it benefits healthcare*
- *Demonstrate evidence of dissemination of your work*
- *Convey the ‘big picture’ relevance of your work to non-experts*
- *Give perspective about the importance of field-specific activities*
- *Explain events or accomplishments that don’t fit anywhere else*
- *Anticipate obvious questions about major career shifts or work gaps*
- *Emphasize your recent and future work, including work in progress*

### **Include contributions to:**

- *Your Area of Excellence, if applicable (e.g., Clinical Expertise and Innovation; Investigation; Teaching and Educational Leadership).*
- *Teaching and mentorship (if not already described under your Area of Excellence).*
- *Any Significant Supporting Activities (Administration & Institutional Service; Clinical Expertise; Education of Patients & Service to the Community; Diversity, Equity & Inclusion; Investigation; Special Merit in Education).*