



# Faculty Handbook

**August 2016**

*“An institution is not so much a producer of great  
faculty as it is the product of great faculty.”*

– Steven L. Kanter, MD

Effective Date: August 1, 2016

All material in this Faculty Handbook is intended to be consistent with all other medical school policies. In an environment as dynamic as the medical school, changes will periodically occur in the policies and procedures that apply to faculty. The current Faculty Handbook and all other medical school policies are available online.

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## Abbreviations

AAMC	Association of American Medical Colleges
ABMS	American Board of Medical Specialties
ACCME	Accreditation Council for Continuing Medical Education
ACGME	Accreditation Council for Graduate Medical Education
AMA	American Medical Association
AMA/CME	American Medical Association Council on Medical Education
FERPA	Family Educational Rights and Privacy Act of 1974
HLC	Higher Learning Commission
IACUC	Institutional Animal Care and Use Committee
IBC	Institutional Biosafety Committee
IRB	Institutional Review Board
LCME	Liaison Committee on Medical Education
MD	Doctor of Medicine degree
MS	Master of Science degree
MSPE	Medical Student Performance Evaluation
STEP	Smart Traveler Enrollment Program (of the US Department of State)
VA	Veterans Affairs
WMU	Western Michigan University

## Section I: General Information

### Message from the Dean



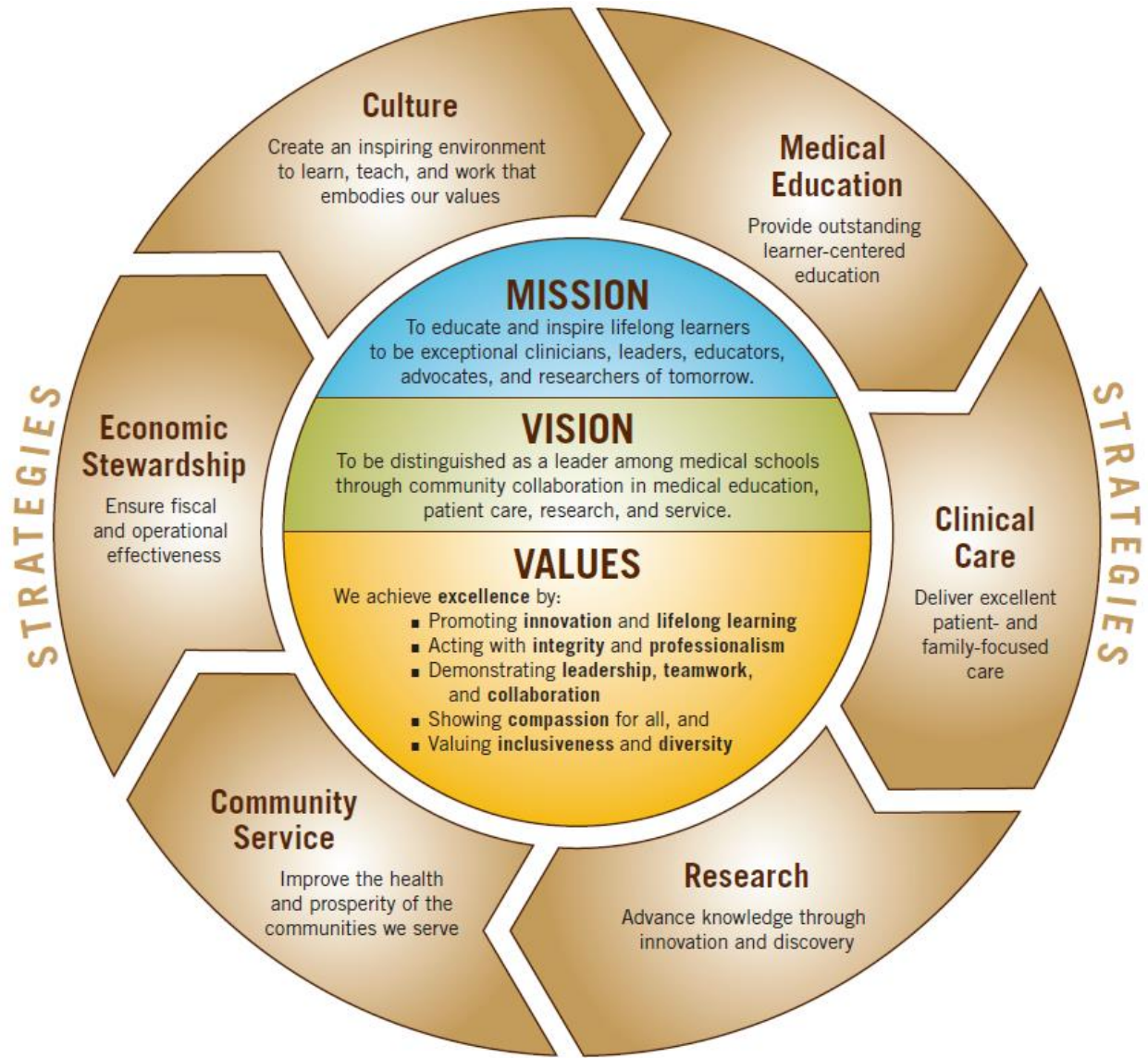
As a member of the faculty of the medical school, you assume the responsibility for guiding learners in their search for excellence in clinical care, research, and service. The mission of the medical school and the goal for each faculty member is to provide our learners with the best at every learning opportunity. Faculty serve as teachers, mentors, guides, advisors, and counselors in a collegial and supportive environment.

This Faculty Handbook serves as the faculty bylaws and also as an orientation and reference guide to the roles and responsibilities of faculty of Western Michigan University Homer Stryker M.D. School of Medicine. Each faculty member must conduct themselves at all times in accordance with the medical school Code of Professional Conduct, the Educational Pledge, the Faculty Handbook, and pertinent medical school policies. The faculty and the Office of Faculty Affairs have assembled this handbook to help faculty excel in their roles in the medical school. Any questions or comments from faculty regarding this handbook or policies should be addressed to the associate dean for Faculty Affairs.

Faculty dedication to medical education, patient care, research, and service is the very essence of the medical school.

Hal B. Jenson, MD, MBA  
Founding Dean

# Mission, Vision, Values, and Strategies





## **Accreditation Statement**

Western Michigan University Homer Stryker M.D. School of Medicine is a collaboration involving Western Michigan University and Kalamazoo's two teaching hospitals, Borgess Health and Bronson Healthcare. The medical school is incorporated as a private 501(c)(3) nonprofit corporation. The board of directors comprises representatives from Western Michigan University, Borgess Health, Bronson Healthcare, the faculty of the medical school, and the community. The medical school is supported by private gifts, clinical revenue, research activity, tuition from students, and endowment income.

The medical school is approved by the State of Michigan as a nonpublic university with authority to grant the Doctor of Medicine degree and other healthcare related degrees. The medical school is a Candidate for accreditation with the Higher Learning Commission (HLC), one of six regional institutional accreditors in the United States that accredits degree-granting post-secondary educational institutions. The medical school has been granted Accreditation, Provisional Status, by the Liaison Committee on Medical Education (LCME) for the educational program leading to the Doctor of Medicine degree. The medical school is the sponsoring institution for graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), and for continuing medical education accredited by the Accreditation Council for Continuing Medical Education (ACCME).

## **Misrepresentation**

The medical school is committed to providing clear and accurate information in writing, visually, orally, and other means so that it does not misrepresent the nature of its educational programs, financial charges, and the employability of its graduates.

## **Commitment to Diversity and Inclusiveness**

Diversity recognizes and encourages the continuous expression, development, and representation of the uniqueness of all individuals. Inclusiveness is defined as valuing diversity and fostering respect for all individuals and points of view without judgment, bias, or stereotype. The medical school is committed to fostering an environment that is inclusive, trusting, open, and draws upon the collective strength of the diversity of our students, residents, fellows, faculty, and staff. The medical school is dedicated to a culture that facilitates increased understanding and appreciation for the diverse backgrounds, inherent worth, rights, and dignity of all individuals. The medical school promotes the strength that comes from individuals working together to achieve worthy goals and strives to remove the barriers that may exist in promoting diversity and achieving a culture of inclusiveness.

The medical school is committed to being a learning and working environment that:

- Values diversity and inclusiveness as being integral to: the humanistic practice of medicine; an enriched educational environment; and a culture of

discovery and scholarship that addresses the needs of diverse communities and is engaged in meaningful community service;

- Welcomes a diverse body of students, residents, fellows, faculty, and staff from all segments of a global society to enhance the learning experiences of all learners;
- Celebrates human diversity and cultural pluralism through inclusiveness, acceptance, mutual respect, and empowerment;
- Enables all to learn, understand, and respect the cultural values, beliefs, interpersonal styles, attitudes, and behaviors of those who are different from themselves;
- Delivers excellent clinical care with equity; and
- Appreciates diversity of experiences, perspectives, ideas, contributions, talents, and goals.

### ***Notice of Nondiscrimination***

Western Michigan University Homer Stryker M.D. School of Medicine is an Equal Employment Opportunity employer. The medical school complies with all applicable federal and state laws regarding nondiscrimination with respect to students, faculty, and employees in the administration and operation of its policies and programs, activities, facilities, financial aid (loans and scholarships), and admissions. The medical school is committed to equal opportunity for all persons. All actions and decisions made by the medical school with respect to students, faculty, and employees are on the basis of individual merit, qualifications, experiences, attributes, talent, abilities, skills, background, life experiences, and other relevant criteria and without discrimination on the basis of race, ethnicity/national origin, creed, color, religion, gender, pregnancy, sexual orientation, gender identity, age, disability, veteran status, genetic or family medical information, height, weight, marital status, familial status, or any other status protected by applicable law or local ordinance.

Inquiries or complaints may be addressed to the associate dean for Administration and Finance, 1000 Oakland Drive, Kalamazoo, MI 49008-8010, 269.337.4504.

### ***Affirmative Action Statement***

Western Michigan University Homer Stryker M.D. School of Medicine is an Affirmative Action employer and complies with all applicable federal laws regarding affirmative action requirements.

Inquiries or complaints may be addressed to the associate dean for Administration and Finance, 1000 Oakland Drive, Kalamazoo, MI 49008-8010, 269.337.4504.

## Section II: Administration and Academic Departments

### Administration

The administrative organization of the medical school is shown in Figure 1.

#### A. The Dean

The dean is president and chief executive officer of Western Michigan University Homer Stryker M.D. School of Medicine, the chief academic and administrative officer of the medical school, and has direct charge of the business of the medical school subject to the general control and direction of the board of directors. The dean is responsible for all aspects of the medical school and has ultimate responsibility and oversight of educational, clinical, research, administrative, financial, and operational components of the medical school. The dean is responsible for fostering excellence and collaboration in education, healthcare delivery, research, and community service, and ensuring implementation of curricula and programs that meet or exceed all accreditation standards and regulatory requirements. The dean is supported by associate deans in each of the following areas: Educational Affairs, Graduate Medical Education, Clinical Affairs, Research, Health Equity and Community Affairs, Faculty Affairs, Student Affairs, Administration and Finance, and Planning and Performance Excellence. Assistant deans support associate deans. The dean appoints the associate and assistant deans. The associate deans, department chairs, and program chiefs report directly to the dean. The Dean's Cabinet, which is chaired by the dean, is the senior leadership of the medical school and includes all associate deans. The department chairs and program chiefs represent and are advocates for their discipline as well as for department/program faculty. The Chairs Council, which is chaired by the dean, includes all department chairs. The dean reports to the chair of the medical school board of directors.

#### B. Associate Dean for Educational Affairs

The associate dean for Educational Affairs is responsible for the central oversight and coordination of certificate and degree programs, and continuing education programs for the medical school. The associate dean for Educational Affairs collaborates with the Curriculum Committee for the program leading to the MD degree, and specific program committees for other certificates and degrees. The associate dean for Educational Affairs oversees continuing education through the assistant dean for Continuing Education and the committee for Continuing Education. The associate dean for Educational Affairs collaborates with the associate dean for Graduate Medical Education to support residencies and fellowships and for their integration with other educational programs of the medical school. The associate dean for Educational Affairs also collaborates with members of the department of Medical Education and the associate dean for Faculty Affairs to identify curriculum and program needs and to develop

solutions that support instructors by providing technical support, training, and faculty development for medical education scholarship.

The associate dean for Educational Affairs administers the grading and student advancement and graduation policies and procedures of the medical school. For the program leading to the MD degree, the associate dean for Educational Affairs works in collaboration with the Medical Student Performance Committee, and also develops the Medical Student Performance Evaluation (MSPE). For other degree programs, the associate dean for Educational Affairs works in collaboration with the specific program committee.

The Associate Dean for Educational Affairs is assisted by:

1. Assistant Dean for Foundations of Medicine

The assistant dean for Foundations of Medicine in collaboration with the subcommittee for Foundations of Medicine is responsible for oversight of the courses in the MD degree program in years 1 and 2, with the exception of the Introductory Clinical Experiences courses. The assistant dean collaborates with the course directors, discipline directors, and elective directors.

2. Assistant Dean for Clinical Applications

The assistant dean for Clinical Applications in collaboration with the subcommittee for Clinical Applications is responsible for oversight of the clerkships and electives in the MD degree program in years 3 and 4, and the Introductory Clinical Experiences courses. The assistant dean collaborates with the clerkship directors, discipline directors, and elective directors.

3. Assistant Dean for Simulation

The assistant dean for Simulation is responsible for directing the Simulation Center as a resource for the medical school and a regional resource for southwest Michigan. The assistant dean collaborates with course/clerkship directors, program directors, department chairs, and faculty to develop and implement simulation technologies into the undergraduate and graduate medical education curricula.

4. Assistant Dean for Continuing Education

The assistant dean for Continuing Education is responsible for developing and implementing continuing education programs as a regional resource for southwest Michigan. The assistant dean collaborates with department chairs.

5. Director of Educational Affairs

The director of Educational Affairs oversees staff in support of the curriculum, including the registrar role.

C. Associate Dean for Graduate Medical Education

The associate dean for Graduate Medical Education serves as the Designated Institutional Official for graduate medical education, and is responsible in collaboration with the Graduate Medical Education Committee for oversight of all graduate medical education programs at the medical school. The associate dean for Graduate Medical Education collaborates with all program directors and department chairs.

The associate dean for Graduate Medical Education is assisted by:

1. Director of Resident Affairs

D. Associate Dean for Clinical Affairs

The associate dean for Clinical Affairs is responsible for the employed/contracted faculty group practice and oversees physicians, nurses, and allied healthcare providers in the medical school clinics. This includes oversight of clinic access, scheduling, billing, quality, and quality improvement programs in the clinics – providing education for quality improvement and also facilitating scholarship in quality improvement – to ensure excellent clinical care while also providing education of medical students, residents, fellows, and other learners.

The associate dean for Clinical Affairs is assisted by:

1. Director of Health Information Management

2. Director of Nursing

E. Associate Dean for Research

The associate dean for Research is responsible for planning and overseeing the research mission of the medical school. This includes facilitating, fostering, coordinating, and developing research activities that enhance and grow laboratory, translational, clinical, and community-based research within the medical school and with affiliates based on the skills and interests of the faculty, local and national opportunities, and community needs. The associate dean for Research collaborates with the associate dean for Faculty Affairs to identify research and program needs and to develop solutions that support researchers by providing technical support, training, and faculty development for scholarship. The office of Research acts as a resource for identifying funding opportunities and advocacy of faculty and proposals, providing necessary expertise and funding

of pilot projects to encourage innovation and creativity, and provides grants and contracts administration in collaboration with accounting and finance.

The Associate Dean for Research is assisted by:

1. Assistant Dean for Research Compliance

The assistant dean for Research Compliance is responsible for establishing and maintaining systems and processes for responsible conduct of research including laboratory and biological safety, Human Research Protection Program, Institutional Animal Care and Use Committee, and Sponsored Programs Administration.

2. Assistant Dean for Investigative Medicine

The assistant dean for Investigative Medicine is responsible for facilitating basic science laboratory-based research led by faculty, and supporting involvement of residents, fellows, and students.

3. Assistant Dean for Clinical Research

The assistant dean for Clinical Research is responsible for facilitating clinical research led by faculty, and supporting involvement of residents, fellows, and students.

4. Assistant Dean for the Innovation Center

The assistant dean for the Innovation Center is responsible for facilitating entrepreneurial research and commercialization at the Innovation Center, and supporting involvement of residents, fellows, and students.

F. Associate Dean for Faculty Affairs

The associate dean for Faculty Affairs is responsible for developing and implementing faculty development programs, faculty recognition and awards, and all personnel actions related to faculty including implementing the process for faculty appointments and promotions. The associate dean for Faculty Affairs collaborates with members of the department of Medical Education, associate dean for Educational Affairs, and associate dean for Graduate Medical Education to identify curriculum and program needs and to develop solutions that support instructors by providing technical support, training, and faculty development for medical education scholarship. The associate dean for Faculty Affairs collaborates with the associate dean for Research to identify research and program needs and to develop solutions that support researchers by providing technical support, training, and faculty development for scholarship.

#### G. Associate Dean for Student Affairs

The associate dean for Student Affairs is responsible for supporting all non-academic issues related to medical and graduate students including financial aid, scholarships, career development, career counseling, assisting students with improving their learning skills and finding tutoring, student recognition, awards, welcoming and graduation events, and student interest groups. For medical students, the associate dean for Student Affairs is also responsible for the White Coat Ceremony, Medical Student Council, student organizations including Gold Humanism Honor Society and Alpha Omega Alpha Honor Society, overseeing and supporting the medical student learning communities, and residency application.

The associate dean for Student Affairs is assisted by:

1. Director of Admissions and Student Life
2. Director of Financial Aid

#### H. Associate Dean for Health Equity and Community Affairs

The associate dean for Health Equity and Community Affairs facilitates community engagement with the medical school, and is responsible for developing and supporting community-based partnerships, coalitions, and outreach programs. This includes pipeline programs for grade school, middle school, and high school students to expand recruitment of underrepresented minorities and disadvantaged students into the health professions.

The associate dean for Health Equity and Community Affairs is assisted by:

1. Director of Community Affairs

#### I. Associate Dean for Administration and Finance

The associate dean for Administration and Finance is responsible for many of the administrative support and financial operations of the medical school, and is authorized as the institutional signatory official. The associate dean for Administration and Finance works in collaboration with medical school committees that oversee specific functions including Information Technology, the Library, and Facilities.

The Associate Dean for Administration and Finance is assisted by:

1. Director of Facilities
2. Director of Information Technology

3. Library Director
4. Director of Human Resources
5. Director of Accounting and Controller

The associate dean for Administration and Finance serves as the Chief Compliance Officer for the medical school, and in this role is assisted by:

1. Research Integrity Officer, who reports directly to the dean as well.

**J. Associate Dean for Planning and Performance Excellence**

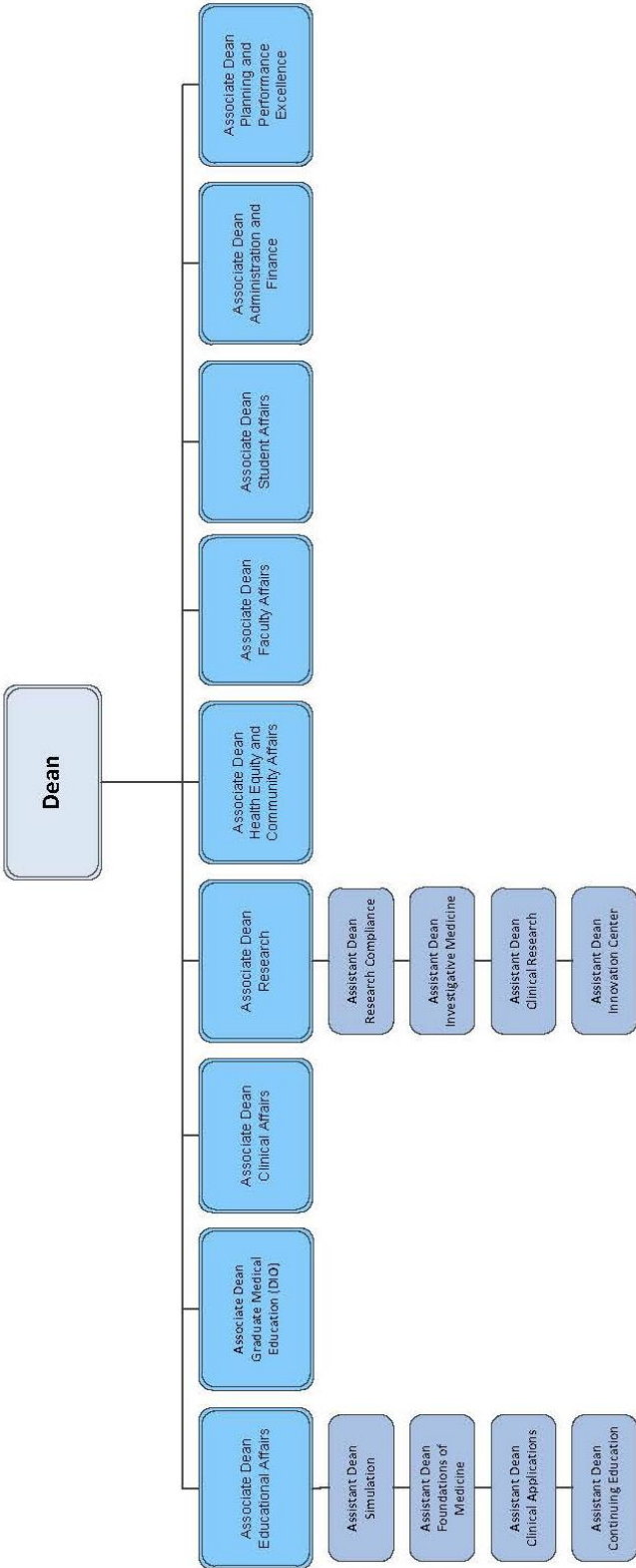
The associate dean for Planning and Performance Excellence is responsible for strategic and systematic institutional planning to meet the mission of the medical school and all accreditation requirements.

The associate dean for Planning and Performance Excellence is assisted by:

1. Director of Communications
2. Director of Institutional Effectiveness and Research



Figure 1. Medical School Deans



## **Academic Departments and Programs**

The dean establishes, and closes if necessary, academic departments and programs to meet the needs of the medical school (Figure 2). The dean appoints the department chair, or co-chairs, to lead each department. Department chairs report to the dean. The dean establishes, and closes if necessary, divisions within a department in consultation with the department chair, or co-chairs. A division chief appointed by the dean heads each division within a department. Division chiefs report to the department chair. The dean appoints one or more faculty as program chief to lead an academic program. Program chiefs report to the dean.

All faculty of the medical school must hold a primary faculty appointment in a department/program (or in certain circumstances, the office of the Dean) and may hold secondary appointments in other departments and programs. Faculty, department chairs, division chiefs, and program chiefs are appointed by the dean on the authority of the medical school board of directors. Department chairs and program chiefs report directly to the dean. All faculty appointed in departments and programs report to the dean through the department chairs.

The clinical departments represent each of the major disciplines involved in the clinical instruction of medical students, residents, and fellows. The faculty of clinical departments are primarily physicians and other healthcare professionals but may include nonclinical professionals.

### ***Academic Departments***

#### **A. Department of Biomedical Sciences**

The chair of the department of Biomedical Sciences reports to the dean. This department is responsible for the content related to the instruction of the basic sciences within the medical school curriculum. The chair and faculty work collaboratively with associate and assistant deans, other department chairs, program directors and faculty in other departments on educational curriculum development and delivery specific to the basic sciences. It is intended that the basic sciences are integrated throughout all four years of the medical school curriculum. Faculty employed by the medical school in the Department of Biomedical Sciences have additional responsibilities for scholarly activities and community service.

#### **B. Department of Medical Education**

The chair of the department of Medical Education reports to the dean. This department is responsible for consultation and training of faculty to advance learning across the continuum of medical education to strengthen educational skills for classroom, small group and clinical teaching. Training responsibilities include contributing to faculty development for instructional design, curriculum development, evaluation and measurement, and the training of residents and

medical students to develop basic skills as educators. Faculty in the department of Medical Education are responsible for overseeing the medical student requirement for mentored teaching activities. Faculty employed by the medical school in the department of Medical Education have additional responsibilities for scholarly activities and community service.

#### C. Department of the Medical Library

The chair of the department of the Medical Library reports to the dean for educational and academic roles and responsibilities, and also serves as the director of the medical library and reports to the associate dean for Administration and Finance for administrative roles in directing library services provided by the medical school. Faculty employed by the medical school in the department of the Medical Library have additional responsibilities for scholarly activities and community service.

#### D. Clinical Departments

The chairs of the clinical departments report to the dean. Clinical department chairs not employed by the medical school report to the dean with regard to their educational and academic roles and responsibilities at the medical school. There are 11 clinical departments (anesthesiology, emergency medicine, family and community medicine, medicine, obstetrics and gynecology, orthopaedic surgery, pathology, pediatric and adolescent medicine, psychiatry, radiology, and surgery) each headed by a department chair. Faculty employed by the medical school in the clinical departments have additional responsibilities for clinical services, scholarly activities, and community service.

### ***Academic Programs***

#### A. Biomedical Informatics

The program chief of the Program in Biomedical Informatics reports to the dean. This program is responsible for informatics education and training of medical students, graduate students, and residents, and also research in biomedical informatics. Faculty employed by the medical school in the program in Biomedical Informatics have additional responsibilities for clinical services, scholarly activities, and community service.

#### B. Medical Engineering

The program chief of the Program in Medical Engineering reports to the dean. This program is responsible for medical engineering education and training of medical students, graduate students, and residents, and also research in medical engineering. Faculty employed by the medical school in the program in Medical Engineering have additional responsibilities for scholarly activities and community service.

## C. Medical Ethics, Humanities, and Law

The program chief of the Program in Medical Ethics, Humanities, and Law reports to the dean. This program is responsible for clinical ethics, medical ethics, humanities, and medical-legal training and education of medical students, graduate students, and residents, and also research in clinical ethics, medical ethics, humanities, and medical-legal issues. Faculty employed by the medical school in the program in Medical Ethics, Humanities, and Law have additional responsibilities for clinical services, scholarly activities, and community service.

### ***Department Chairs***

The overall responsibility of the department chair is to provide continuing oversight of the department activities, leading the department to a position of academic and professional eminence while furthering the mission and goals of the medical school.

### ***Academic Responsibilities***

Working in collaboration with the deans, the specific academic responsibilities of the department chair include:

- Overall responsibility for all departmental activities that are part of the medical school, supporting and accountable for excellence in education, clinical care, scholarly activity and research, and professional and community service.
- Provide leadership in the department and at the medical school under the direction of the dean, and regularly participate in leadership meetings for the medical school, and affiliates as appropriate.
- Communicate effectively and foster relationships with all department faculty, development of interdisciplinary activities within and beyond the medical school, and relationships between the medical school and community leaders.
- Represent the discipline, department, and faculty in medical school activities, and advocate for the discipline and the department in a respectful and collaborative manner that most effectively meets the mission of the medical school and the department.
- Represent the medical school and department regionally, nationally, and internationally.
- Participate in the Chairs Council to advise the dean on policy development and implementation, and methods and actions to achieve the mission and goals of the medical school.
- Maintain respectful, collaborative, and effective relationships with deans, other department chairs, and faculty.
- Assure a department culture that embodies the medical school's commitment to diversity and inclusiveness.
- Participate in strategic planning for the medical school, and affiliates as appropriate, and lead the department process to establish, communicate, create

commitment to, execute, and assess department academic goals as part of the medical school strategic plan.

- Promote department educational, clinical, and research activities in compliance with all regulatory and accreditation standards.
- Recruit, mentor, and develop talented academic and clinical faculty to fulfill the needs and all components of the mission of the medical school and department.
- Serve as an advisor and mentor for new and junior faculty in the department, and assist the associate dean for Faculty Affairs with faculty development.
- Facilitate faculty progress for promotion, review faculty progress annually to identify department faculty who are appropriate for consideration for promotion, and manage the development of faculty promotion packets and the department promotion process through submission to the medical school Appointment and Promotion Committee.
- Assure departmental continuing professional development activities for physicians in the discipline, and professional development activities for faculty in education, research, and compliance.
- Intervene as appropriate to remedy unsatisfactory student, resident, fellow or faculty performance.
- Manage department staff, finances, and resources effectively and efficiently and in accordance with medical school policies.
- Complete and communicate annual faculty evaluations in a timely manner.
- Provide regular reports to the dean and the medical school on the activities of the department faculty, including department academic productivity as part of the medical school annual academic report.

### *Educational Responsibilities*

Working in collaboration with the associate dean for Educational Affairs, associate dean for Graduate Medical Education, and assistant deans, the specific educational responsibilities of the department chair include:

- Assure that department faculty work collaboratively with associate and assistant deans, other department chairs, program directors, and faculty on educational curriculum development and delivery specific to the discipline.
- Assure the excellence of the content, delivery, and assessment of the instruction of clinical training and skills in the discipline and the highest possible academic learning experiences for medical students, residents, fellows, and other learners including for continuing education.
- Assure integration of department activities and fulfilling department responsibilities for medical student and resident education.
- Assure effective communication with medical students and residents at all department sites for the:
  - Educational goals and objectives of department clerkships and rotations.
  - Learner and curriculum assessment methods.
  - Process and methods for medical student, resident, and fellow assessment of the curriculum and instructors.

- Assure timely evaluations and reporting of student, resident, and fellow performance and achievements.
- Monitor and counsel students, residents, fellows, and junior faculty in their academic and career goals in the discipline.
- Serve as an advisor and mentor for medical students interested in the discipline, assist medical students in identifying opportunities for engagement with department faculty, and assist medical students in obtaining residency positions in the discipline.
- Serve as an advisor and mentor for residents and fellows in the department, assist residents in identifying opportunities for engagement with department faculty, and assist residents in obtaining advanced training and career positions in the discipline.

### *Clinical Responsibilities*

For clinical departments with physicians employed by the medical school, and working in collaboration with the associate dean for Clinical Affairs, the specific clinical responsibilities of the department chair include:

- Act as a physician champion for clinical programs of the medical school.
- Provide effective leadership and oversight of the clinical activities of the employed faculty, including providing direction to the medical director of clinics involving department faculty.
- Establish and maintain effective working relationships with the medical staff of affiliates and faculty throughout the community in order to build a cohesive and collaborative department.
- Serve in an advisory capacity for the discipline to hospital medical staff and administration, and in leadership meetings and strategic planning as appropriate.

### *Research Responsibilities*

Working in collaboration with the associate dean for Research, the specific research responsibilities of the department chair include:

- Model active participation in research and scholarly activities.
- Facilitate department faculty participation in research and scholarly activities including dissemination through presentations and publications.
- Assure that department faculty are engaged in research and scholarly activities that meet the needs of medical students, residents, fellows, and the medical school.
- Oversee a department process to review and approve research projects in the department.
- Encourage and facilitate student, resident and fellow involvement in research.
- Assist faculty in obtaining funding for research activities and developing collaborations within and outside the department.

For department chairs who are not employed by the medical school, these responsibilities are expected to require the minimum of 50 hours each year of direct engagement in education and service to the medical school.

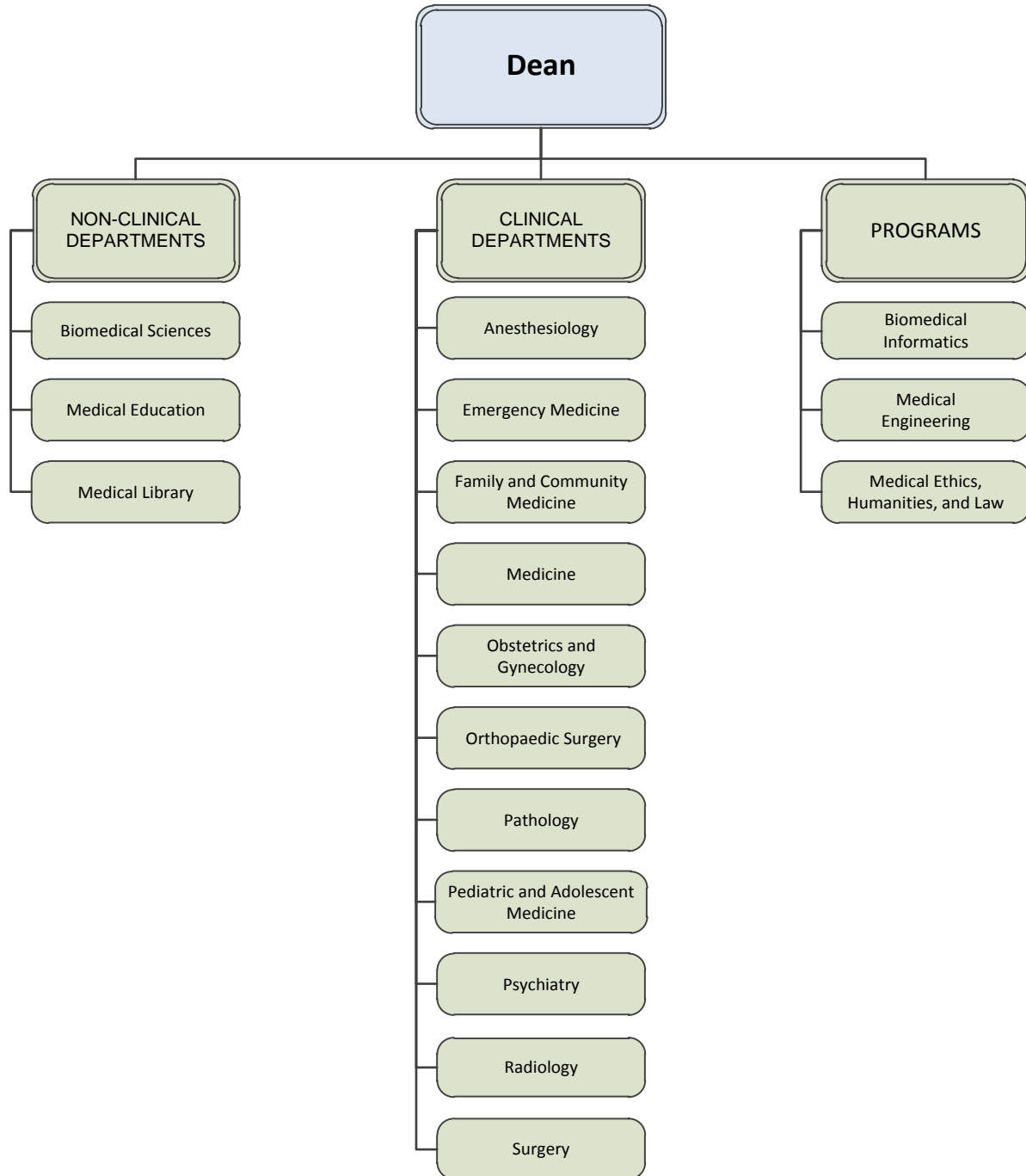
Department chairs who are employed by the medical school have additional responsibilities in the medical school for clinical care, research, and community service.

### ***Faculty Meetings***

The dean chairs faculty meetings for all faculty that are held generally 10 times a year. Faculty may offer agenda items at any time directly to the dean or associate dean for Faculty Affairs. Faculty meeting agendas are posted on the faculty portal, with notices sent by email to all faculty at least two days prior to the meeting. The associate dean for Faculty Affairs ensures that agendas are distributed and minutes of each meeting are recorded in a timely manner and available to all faculty.

The Faculty Academic Council meets jointly with faculty meetings at least twice a year on a schedule that is posted in advance. These meetings, as for all faculty meetings, are chaired by the dean and intended for all faculty.

Figure 2. Medical School Academic Departments and Programs





## Section III: Academic Environment

### Educational Philosophy

Western Michigan University Homer Stryker M.D. School of Medicine recognizes the need for innovative medical education to meet the changing healthcare needs of individuals, our communities, and the global society. We promote a learner-centered approach that comes to life through adult learning principles of self-directed, peer-supported, and experiential inquiry and learning to achieve our vision to be distinguished as a leader among medical schools through community collaboration in:

- Medical education – across the continuum from undergraduate, to graduate, to continuing education;
- Patient care – of individual patients as well as community public health and global health;
- Research – discovery and other forms of scholarship; and
- Service – to our community and globally.

The faculty use contemporary technologies and instructional strategies that focus on problem-solving in a stimulating team-oriented learning and working environment. We respect our students' initiative for self-directed learning and decision-making abilities to make sound decisions as they gain maturity, insight, and experience. We understand the need for connecting medical knowledge to real-world situations through reflection, hands-on experience and faculty mentoring in a climate of psychological safety. Faculty help learners establish achievable development goals and hold them accountable for their own learning.

At the medical school, learning is a shared activity that requires our students to acquire and integrate new knowledge through experiential interaction with faculty, peers and others in a collegial and supportive atmosphere. Our team-oriented environment enables individual and group learning through problem-based active learning strategies including team-based learning, case-based learning, and simulation-based learning.

Our patient- and family-focused curriculum encompasses the breadth of biomedical sciences and clinical medicine—from genes to cells to individuals to society and the world—that embodies professionalism, scientific thinking, integrative reasoning, evidence-based problem-solving, personalized medicine, healthcare quality, team-based care, scholarship, active citizenship, and lifelong learning. Our graduates are knowledgeable, ethical and skilled physicians who are prepared to excel in any chosen specialty field and will become outstanding clinicians, leaders, educators, advocates, and researchers.

## Learning and Working Environment

The learning and working environment for medical education shapes the future patient care environment. The highest quality of safe and effective care for patients as well as the highest quality of effective and appropriate education are both rooted in human dignity.

Western Michigan University Homer Stryker M.D. School of Medicine is committed to an environment and professional workplace that inspires learning, compassion, accountability, and commitment to ethical patient care. The learning and working environment must exemplify a pervasive shared sense of respect, collegiality, cooperation, and teamwork. These values must be exhibited at all sites; in all events; in all settings; across all clinical care, education, research, and service activities; and among all members of the healthcare team, which includes all professionals, all administrators, all staff, and all learners.

The learning environment “is a social system that includes the learner (including the external relationships and other factors affecting the learner), the individuals with whom the learner interacts, the setting(s) and purpose(s) of the interaction, and the formal and informal rules/policies/norms governing the interaction.” (Strategies for transforming the medical education learning environment. American Medical Association, Initiative to Transform Medical Education. December, 2008.) To promote a positive learning and working environment, the medical school establishes values and norms that are embodied in formal policies and in organizational procedures and practices that address:

- Faculty qualifications, expectations, appointments, and promotions.
- Student and resident selection policies.
- Advancement and graduation requirements.
- Teacher-learner relationships.
- Discrimination, as stated in the medical school Notice of Nondiscrimination.
- Learner mistreatment.
- Sexual misconduct.
- Other forms of misconduct.
- Workplace violence.

Medical school policies and procedures are influenced by codes of professional organizations, standards of professional conduct, accreditation standards for academic programs, state and federal laws and regulations, and requirements for physician licensure.

To promote a positive learning and working environment for students, the Curriculum Committee establishes the competencies of the educational program, and the Curriculum Committee and the Medical Student Performance Committee monitor student achievements, behaviors, and perceptions.

To promote a positive learning and working environment for residents and fellows, the associate dean for Graduate Medical Education and the Graduate Medical Education Committee collaborate to oversee all residency and fellowship training programs. They have responsibility to ensure compliance with all institutional and program requirements, and to monitor resident and fellow achievements, behaviors, and perceptions.

To achieve excellence in clinical care, education, research, and service, the medical school recognizes that frank feedback to learners and constructive criticism regarding learner performance are necessary. We are all lifelong learners, and we must demonstrate resilience even as we experience feelings of discomfort in recognizing our own errors and shortcomings. To ensure that feedback and criticism are delivered and received in a manner appropriate to a strong, mutually respectful teacher–learner relationship, the medical school developed the Educational Pledge and the Code of Professional Conduct (GENO1). All faculty members, fellows, residents, students, and staff must comply with the Educational Pledge, the Code of Professional Conduct, and all medical school policies as a condition of their employment, faculty appointment, or admission as a student to the medical school. The Code of Professional Conduct serves also as an honor code for students. These standards are applicable to all instructional personnel in the medical school – including all faculty, fellows, residents, and other professionals – in all of their interactions with students both on- and off-campus and, both in educational (including classroom and clinical sites) and social settings.

### ***Learning and Working Environment Committees***

To promote the medical school’s culture and values for the learning and working environment, Learning and Working Environment Committees are established for the major sites of medical school instruction. This structure facilitates broad, interprofessional engagement at each site, and includes an institutional leader at the site. The associate dean for Educational Affairs and associate dean for Graduate Medical Education are ex officio members of each committee, which facilitates integration of information across sites and early detection of trends and issues across multiple sites. Committees are established at the following major sites of instruction:

- School of Medicine sites (Upjohn Campus, Oakland Drive Campus, Parkview Campus) and Family Health Center.
- Borgess Health including the medical school department of Psychiatry.
- Bronson Healthcare.
- Battle Creek VA Medical Center.

The charge of these four committees is to promote a learning and working environment that supports students and residents/fellows in educational and clinical settings. The committees work with other faculty, fellows, residents, students, and site leadership, as well as nurses and other healthcare professionals to proactively monitor the environment and promote best practices. The committees receive and address concerns and complaints of learner mistreatment and reports of unprofessional behaviors regardless of the alleged perpetrator, raise awareness about mistreatment to promote

the positive aspects of the learning and working environment, monitor and evaluate the environment to identify positive and negative influences on the development of learners' professional attributes and professional identity, and promote best practices that favorably influence the learning and working environment.

The committees at each site have the following members:

- Faculty based primarily at the site.
- An institutional leader at the site.
- A faculty member with an appointment in Medical Ethics, Humanities, and Law.
- Nurses, including from a medical unit and surgical unit, where appropriate.
- Residents.
- Medical students.
- The associate dean for Educational Affairs and the associate dean for Graduate Medical Education, as ex officio, non-voting members, to monitor trends and issues across multiple sites.

### ***Learner Mistreatment***

The medical school is committed to providing a learning and working environment at all sites in which all participants can teach and learn to the best of their abilities in a climate of nondiscrimination and psychological safety. All must feel free to speak out, contribute ideas, ask questions, raise concerns, and identify and work to rectify mistakes made by themselves and others without fear of reprimand, punishment, or humiliation. Our learning and working environment must be free of learner mistreatment, which applies to everyone as lifelong learners.

Using the reasonableness person standard for both educators and learners for conduct, behaviors, and perceptions, the medical school defines learner mistreatment as any of the following:

- Malicious intent.
- Physical or sexual abuse or harm.
  - Physical abuse.
  - Sexual misconduct.
  - Threatened physical abuse or harm.
  - Threatening behavior.
- Discrimination, as stated in our Notice of Nondiscrimination, based on race, ethnicity/national origin, creed, color, religion, gender, pregnancy, sexual orientation, gender identity, age, disability, veteran status, genetic or family medical information, height, weight, marital status, or familial status:
  - Denied opportunities for training or rewards.
  - Received lower evaluations or grades.
  - Subjected to offensive remarks or names.

- Public humiliation (occurrences of being publicly embarrassed that are not intentionally perpetrated on learners by others are not considered to fall under learner mistreatment).
  - Intimidation on purpose.
- Harassment including sexual harassment, such as:
  - Subjected to offensive sexist remarks.
  - Denied opportunities for training or rewards based solely on gender or membership in a legally-protected group.
  - Received lower evaluations or grades solely because of gender or membership in a legally-protected group.
  - Subjected to unwanted sexual advances.
  - Asked to exchange sexual favors for higher grades or other rewards.
- Retaliation.
- Exploitation.
  - Performing personal services.
  - Trading for favors.

Sexual misconduct is defined as sexual discrimination or harassment (eg, on the basis of gender identity or sexual orientation), sexual assault, sexual exploitation, rape including acquaintance rape, dating violence, intimate partner violence, domestic violence, and stalking.

We affirm our commitment to shaping a culture of teaching, learning, and working that is founded on constructive collaboration, mutual respect, and human dignity, and that fosters excellence, compassion, integrity, and resilience in all of our patient care, education, research, and service activities.

### *Duty to Report*

All students, residents, fellows, faculty, administrators, directors, and staff have a duty to report, in a timely manner, discrimination, harassment, mistreatment, unprofessional behavior, and criminal activity that they observe, become aware of, or have information about occurrences on medical school premises or that involves any person affiliated with the medical school. Individuals who report discrimination, harassment, mistreatment, and other unprofessional behavior have a right to seek timely review and effective remediation, as appropriate, with the full support of the medical school.

To be timely, the information about discrimination or mistreatment must be reported within 30 working days after the alleged occurrence, and also for students no later than 30 working days after the end of the academic term of the alleged occurrence.

### *Means to Report*

Specific mechanisms are provided for everyone at the medical school to bring forward concerns of unprofessional behavior, including discrimination and learner

mistreatment, exhibited by anyone at any time in the learning and working environment.

Reports or complaints of sexual misconduct are reported to the medical school Title IX Coordinator (Shayne McGuire, director of Human Resources; 269.337.4408; Shayne.McGuire@med.wmich.edu).

Medical students have several additional means to report observations or information about discrimination and mistreatment including to course/clerkship directors, members of the Learning and Working Environment Committees at the site, their learning community Scholar-Advisors, their designated individual mentor, associate dean for Student Affairs, assistant dean for Foundations of Medicine, assistant dean for Clinical Applications, associate dean for Educational Affairs, course/clerkship evaluations, and using the forms on the medical student portal (Report of Learner Mistreatment, Report of Student Concern or Complaint, and Student Feedback Form) and the resident feedback form in New Innovations. Every course/clerkship evaluation, which is completed by every medical student at the end of each course/clerkship, includes questions about learner mistreatment. The forms on the medical student portal provide a mechanism for medical students to bring forward any concerns or complaints contemporaneously with options for confidential or anonymous reporting, and also for requesting delayed intervention by the medical school until after the current course/clerkship concludes. Individuals who learn of such conduct of students have the duty to further report the information to their immediate supervisor and to the medical school senior leadership.

Graduate students have several additional means to report observations or information about discrimination and mistreatment including to course directors, Program Committee members, associate dean for Student Affairs, associate dean for Educational Affairs, course evaluations, and using the online forms on the graduate student portal (Report of Learner Mistreatment, Report of Student Concern or Complaint, and Student Feedback Form) and the resident feedback form in New Innovations. Every course evaluation, which is completed by every graduate student at the end of each course, includes questions about learner mistreatment. The online forms provide a mechanism for graduate students to bring forward any concerns or complaints contemporaneously with options for confidential or anonymous reporting, and also for requesting delayed intervention by the medical school until after the current course concludes. Individuals who learn of such conduct of students have the duty to further report the information to their immediate supervisor and to the medical school senior leadership.

Residents and fellows have several additional means to report observations or information about discrimination and mistreatment including to their program director, department chair, chief resident, peer-selected GMED representative, associate dean for Graduate Medical Education, members of the Learning and Working Environment Committees at the site, Human Resources, and through the online reporting system (the Medical Student Feedback Form, and the resident feedback form in New Innovations). Individuals who learn of such conduct of residents and fellows have the duty to further

report the information to their immediate supervisor and to the medical school senior leadership.

Faculty have several additional means to report observations or information about discrimination and mistreatment including to the course/clerkship directors or program director, department chair, associate dean for Student Affairs, assistant dean for Foundations of Medicine, assistant dean for Clinical Applications, associate dean for Educational Affairs, associate dean for Graduate Medical Education, associate dean for Faculty Affairs, members of the Learning and Working Environment Committees at the site, Human Resources, and through the online reporting system (the Medical Student Feedback Form, and the resident feedback form in New Innovations). Individuals have the duty to further report the information to their immediate supervisor and to the medical school senior leadership.

Staff have several additional means to report observations or information about discrimination and mistreatment including to their supervisor or director, who works with them to continue the report through the most appropriate mechanism, members of the Learning and Working Environment Committees at the site, Human Resources, and through the online reporting system (the Medical Student Feedback Form, and the resident feedback form in New Innovations). Individuals have the duty to further the information to their immediate supervisor and to the medical school senior leadership.

### *Confidentiality*

Reports of mistreatment or unprofessional behavior are managed confidentially to the extent possible for the committees to investigate the reports. Investigations and actions may be deferred at the student's request until the end of the current course/clerkship, for example as provided on the form, Report of Learner Mistreatment, on the medical student portal. Reports or complaints of sexual misconduct are forwarded by the director of Admissions and Student Life to the medical school Title IX Coordinator (Shayne McGuire, director of Human Resources; 269.337.4408; Shayne.McGuire@med.wmich.edu). Sexual misconduct is defined as sexual discrimination or harassment (eg, on the basis of gender identity or sexual orientation), sexual assault, sexual exploitation, rape including acquaintance rape, dating violence, intimate partner violence, domestic violence, and stalking.

The deliberations, minutes, reports, and other products of the Learning and Working Environment Committees are strictly confidential and are disclosed only outside the committee on a need-to-know basis. Confidentiality is especially important in consideration of information about individual applicants, students, residents, fellows, faculty, and employees. It is a violation of trust and the medical school Code of Professional Conduct to disclose or discuss committee deliberations or actions inappropriately.

## *Procedure*

Sexual misconduct is managed under policy GENo8, Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking.

All reports of learner mistreatment are reviewed by the appropriate Learning and Working Environment Committee in a timely fashion, even if action has already been taken at the site. The committee reviews and determines if further action is indicated, which may include:

- Serving as a sounding board for individuals uncertain of the complaint.
- Providing guidance to the learner about such situations.
- Engaging in discussion and coaching individuals involved in learner mistreatment.
- Formal notice provided to medical school leadership as well as the leadership and medical staff office at the site.
- Maintaining a record to monitor trends and repeat offenses.

Committee reports are provided to the associate dean for Educational Affairs and the associate dean for Graduate Medical Education, who monitor all such reports and ensure that there is communication to Learning and Working Environment Committees at all sites to facilitate recognition of patterns and to promote dissemination of best practices. The associate dean for Educational Affairs and associate dean for Graduate Medical Education provide a report of the learning and working environment throughout the medical school quarterly to the dean and annually to the Faculty Academic Council.

Learner mistreatment by faculty and staff must be corrected. Repeated learner discrimination and mistreatment by faculty will result in reassignment of some or all teaching and other responsibilities, denial of promotion, nonrenewal of appointment, or termination of faculty appointment. Repeated learner mistreatment by faculty will result in nonrenewal or termination of faculty appointment, and for employed and contracted faculty will result in nonrenewal or termination of employment or contract.

Retaliation or reprisals against a person who, in good faith, reports or provides information during an investigation is prohibited and may result in separate academic or corrective action.

## **Educational Pledge**

Western Michigan University Homer Stryker M.D. School of Medicine is committed to providing an environment that promotes excellence in teaching and learning, service, research and discovery, and the practice of medicine and clinical care. All persons in the medical school shall respect every person's worth and dignity, and contribute to a positive learning and working environment. To that end, medical students, residents, fellows, faculty, staff, and administrators take this Educational Pledge (Figure 3) to create an atmosphere in which all participants can teach and learn to the best of their abilities.



Figure 3. Educational Pledge

# EDUCATIONAL PLEDGE

Western Michigan University Homer Stryker M.D. School of Medicine is committed to providing an environment that promotes excellence in teaching and learning, service, research and discovery, and the practice of medicine and clinical care. All persons in the medical school shall respect every person's worth and dignity, and contribute to a positive learning environment. To that end, medical students, residents, fellows, faculty, staff and administrators take this pledge to create an atmosphere in which all participants can teach and learn to the best of their abilities.

**As a Learner at Western Michigan University  
Homer Stryker M.D. School of Medicine, I pledge to:**

- Acquire the knowledge, skills, attitudes and behaviors necessary to fulfill all established educational objectives
- Treat educators, learners, staff and patients with respect and fairness
- Embody the professional virtues of integrity, altruism, respect, collaboration, empathy, compassion, honesty, courage, and trustworthiness in all of my interactions
- Respect others by being on time for and participating fully in all educational and clinical experiences
- Take responsibility for my learning experience and commit the time and energy to studies necessary to achieve the goals and objectives of each experience
- Communicate concerns and provide educators with timely feedback, constructive suggestions and opportunities for improvement for the curriculum, didactic methods, and the learning environment in a respectful and professional manner
- Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- Be willing to try new methods, ideas, technologies and other innovations with a positive and inquisitive attitude, accepting that the pursuit of knowledge and positive change includes some risk of failure but contributes to a positive learning environment

**As an Educator at Western Michigan University  
Homer Stryker M.D. School of Medicine, I pledge to:**

- Strive to maintain currency in my professional knowledge and skills
- Strive for excellence in my instruction that conveys knowledge and skills in an effective format for learning
- Accept feedback and strive to improve my teaching skills
- Treat educators, learners, staff and patients with respect and fairness
- Embody the professional virtues of integrity, altruism, respect, collaboration, empathy, compassion, honesty, courage, and trustworthiness in all of my interactions
- Respect others by being on time for and participating fully in all educational and clinical experiences
- Provide learners with timely, formative feedback in a professional and respectful manner with constructive suggestions and opportunities for improvement and remediation
- Assess learners equally and objectively based on performance and without influence of conflicts of interest or conflicts of commitment
- Provide proper notification and respond appropriately to unprofessional behavior by any participant in the educational process
- Nurture learner commitment to achieve personal, family and professional balance
- Be willing to try new methods, ideas, technologies and other innovations with a positive and inquisitive attitude, accepting that the pursuit of knowledge and positive change includes some risk of failure but contributes to a positive learning environment

**As a Staff Member at Western Michigan University  
Homer Stryker M.D. School of Medicine, I pledge to:**

- Strive to maintain currency in my professional knowledge and skills
- Help ensure excellence of an educational curriculum that conveys knowledge and skills in an effective format for learning
- Treat educators, learners, staff and patients with respect and fairness
- Embody the professional virtues of integrity, altruism, respect, collaboration, empathy, compassion, honesty, courage, and trustworthiness in all of my interactions
- Be willing to try new methods, ideas, technologies and other innovations with a positive and inquisitive attitude, accepting that the pursuit of knowledge and positive change includes some risk of failure but contributes to a positive learning environment



**WESTERN MICHIGAN UNIVERSITY**  
Homer Stryker M.D.  
**SCHOOL OF MEDICINE**

## **Curriculum Materials**

The curricula for the degree and certificate programs of the medical school include all levels of objectives, all forms of content, all mechanisms of delivery, and all individual and group assessments that are organized to achieve the educational outcomes. Curriculum content is provided to students through a variety of means including the curriculum management system. Additional information that describes the curriculum is provided on the medical school intranet and is considered an extension to this handbook.

Faculty and others' contributions to medical school educational materials, including all curriculum content, supporting materials, and assessments are copyrighted works prepared within the scope of employment, contract, or faculty appointment at the medical school. The medical school is the sole owner of all curriculum and educational content, supporting materials, assessments, and intellectual property created or prepared by faculty and others at the request or direction of the medical school or for the medical school's purposes, including the education and training of students, residents, fellows, faculty, and staff.

Faculty may create scholarly works, such as presentations and manuscripts prepared for publication in scientific journals and print or electronic textbooks, which describe the use of curriculum materials and assessments. Faculty own scholarly works that they create excluding any intellectual property that might be contained in such works that is medical school intellectual property and the property of the medical school.

## **Section IV: Policies, Regulations, and Guidelines**

### **Working Days**

For the purposes of faculty policies, working days are defined as weekdays excluding the observed holidays for which the medical school is closed. The medical school formally recognizes and observes federal holidays including: New Year's Day; Martin Luther King, Jr. Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day, including Friday for Thanksgiving observance; Christmas Eve (close at noon); Christmas Day; and New Year's Eve (close at noon).

### **Conflicts of Interest and Commitment**

The medical school is committed to an environment that promotes honesty, objectivity, and transparency. The medical school policy GEN04, Conflicts of Interest and Commitment, applies to all individuals who participate in activities at, under the auspices of, or using the services or resources of the medical school. This includes all faculty.

Faculty who participate in decision-making including all employed and contracted faculty, and faculty who serve on standing committees (Section VII) must complete conflict of interest and commitment forms annually and whenever there is a change in status of any conflict. All other faculty must either avoid conflicts that affect their medical school responsibilities, or self-report using the conflict of interest and commitment form to seek medical school management and resolution.

Additional medical school conflict of interest policies apply to continuing education (policy CE03), medical student admissions (Medical Student Admissions Handbook), and governance by the board of directors (Board Conflicts of Interest Policy and Disclosure). The associate dean for Administration and Finance, as the Chief Compliance Officer, oversees the review process and management of conflicts.

### **Facilities and Guidelines for Use**

The medical school buildings are private property. Facility access is controlled by an automated security system with access controls and video surveillance. Access is provided to faculty as needed for medical school events and activities. Protests and demonstrations are not permitted without prior written approval of the office of the Dean.

Although the medical school respects faculty members' legitimate privacy concerns, such concerns are subservient to building, employee, and student safety and security concerns. Faculty members should have no general or specific expectation of privacy on medical school property. When the medical school has reason to believe a faculty member has brought prohibited substances or items onto medical school property (including but not limited to weapons, drugs, and alcohol) or has otherwise violated a medical school policy (eg, theft), the medical school has the right to conduct an

appropriate search of school property and the items brought onto medical school property, including searches of faculty members, classrooms, lockers, desks, briefcases, purses, bags, and personal vehicles if driven or parked on property owned or leased by the medical school. If any such items or areas are locked, the faculty member must provide the medical school with access including the key or combination. Such searches, when possible and practical, will be conducted in the faculty member's presence.

If unlawful or prohibited items are uncovered during the search, the items will be seized and law enforcement may be contacted. In addition, the faculty member will be subject to academic and corrective actions up to and including dismissal and termination of faculty appointment, as determined by the medical school in its sole discretion. If a faculty member refuses to submit to a search request by the medical school, the faculty member will be subject to academic and corrective actions up to and including dismissal and termination of faculty appointment, as determined by the medical school in its sole discretion.

If there are items that a faculty member desires to keep private, the items should not be brought onto medical school property.

### ***Faculty Parking***

Faculty parking at the medical school is provided by the medical school for all faculty. Faculty should contact their department administrator of the office of the Dean for validation stamps/stickers for parking at the W.E. Upjohn M.D. Campus.

Parking for faculty and others with disabilities is available on adjacent streets and in the parking ramps adjacent to the W.E. Upjohn M.D. Campus, and in designated areas of the parking lot at the Oakland Drive Campus.

Visitor parking is available on adjacent streets as well as in the public parking ramps adjacent to the medical school. Visitor permits for vehicle parking for invited guests during business hours are available from the welcome desk inside the main entrance to the medical school.

### **Faculty Roles**

All faculty have responsibilities for lifelong learning and improvement and are expected to participate, as appropriate, in medical school faculty development opportunities that are under the oversight of the associate dean for Faculty Affairs. Faculty development opportunities may include seminars, workshops, and participation in faculty learning communities.

Appointment as a faculty member at the medical school confers the privilege and obligation to pursue teaching, service, scholarship, and clinical care, as appropriate for a particular position and responsibilities. Fulfillment of this obligation requires a commitment of time, expertise, and energy.

- A. **Teaching:** All faculty are expected to participate in the instructional program, which is the underlying basis for the faculty appointment in all tracks and prototypes, and at all ranks. Teaching activities of the basic sciences faculty include case study facilitation, instructional labs, didactics, or leadership of group processes and participation in curricular design, development, evaluation, and improving methods of teaching. Clinical faculty may participate in these activities as well as imparting clinical information and teaching clinical skills to colleagues, medical students, resident and fellow physicians, and other healthcare providers.

The appellation “doctor” – from the Latin *docere*, meaning “to teach” – includes the responsibility of all physicians to share knowledge and information with colleagues, trainees, and patients. Every physician has the responsibility to supervise the clinical activities of physicians-in-training and to teach the science, art, and ethics of medicine to medical students, resident and fellow physicians, staff, and others.

Teaching includes providing learners with timely, formative feedback in a professional and respectful manner with constructive suggestions and opportunities for improvement and remediation, and assessing learners equally and objectively based on performance and without influence of conflicts of interest or commitment. Faculty and other health care professionals must recuse themselves from involvement in the academic assessment and consideration for advancement and graduation of the learner if they have: provided the learner with sensitive health, psychiatric, or psychological care, including as determined solely by the learner; served as the learner’s private tutor; or otherwise have a conflict of interest related to the learner.

- B. **Clinical Care:** Faculty who are physicians or healthcare professionals seek to provide exemplary clinical care as a model to students. High-quality care is expected and fundamental to the successful mentoring of medical students. Employed faculty provide clinical care services as assigned by the department chair and associate dean for Clinical Affairs.
- C. **Scholarship:** Sustained engagement in scholarly activities is expected of employed faculty, and encouraged for clinical faculty and community faculty. Scholarly activities must be persistent and result in sustained recognition as evidenced by extramural funding, patents, peer-reviewed academic outlets such as invited lectures, presentations, and publications.
- D. **Community Service:** Sustained engagement in community service activities, both medically related and others, is encouraged for all faculty.
- E. **Citizenship:** All faculty are expected to participate in the efficient administration of the medical school as evidenced by attendance at faculty meetings, participation in committees, contributions to the admissions process, mentoring medical students and other learners, assisting student organizations and interest groups, and fulfilling other responsibilities.

## **Faculty Records**

The medical school is committed to providing an outstanding medical educational program and curriculum. Faculty at the medical school should expect to be active participants in the process to continually evaluate and improve the educational experience. As a component of our efforts to continually improve the curriculum, faculty records including assessments, evaluations, reports, and surveys may be analyzed to assess the effectiveness of the curriculum and other programs. The results are used to improve the curriculum and programs, and aggregated results may be shared through scholarly presentations and publications. Improvements that result from these analyses benefit students and faculty in our programs, and also students and faculty in medical education programs elsewhere.

## **Student Records**

The medical school takes seriously its commitment to protect the privacy of our students and their education records. The medical school complies fully with the requirements of the Family Educational Rights and Privacy Act (FERPA) of 1974, a federal law designed to protect the privacy of students' education records, and applies these rights and protections to all enrolled students and formerly enrolled students for as long as the medical school retains their education records. All faculty must complete the faculty FERPA education as provided and required by the medical school.

Faculty have a responsibility for maintaining appropriate confidentiality of student educational records in all forms. This includes maintaining the security of records stored electronically. Faculty are responsible for all transactions that occur, and the information that is released about students, under their username and password.

## **Faculty Conduct**

All Western Michigan University Homer Stryker M.D. School of Medicine faculty (including employed, contracted, clinical, research, community, adjunct, and emeriti faculty), residents, fellows, students, and staff are expected to conduct themselves in accordance with the high ethical standards expected of physicians, educators, and healthcare professionals. Physicians, and medical students after graduation, are licensed to practice medicine and assume responsibilities for the life and welfare of other human beings. Each individual participating in clinical care, education, research, and service must demonstrate competence and behaviors consistent with their responsibilities.

The medical school Code of Professional Conduct (GEN01) is found with all medical school policies accessible to students, faculty, and staff, and is also on the public website for all medical student applicants and faculty candidates.

All faculty members are required to: understand and abide by the Faculty Handbook and pertinent medical school policies; conduct themselves in accordance with the Code of Professional Conduct (GEN01), which states professional standards and proscribed conduct, and the Educational Pledge; personify the values of the medical school;

demonstrate institutional citizenship working collaboratively and effectively with the department chair, associate/assistant deans, faculty and students to facilitate meeting the mission of the medical school; and model behaviors that create an environment enriched by diversity. Each faculty member must be engaged in the instructional programs of the medical school that include instructing medical students in courses and clerkships, instructing residents and fellows in training, mentoring medical students and residents in community service and research, mentoring students in pipeline programs, and demonstrating active citizenship in community health.

Departmental policies apply to faculty appointed within the department, and specific policies and procedures apply to faculty in specific roles.

## **Faculty Misconduct**

Misconduct by faculty, and others, in research and scholarly activities conducted at, under the auspices of, or using the services or resources of the medical school is managed under policy RES04, Misconduct in Research and Scholarly Activities. Sexual misconduct by faculty, and others, is managed under policy GEN08, Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking. Sexual misconduct is defined as sexual discrimination or harassment (eg, on the basis of gender identity or sexual orientation), sexual assault, sexual exploitation, rape including acquaintance rape, dating violence, intimate partner violence, domestic violence, and stalking. Employed and contracted faculty and staff are also subject to medical school employment policies, which define mechanisms for review and employment actions. Other types of misconduct are managed under the procedures described in the Faculty Handbook for faculty, the Medical Student Handbook for medical students, and the Graduate Student Handbook for graduate students. Allegations may necessitate separate investigations or may permit a combined investigation, as appropriate and as possible, of research misconduct, sexual misconduct, employee misconduct, and other misconduct. If separate investigations are conducted, findings of research, sexual, and employment misconduct proceedings may be used to inform faculty misconduct proceedings for additional sanctions. Faculty play a key role in faculty misconduct processes for research, sexual, and other misconduct to stipulate sanctions and participate in the appeal process.

When a faculty member's conduct does not meet the high ethical and professional standards expected of physicians, including violation of the Faculty Handbook or other medical school policies, in most instances the faculty member will be given the opportunity to correct such conduct under the guidance and mentoring of other faculty and the medical school leadership. Serious faculty misconduct that does not involve research or scholarly activities, sexual misconduct, or employee responsibilities and that could warrant a formal reprimand, probation, or termination of faculty appointment, in the sole discretion of associate dean for Faculty Affairs, is generally managed through the faculty misconduct process.

The medical school is committed to taking appropriate and diligent steps outlined in this Faculty Handbook and with due regard for other applicable policies in response to allegations of faculty misconduct in order to:

- Protect the safety and well-being of patients, learners, and the community.
- Facilitate thorough, competent, objective, fair, and timely response to allegations of wrongdoing and misconduct.
- Protect or restore the reputations of persons who in good faith make allegations and persons who provide information or serve in any capacity in furtherance of this policy.
- Protect or restore the reputations of faculty when allegations are not confirmed.
- Protect the privacy and confidentiality of persons making allegations and all others.
- Provide faculty with adequate notice and opportunity for comment.
- Secure the service of persons with the necessary and appropriate expertise to participate in the implementation of relevant portions of this policy.
- Avoid real and perceived conflicts of interest on the part of any person providing such service.
- Take actions appropriate to each case, including, where applicable, making reports required under relevant law.

Notwithstanding any provision of this policy or the Faculty Handbook, in the event of an allegation of serious faculty misconduct, nothing in this policy or the Faculty Handbook shall preclude the dean from taking immediate action at any time to suspend or place restrictions on an faculty member's continued participation in any or all activities at the medical school when such action is deemed, in the sole discretion of the dean, to be: (1) appropriate and in the best interests of patients, students, other faculty, the medical school, or academic integrity; or (2) necessary to comply with directives from law enforcement authorities or order from a court of competent jurisdiction.

Employed and contracted faculty are also subject to all medical school policies, procedures, and conditions of employment or contract. The procedures for management of misconduct in the Faculty Handbook do not supplant procedures for employed and contracted faculty, and may be enacted separately from employment actions. Faculty appointment for employed and contracted faculty in the unmodified track is co-terminus with employment or contract, though the faculty appointment may be converted to another track if the faculty member will be in a position to serve satisfactorily in another track. Termination of faculty appointment for employed and contracted faculty through the misconduct process also results in automatic termination of employment or contracted service.

The associate dean for Faculty Affairs shall recuse himself/herself if there is a significant conflict of interest that is identified at any step in this process. Under such circumstances, the dean shall designate an individual to manage the misconduct process. The dean shall recuse himself/herself if there is a significant conflict of interest.



Under such circumstances, the board of directors shall designate an individual to manage the misconduct process.

### ***Allegation***

Any member of the medical school community may provide information (the “allegation”) to the associate dean for Faculty Affairs regarding alleged violation(s) by a faculty member of the medical school Code of Professional Conduct, Faculty Handbook, or a medical school policy. The information should include sufficient detail to allow for adequate assessment of the allegation(s) such as identification of the person(s) engaged in such conduct and the names of witnesses and corroborators, if any. The person or persons (the “reporter”) submitting the allegation should be identified. However, anonymous allegations shall not be rejected as long as they contain sufficient information to permit an objective inquiry into the allegations.

### ***Initial Inquiry***

The associate dean for Faculty Affairs makes an initial inquiry to determine whether the allegation has merit and is sufficiently credible and specific so that potential evidence of misconduct might be identified through an investigation, or if the allegations are frivolous, maliciously false, or otherwise do not warrant further inquiry or action. The associate dean for Faculty Affairs may determine that the circumstances do not warrant further investigation and can be resolved administratively with no subsequent proceedings. In making such a determination, the associate dean for Faculty Affairs may, but is not required to, consult with any other person who may assist in the initial inquiry.

If the associate dean for Faculty Affairs determines that the allegation is frivolous, false, or otherwise does not warrant further investigation or action, this determination generally will be communicated to the faculty and reporter, if known, and such other persons or entities as the associate dean for Faculty Affairs determines appropriate under the circumstances.

If the associate dean for Faculty Affairs determines that the allegation was maliciously false and not provided in good faith, the associate dean for Faculty Affairs initiates appropriate action, which may include a finding of misconduct against the reporter.

### ***Investigation***

Within 10 working days of the determination of the associate dean for Faculty Affairs that an investigation is warranted, the associate dean for Faculty Affairs shall:

- Appoint an Investigation Committee comprised of three or more persons with appropriate background for evaluating the report. Investigation Committee members must recuse themselves from involvement in the appeal process if they have provided the faculty member with sensitive health, psychiatric, or psychological care, including as determined solely by the faculty member, or

otherwise have a conflict of interest related to the faculty member, as determined by the associate dean for Faculty Affairs.

- One member shall be appointed as chair of the Investigation Committee.
- Within a reasonable amount of time after determining that an investigation is warranted but before the investigation begins, provide written notice to the faculty member that the investigation will proceed.
- To the extent not already done, take reasonable and practical steps to obtain custody of the relevant records and any other evidence that reasonably may be relevant to the investigation and maintain them in a secure manner.

The Investigation Committee shall operate under the following guidelines:

- The Investigation Committee meetings are closed meetings.
- All procedural determinations are subject to the final decision of the chair of the Investigation Committee.
- The investigation shall begin within 20 working days after the associate dean for Faculty Affairs determines that an investigation is warranted.
- The Investigation Committee will use best efforts to complete the investigation and submit its Investigation Committee Report no later than 30 working days after initiation of the investigation. If the Investigation Committee believes that the circumstances warrant an extension, it must submit a written request to the associate dean for Faculty Affairs for an extension before the expiration of the 30-day period, stating the reasons why additional time is necessary. The associate dean for Faculty Affairs may accept or reject the request. In the event of an extension, the associate dean for Faculty Affairs will state the period of extension and may require one or more written periodic reports from the Investigation Committee of the progress of the investigation.
- The Investigation Committee shall examine all pertinent documentation including data and documentation, publications, written and email correspondence, memoranda of telephone calls, and any written comments received from the faculty or others.
- The Investigation Committee should interview the reporter, corroborators, witnesses, and any other persons who may have information relevant to the allegations in the report including, to the extent reasonable and practical, witnesses identified by the faculty.
- The Investigation Committee should interview the faculty. The failure of the faculty to appear before the Investigation Committee shall not preclude the hearing process from proceeding.
- The faculty and reporter shall not be entitled to have legal counsel or other persons present at the interview with the Investigation Committee, unless the allegation involves alleged conduct that could constitute a crime, for which the faculty has the option to have one other individual (which may be legal counsel) accompany them at the interview with the Investigation Committee. The faculty must answer all questions of the committee directly. The individual accompanying the faculty may not provide statements or answer questions. The faculty may request that the committee excuse the two of them to confer privately

in a nearby room. The faculty, reporter, and other individual (if permitted to attend) may not take photographs or make audio or video recordings.

- At the discretion of the Investigation Committee, one or more persons interviewed may be given a copy of any summaries made of the respective interviews and may be given an opportunity to provide comments or revisions, which shall be included with the record. In the event portions of records or other evidence are provided or made available to the faculty or others pursuant to this policy, all reasonable and practical efforts shall be made to remove the names of and identifying information concerning individuals who made the report, who provided information to the Investigation Committee, or who otherwise provided information or documents concerning these proceedings unless otherwise deemed appropriate by the associate dean for Faculty Affairs. Access to such records and other evidence shall be in a supervised setting, and no copying of materials is permitted.
- The Investigation Committee shall document its findings and conclusions, based on a preponderance of the evidence, in a written report (the “Investigation Committee Report”). The Investigation Committee Report should incorporate key comments verbatim provided by or on behalf of the faculty member as well as from the reporter, and shall include the following: (1) a summary of the allegation(s); (2) summary of how the investigation was conducted, including how and from whom information was obtained and a summary of such information; (3) the findings, including the basis for the findings, of the Investigation Committee; (4) the conclusion of the Investigation Committee as to whether or not one or more instances of misconduct occurred; and (5) sanctions and other actions to be imposed or taken by the medical school.
- The Investigation Committee Report shall be submitted to the associate dean for Faculty Affairs.

The associate dean for Faculty Affairs shall give a copy of the Investigation Committee Report to the faculty member, who will be given the opportunity to provide written comments. The faculty member must submit any comments within 10 working days of receipt of the Investigation Committee Report. Comments submitted by the faculty member shall be attached to Investigation Committee Report. The associate dean for Faculty Affairs may determine a longer period of time is warranted, based on a written request from the faculty member submitted before the expiration of the 10-day period, stating the period of time requested and the reasons for the request.

### ***Sanctions***

Sanctions shall be determined as a discrete and separate part of the hearing process and only after a finding of violation and individual responsibility has been reached. Sanctions are determined by the Investigation Committee, or, if applicable, the Appeal Committee.

The following sanctions as final actions may be imposed upon any faculty member found to be responsible for misconduct, including violation of the medical school Code of Professional Conduct or any medical school policy. Sanctions shall be based on the

severity of the violation, multiplicity of violations, history of previous violations, current status of the faculty, and the threat to the health, safety, and property of any person because of the violation. Sanctions may be applied individually or in combination, even for a single violation, depending on the particular circumstances of the violation. Sanctions may be imposed upon more than a single individual. Repeated and multiple violations shall increase the severity of sanctions applied. Sanctions are included in the permanent record of the faculty member, and the employment record for employed and contracted faculty.

Sanctions are listed in order of severity from least severe to most severe:

### *Reprimand*

An official written censure containing three components: a reprimand for inappropriate conduct, notice that the conduct associated with the violation must cease immediately and permanently, and notice that additional violations shall result in more severe sanctions.

### *Behavior Contract*

A behavior contract is a written contract between the faculty member and the medical school wherein the faculty member agrees to correct inappropriate conduct with additional discretionary stipulations as appropriate. Discretionary components of sanctions may include requirements for: service to the medical school, affiliate, or community; attendance at educational seminars, classes, or workshops; written assignments; presentations; or other activities deemed appropriate by the Investigation Committee. The faculty member is required to submit written proof of required actions including evidence of completion of the sanction(s) to the associate dean for Faculty Affairs, who monitors the sanction. The faculty member is responsible for any registration and travel fees for seminars, classes, and workshops that are required as part of the behavior contract.

### *Restitution*

Compensation for loss, damage, or injury. This may take the form of appropriate service or monetary or material replacement.

### *Loss of Privileges*

Denial of specified privileges for a defined period of time or indefinitely. Examples of privileges that can be denied include: access to a building or portion of a building; access to a program; association with specific individuals or groups of the medical school; loss of teaching privileges; loss of supervisory roles over students, other faculty, or other individuals; or any other privilege that the Investigation Committee deems appropriate.

### *Probation*

Probation requires that a faculty member's conduct be monitored for a specified period of time. During probation, the faculty member may have loss of privileges. The associate dean for Faculty Affairs may develop a written plan consistent with the sanctions imposed by the Investigation Committee that stipulates any conditions of the probationary period. All conditions must be fully satisfied for the probationary period to end. The associate dean for Faculty Affairs is responsible for monitoring the faculty member during the probationary period and verifying satisfaction of the probation conditions. If the faculty member is found responsible for violation of any institutional policy during the probationary period, additional and more severe sanctions may be applied.

### *Suspension*

Separation of the faculty member from the medical school or a medical school program(s) for a period of time, after which the faculty member is eligible for re-instatement. The associate dean for Faculty Affairs shall develop a written plan consistent with the sanctions imposed by the Investigation Committee that stipulates the conditions for reinstatement. During a suspension, the faculty member may have loss of privileges and shall forfeit all other rights of faculty status for the duration of the suspension. The associate dean for Faculty Affairs is responsible for monitoring the faculty member during the suspension and verifying satisfaction of the suspension conditions. If the faculty member is found responsible for violation of any institutional policy during the suspension, additional and more severe sanctions may be applied. Under these circumstances, the associate dean for Faculty Affairs may specify additional conditions for re-instatement, and time limits. Failure of the faculty member to meet the specified conditions and time limits to the satisfaction, in the sole discretion, of the associate dean for Faculty Affairs may result in termination of faculty appointment.

### *Termination of Faculty Appointment*

Permanent separation of the faculty member from the medical school. A former faculty member shall have no access to medical school premises and shall forfeit all rights of faculty status immediately and permanently upon termination of faculty appointment. Termination of faculty appointment for employed and contracted faculty, such as through the misconduct process, also results in automatic termination of employment or contracted service.

### ***Appeal***

A request for an appeal must be submitted in writing or by email to the associate dean for Faculty Affairs within five working days of the notice of the final action. A request for an appeal must meet two conditions: (1) cite the basis of the appeal; and (2) provide sufficient and detailed information to support the appeal. Failure to meet these conditions, in the sole discretion of the Appeal Committee, shall be sufficient cause for the Appeal Committee to deny an appeal.

Within 10 working days of receipt of a written or email request from the faculty member for an appeal, the dean shall appoint and convene an Appeal Committee comprised of generally three faculty members with appropriate background to review the final action and the appeal. The dean shall designate one of the members to serve as chair of the Appeal Committee. The appeal process shall be limited to a review of the record and supporting documents of the Investigation Committee except for new information that was not known to the faculty member at the time of the hearing and that was also provided by the faculty member with the request for the appeal.

The Appeal Committee shall operate under the same guidelines as for the Investigation Committee. Appeal Committee members must recuse themselves from involvement in the appeal process if they have provided the faculty member with sensitive health, psychiatric, or psychological care, including as determined solely by the faculty member, or otherwise have a conflict of interest related to the faculty member, as determined by the associate dean for Faculty Affairs. The dean shall appoint another faculty member to serve on the Appeal Committee, if needed, for the appeal process for the faculty member.

The Appeal Committee, in the sole discretion of the Appeal Committee, may offer the faculty member an opportunity to meet with the Appeal Committee. The Appeal Committee is not required to meet with the faculty member.

The following are the only accepted bases for review by an Appeal Committee:

- To determine whether the hearing was conducted fairly and in conformity with prescribed procedures.
- To determine whether the decision reached regarding the actions of the faculty member was based on sufficient information. That is, to determine whether the facts in the case were sufficient to establish that it is more likely than not that the faculty member's actions were not in alignment with medical school policies, and the faculty member bore responsibility.
- To determine whether the sanction(s) imposed or final actions were appropriate for the faculty member's actions.
- To consider new information sufficient to alter a decision, which was not available at the original hearing because such information was not known to the faculty member at the time of the original hearing.

Upon consideration of the request for an appeal, the Appeal Committee may:

- Determine not to review the case as the appeal was not submitted within the required time limit, or the basis for the appeal lacks merit. The process is closed and the findings and sanctions of the Investigation Committee stand as the final action.
- Review the case, and deny the appeal. The process is closed and the findings and sanctions by the Investigation Committee stand as the final action.
- Review the case, and require that the Investigation Committee review the case again based on the availability of new information that was not available at the

time of the original hearing. The outcome of the subsequent review of the case by the Investigation Committee is also subject to appeal by the faculty member.

- Review the case, and reverse or modify the findings or sanctions that constitute the final action, which may be based on a modified finding of responsibility of the faculty member for any or all actions. The process is closed and the modified findings and sanctions by the Appeal Committee stand as the final action.

### ***Final Actions***

Final actions of the misconduct process are not implemented until the appeal deadline has passed, the appeal process is exhausted, or the faculty member provides notice in writing of a decision not to appeal.

The associate dean for Faculty Affairs is responsible for implementing actions by the medical school that are consistent with the full extent of the sanctions imposed by the Investigation Committee or the Appeal Committee, monitoring compliance of the student with the sanctions, and ensuring compliance with all reporting and other obligations concerning substantiated allegations of misconduct, consistent with relevant law.

The associate dean for Faculty Affairs is responsible for notifying affiliated institutions and others, including individuals within the medical school and entities external to the medical school, where appropriate or required under medical school policies, or with a need to know, in the sole discretion of the associate dean for Faculty Affairs.

The reporter may be notified of whether the investigation resulted in a finding of misconduct, and may be permitted to review relevant portions of the Investigation Committee Report for comment, at the sole discretion of the associate dean for Faculty Affairs. In the event portions of the Investigation Committee Report are made available for review, none of the materials may be copied, and all reasonable and practical efforts shall be made to remove the names of, and identifying information concerning, individuals who provided information to the Investigation Committee during the investigation.

The final institutional investigation materials consist of the Investigation Committee Report, summary of the information provided by all persons interviewed by the Investigation Committee, and any comments; Appeal Committee report, if applicable; report of the associate dean for Faculty Affairs of actions taken, or to be taken, by the medical school that are consistent with the sanctions imposed by the committee; and a plan by the associate dean for Faculty Affairs for monitoring compliance of the faculty member with the sanctions imposed by the committee.

The associate dean for Faculty Affairs shall retain the final institutional investigation materials in a secure and confidential manner for at least seven years after the final action, or for such longer time period as may be required by relevant law, medical school policies, or the circumstances of the case.

## Identification Photograph

Faculty are issued a medical school identification badge, which includes an identification photograph, and are required to wear their badge, at all times when on medical school premises. The identification badge is the property of the medical school and must be returned to the medical school upon request or faculty separation. Clinical, research, and community faculty at affiliated sites should wear identification in accordance with the policies of the affiliated site.

An identification photograph taken by the medical school is required to obtain a medical school identification badge. The identification photograph may be used and distributed for educational, informational, and promotional purposes.

The medical school publishes and distributes pictures and picture directories of faculty to meet the educational needs of the medical school, including publishing faculty information and pictures on the medical school websites. Picture directories are distributed publicly and are available to students, faculty, medical school staff, and affiliated hospitals and clinics.

## Still Photographs, Video Recordings With or Without Audio, and Audio Recordings

The medical school is committed to quality education and training. Toward this end, students and faculty are routinely observed and evaluated as an integral part of their education and development of their professional competencies, either directly or through still photographs, video recordings with or without audio, and audio recordings, as appropriate to the objectives and format of the experience. These records are an integral part of the teaching and assessment methods of medical students. In addition, the medical school records both visually and audibly many campus events and daily activities such as classes, seminars, commencement, convocations, student events, and public events. These images and recordings, as well as other information about students and faculty, are published in print or on websites regularly as part of the medical school's coverage of campus life and portrayal of the medical school to a variety of audiences. The medical school generally restricts the use of any image or recording to the representation, marketing, and promotion of medical school activities only.

By virtue of accepting a faculty appointment and participating in medical school activities, faculty consent that their image and voice in still photographs, audio recordings, and video recordings with or without audio obtained in the course of medical school activities, at any site and at any time, may be recorded, used, and distributed by the medical school now and in the future to:

- Provide individual formative feedback to learners and educators to improve their performance.
- Formally assess student achievement.
- Evaluate and improve the medical school curriculum.
- Evaluate our teaching process.



- Promote medical school activities for informational, promotional, marketing, and fundraising purposes as well as for educational purposes.

Still photographs, video recordings with or without audio, and audio recordings used as part of medical school curricula may be accessed and used by medical school faculty and staff only for official authorized purposes including student education, student and educator evaluation, and curriculum development, implementation, and oversight. Only those medical school faculty and staff with a legitimate educational or business need to know have access to these recordings, which shall be used only as authorized by the medical school for curriculum delivery and other appropriate uses, and may not be used or distributed outside of medical school events without prior written authorization from the office of the Dean. Portions of these recordings may be used by the medical school to privately and publicly promote medical school activities for informational, promotional, marketing, and fundraising purposes as well as for educational purposes.

Still photographs, audio recordings, and video recordings with or without audio recordings related to student performance that are created during curriculum delivery are retained generally for about one year after the student has graduated or is no longer officially associated with the medical school, whichever comes first. Generally, at that time, recordings of individual students are destroyed and no longer available. Portions of these recordings may be kept and used indefinitely for educational and business purposes, but these recordings no longer represent performance of an individual student.

#### *Personal Cameras and Recording Devices*

Use of a personal camera or recording device (for photography, audio, video, or audiovideo recording) to record any clinical or patient-related experience with patients must be in accordance with the policies of the clinical site. To minimize misperception, students and faculty should not have a personal camera or recording device within the view of a patient unless permission to photograph or record has been obtained through the policies and procedures of the clinical site. Use of a personal camera or recording device by students and faculty is not permitted in the setting of anatomy instruction, standardized patients, and simulation training.

#### *Publishing and Posting on the Internet*

Students, faculty, and staff shall not post or publish still photographs, video recordings with or without audio, audio recordings, written records, or in any other form the content of curriculum events including but not limited to lectures, iBooks and independent learning resources, standardized patient experiences, simulation experiences, examination questions, and clinical and patient-related experiences related to medical school events and activities in any format including the internet, such as social networking sites and personal websites whether with or without restricted access, including posting anonymously or under a pseudonym.

## **Use of Contact Information**

Contact information including names, addresses, phone numbers, and email addresses of current and former faculty is used only for medical school and related academic purposes. This information is not used, sold, or distributed for other purposes. Faculty may not use medical school mailing and emailing lists for unauthorized fundraising or for commercial, private, or political purposes.

## **Use and Reporting of Data**

In the course of fulfilling the faculty role of participating in scholarship, faculty may desire to use student/resident/fellow/faculty evaluations, and student/resident/fellow/faculty performance data, including faculty and other evaluations of students/residents/fellows/faculty. The medical school supports these scholarly activities.

All information related to student/resident/fellow/faculty evaluations of events, courses/clerkships, and faculty, and student/resident/fellow/faculty performance data including examination results and faculty and other evaluations of students/residents/fellows/faculty, is the sole property of the medical school. This data can only be used with written permission of the medical school, and also with IRB approval, if appropriate. All collection and use of data must meet standards and requirements for use of data involving vulnerable populations. The associate dean for Educational Affairs oversees the institutional review process for use and approval for any reporting of data related to medical students and graduate students. The associate dean for Graduate Medical Education oversees the institutional review process for use and approval for any reporting of data related to residents/fellows. The associate dean for Faculty Affairs oversees the institutional review process for use and approval for any reporting of data related to faculty.

## **Use of Logo and Other Marks**

All faculty may use the name of the medical school, logo, and other marks along with their faculty rank and medical school titles, if any, on personal and professional communications, presentations and publications, websites, and informational and promotional materials only if the scope is directly related to their roles at the medical school. All information in the materials must be accurate and complete, and all use must be in accordance with the medical school [Identity Guide](#) and medical school policies. All such use is subject to the review and approval in the sole discretion of the associate dean for Administration and Finance.

Faculty may be engaged in activities outside of their medical school roles and responsibilities, such as work for pay including consulting and expert witness testimony, and providing statements and testimony as private citizens. When engaged in outside activities, faculty must make it clear that: 1) they are acting in their individual capacities and not on behalf of the medical school; and 2) that the medical school does not endorse, sponsor, support, or indemnify the outside activity. Faculty may use their

medical school titles when signing reports and letters pertaining to outside activities so long as it is stated that the medical school title is used solely to document professional credentials. Medical school letterhead and the logo and other marks shall not be used in correspondence for activities outside of their medical school roles and responsibilities.

Faculty shall not use the name of the medical school, logo, and other marks along with their faculty rank and medical school titles, if any, for promotion of commercial products and services, including statements used as quotes about commercial products and services.

## **Business Cards**

The medical school provides all faculty upon request through their department a reasonable supply of personal business cards for their own use. The use of medical school business cards by faculty not employed by the medical school is optional. The format and use of the business card must be in accordance with the medical school Identity Guide and other medical school policies.

## **Evaluation of Learners by Faculty with Health Care Provider Relationships and Other Conflicts**

Faculty and other health care professionals must recuse themselves from involvement in the academic assessment and consideration for advancement and graduation of the learner if they have: provided the learner with sensitive health, psychiatric, or psychological care, including as determined solely by the learner; served as the learner's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the learner.

Faculty are required to review the list of their assigned medical students prior to the beginning of the courses/clerkships to identify conflicts of interest and resolve the conflicts with the course/clerkship director or associate dean for Educational Affairs. Faculty and all evaluators must attest as part of completing the medical student evaluation form that they have not: provided sensitive health, psychiatric, or psychological care, including as determined solely by the medical student; served as the medical student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the medical student. Medical students may bring concerns of conflicts to course/clerkship directors or associate dean for Student Affairs, who will address the conflicts as appropriate. Faculty must not participate in course/clerkship grading or Medical Student Performance Committee review, including decisions about advancement and graduation, if they have such a conflict of interest. Medical Student Performance Committee members must recuse themselves from both the discussion and actions for medical students for whom they have such a conflict.

Faculty are required to review the list of their assigned residents/fellows prior to the beginning of the resident/fellow rotations to identify conflicts of interest and resolve the conflicts with the program director or associate dean for Graduate Medical Education. Faculty and all evaluators must attest as part of completing the resident/fellow

evaluation form that they have not provided sensitive health, psychiatric, or psychological care, including as determined solely by the resident/fellow, or otherwise have a conflict of interest related to the resident/fellow. Residents/fellows may bring concerns of conflicts to program directors or associate dean for Graduate Medical Education, who will address the conflicts as appropriate. Faculty must not participate in resident/fellow rotation evaluations or Clinical Competence Committee review, including decisions about advancement and graduation, if they have such a conflict of interest. Clinical Competence Committee members must recuse themselves from both the discussion and actions for residents/fellows for whom they have such a conflict.

## **Letters of Recommendation**

Letters of recommendation for students are subject to FERPA requirements, whereas letters of recommendation for residents and fellows are not.

### ***For Medical Students***

Letters of recommendation for a student require signed release using the Request for Letter of Recommendation, which is available from the office of Student Affairs. Faculty and other individuals providing a letter of recommendation must provide the office of Student Affairs with a copy of the signed release along with a copy of the signed letter of recommendation.

### ***For Residents and Fellows***

Letters or recommendation for a resident or fellow do not require a Request for Letter of Recommendation. Only program directors, associate program directions, department chairs, and the associate dean for Graduate Medical Education and the director of Resident Affairs are authorized to release, reference, or imply personal information held by the medical school such as resident or fellow performance assessments.

## **Communications**

Email is the preferred means of communication of the medical school. Each faculty member must designate an active email account to be used by the medical school for communications, and inform the medical school in a timely manner of any changes. Each faculty member is responsible for all communications sent to their designated email account. Notices sent by email to the faculty email address are deemed to have been sent in writing.

## Cell Phone Use

Cell phones should be in silent mode or turned off in student study areas designated for quiet study, the Simulation Center, and in lectures and team-based learning activities. Certain designated patient care areas may require that cell phones be turned off.

## Social Media

The use of the internet and social networking sites (Facebook, Twitter, YouTube, blogging sites, etc.) has potential for inappropriate content and misinterpretation. Faculty are representatives of the medical school and the medical profession. Faculty actions reflect on everyone affiliated with the medical school. Faculty must take this responsibility seriously and represent themselves professionally at all times. Postings on the internet, including postings anonymously or under a pseudonym, that state, imply, or reflect an affiliation with the medical school are subject to the Code of Professional Conduct.

Still photographs, video recordings with or without audio, or audio recordings of medical school learning activities or patients shall not be published on any personal website or social networking site. Postings on social networking sites of inoffensive materials related to medical school social activities are permissible.

The following guidelines are provided to medical students and faculty to facilitate the appropriate use of social media. Medical students and faculty should:

- Recognize that the internet is a public domain and that once posted the content and photographs are beyond an individual's control. Maintain a favorable, professional brand identity in the content that you post.
- Monitor personal brand identity on the internet by monitoring the information about you that your friends post. Conduct internet searches on a regular basis, or set automatic searches, to identify postings that include your name. Take measures to remove postings that potential employers and others might find controversial or offensive.
- Protect individual privacy by reviewing privacy settings on all social networking sites that are used. Appropriate privacy settings help protect one's identity and personal information.
- Protect patient privacy by not discussing patients or patient care in hallways, elevators, other public spaces, or on social media sites.
- Protect institutional confidentiality by not discussing confidential information in hallways, elevators, other public spaces, or on social media sites.
- Take responsibility and use good judgment. Incomplete, inaccurate, inappropriate, threatening, or poorly worded postings may be harmful to others. They may damage relationships, undermine the reputation of the medical school and other organizations, discourage teamwork, and adversely affect the institution's commitment to outstanding clinical care, education, research and service.

## Information Technology and Library Systems

The medical school library provides access to network resources such as walk-up computers, printers, software, email, and internet for academic purposes related to the study and practice of medicine. Medical school computers shall not be used for personal entertainment such as playing games or to access non-academic sites that may be offensive to other users or staff.

Data files and messages traversing the medical school network are not private communications. The medical school reserves its right, as owner of the network, to examine or inspect any message transmitted over the network and any information stored on medical school-owned devices.

All members of the medical school community must recognize that electronic communication is not absolutely confidential and that during the course of ordinary management of computing and networking services, network administrators and others may view user files or messages. If a user is suspected of violations of prevailing laws or medical school policies, the user's privacy is superseded by the medical school's need to maintain network integrity and compliance with applicable laws and regulations.

In order to protect the security and integrity of the medical school network and computer resources, the medical school reserves the right to limit, restrict, or terminate any account or use of network resources, and to inspect, copy, remove or otherwise alter any data, file, or system resources that may undermine authorized use. The medical school shall not be liable for, and the user assumes the risk of, inadvertent loss of data or interference with files resulting from the medical school's efforts to maintain the privacy, integrity, and security of the medical school network and resources.

Users of portable computers and mobile devices must take responsibility for the security of their equipment, software, and data in their care. Individuals are responsible for protecting usernames and passwords for all computer accounts that are assigned to them and may not give anyone else access to their accounts. Individuals are responsible for the security of passwords, which must be changed on a regular basis. Passwords shall not be conveyed to others or written down in a way that provides access. Much of the educational software provided by the medical school cannot be legally copied. All software installed on computers or electronic devices owned by the medical school must comply with copyright laws.

Use of library systems and its licensed materials is for the purposes of education, research, and other non-commercial use. Users may display, download, and print licensed materials to support teaching, learning, and training related to patient care, education, and research directly associated with the medical school. Users may not, at any time, remove copyright notices, create any derivative work based on the licensed material, post or produce copies for redistribution outside the medical school's network, or use a crawler or other automated downloading programs to continuously and automatically search, extract, and systematically download licensed materials.

The medical school does not permit any medical school official to request or require that a faculty member grant access to, disclose information that allows access to, or allow observation of personal internet accounts. The medical school may access directly, or request or require that a faculty member disclose access information to the medical school to provide access to, an electronic device owned by the medical school, or an account or service provided or funded in part or in whole by the medical school. The medical school may also view, access, or utilize information about a faculty member that can be obtained without any required access information or that is available in the public domain.

### *Copyright Violation*

Violation of copyright such as unauthorized use and distribution of copyrighted material, including unauthorized peer-to-peer file sharing, may subject a faculty member to civil and criminal liabilities including actual or “statutory” damages, court costs, attorneys’ fees, imprisonment, and fines. For details, see Title 17, United States Code, Sections 504, 505. Violation of copyright is also a violation of the Code of Professional Conduct that is subject to medical school discipline, up to and including termination of the medical school faculty appointment.

### *Information Technology and Library Systems Benefits for Faculty*

Access to email, library, and other resources are required for faculty to perform their roles. Email is the preferred method of communication at the medical school.

Core faculty in the unmodified track are provided:

- Email account.
- Faculty Portal.
  - Library Services.
    - Standard clinical resources (at <http://libguides.med.wmich.edu/home/clinicalresources>)
    - Additional clinical resources.
    - On-demand document delivery.
  - Intranet, with specific access determined by medical school roles.
- Microsoft Office 365.

Core faculty in the clinical, research, and community tracks, and all faculty in the adjunct and emeritus/emerita classifications are provided:

- Email account upon request.
- Faculty Portal.
  - Library Services.
    - Standard clinical resources (at <http://libguides.med.wmich.edu/home/clinicalresources>)
    - On-demand document delivery if the faculty member has a medical school email account, otherwise traditional interlibrary loan with delivery generally within 48 hours.
  - Intranet, with specific access determined by medical school roles.
- Microsoft Office 365 upon request.

## **Inclement Weather**

The medical school rarely closes because of inclement weather. Closures are announced through the medical school's emergency notification system to registered faculty cell phones and email addresses, and are also announced on [WWMT](#), a local television station. If there is a question about closure, faculty should always refer to the medical school website, where the homepage is updated immediately with notices of school closures and emergencies. Closures may affect patient care activities and educational activities differently. Patient care responsibilities are not obviated generally by adverse weather conditions.

Faculty must use good judgment and make their own decisions regarding traveling in hazardous conditions.

## **International Travel**

Faculty participation in medical student and resident activities at international health sites is an optional activity and is not required of any faculty.

The medical school does not permit international travel on school-sponsored activities to countries for which the US Department of State has issued a [Travel Warning](#) that remains in place. Individuals who travel internationally on school-sponsored activities are expected to heed US Department of State [Travel Alerts](#) about disturbances and elevated risks.

All international travelers on school-sponsored activities are required to obtain all necessary immunizations and take all necessary precautions appropriate for the travel sites and the activities conducted.

All international travelers on school-sponsored activities are required to enroll in the US Department of State [Smart Traveler Enrollment Program \(STEP\)](#). This is a free program that provides travel alerts and warnings, and makes it easier for the US Department of State to locate individuals in an emergency.

The medical school has insurance that provides for emergency assistance, including emergency medical evacuation and repatriation coverage, for medical students, residents/fellows, and faculty while traveling internationally on school-sponsored activities. Individuals on school-sponsored international activities must create a personal profile and register the trip with ACE Executive Assistance Services at [www.acetravelapp.com](http://www.acetravelapp.com) using policy number PHFD38379173. Further information is available from Human Resources or the office of Faculty Affairs.

## **Accommodating Religious Obligations**

The medical school includes a diverse, multicultural community. We embrace both individual responsibility and respect for our differences. We seek to permit students, residents/fellows, and faculty the opportunity to fulfill their religious obligations according to their faith.



In constructing the academic calendar for students and residents/fellows, religious holy days are considered but are not the sole factor in determining dates and times that classes and activities will be held. Course/clerkship directors and residency/fellowship program directors should attempt to facilitate religious obligations by permitting planned absence from classes and activities, with appropriate remediation, to accommodate religious obligations and religious holy days. Learners should understand that the logistical constraints of certain activities, such as summative course/clerkship examinations on the last day of the course/clerkship, might necessitate scheduling on religious holy days.

The requirements of patient care and associated clinical education are significantly different from classroom education. In clinical settings, students, residents/fellows, and faculty are expected to model professional responsibility for continuous patient care, which may preclude the individual's observance of religious obligations.

Course/clerkship directors and residency/fellowship program directors should assume that a learner's claim of a religious obligation has veracity. Learners who desire to be excused from scheduled classes and activities because of a scheduling conflict with religious obligations are responsible to make mutually agreeable arrangements for remediation with course/clerkship directors or residency/fellowship program directors well in advance, generally at least four weeks prior to the conflict. Course/clerkship directors and residency/fellowship program directors should provide reasonable accommodations for learners to remediate activities and work that are missed because of religious obligations. Reasonable accommodations do not fundamentally change the essential nature of the activity, interfere with the delivery of the content, or create an unreasonable burden on the program, faculty, course/clerkship directors, or residency/fellowship program directors.

Learners retain individual responsibility for their learning experience and must commit the time and energy necessary to meet all obligations and achieve the goals and objectives of each activity. This includes fulfilling reasonable accommodations and remediation requirements resulting from observance of religious obligations.

Course/clerkship directors and residency/fellowship program directors are not expected or obligated to provide additional materials to students beyond the materials that would have normally been distributed to all participants.

## Section V: Faculty Classifications, Tracks, and Ranks

Appointment as a member of the medical school faculty is a privilege. Faculty appointment requires the credentials and training appropriate for the classification, track, and rank that correspond to the individual responsibilities and are consistent with accreditation standards. Faculty must be committed to the mission of the medical school and demonstrate on a continuing basis the commitment to fulfill the responsibilities of faculty, and abide by the Faculty Handbook and all medical school policies.

All faculty of the medical school in the core and adjunct classifications must hold a primary faculty appointment in a department/program (or in certain circumstances, the office of the Dean) and may hold secondary appointments in other departments/programs. Faculty in the emeritus/emerita classification are not appointed in a department/program.

All faculty must notify the associate dean for Faculty Affairs within five working days of any adverse action related to: an educational or academic affiliation at any other institution; professional certification or standing; license for clinical practice, regardless of state or scope; and involuntary restriction or termination of hospital privileges. Faculty who are arrested, charged, or convicted of a felony or misdemeanor; subject to a restraining order or personal protection order; or recipient of any adverse action including but not limited to an institutional disciplinary action or employment action such as termination, must inform the associate dean for Faculty Affairs within five working days. Failure to notify the associate dean for Faculty Affairs as required is sufficient basis for termination of faculty appointment.

### Board Certification

Faculty appointment of physicians with clinical responsibilities and who are licensed to practice medicine in the state of Michigan requires that the physician attain and maintain continuing active board certification with one or more specialty boards that have been approved jointly by action of the American Board of Medical Specialties (ABMS) and the American Medical Association Council on Medical Education (AMA/CME), or the American Osteopathic Association Board of Trustees and the Bureau of Osteopathic Specialties. For faculty appointment at the rank of assistant professor or higher, board certification must be from one of these boards:

American Board of:	American Osteopathic Board of:
Allergy and Immunology	Anesthesiology
Anesthesiology	Dermatology
Colon and Rectal Surgery	Emergency Medicine
Dermatology	Family Physicians
Emergency Medicine	Internal Medicine
Family Medicine	Neurology and Psychiatry
Internal Medicine	Neuromusculoskeletal Medicine
Medical Genetics and Genomics	Nuclear Medicine
Neurological Surgery	Obstetrics and Gynecology

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Nuclear Medicine	Ophthalmology and Otolaryngology
Obstetrics and Gynecology	Orthopedic Surgery
Ophthalmology	Pathology
Orthopaedic Surgery	Pediatrics
Otolaryngology	Physical Medicine and Rehabilitation
Pathology	Preventive Medicine
Pediatrics	Proctology
Physical Medicine and Rehabilitation	Radiology
Plastic Surgery	Surgery
Preventive Medicine	
Psychiatry and Neurology	
Radiology	
Surgery	
Thoracic Surgery	
Urology	

Physicians with clinical responsibilities and who are licensed to practice medicine in the state of Michigan but who do not hold continuing active board certification and are not within seven years of completion of accredited training are appointed at the rank of instructor.

## **Faculty Classifications and Tracks**

There are three faculty classifications: core, adjunct, and emeritus/emerita. There are four faculty tracks in each classification: unmodified, clinical, research, and community. There are four ranks within each classification and track: instructor, assistant professor, associate professor, and professor. Appointment and promotion standards are defined for each classification, track, and rank.

### ***Core Faculty***

#### *Unmodified Faculty Designation*

The unmodified faculty designation is for faculty who are employed or contracted generally for  $\geq 30\%$  time and effort by the medical school and participate substantively across multiple educational, research, clinical, and service programs of the medical school including academic scholarship and leadership. These faculty should have a record of inquiry, research and discovery sufficient to predict likelihood for continuing or initiating scholarship as relevant to the position. These faculty are not eligible for additional remuneration above their salary for educational activities in the medical school. Faculty appointment for employed and contracted faculty is co-terminus with employment or contract. Continued faculty appointment for employed and contracted faculty requires satisfactory annual review by the department chair of faculty performance that confirms continuing satisfactory engagement in medical school activities and compliance with medical school policies specifically including GEN01, the Code of Professional Conduct, and GEN04, Conflicts of Interest and Commitment. The

department chair also provides a review of rank and progress toward promotion. Satisfactory annual review supports continued faculty appointment.

### *Clinical Faculty Designation*

The clinical faculty designation is for physicians and other healthcare providers who participate substantively in the medical school primarily as a clinician educator to teach medical students and residents in clinical and other settings, and who are employed or contracted generally <30% time and effort by the medical school. They may participate in academic scholarship. Clinical faculty may receive remuneration for educational activities in the medical school. Academic rank for clinical faculty is designated by “Clinical.”

Continued faculty appointment for clinical faculty requires satisfactory annual review by the department chair that confirms direct engagement in education and service to the medical school of at least 50 hours each year unless a lower minimum for the faculty member is approved by the dean based on medical school needs and individual circumstances, and meeting other faculty requirements. The annual review confirms continuing engagement in medical school activities and compliance with medical school policies specifically including GEN01, the Code of Professional Conduct, and GEN04, Conflicts of Interest and Commitment, related the individual’s role in any medical school activities. Every three years the department chair provides an additional review of rank and progress toward promotion. Satisfactory triennial review supports faculty re-appointment for another three-year period.

### *Research Faculty Designation*

The research faculty designation is for individuals who participate substantively in the medical school as research educators and mentors, or in the research programs of the medical school, and who are employed or contracted generally <30% time and effort by the medical school. They may participate in academic scholarship. Research faculty may receive remuneration for educational activities in the medical school. Academic rank for research faculty is designated by “Research.”

Continued faculty appointment for research faculty requires satisfactory annual review by the department chair that confirms direct engagement in education and service to the medical school of at least 50 hours each year unless a lower minimum for the faculty member is approved by the dean based on medical school needs and individual circumstances, and meeting other faculty requirements. The annual review confirms continuing satisfactory engagement in medical school activities and compliance with medical school policies specifically including GEN01, the Code of Professional Conduct, and GEN04, Conflicts of Interest and Commitment, related the individual’s role in any medical school activities. Every three years the department chair provides an additional review of rank and progress toward promotion. Satisfactory triennial review supports faculty re-appointment for another three-year period.

## *Community Faculty Designation*

The community faculty designation is for individuals who are not healthcare providers who participate substantively as subject matter experts in specific elements of the curriculum and/or research programs of the medical school, and who are employed or contracted generally <30% time and effort by the medical school. They may participate in academic scholarship. Community faculty may receive remuneration for educational activities in the medical school. Academic rank for community faculty is designated by “Community.”

Continued faculty appointment for community faculty requires satisfactory annual review by the department chair that confirms direct engagement in education and service to the medical school of at least 50 hours each year unless a lower minimum for the faculty member is approved by the dean based on medical school needs and individual circumstances, and meeting other faculty requirements. The annual review confirms continuing satisfactory engagement in medical school activities and compliance with medical school policies specifically including GENo1, the Code of Professional Conduct, and GENo4, Conflicts of Interest and Commitment, related to the individual’s role in any medical school activities. Every three years the department chair provides an additional review of rank and progress toward promotion. Satisfactory triennial review supports faculty re-appointment for another three-year period.

## ***Adjunct Faculty***

Adjunct faculty have focused responsibilities in teaching or scholarship in the medical school and hold a concurrent primary faculty appointment at another academic institution, which may be tenure track or non-tenure track and on a full-time or part-time basis.

Appointment as adjunct faculty requires an MD, DO, MBBS or equivalent degree, PhD, EdD, PsyD, PharmD, MLS, or the highest degree in the field of specialization from an accredited institution. Physicians who are licensed must either hold current board certification or be within seven years of completion of accredited training to be appointed at the rank of assistant professor or higher.

Adjunct faculty must maintain direct engagement in education and service to the medical school of at least 50 hours each year unless a lower minimum for the faculty member is approved by the dean based on medical school needs and individual circumstances, and meeting other faculty requirements.

Adjunct faculty are provided access to the medical school library and may be provided other faculty resources. Adjunct faculty do not serve on standing committees, and are not eligible to vote for members of the Faculty Academic Council or the faculty director of the medical school board of directors.

Adjunct faculty are normally appointed at a rank comparable to their rank at the primary academic institution, and may be in the unmodified, clinical, research, or

community tracks. Appointment at or promotion to any rank at the medical school must be consistent with the medical school criteria. Promotion in rank for adjunct faculty is initiated only after promotion in rank at the primary academic institution.

### ***Emeritus/Emerita Faculty***

Emeritus/emmerita faculty are former distinguished core faculty members at the rank of professor or associate professor who have retired in good standing from their profession after generally at least 10 years of continuous employment or service to the medical school. The medical school awards this designation as an honor based on outstanding contributions to the medical school. The title of emeritus/emmerita faculty is without reference to department affiliation.

Emeritus/emmerita faculty may continue to be involved in the life and community of the medical school, and are provided access to the medical school library and may be provided other faculty resources. Emeritus/emmerita faculty may serve on standing committees, and are not eligible to vote for members of the Faculty Academic Council or the faculty director of the medical school board of directors.

Emeritus/emmerita faculty are appointed at the final core faculty rank, and may be in the unmodified, clinical, research, or community classification. Emeritus/emmerita faculty are not appointed in a department/program.

### **Faculty Ranks**

Faculty appointment ranks, or appointment titles, are defined within each classification and track (Table 1). Ranks for adjunct faculty are at a rank generally comparable to their rank at the primary academic institution, and for emeritus/emmerita faculty at their final core faculty rank at the medical school.

Table 1. Summary of Faculty Appointment Ranks Offered for Each Classification and Track

		CLASSIFICATION		
		Core	Adjunct	Emeritus/Emerita
TRACK	Unmodified	<p>Basic scientists, clinical scientists and clinician educators employed or contracted <math>\geq 30\%</math> time and effort by the medical school.</p> <ul style="list-style-type: none"> <li>• Professor</li> <li>• Associate Professor</li> <li>• Assistant Professor</li> <li>• Instructor</li> </ul>	<p>Basic scientists, clinical scientists and clinician educators with a primary academic appointment at another institution.</p> <ul style="list-style-type: none"> <li>• Adjunct Professor</li> <li>• Adjunct Associate Professor</li> <li>• Adjunct Assistant Professor</li> <li>• Adjunct Instructor</li> </ul>	<p>Former core faculty at the rank of professor or associate professor who have retired from their profession and employment or service to the medical school.</p> <ul style="list-style-type: none"> <li>• Professor, Emeritus/Emerita</li> <li>• Associate Professor, Emeritus/Emerita</li> </ul>
	Clinical	<p>Physicians and other healthcare providers employed or contracted generally <math>&lt; 30\%</math> time and effort by the medical school.</p> <ul style="list-style-type: none"> <li>• Clinical Professor</li> <li>• Clinical Associate Professor</li> <li>• Clinical Assistant Professor</li> <li>• Clinical Instructor</li> </ul>	<p>Physicians and other healthcare providers with a primary academic appointment at another institution.</p> <ul style="list-style-type: none"> <li>• Adjunct Clinical Professor</li> <li>• Adjunct Clinical Associate Professor</li> <li>• Adjunct Clinical Assistant Professor</li> <li>• Adjunct Clinical Instructor</li> </ul>	<p>Former core clinical faculty at the rank of clinical professor or clinical associate professor who have retired from their profession and service to the medical school.</p> <ul style="list-style-type: none"> <li>• Clinical Professor, Emeritus/Emerita</li> <li>• Clinical Associate Professor, Emeritus/Emerita</li> </ul>
	Research	<p>Researchers employed or contracted generally <math>&lt; 30\%</math> time and effort by the medical school.</p> <ul style="list-style-type: none"> <li>• Research Professor</li> <li>• Research Associate Professor</li> <li>• Research Assistant Professor</li> <li>• Clinical Instructor</li> </ul>	<p>Researchers with a primary academic appointment at another institution.</p> <ul style="list-style-type: none"> <li>• Adjunct Research Professor</li> <li>• Adjunct Research Associate Professor</li> <li>• Adjunct Research Assistant Professor</li> <li>• Adjunct Research Instructor</li> </ul>	<p>Former core research faculty at the rank of research professor or research associate professor who have retired from their profession and service to the medical school.</p> <ul style="list-style-type: none"> <li>• Research Professor, Emeritus/Emerita</li> <li>• Research Associate Professor, Emeritus/Emerita</li> </ul>
	Community	<p>Non-healthcare providers employed or contracted generally <math>&lt; 30\%</math> time and effort by the medical school.</p> <ul style="list-style-type: none"> <li>• Community Professor</li> <li>• Community Associate Professor</li> <li>• Community Assistant Professor</li> <li>• Community Instructor</li> </ul>	<p>Non-healthcare providers with a primary academic appointment at another institution.</p> <ul style="list-style-type: none"> <li>• Adjunct Community Professor</li> <li>• Adjunct Community Associate Professor</li> <li>• Adjunct Community Assistant Professor</li> <li>• Adjunct Community Instructor</li> </ul>	<p>Former core community faculty at the rank of community professor or community associate professor who have retired from their profession and service to the medical school.</p> <ul style="list-style-type: none"> <li>• Community Professor, Emeritus/Emerita</li> <li>• Community Associate Professor, Emeritus/Emerita</li> </ul>

### **Instructor**

Appointment at the instructor rank requires an MS, MA, or equivalent degree, and certification as a skilled healthcare practitioner or as a subject matter expert in specific elements of the curriculum. This rank may be used for faculty with a higher (eg,

doctoral) degree. Physicians with clinical responsibilities and who are licensed but who do not hold continuing active board certification and are not within seven years of completion of accredited training are appointed at the rank of instructor.

Residents and fellows at the medical school who are pursuing clinical training in graduate medical education programs and postdoctoral fellows who are pursuing postdoctoral experience are appointed at the instructor rank. These appointments are made at the beginning of training for the anticipated duration of training, and are co-terminus with residency, fellowship, or postdoctoral training at the medical school. These faculty may serve on standing committees as resident, fellow, or postdoctoral fellow members.

Residents and fellows are not eligible to vote for department/faculty Faculty Academic Council representatives or to serve on the Faculty Academic Council.

### ***Assistant Professor***

Appointment at the assistant professor rank requires an MD, DO, MBBS or equivalent degree, PhD, EdD, PsyD, PharmD, MLS, or the highest degree in the field of specialization from an accredited institution, and having appropriate qualifications including achieving a reputation of excellence with local stature and emerging regional stature in their discipline. Faculty who do not hold a doctoral level degree and have served for a significant period of time at the instructor rank with evidence of achieving local stature in their discipline may be appointed as assistant professor. Physicians who are licensed must either hold current board certification or be within seven years of completion of accredited training to be appointed at the rank of assistant professor or higher.

Faculty at the assistant professor rank have developed expertise necessary to distinguish themselves at a local and regional level. They continue to contribute to the medical school while participating in regional professional organizations and contributing to the scholarly reputation of the medical school.

### ***Associate Professor***

Appointment at the associate professor rank requires an MD, DO, MBBS or equivalent degree, PhD, EdD, PsyD, PharmD, MLS, or the highest degree in the field of specialization from an accredited institution, and having appropriate qualifications including achieving a reputation of excellence with regional stature and emerging national stature in their discipline. These faculty have normally completed at least six years and generally seven years at the assistant professor rank at the medical school or a comparable institution to develop a track record of success to meet the promotion standards for promotion to associate professor.

Faculty at the associate professor rank have developed expertise necessary to distinguish themselves at a regional and national level. Their scholarly activity and contributions to the science is well known by peers. They continue to contribute to the medical school



while participating in national professional organizations and contributing to the scholarly reputation of the medical school.

### ***Professor***

Appointment at the Professor rank requires: an MD, DO, MBBS or equivalent degree, PhD, EdD, PsyD, PharmD, MLS, or the highest degree in the field of specialization from an accredited institution, and having appropriate qualifications including achieving a reputation of excellence with national stature and emerging international stature in their discipline. These faculty have normally completed at least six years and generally seven to ten years at the associate professor rank at the medical school or a comparable institution to develop a track record of success to meet the promotion standards for promotion to professor.

Faculty at the professor rank have developed expertise necessary to distinguish themselves at a national and international level. Faculty members at the professor rank have made a significant impact in their field of expertise or how their area of medicine is practiced. They have breadth and depth of scholarly interest as evidenced by many forms of recognition including publications, invited lectures, and awards. They are considered “thought leaders” in their area of expertise. They continue to contribute to the medical school while participating in national and international professional organizations and contributing to the scholarly reputation of the medical school.

### **Appointment and Promotion Standards**

The appointment and promotion standards are the criteria used by the medical school for recognizing achievements that justify faculty rank designation. While each element of the promotion standards is important, an individual candidate may have, for example, exceptional achievement in one standard and limited achievement in another. It is the duty of the department/program Appointment and Promotion Committee and the medical school Appointment and Promotion Committee to weigh the breadth and depth of achievement in each element of the promotion standards with the desires for a fully rounded portfolio.

### ***Teaching***

The education of medical students and residents is the primary reason for the existence of the medical school. Teaching is the activity that is common to all faculty members and therefore each candidate is judged on abilities in teaching. There must be documentation of teaching activities and good-to-excellent evaluations of performance from students, peers, block or rotation directors, administrators, or others. For this to be a domain with excellence, evaluations should be exemplary, and evidence of peer-recognized innovation and creativity is expected. Leadership roles in teaching at the medical school are expected for the candidate anticipating promotion from associate professor to professor. Teaching awards are evidence of excellence. Basic science candidates may submit evaluations from students and doctoral trainees, postdoctoral fellows, and preclinical students working in the candidate’s area of scholarship. The

basic science candidate may have sponsored or mentored a significant number of trainees (eg, medical students, doctoral candidates, and postdoctoral fellows) in their area of expertise. Teachers should recognize that skills can always be improved and have a track record of consistent documented faculty development in this domain.

Teaching at the medical school takes many different forms. These include but are not limited to:

- Facilitating small groups in a team-based learning format;
- Leading individuals or small groups in both cognitive and skills-based activities;
- Instructing in the classroom by lecture, seminar, and group sessions;
- Instructing in the Simulation Center;
- Precepting in the clinics, inpatient units, operating rooms, and other clinical sites;
- Mentoring students and residents through coaching and advising;
- Mentoring junior faculty through coaching and advising that contributes to their professional success and promotion;
- Modeling and instructing in clinical, laboratory, committee, or other professional settings;
- Instructing in research laboratories;
- Instructing in the use of databases, records, surveys, or populations; and
- Other types of teaching.

Given the primacy of teaching, it is expected that all faculty members striving for promotion are judged on the quality and quantity of their teaching. Faculty members should recognize that skills can always be improved, and documentation of sustained efforts each year to improve teaching skills is expected.

### **Service**

Service entails time, activity and personal resources in those tasks that make teaching, research, and clinical practices function at the medical school. Core faculty at the medical school are expected to take an active role in the activities of Western Michigan University Homer Stryker M.D. School of Medicine, the affiliated clinical settings, the affiliated research settings, and in community, regional, and national organizations in support of the medical school. Service is acknowledged to occur beyond one's prescribed activities in clinics, laboratories, and classrooms. Service to the medical school is necessary for the school to function and, hence, is an expectation of faculty who strive for promotion.

All faculty members are expected to provide service to the medical school, the hospitals, the southwest Michigan community, and the broader professional and medical community. Examples of service should be included in the portfolio. For this to be a domain of excellence, the candidate must demonstrate leadership in service activities, innovative or creative applications to the work involved, or new initiatives addressing medical school, local, regional, or national issues. Examples of excellence in service

include boards of national organizations, national task forces, and research study groups, especially when invited or elected; the candidate should have evidence of leadership roles in such organizations. Service must reflect on the mission and activities of the medical school; service by the faculty member in otherwise laudable activities that are not congruent with the mission and activities of the medical school is not relevant to the academic promotion process.

Service can take the form of:

- Participation and leadership in medical school committees, course/clerkship development, and medical school administrative roles;
- Participation and leadership in administration of clinics or hospital endeavors;
- Involvement and leadership in healthcare-related community service groups;
- Participation and leadership in local, regional, and national medical and research organizations;
- Involvement in healthcare-related policy setting groups, task forces, and committees; and
- Involvement for advancement of medical, research, and academic priorities in advocacy groups.

Willing participation and leadership in service is recognized as important to the function of the institution and a measure of commitment to the medical school, and is a measure for consideration in promotion.

### ***Clinical Care (if applicable)***

Along with other goals, medical students at the medical school are educated to become clinicians. The faculty who educate students in clinical medicine should themselves be excellent clinicians. For the clinician candidate, there must be documentation of clinical care that is closely linked to directly teaching learners. Metrics of clinical abilities such as surveys, questionnaires, and scorecards are helpful for a broad picture, but even excellent clinical care is not relevant to promotion without occurring as an attending physician or preceptor while teaching and mentoring learners. Excellence in clinical care is evidenced by metrics such as leadership roles in the clinical domain, awards, and other recognition in association with considerable teaching responsibilities in the clinical setting.

Faculty members striving for promotion are judged on their clinical capabilities and their professionalism in the clinical setting.

### ***Scholarship***

Each candidate must show evidence of progress and achievement in scholarship as demonstrated by innovation, significance, and impact of their scholarly activities, with evidence of sustained examples of scholarship in the portfolio. The candidate should demonstrate scholarship with generally a minimum of six high-quality peer-reviewed journals with a national or international readership, or a minimum of 12 high-quality

publications in journals, books, or online collections, beyond those publications achieved prior to promotion to the rank of assistant or associate professor. Publications should represent scholarship such as hypothesis-driven, investigator-initiated activities that are distinguished from case reports or small case series. The candidate should also produce substantive examples of scholarly presentations at regional and national meetings. It is recognized that research in the social sciences, and to some extent also research in education and some other disciplines, is often primarily shared via peer-reviewed major presentations at national or international meetings, which may be deemed on an individual basis to be equivalent to peer-reviewed publications. The candidate may demonstrate other scholarship that has been distributed, even if not in published forms. It is expected that scholarship will come in multiple forms. The candidate should show progressive expertise with recognition by peers as a thought leader, as evidenced by positions of responsibility in the professional area of focus. Candidates with significant responsibilities for performing research and discovery should show sustained external funding in support of their scholarship, as additional evidence of peer recognition.

The medical school expects scholarship, or scholarly activity, of those faculty members who desire to progress in recognition, including promotion. Depending on the faculty member's duties and skills, scholarship may take different forms, all of which are predicated on affirmation through peer-recognition, especially from peers outside the medical school. There are four types of scholarship, based on the Boyer model of the Carnegie Foundation (Boyer, 1990; Boyer, 1997), that are recognized by the medical school (Table 2).

Table 2. Four Types of Scholarship Recognized by the Medical School

Type of Scholarship	Purpose	Measures of Performance
<b>Discovery</b>	Build new knowledge through traditional research	<ul style="list-style-type: none"> <li>• Publishing in peer-reviewed forums</li> <li>• Producing and/or performing creative work within established field</li> <li>• Advancing learning theory through classroom research</li> <li>• Creating infrastructure for future studies</li> </ul>
<b>Integration</b>	Interpret the use of knowledge across disciplines	<ul style="list-style-type: none"> <li>• Preparing a comprehensive literature review</li> <li>• Writing a textbook for use in multiple disciplines</li> <li>• Collaborating with colleagues to design and deliver a core course</li> </ul>
<b>Application</b>	Aid society and professions in addressing problems	<ul style="list-style-type: none"> <li>• Serving industry or government as an external consultant</li> <li>• Fulfilling leadership roles in professional organizations</li> <li>• Advising student leaders, thereby fostering their professional growth</li> </ul>
<b>Teaching</b>	Study teaching models and practices to achieve optimal learning	<ul style="list-style-type: none"> <li>• Developing and testing instructional materials</li> <li>• Designing and implementing program-level assessment</li> </ul>

Adapted from Boyer, EL: *Scholarship reconsidered: Priorities of the professoriate*. San Francisco: Jossey-Bass, 1990.

Scholarship is one of the criteria by which faculty members are judged in consideration for promotion. Scholarship may emanate from any or all of the fundamental components of the mission of the medical school.

Scholarship and academic activities of the medical school include:

- Discovery research that contributes new knowledge by the asking of a question that is carried through to the design and implementation of the means by which the question may be answered;
- The collecting and systematic analysis of facts and observations and the framing of that analysis into a medically relevant set of observations so that it is useful beyond disciplinary boundaries and integrated into a larger body of knowledge;
- The application of innovations and research findings to remedy significant societal problems; and
- The process of obtaining, mastering, and disseminating knowledge. That knowledge may be entirely new, or collected and interpreted in a medically relevant way.

Scholarship should:

- Demonstrate innovation.

- Yield significant results that have an impact to change the field.
- Incorporate appropriate research design and methods.
  - Demonstrate adequate preparation.
  - Have clear, predefined goals and aims.
  - Have an identifiable product or output.
- Be made public and available both within and outside the medical school.
  - Be subject to review and critique by other scholars in the field.
  - Be subject to reflective critique by the researchers themselves.
- Contribute to knowledge by being reproducible and progressive.
- Adhere to the highest standards of ethical conduct.

All written scholarly work submitted for publication in journals or websites, or as abstracts or posters, by all faculty and all other individuals affiliated with the medical school must comply with all medical school policies including policy GEN06, Authorship, which provides requirements to ensure that the contributions of individuals to scholarly works are appropriately identified and acknowledged. These requirements follow the [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), published by the International Committee of Medical Journal Editors (ICMJE), December, 2015.

### *Recognition of Interprofessional Scholarship*

Although the evaluation of scholarship, and specifically research, for promotion has traditionally focused on the faculty member's individual achievements, such as first and senior authorships and funding as the principal investigator, the future of science places increasing emphasis on interdisciplinary/interprofessional research and team science. Where major components of a faculty member's scholarly accomplishments and research arise from collaborations, the quality of the faculty member's individual contributions to the formulation, design, analysis, and interpretation of the published studies must be carefully documented so that they can be evaluated. Contributions to interdisciplinary/interprofessional research and team science such as originality, creativity, indispensability, and unique abilities shall also be considered when making an evaluation for promotion. The candidate should submit a brief description of his/her roles in team efforts, and supporting statements from the principal investigators, the directors of projects, and others with first-hand knowledge of the role of the candidate in team efforts. If the faculty member is not a first or senior author, the Appointment and Promotion Committee may request a letter from the senior author describing the faculty member's role and contribution to the work. Such contributions should meet the same standards as for scholarship and research that do not represent interdisciplinary/interprofessional research and team science.

### *Scholarship in Teaching*

Innovation in the pedagogy of medical education presents opportunities for scholarly activity. Documentation of innovation can take the forms of:

- Dissemination and sharing of educational methods and results through publication of papers (especially in peer-reviewed journals with a national or international readership), textbooks, chapters, and videos.
- Dissemination and sharing of educational methods and results through presentation at meetings and conferences (oral or poster).
- Achievement of extramural grants or funding.
- Development of curriculum with evidence of dissemination.
- Development of new methodologies in teaching such as electronic teaching aids.
- Teaching awards at the institutional, regional, and national levels.
- Recognition by colleagues by awards or appointments to prestigious organizations.
- Other forms of scholarship in teaching.

### *Scholarship in Service*

Service may take relevant and acknowledged roles in the clinical, research, or educational realms; service, advocacy, and leadership in administration; service, advocacy, and leadership in healthcare-related institutions or organizations; and service, advocacy, and leadership in the community as part of the programs of the medical school. Description and dissemination of innovative service, advocacy, and leadership roles represents scholarship.

### *Scholarship in Clinical Care*

Clinical care can be creative and progressive. Innovation in clinical care is a time-honored extension of clinical practice and the systematic application and description of innovative clinical care is scholarship. Evidence of innovation in clinical care may include:

- Dissemination and sharing of practices and outcomes through publication of papers (especially in peer-reviewed journals with a national or international readership), textbooks, chapters, and videos.
- Dissemination and sharing of methods and results through presentations at meetings and conferences (oral or poster).
- Description of a new technique, procedure, or application.
- Development of a new clinical care model.
- Identification and dissemination of quality care modes, techniques, or changes.
- Leadership in management of clinical delivery.
- Leadership in advocacy for patient, group, or societal health improvement.
- Recognition by colleagues by awards or appointments to prestigious organizations.
- Other forms of scholarship in clinical care.

## *Scholarship in Research*

Medical research strives to improve the care of society by asking questions, discovering new knowledge, and disseminating that knowledge. Evidence of research activity includes:

- Dissemination and sharing of methods and results through publication of papers (especially in peer-reviewed journals with a national or international readership), textbooks, chapters, and videos.
- Dissemination and sharing of methods and results through presentations at meetings and conferences (oral or poster).
- Extramural grants or funding, especially if awarded through a peer-review process.
- Naming of new particles, genes, compounds, devices, or protocols.
- Intellectual property development including patents and licenses.
- Serving as a member of a board of editors, peer-review groups, and research study groups.
- Recognition by colleagues by awards or appointments to prestigious organizations.
- Other forms of scholarship in research.

## **Faculty Appointment**

Faculty are appointed by the dean on the authority of the medical school board of directors. Appointment standards and procedures are defined for each classification, track, and rank. Appointment and promotion procedures are summarized in Table 3.

Candidates are proposed for a classification, track, and rank by the chair of the department, or the chief of the program, of primary appointment based on appointment standards. Faculty candidates must have the necessary academic and clinical qualifications for the proposed classification, track, and rank, and a background of personal and professional behavior that is in alignment with the Educational Pledge and Code of Professional Conduct. Both qualifications and conduct are evaluated independently at each step of the appointment process.

The end of the initial appointment period is the June 30 that is within 30-42 months of the appointment date. It is acknowledged that for some faculty the first appointment period will be shorter than three years and for some faculty the first appointment period will be longer than three years.



Table 3. Summary of Appointment and Promotion Procedures for Faculty in the Core and Adjunct Classifications by Track and Rank

<b>Action</b>	<b>National Search Required</b>	<b>Number of Letters of Support Required</b>	<b>Medical School Appointment and Promotion Committee Review</b>
<b>Initial Appointment of Core Faculty in the Unmodified Track</b>			
(unmodified) Instructor	No	0	No
(unmodified) Assistant Professor	No	0	No
(unmodified) Associate Professor	Yes	At least 4* (at least 5 requested)	Yes
(unmodified) Professor	Yes	At least 6* (at least 7 requested)	Yes
<b>Initial Appointment of Core Faculty in the Clinical, Research, and Community Tracks</b>			
Clinical/Research/Community Instructor	No	0	No
Clinical/Research/Community Assistant Professor	No	0	No
Clinical/Research/Community Associate Professor	No	At least 4 (at least 5 requested)	Yes
Clinical/Research/Community Professor	No	At least 6 (at least 7 requested)	Yes
<b>Initial Appointment of Adjunct Faculty in All Tracks</b>			
Adjunct Instructor	No	0	No
Adjunct Assistant Professor	No	0	No
Adjunct Associate Professor	No	0	No
Adjunct Professor	No	0	Yes
<b>Promotion of Core Faculty in the Unmodified Track</b>			
From	To		
Instructor	Assistant Professor		At least 3 (at least 3 requested) No
Assistant Professor	Associate Professor		At least 4 (at least 5 requested) Yes
Associate Professor	Professor		At least 6 (at least 7 requested) Yes
<b>Promotion of Core Faculty in the Clinical, Research, and Community Tracks</b>			
From	To		
Clinical/Research/Community Instructor	Clinical/Research/Community Assistant Professor		0 No
Clinical/Research/Community Assistant Professor	Clinical/Research/Community Associate Professor		At least 4 (at least 5 requested) Yes
Clinical/Research/Community Associate Professor	Clinical/Research/Community Professor		At least 6 (at least 7 requested) Yes
<b>Promotion of Adjunct Faculty in All Tracks</b>			
From	To		
Adjunct Instructor	Adjunct Assistant Professor		0** No
Adjunct Assistant Professor	Adjunct Associate Professor		0** No
Adjunct Associate Professor	Adjunct Professor		0** No

\*The external references obtained and the candidate vetting that is part of the hiring process for recruiting faculty employed by the medical school may supplant the requirement for specific letters of support for the initial faculty appointment at the medical school for core faculty in the unmodified track at the rank of either associate professor or professor.

\*\*Promotion of adjunct faculty requires documentation of promotion at the primary academic institution to the comparable rank, and also continued support from the primary academic institution of the adjunct faculty appointment at the medical school.

The department/program committee is constituted by the department chair/program chief and includes core faculty at the Associate Professor and Professor ranks, who may be appointed in any department/program. Appointment and Promotion Committee members, for both department/program committees and the medical school committee, holding appointments the rank of Associate Professor may vote on appointments at, and promotions to, the rank of Associate Professor only. Appointment and Promotion Committee members at the rank of Professor may vote on all appointments and promotions. It is the responsibility of the department/program Appointment and Promotion Committee to advise the department chair/program chief on issues of appointment and reappointment. The department/program Appointment and Promotion Committee shall develop, and modify as necessary, the criteria by which it can assert that teaching and development of teaching has occurred and has been adequate. Department/program appointment and promotion standards may not be less stringent than the institutional appointment and promotion standards.

Certification of teaching activity and efforts for improvement of teaching skills should occur each spring in anticipation of renewal of faculty appointment for the next academic year. Each department chair/program chief reviews the department/program faculty roster to determine whether the department/program includes any faculty in the final year of appointment. If there are any such faculty, the department chair/program chief convenes the department/program Appointment and Promotion Committee. The committee notifies the relevant faculty of the upcoming end date of appointment. Those faculty members are notified by the department/program Appointment and Promotion Committee that they are approaching the end date of appointment, and the process to submit their documentation of direct teaching involvement and also documentation of sustained efforts each year to improve teaching skills for consideration for re-appointment. The department/program Appointment and Promotion Committee applies the medical school appointment criteria to the submitted documentation and assesses fulfillment of the requirements. Clarification of submitted materials occurs directly between the committee and the individual faculty member.

Findings of the department/program Appointment and Promotion Committee and recommendation, either for renewal of appointment or that the faculty appointment be allowed to terminate, shall be conveyed by the committee to the department chair/program chief.

The department chair/program chief certifies the findings of the department/program Appointment and Promotion Committee and forwards the names of faculty to maintain their appointment, and the names of faculty whose appointment will be allowed to terminate, to the medical school Appointment and Promotion Committee. The Appointment and Promotion Committee reviews the recommendations, and submits a recommendation to the dean.

Faculty are appointed and re-appointed by the dean on the authority of the board of directors.

The decision of the dean regarding the reappointment of a faculty member may endorse the recommendations of any or all of the previous steps, or may contravene even the recommendation of the medical school Appointment and Promotion Committee. The decision of the dean is considered final.

For those faculty members who maintain their appointment, the next appointment cycle begins on July 1 of the year. For those faculty members whose appointment terminates, the effective date is June 30 of the year. The department chair or program chief communicates the final action to the faculty member.

## ***Core Faculty***

### *Eligibility*

Candidates for core faculty classification are proposed for a track and rank by the department chair/program chief of primary appointment based on appointment standards. Candidates must have all necessary education and training for the career choice, such as completion of specialty training, subspecialty fellowship, or postdoctoral experience. The proposal for core faculty appointment follows a discussion between the department chair/program chief and the faculty candidate regarding the candidate's personal desires for engagement in the medical school as well as an assessment of the candidate's credentials and abilities.

### *Application*

The faculty candidate assembles the following documentation for review by the department chair/program chief.

- Curriculum vitae.
- Documentation of education, including the doctoral and other degrees, typically as an official transcript from all degree-granting institutions attended, whether a degree was granted or not.
- Documentation of completion of specialty and subspecialty graduate medical education training, or other postdoctoral training.
- Documentation of licenses, credentials, and maintenance of certification that are relevant to the responsibilities.
- Documentation of clinical privileges at the medical school and affiliated entities, both current and requested, for faculty with clinical responsibilities.
- Signed permissions, upon request from the medical school, to obtain and verify information about the applicant's education, training, licenses, credentials, maintenance of certification, clinical privileges, background review (including criminal background review), and other information.
- An academic portfolio is useful documentation of academic activities and scholarship but is not required.
- Personal statement from the candidate indicating the commitment to be involved with the student educational programs of the medical school,

- including a description of how the candidate proposes to be engaged with the medical school.
- Attestation of candidate's agreement to abide by the Code of Professional Conduct, Educational Pledge, Faculty Handbook, pertinent medical school policies, and faculty governance.
  - Attestation affirming that the information provided is accurate and complete.

The associate dean for Faculty Affairs may waive certain requirements for original documentation for faculty candidates who hold hospital privileges or academic appointments at entities with which a formal affiliation agreement exists with the medical school and for which the candidate provides signed permission to confirm the documentation directly from the affiliated entity.

### *Decision*

For faculty candidates seeking appointment in the core faculty classification, in any track, and in any department/program, at the ranks of instructor and assistant professor, the department chair/program chief submits a recommendation including documentation to the dean. The associate dean for faculty affairs confirms that all documentation is complete.

For faculty candidates seeking appointment in the core faculty classification, in any track, and in any department/program, at the ranks of associate professor and professor, the department chair/program chief submits the documentation with a letter stating the department chair/program chief degree of support to the department/program Appointment and Promotion Committee. The committee reviews and submits a written recommendation accompanying the documentation and the department chair/program chief letter to the medical school Appointment and Promotion Committee. The medical school Appointment and Promotion Committee reviews and submits a written recommendation to the dean along with the department chair/program chief letter and the department/program committee letter.

Faculty are appointed by the dean on the authority of the board of directors. The appointment decision by the dean is final.

### *Recourse*

If the dean declines to make the appointment, after addressing the deficiencies the faculty candidate may reinitiate the process for appointment with the department chair/program chief.

### *Response*

Employed and contracted faculty are required to accept the faculty appointment, as stipulated in the offer letter from the dean or contract. Other faculty candidates may be requested to respond in writing or by email within one month to confirm acceptance of the faculty appointment as offered.

## ***Adjunct Faculty***

### *Eligibility*

Candidates for adjunct faculty classification are proposed for a track and rank by the department chair/program chief of primary appointment based on appointment standards. Candidates for adjunct faculty must have a primary academic appointment at another institution. The rank at the medical school is generally equivalent to the rank at the primary institution. The proposal for adjunct faculty appointment follows a discussion between the department chair/program chief and the faculty candidate regarding the candidate's personal desires for engagement in the medical school as well as an assessment of the candidate's credentials and abilities.

### *Application*

The faculty candidate assembles the following documentation for review by the department chair/program chief.

- Curriculum vitae.
- Documentation of education, including the doctoral degree and other degrees, typically as an official transcript from all degree-granting institutions attended, whether a degree was granted or not.
- Documentation of completion of specialty and subspecialty graduate medical education training, or other postdoctoral training.
- Documentation of additional training, licenses, credentials, clinical privileges, maintenance of certification that are relevant to the responsibilities, as determined by the associate dean for Faculty Affairs.
- Signed permissions, upon request from the medical school, to obtain and verify information about the applicant's education, training, licenses, credentials, maintenance of certification, clinical privileges, background review (including criminal background review), and other information.
- An academic portfolio is useful documentation of academic activities and scholarship but is not required.
- Personal statement from the candidate indicating the commitment to be involved with the student educational programs of the medical school, including a description of how the candidate proposes to be engaged with the medical school.
- Attestation of the candidate's agreement to abide by the Code of Professional Conduct, Educational Pledge, Faculty Handbook, pertinent medical school policies, and faculty governance.
- Documentation of the faculty appointment from the primary academic institution, and also support from the primary academic institution of the adjunct appointment at the medical school.
- Attestation affirming that the information provided is accurate and complete.

The associate dean for Faculty Affairs may waive certain requirements for original documentation for faculty candidates who hold hospital privileges or academic appointments at entities with which a formal affiliation agreement exists with the medical school and for which the candidate provides signed permission to confirm the documentation directly with the affiliated entity.

### *Decision*

For faculty candidates seeking appointment in the adjunct faculty classification, in any track, and in any department/program, at the ranks of instructor, assistant professor, and associate professor, the department chair/program chief submits a recommendation including documentation to the dean. The associate dean for faculty affairs confirms that all documentation is complete.

For faculty candidates seeking appointment in the adjunct faculty classification, in any track, and in any department/program, at the rank of professor, the department chair/program chief submits the documentation with a letter stating the department chair/program chief degree of support to the department/program Appointment and Promotion Committee. The committee reviews and submits a written recommendation accompanying the documentation and department chair/program chief letter to the medical school Appointment and Promotion Committee. The medical school Appointment and Promotion Committee reviews and submits a written recommendation to the dean along with the department chair/program chief letter and the department/program committee letter.

Faculty are appointed by the dean on the authority of the board of directors. The appointment decision by the dean is final.

### *Recourse*

If the dean declines to make the appointment, after addressing the deficiencies the faculty candidate may reinitiate the process for appointment with the department chair/program chief.

### *Response*

Candidates may be requested to respond in writing or by email within one month to confirm acceptance of the faculty appointment as offered.

## ***Emeritus/Emerita Faculty***

### *Eligibility*

Core faculty at the associate professor or professor rank with a distinguished record of service and achievements and who are retiring from the medical school are eligible for appointment as emeritus/emera faculty at their retirement rank.

### *Process*

Department chairs and the dean review the record of each retiring associate professor and professor to determine the appropriateness of an emeritus/emerita faculty appointment.

### *Decision*

The dean may grant emeritus/emerita faculty appointments for core faculty at the rank of associate professor or professor who are retiring from the medical school. The appointment by the dean is final.

### *Recourse*

The appointment by the dean is final.

### *Response*

Candidates may be requested to respond in writing within one month to confirm acceptance as offered.

### *Continuation*

Because emeritus/emerita designation is an honor based on outstanding contributions to the medical school with no expectation of continued educational or other responsibilities, no renewal is required. Continued emeritus/emerita status requires continued personal and professional behavior that is in alignment with the Code of Professional Conduct, and compliance with medical school policies for conflicts of interest and commitment with their role in any medical school activities.

## **Secondary Appointments**

Faculty are appointed in one department/program, which is the primary department/program, and may have one or more secondary department/program appointments in the medical school. Secondary appointments are at the same rank as the primary appointment. The department chairs of both departments and programs must approve the secondary appointment. The Appointment and Promotion Committee of the department/program of the secondary appointment must approve the secondary appointment if the appointment at the classification, track, and rank would normally be reviewed by the department/program Appointment and Promotion Committee.

## **Changing Tracks and Classifications**

Change of faculty appointment track and classification may be appropriate under any of several circumstances including but not limited to:



- Faculty with an adjunct appointment at the medical school may terminate their appointment with their primary institution and be eligible for appointment in the core classification.
- Clinical, research, and community faculty may accept or hold a faculty appointment with voting status at another medical school, necessitating a conversion of their classification to adjunct faculty.
- Faculty may become employed or contracted by the medical school, generally at least 30% time and effort, meeting the criteria for unmodified faculty classification. Conversely, faculty who have been employed or contracted by the medical school may no longer be employed or contracted at a level appropriate for unmodified faculty classification but may be eligible for a clinical, research, or community faculty track.

Conversion of classification from adjunct faculty to core faculty requires following the process outlined for appointment to the proposed core faculty rank.

Conversion of track based on change of employment or contracted status is implemented by the associate dean for Faculty Affairs, effective on the date of the change. Conversion of track for other reasons is implemented upon approval of the dean. The faculty appointment period remains unchanged.

Termination of core faculty appointment and conversion of classification from core faculty to adjunct faculty in the same department may be accomplished by application to the department chair, and then if the adjunct faculty appointment is approved by the chair, to the dean.

## **Annual Review and Triennial Reappointment**

As an academic institution the medical school must be fully aware of the capabilities, activities, and academic performance of its faculty, and be able to identify qualified active faculty for all components of the mission of the medical school. In addition, the medical school must maintain a contemporaneous roster of active faculty and their activities. Faculty who are no longer involved with the medical school shall be removed from the faculty roster.

To these ends, the medical school requires all faculty appointed in departments and programs to annually document continuing evidence of contributions to the teaching and academic vitality of the medical school to maintain their faculty appointment. In addition, for core faculty, there is periodic review of progress made toward promotion or activities as part of the review for triennial renewal of faculty appointment.

### ***Annual Review***

Continued appointment of all faculty in the core and adjunct classifications appointed in all departments/programs, and for all tracks and ranks, requires satisfactory annual review by the department chair/program chief. Principles and expectations for continued appointment shall include at least:

- Continued personal and professional behavior that is in alignment with the Code of Professional Conduct and Educational Pledge.
- Direct engagement in education and service to the medical school of at least 50 hours during the previous year unless the dean, based on medical school needs and individual circumstances, approves a lower minimum.
- Satisfactory evaluations during the previous year, including evaluations from students, residents, and fellows.
- Providing accurate and complete required attestations, including conflicts of interest and commitment, during the previous year.

Satisfactory annual review supports continued faculty appointment. Failure to fulfill one or more of these principles and expectations is justification for termination of appointment.

Every three years the department chair provides a triennial review of rank and progress toward promotion as well as the annual review. Satisfactory triennial review supports faculty reappointment for another three-year period.

Renewal and termination of faculty appointments are made by the dean on the authority of the medical school board of directors.

### ***Triennial Reappointment***

Renewal of appointment criteria applies to all faculty in the core and adjunct classifications, for all departments and programs, and in all tracks and ranks.

Each core faculty and adjunct faculty member is evaluated for reappointment triennially, with reappointment for a period of three years and ending on June 30. The department chair also provides a review of rank and progress toward promotion. Satisfactory triennial review supports faculty reappointment for another three-year period.

For renewal of appointment, practicing physicians must maintain board certification or be within seven years of completion of accredited training.

Among the requirements, there are two key principles on which triennial renewal of appointment is based: direct engagement in teaching activities, and sustained efforts each year to improve teaching skills. Faculty must be actively engaged in teaching medical students and may also be involved in teaching residents and fellows in the medical school's graduate medical education programs. Teaching that involves only students, medical students, residents, and fellows from other schools or universities is not sufficient for renewal of appointment.

Contributions to the medical school in areas important to the functioning of the medical school as an academic institution are considered also. Such contributions may include but are not limited to:

- Significant research productivity and scholarly activity that is linked to the medical school.
- Leadership and service to the medical school and affiliated institutions germane to full functioning of the educational and other programs of the medical school.
- A significant supportive role in managing the curriculum of the medical school (eg, course director, clerkship director, discipline director) assuming such a role directly supports the educational programs of the medical school even if direct teaching activity is not involved.
- For physicians with clinical responsibilities and who are licensed, continuing active board certification or being within seven years of completion of accredited training.

A second principle on which renewal of appointment is based is sustained efforts each year to improve teaching skills, which can always be improved at any level of experience or accomplishment.

It is an expectation that each faculty member provide evidence of their efforts to improve personal teaching and assessment skills, which may be recognized in many ways. Faculty can present documentation of attendance in relevant teaching development activities sponsored by the medical school, local or national organizations, and professional societies that either focus on or have relevant sessions directed to educational skills. Many professional societies have meeting workshops dedicated to teaching enhancement and evidence of attendance at such sessions is satisfactory. All efforts to improve personal teaching skills should be submitted for consideration.

Those faculty members whose role is not primarily teaching but for whom renewal of appointment is required should be able to show evidence that they also have been striving to improve those skills that are of value to the medical school.

These principles and expectations for renewal of appointment apply to all core faculty and adjunct faculty. Fulfillment of expectations shall be at least:

- Continued personal and professional behavior that is in alignment with the Code of Professional Conduct and Educational Pledge.
- Direct engagement in education and service to the medical school of at least 50 hours in each year of the previous appointment period unless the dean, based on medical school needs and individual circumstances, approves a lower minimum.
- Satisfactory evaluations during the previous appointment period, including evaluations from students, residents, and fellows.
- Providing accurate and complete required annual attestations, including conflicts of interest and commitment, each year during the previous appointment period.
- Documentation of sustained efforts to improve teaching skills each year during the previous appointment period.

Satisfactory triennial review supports faculty renewal of appointment. Failure to fulfill one or more of these principles and expectations is justification for non-renewal of reappointment.

## **Termination of Appointment**

It is the policy of the medical school that faculty are expected to perform their assigned tasks and responsibilities as outlined in their letter of appointment, abide by the Faculty Handbook and all medical school policies, and conduct themselves in accordance with the medical school Code of Professional Conduct and the Educational Pledge. Faculty appointments may be non-renewed or terminated for a variety of reasons including changing programmatic requirements.

Faculty appointments for employed and contracted faculty are co-terminus with employment or contracted service.

Clinical, research, and community faculty appointments are contingent upon and co-terminus with the faculty member obtaining and maintaining in good standing the privileges necessary for the performance of the faculty member's intended role. Failure to obtain and maintain in good standing such privileges generally results in the non-renewal or termination of the faculty appointment.

Nonrenewal or early termination may also be "for cause" including but not limited to:

- Failure to abide by the Educational Pledge or Code of Professional Conduct.
- Failure to follow medical school policies and procedures.
- Action or behavior detrimental to the operations or reputation of the medical school.
- Failure to maintain licenses, credentials, maintenance of certification, and privileges that are relevant to medical school responsibilities.
- Failure to satisfactorily perform duties or meet faculty appointment requirements, including:
  - Direct engagement in education and service to the medical school of at least 50 hours each year unless the dean approves a lower minimum for the faculty member based on medical school needs and individual circumstances.
  - Documentation of sustained efforts each year to improve teaching skills.
- Unsatisfactory evaluations during the previous appointment period.
- Unavailability for responsibilities, including excessive unscheduled absences or tardiness.
- Disclosure or misuse of confidential medical school information.
- Damage or misuse of medical school property.
- Failure to return from an approved leave of absence.
- Failure to provide attestation and disclosure of conflicts of interest and commitment as required.

- Failure to provide signed permissions as requested to independently document licenses, credentials, maintenance of certification, privileges, and other information.

Corrective action is taken when a faculty member has not conformed to performance or conduct expectations. Medical school policy does not require that corrective action be taken in any formal steps or order, and recognizes that the determination of appropriate corrective action depends on the facts and circumstances of each particular situation. Some forms of misconduct warrant immediate termination of appointment.

Termination of faculty appointments are made by the dean on the authority of the medical school board of directors.

## **Faculty Promotion**

Promotion is one major way in which the medical school recognizes and rewards a faculty member's contributions and academic achievements. Promotion represents recognition by the medical school that the faculty member has made, and continues to make, contributions to the education of medical students and is engaging in teaching, scholarship, research, and service. Promotion is more than a routine reward for satisfactory service but reflects a positive appraisal of high professional competence and accomplishments.

Peers and appropriate administrators evaluate a candidate for promotion. Care is taken to ensure that this evaluation is conducted according to openly available criteria that are consistently applied. The following goals are fundamental to the promotion process:

- The promotion process shall recognize and reflect the individual faculty member's advancement in the domains of: teaching; service in healthcare in support of the medical school, the community, and the broader medical profession; clinical care (if applicable); and scholarship.
- Faculty shall be informed at the time of initial faculty appointment of the criteria by which they shall be evaluated for promotion.

### ***Time in Rank for Core Faculty***

Promotion of core faculty usually involves two types—promotion from assistant professor to associate professor, and promotion from associate professor to professor. The following time guidelines are based on the time generally necessary for productive faculty to achieve the sustained level of accomplishments to meet promotion standards, and considered the minimal time in rank for promotion at the medical school; individual departments may choose to set higher, more stringent requirements.

Core faculty candidates at the rank of assistant professor will have completed at least six years and generally seven years at the assistant professor rank at the medical school or a comparable institution to develop a track record of success to meet the promotion standards for promotion to associate professor. It is expected that the candidate will be

active and accomplished in multiple domains of academic activity – teaching, clinical care (if relevant), scholarship, and service.

Core faculty candidates at the rank of associate professor will have had at least six years and generally seven to ten years at the associate professor rank at the medical school or a comparable institution to develop a track record of success to meet the promotion standards for promotion to professor. It is expected that the candidate will be active and accomplished in all domains of activity – teaching, clinical care (if relevant), scholarship, and service.

### ***Promotion Process for Core Faculty***

The process that culminates in promotion, whether from assistant professor to associate professor or from associate professor to professor, begins with an understanding of the criteria for promotion. Faculty should review criteria and progress toward promotion with their department chair. Faculty members who attain promotion to associate professor should also be provided with the criteria for promotion to professor.

In the interest of efficiency, as much of the material as possible should be submitted electronically. Videos, audios, and large documents that do not transfer easily to electronic storage devices may be appended.

### ***Portfolio and Curriculum Vitae***

Faculty who wish to be considered for promotion must present an academic portfolio that includes an updated curriculum vitae. The portfolio should present a complete picture of the candidate and should include the following elements:

- Curriculum vitae.
- Initial appointment letter (available from Faculty Affairs).
- Most recent appointment letter (available from Faculty Affairs).
- Documentation of innovation and excellence in teaching including:
  - Approaches, innovations, evaluation techniques, and student activities that have been developed to meet different student learning needs and the contribution to achieving the vision of excellence in teaching.
  - Participation in academic and/or clinical instruction.
  - Student mentoring activities.
  - Summary of student evaluations and an analysis of the responses by the faculty member.
  - Peer assessment of performance and an analysis of the responses by the faculty member.
  - Reports from course co-directors and clerkship directors.
  - Evidence of continuing training and personal skills development as a teacher.
  - Awards and honors.
  - Additional documentation of excellence in teaching activities including course syllabi, teaching materials and external evaluations.

- Other documents: these documents should be limited to those occurring since the initial appointment (in the case of assistant professors), since appointment to the medical school if the candidate moved from another academic institution (in the case of both assistant and associate professors), or since the most recent promotion (in the case of associate professors).
- Documents regarding service including:
  - Medical school committees served, including positions of leadership.
  - Medical school, hospital, local groups, committees, or projects if involving medical issues.
  - Involvement in community, regional, or local action groups if involving medical issues.
  - Service on boards, study groups, task forces, and other regional or national organizations.
  - Awards and honors.
  - Other documents: these documents should be limited to those occurring since the initial appointment (in the case of assistant professors), since appointment to the medical school if the candidate moved from another academic institution (in the case of both assistant and associate professors), or since the last promotion (in the case of associate professors).
- Documents regarding clinical care (if a clinician) including:
  - Clinical assignments.
  - Clinical teaching assignments such as ward or precepting activities.
  - Quality improvement activities.
  - Recertification and maintenance of certification (if relevant).
  - Active licensure and staff privileges (if relevant).
  - Awards and honors.
  - Other documents, which documents should be limited to those occurring since the initial appointment (in the case of assistant professors), since appointment to the medical school if the candidate moved from another academic institution (in the case of assistant professors and associate professors), or since the last promotion (in the case of associate professors).
- Documents regarding scholarship including:
  - Publications.
  - Presentations.
  - Grant submissions and awards, and contracts.
  - Intellectual property development including patents and licenses.
  - Web-based scholarly activities (with website URL), videos, and audios.
  - Curricular innovations.
  - Writing for a lay audience if medically or scientifically oriented.
  - Awards and honors.
  - Other documents: these documents should be limited to those occurring since the initial appointment (in the case of assistant professors), since appointment to the medical school if the candidate moved from another academic institution (in the case of both assistant and associate

professors), or since the most recent promotion (in the case of associate professors).

- Letters of support: (these are not addressed or sent to the candidate, and are included in the portfolio by the department Appointment and Promotion Committee).
- Comments from department Appointment and Promotion Committee including any additional comments (eg, comments from annual performance reviews). These comments will be extracted and included in the portfolio by a representative of the department Appointment and Promotion Committee.
- Letter from the chair of the department. This is included in the portfolio by a representative of the department Appointment and Promotion Committee.
- Other relevant materials as deemed appropriate by the candidate, the department Appointment and Promotion Committee, or the chair of the department.

### *Letters of Support*

Letters of support from professional peers provide important perspective on the fulfillment of criteria for the candidate seeking promotion, and are necessary for consideration for promotion of core faculty (Table 3). Both the department/program Appointment and Promotion Committee and the medical school Appointment and Promotion Committee judge each candidate on the totality of the portfolio, including letters of support.

Some letters of support must be from individuals outside the medical school and must place the academic and scholarly activities of the candidate in context of other academic institutions. All letters of support that are received, as well as a list of all individuals from whom letters of support were requested, are provided to the department/program Appointment and Promotion Committee, medical school Appointment and Promotion Committee, and dean.

Specifically, letters of support should:

- Reflect on the teaching skills of the candidate and learning outcomes of the learners.
- Comment on the commitment to clinical care (if relevant), especially in the time required and, hence, time permitted for other academic activities.
- Address the quantity and quality of scholarly productivity.
- Address the significance and innovation of scholarly activity.
- Comment on the leadership abilities and qualities in a local, regional, and national setting.
- Reflect the local, regional, and national reputation of the candidate.
- Provide perspectives on the character, skills, productivity, leadership, scholarly context, and other qualities of the candidate, especially in relation to expectations at peer academic institutions.



It is not expected that every letter of support will address each of these elements, nor would the writer likely be able to do so. Consequently, it is necessary for the candidate to have several letters submitted in support of the candidacy for promotion. Solicitation for letters of support should be accompanied by the candidate's curriculum vitae and the appointment and promotion guidelines of the medical school for the proposed classification, track, and rank. The complete list of names of all individuals from whom letters of support are solicited must be provided to the Appointment and Promotion Committee as well as all of the letters of support that are received.

For all core faculty, the portfolio of the candidate for promotion from assistant professor to associate professor must include at least three letters of support, and for promotion from associate professor to professor must include at least six letters of support. To solicit these letters, the candidate for assistant professor or associate professor provides the chair of the department/program Appointment and Promotion Committee with the names of three individuals including at least two appointed at the rank of Associate Professor or Professor, and the candidate for professor provides the names of six individuals including at least five appointed at the rank of Professor. The candidate may select these individuals from any source of contact and should include both local individuals and individuals at other academic institutions who are able to comment from personal knowledge on the candidate's teaching, service, clinical care, and scholarship. The department/program Appointment and Promotion Committee solicits the letters of support from each individual named by the candidate.

For candidates for promotion to associate professor or professor, the department/program Appointment and Promotion Committee shall also request two additional letters from faculty at other academic institutions who have not collaborated with the candidate and do not have a personal or professional relationship with the candidate. These individuals are selected by the department/program Appointment and Promotion Committee and must be at the rank of associate professor or professor if the individual is a candidate for associate professor, and at the rank of professor if the individual is a candidate for professor. These letters provide valuable perspective regarding the candidate's scholarly activity and stature, especially in light of promotion standards at other peer institutions.

The external references obtained and the candidate vetting that is part of the hiring process for recruiting faculty employed by the medical school may supplant the requirement for all letters of support for the initial faculty appointment at the medical school for core faculty in the unmodified track at the rank of associate professor or professor. This information and these references are shared by Human Resources and the search committee with the Appointment and Promotion Committees.

### ***Timetable***

Faculty candidates should consult with their department chair/program chief by August of the academic year in which they intend to seek promotion. The candidate should present the promotion portfolio and the required number of names of individuals who are proposed to write letters of support. The department chair/program chief should

advise the faculty candidate about the portfolio, including identifying any deficiencies. The faculty candidate should give due consideration to the opinion of the department chair/program chief but is permitted to proceed even without endorsement. If the department/program has candidates to consider for promotion, the department chair/program chief informs the department Appointment and Promotion Committee.

The portfolio is presented to the department/program Appointment and Promotion Committee. The committee selects the proposed writers of letters of support from the list of individuals submitted by the candidate along with a list developed of its own resources. Letters should be sent out during the fall along with the candidate's curriculum vitae and documentation describing the medical school promotion process, promotion standards, and timeline. A sufficient number of individuals should be contacted to assure enough letters of support are available for review.

By November, the department/program Appointment and Promotion Committee should thoroughly review the portfolio, letters of support, and any other materials relevant to the promotion. This committee makes a positive or negative recommendation regarding the promotion and communicate the recommendation in writing, with the entire portfolio and all letters of support, to the department chair/program chief, who shall then review all of the materials and reach an independent decision and recommendation.

By February, the recommendations of the department Appointment and Promotion Committee and the department chair/program chief are conveyed to the candidate by the department chair/program chief. Regardless of the decisions of the department Appointment and Promotion Committee and the department chair/program chief, the candidate may choose to terminate the process or proceed to the next step. If the promotion is supported by the department chair/program chief, or at the request of the candidate, the department chair/program chair forwards the entire portfolio, letters of support, and letters from the department Appointment and Promotion Committee and department chair/program chief to the medical school Appointment and Promotion Committee for consideration for promotion.

By March, the medical school Appointment and Promotion Committee shall review the portfolio, the letters of support, and the judgments of the department Appointment and Promotion Committee and the department chair/program chief. The decision of the medical school Appointment and Promotion Committee is conveyed to the candidate by the chair of the committee. Regardless of the decision of the medical school Appointment and Promotion Committee, the candidate may choose to terminate the process or proceed to the next step. If the promotion is supported by the medical school Appointment and Promotion Committee, or at the request of the candidate, the chair of the committee forwards the entire portfolio, letters of support, and letters from the department Appointment and Promotion Committee, department chair/program chief, and medical school Appointment and Promotion Committee to the dean for consideration for promotion.

The dean makes the final decision taking into consideration the entire portfolio, all letters of support, and decisions and comments of the department Appointment and Promotion Committee, department chair/program chief, and medical school Appointment and Promotion Committee. The decision of the dean concludes the formal process.

The process for promotion is presented schematically in Figure 4.

Figure 4. Promotion Process for Faculty in the Core Classification



## ***Promotion Process for Adjunct Faculty***

Faculty members with an adjunct appointment have a primary appointment at another academic institution, and, if seeking promotion, would need to first undergo the promotion process there. The medical school does not promote faculty with an adjunct appointment to a rank greater than the rank attained at the primary institution.

Adjunct faculty members wishing to be promoted in rank at the medical school shall then present their credentials to their department chair, including documentation of promotion at the primary institution. The criteria should be considered carefully by the chair in light of the criteria for promotion of medical school faculty with a primary appointment. Specifically, the following issues should be considered and an appropriate judgment passed:

- Faculty with adjunct appointment at the medical school are appointed primarily for teaching. There should be regular and sustained teaching activity at the medical school; leadership roles in teaching are especially valued.
- Faculty with adjunct appointment at the medical school who are clinicians are more likely to have been appointed for teaching rather than clinical care criteria. Nonetheless, for promotion at the medical school the clinician should be able to demonstrate good-to-excellent clinical care, though the requirement that such clinical care be in the presence of learners may be waived.
- Faculty with an adjunct appointment at the medical school should fulfill the criteria for scholarship determined for faculty at that rank at their primary institution.
- Faculty with an adjunct appointment at the medical school are not in a track that permits service as core faculty. The criteria for service at the medical school will be diminished or absent. Evidence of service in health care to other constituencies is welcomed.

Candidates for promotion as adjunct faculty must present a letter from the department chair at their institution of primary appointment documenting their new rank at that institution and expressing approval for their service to the medical school, and the medical school chair or program chief must approve the adjunct appointment. Other letters of support are not necessary for consideration of promotion of adjunct faculty. The medical school department chair or program chief has the authority to make the recommendation for promotion to the dean, who has the authority to make the appointment with the approval of both chairs.

Adjunct faculty appointments are limited to a medical school rank no higher than the rank that corresponds to their rank at their primary institution.

### ***Letters of Support***

Letters of support are not required for promotion of adjunct faculty, but the candidate with an adjunct appointment who is being proposed for promotion in rank at the medical school may provide letters of support from the medical school faculty and/or

administrators that comment on the teaching abilities of the candidate. For example, actual student evaluations would be included in the portfolio presented for consideration of promotion but the candidate may request the associate dean for Educational Affairs for a letter of support that should comment on the extent and the quality of the candidate's teaching and curricular development. A similar letter may be requested from a course/clerkship director, residency director or other individuals familiar with the candidate's teaching abilities.

## **Appeals**

The decision of the dean regarding the promotion of a faculty candidate may endorse the recommendations of any or all of the previous steps, or may contravene even the recommendation of the medical school Appointment and Promotion Committee. The decision of the dean is considered final.

The candidate has the right, however, to appeal the process that led to the decision of the dean to the medical school board of directors. The appeal to the board of directors can only be made on the basis of the process involved in consideration of promotion. The appeal to the board of directors is not to be made on the basis of any new information, scholarship, judgment, or any different interpretation of the materials that had been initially submitted. The appeal cannot be made simply as a basis for another consideration of the submitted portfolio. Consideration of the portfolio and supporting materials is the responsibility of the faculty and the dean. The board of directors judges only issues related to the promotion process.

An appeal is not part of the usual process for decision-making but may be used by a faculty candidate only under unusual circumstances of a belief that the process outlined in the Faculty Handbook was not followed.

The board of directors shall permit the candidate to present in person the basis of the assertion that the promotion process was not appropriately followed in the case. The candidate can only contest the process, not any merits of the portfolio or other materials. The candidate shall not be entitled to have legal counsel or other representation present at the meeting with the board of directors.

If the medical school board of directors upholds the decision of the dean, the process concludes. If the board finds an irregularity in the process leading to the dean's decision, the board should refer the promotion issue to the level at which the irregularity occurred for resolution. This decision of the board is final and no further appeal or recourse regarding promotion is available.

## Section VI: Faculty Governance

The medical school embraces faculty engagement in a climate and empowerment model of shared governance and service founded on the cornerstone principles of partnership and accountability in support of the medical school mission and vision. Shared governance includes the board of directors, dean and medical school leadership, Faculty Academic Council, Graduate Medical Education Committee, Medical Student Council, and standing committees (Figure 5).

Faculty input in decision-making includes those decisions by the Faculty Academic Council, which is comprised exclusively of representatives from every department/program who are directly elected by department/program faculty members (not including deans, chairs, residents, and fellows). Faculty input in decision-making also includes those decisions made directly by the faculty elected by the Faculty Academic Council to selected standing committees, where faculty also constitute the majority of members. This model facilitates: established, regular means of communication; inclusive dialogue of all faculty perspectives; collaborative rather than directive processes; input in decision-making aiming for consensus; and accord to support decisions.

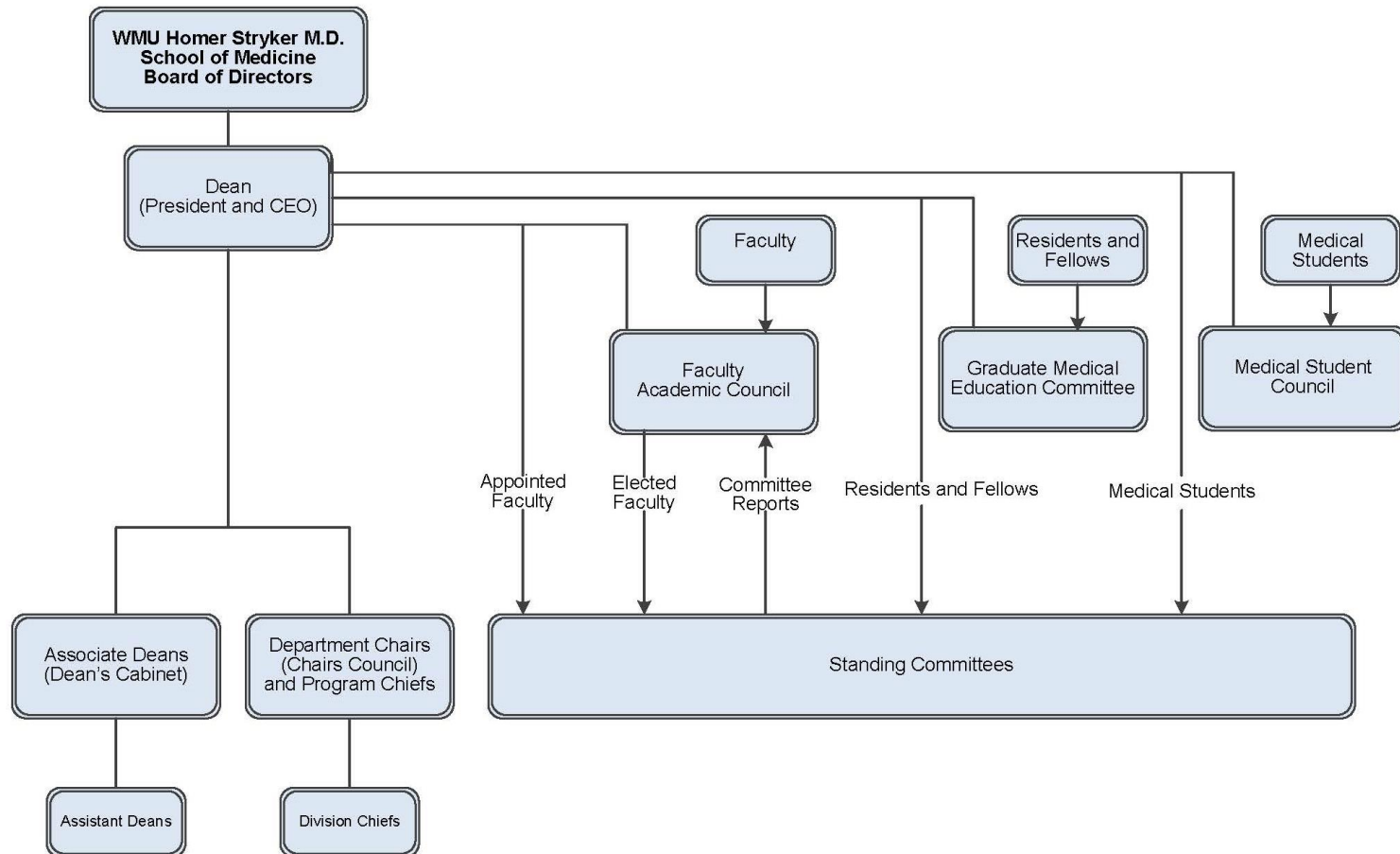
A climate of shared governance and service in support of the medical school mission and vision is embodied in several principal mechanisms that each facilitates partnership and accountability of the faculty in decision-making at the medical school.

1. Faculty elect all of the members of the Faculty Academic Council, providing for elected faculty representation and participation in governance and policymaking.
2. The Faculty Academic Council directly elects faculty members for the Appointment and Promotion Committee and Curriculum Committee, and advises the dean for faculty members for the faculty member positions appointed by the dean to the Appointment and Promotion Committee, Curriculum Committee, other standing committees, and other medical school committees.
3. The Curriculum Committee, Medical Student Admissions Committee, and Medical Student Performance Committee provide reports at least annually directly to the Faculty Academic Council. The associate dean for Faculty Affairs provides an annual report of the Appointment and Promotion Committee, and the dean provides an annual report of the “State of the Medical School.”
4. Faculty provide committee chair leadership as well as serving as committee members on all standing committees as well as other committees, strategy teams, task groups, and process improvement teams. Standing committees, and therefore the faculty, are directly responsible for key processes of the medical school. For selected standing committees (Appointment and Promotion Committee, Curriculum Committee, Medical Student Admissions Committee, and Medical Student Performance Committee) the quorum requirements stipulate that faculty must constitute a majority of voting members.
5. The chair and vice-chair of the Faculty Academic Council, and the chairs of the standing committees (who all have a faculty appointment), serve on the Strategic

Leadership Planning Team that is responsible for the strategic planning process for development and implementation of the medical school strategic plan.

6. The dean and medical school leadership collaborate directly with the faculty at the department/program level. All faculty are represented through a primary appointment in a department.
7. Faculty elect one member of the medical school board of directors providing for elected faculty representation and participation in governance and policymaking at the highest level of the medical school.

Figure 5. Relationships of medical school shared governance components, showing pathways for identifying members for standing committees.





## The Deanship

The dean is president and chief executive officer of Western Michigan University Homer Stryker M.D. School of Medicine, the chief academic and administrative officer of the medical school, and has direct charge of the business of the medical school subject to the general control and direction of the board of directors. The dean is responsible for all aspects of the medical school and has ultimate responsibility and oversight of educational, clinical, research, administrative, financial, and operational components of the medical school. The dean is responsible for fostering excellence and collaboration in education, healthcare delivery, research, and community service, and ensuring implementation of curricula and programs that meet or exceed all accreditation standards and regulatory requirements. The dean is supported by associate deans in each of the following areas: Educational Affairs, Graduate Medical Education, Clinical Affairs, Research, Health Equity and Community Affairs, Faculty Affairs, Student Affairs, Administration and Finance, and Planning and Performance Excellence. Assistant deans support associate deans. The dean appoints the associate and assistant deans. The associate deans, department chairs, and program chiefs report directly to the dean. The Dean's Cabinet, which is chaired by the dean, is the senior leadership of the medical school and includes all associate deans. The department chairs and program chiefs represent and are advocates for their discipline as well as for department/program faculty. The department chairs constitute the Chairs Council, which is chaired by the dean. The dean reports to the chair of the medical school board of directors.

## Faculty Academic Council

The Faculty Academic Council is an integral component in a climate of shared governance and service in support of the medical school mission and vision. Shared governance includes the board of directors, dean and medical school leadership, Faculty Academic Council, Medical Student Council, and standing committees. The responsibility of the Faculty Academic Council is to represent *all* faculty by representing the will and opinion of the faculty on the issues and activities of importance to the welfare of the medical school. The charge of the Faculty Academic Council is to foster collaboration between the faculty and other components of medical school leadership to:

- identify and advocate for issues relevant to the faculty;
- provide an open forum for dialogue and exchange of views in matters relevant to the faculty;
- facilitate dissemination of information from the other components of medical school leadership to the faculty;
- directly elect faculty members to serve on the Appointment and Promotion Committee and the Curriculum Committee, and advise the dean for faculty appointed by the dean to the Appointment and Promotion Committee, Curriculum Committee, other standing committees, and other medical school committees. The Faculty Academic Council must provide the dean with the names of individuals elected or recommended to serve on committees by April 15 of each year.

- receive reports for review and comment at two meetings each year of the Faculty Academic Council that are held jointly with faculty meetings:
  - Fall meeting
    - Dean.
    - Medical Student Admissions Committee.
    - Medical Student Performance Committee.
  - Spring meeting
    - Curriculum Committee.
    - Associate dean for Faculty Affairs.
    - Associate dean for Student Affairs and associate dean for Graduate Medical Education.
- recommend amendments to the Faculty Handbook, Medical Student Handbook, and Graduate Student Handbook.

The chair and vice-chair of the Faculty Academic Council serve also as members of the medical school Strategic Planning Leadership Team.

### ***Specific Responsibilities***

The specific responsibilities of the Faculty Academic Council include engaging faculty and collaborating with the other components of the medical school leadership to:

- Directly elect diverse, qualified faculty members to serve on the Appointment and Promotion Committee and the Curriculum Committee. The elected faculty must meet the qualifications of committee membership for the election results to be valid and accepted.
- Recommend diverse, qualified faculty members to the dean for the faculty member positions appointed by the dean to the Appointment and Promotion Committee, Curriculum Committee, other standing committees, and other medical school committees.
- Receive an annual “State of the Medical School” address from the dean that includes an assessment of all aspects of the medical school including faculty achievements and fulfillment of the learner, educator, and staff commitments in the Educational Pledge.
- Receive an annual report for review and comment from the Curriculum Committee, and provide input to the Curriculum Committee by proposing recommendations, if any, related to curriculum goals and objectives.
- Receive an annual report for review and comment from the Medical Student Admissions Committee, and provide input to the Medical Student Admissions Committee by proposing recommendations, if any, related to admission of medical students.
- Receive an annual report for review and comment from the Medical Student Performance Committee, and provide input to the Medical Student Performance Committee by proposing recommendations, if any, regarding medical student performance assessment, and advancement and graduation requirements for the MD degree.

- Receive an annual report for review and comment from the associate dean for Faculty Affairs, regarding faculty development and faculty appointments and promotions, which includes the activities of the Appointment and Promotion Committee.
- Receive an annual report for review and comment from the associate dean for Educational Affairs and associate dean for Graduate Medical Education, regarding the learning and working environment, which includes the activities of the Learning and Working Environment Committees.
- Provide recommendations, if any, of proposed changes to the: Faculty Handbook, which serves as the faculty bylaws and is incorporated by reference as part of the policies of the medical school; Medical Student Handbook, which serves as the medical student bylaws and is incorporated by reference as part of the policies of the medical school; and Graduate Student Handbook, which serves as the graduate student bylaws and is incorporated by reference as part of the policies of the medical school. Any member of the faculty may propose amendments to the handbooks at a meeting with the Faculty Academic Council, or by direct submission to the Faculty Academic Council. Amendments recommended by the Faculty Academic Council shall be submitted to the dean, and become effective as amended by, upon ratification by, and on the date determined by, the dean. Notice of the implementation of the revised Faculty Handbook shall be distributed to all faculty. The board of directors retains final authority for the handbooks including the right to ratify, modify, or rescind any component, in part or in whole.
- Debate and advise on other matters deemed relevant to the general welfare of the medical school, faculty, and students. Recommendations are submitted to the dean for action, which may include recommendations to one or more standing committees.

### ***Membership of the Faculty Academic Council***

The Faculty Academic Council is composed of elected members from each medical school department/program. Faculty eligible to serve as members and vote for Faculty Academic Council include core faculty (Table 1) at the rank of instructor or higher in good standing, including program chiefs and division chiefs, and excluding adjunct faculty, emeritus/emerita faculty, deans, department chairs, residents, and fellows. The number of representatives is based on the number of eligible core faculty in the department/program as of the past July 1 faculty census.

- One elected representative from each department/program of one to 49 eligible core faculty.
- Two elected representatives from each department/program of 50 to 99 eligible core faculty.
- Three elected representatives from each department/program of 100 and greater eligible core faculty.

Faculty for the Faculty Academic Council are nominated to represent the department/program of their primary faculty appointment through a process

determined by the Faculty Academic Council. To be eligible, nominees must be appointed as core faculty at the rank of instructor or higher in any academic department/program (and excluding deans, department chairs, residents, and fellows), in good standing, and continuing to meet the annual requirements for faculty appointment. Core faculty with faculty appointments in more than one department/program may represent either, and have voting privileges in each. The chair and vice-chair of the Faculty Academic Council review proposed nominees, including with others as needed, to resolve concerns of eligibility for election before finalizing the slate of nominees. If eligible faculty are not nominated or elected for a particular department/program, the position(s) remains unfilled for one year until the next nomination and election cycle.

Members are elected by plurality of the total votes cast of eligible core faculty with primary or secondary faculty appointments in the corresponding faculty department/program. Each core faculty member has one vote for each open position in their corresponding department/program. Terms for elected members of the Faculty Academic Council are for three years beginning on July 1 and ending on June 30, with a maximum of two consecutive terms. Vacancies that occur may be filled by plurality of the total votes cast of the faculty in the corresponding department/program, with a term ending on June 30 in the year of the interval from two to three years after election.

All members of the Faculty Academic Council must maintain compliance with medical school policies and procedures, including the duty to report conflicts of interest and commitment in a timely manner with written attestation at least annually. Attendance either in person or by video or by telephone at 65% of committee meetings averaged across an academic year is required of all members. Faculty Academic Council membership is co-terminus with core faculty appointment, and also terminates if the individual: 1) does not comply fully with medical school policies; 2) has three unexcused absences at scheduled Faculty Academic Council meetings within an academic year; 3) is not fulfilling Faculty Academic Council obligations as determined by the Faculty Academic Council; or 4) is unable to fulfill Faculty Academic Council obligations, such as by taking a leave of absence or extended absence from the area.

### ***Chair and Vice Chair***

The members of the Faculty Academic Council elect a chair and vice chair. Terms are for up to two years, or until the member's elected term to Faculty Academic Council concludes. The chair of the Faculty Academic Council works with administrative support staff to ensure that agendas are distributed and minutes of each meeting are recorded in a timely manner and available to all faculty.

### ***Meetings***

The Faculty Academic Council meets generally four times a year, including two meetings each year of the Faculty Academic Council that are held jointly with faculty meetings, on a schedule that is posted in advance. Meetings of the Faculty Academic Council are open to all faculty. The chair may call additional meetings of the Faculty Academic Council,

which may be requested by any member of the Faculty Academic Council. Faculty Academic Council meeting agendas are posted on the faculty portal, with notices sent by email to all faculty at least two days prior to the meeting. The associate dean for Faculty Affairs ensures that agendas are distributed and minutes of each meeting are recorded in a timely manner and available to all faculty.

Members of the Faculty Academic Council must attend meetings of the Faculty Academic Council or be excused by the chair. Attendance may be by videoconference or telephone if necessary.

The Faculty Academic Council meets jointly with faculty meetings at least twice a year on a schedule that is posted in advance. These meetings, as for all faculty meetings, are chaired by the dean and intended for all faculty. The dean or chair of the Faculty Academic Council may call additional joint meetings of the Faculty Academic Council with faculty. Faculty Academic Council meeting agendas are posted on the faculty portal, with notices sent by email to all faculty at least two days prior to the meeting.

Meetings of the Faculty Academic Council and the faculty meetings are governed by Robert's Rules of Order. A Parliamentarian may be appointed and is the final arbitrator of the meetings. Suspension of Robert's Rules of Order requires a two-thirds vote of the voting members present. Debate may be closed by a two-thirds vote of the voting members present.

### ***Quorum and Voting***

A quorum for voting in Faculty Academic Council consists of a majority of the eligible members present. Only those present in person or by videoconference or teleconference may vote. There are no proxy votes.

### **Board of Directors**

The faculty, by approval of the board of directors and the Members of Western Michigan University Homer Stryker M.D. School of Medicine, constitute the Class C Member of the medical school subject to the Articles of Incorporation and Bylaws of the Corporation. As the Class C Member, the faculty is permitted to elect one individual from among the faculty to serve as a member of the board of directors.

The medical school specifies that this director is appointed as core faculty at the rank of assistant professor or higher, and is elected by core faculty appointed at the rank of assistant professor or higher. Nominees for the elected core faculty member of the board of directors are nominated by core faculty at the rank of assistant professor or higher through a process determined by the dean. To be eligible, nominees must be appointed as core faculty at the rank of assistant professor or higher in any academic department/program, in good standing, and meet the annual requirements for faculty appointment to be eligible as a nominee.

This director is elected by plurality of the total votes cast of eligible core faculty. Each core faculty member appointed at the rank of assistant professor or higher has one vote for this director. Adjunct and emeritus/emerita faculty do not have voting rights for this director. The elected core faculty member of the board of directors is elected to serve a three-year term beginning on July 1 and ending on June 30 as a voting member of the medical school board of directors. The individual's role as a director is co-terminus with core faculty appointment. A vacancy of this position is filled by election to serve the remainder of the term by plurality of the total votes cast of eligible core faculty appointed at the rank of assistant professor or higher.

## **Section VII: Standing Committees and Other Committees**

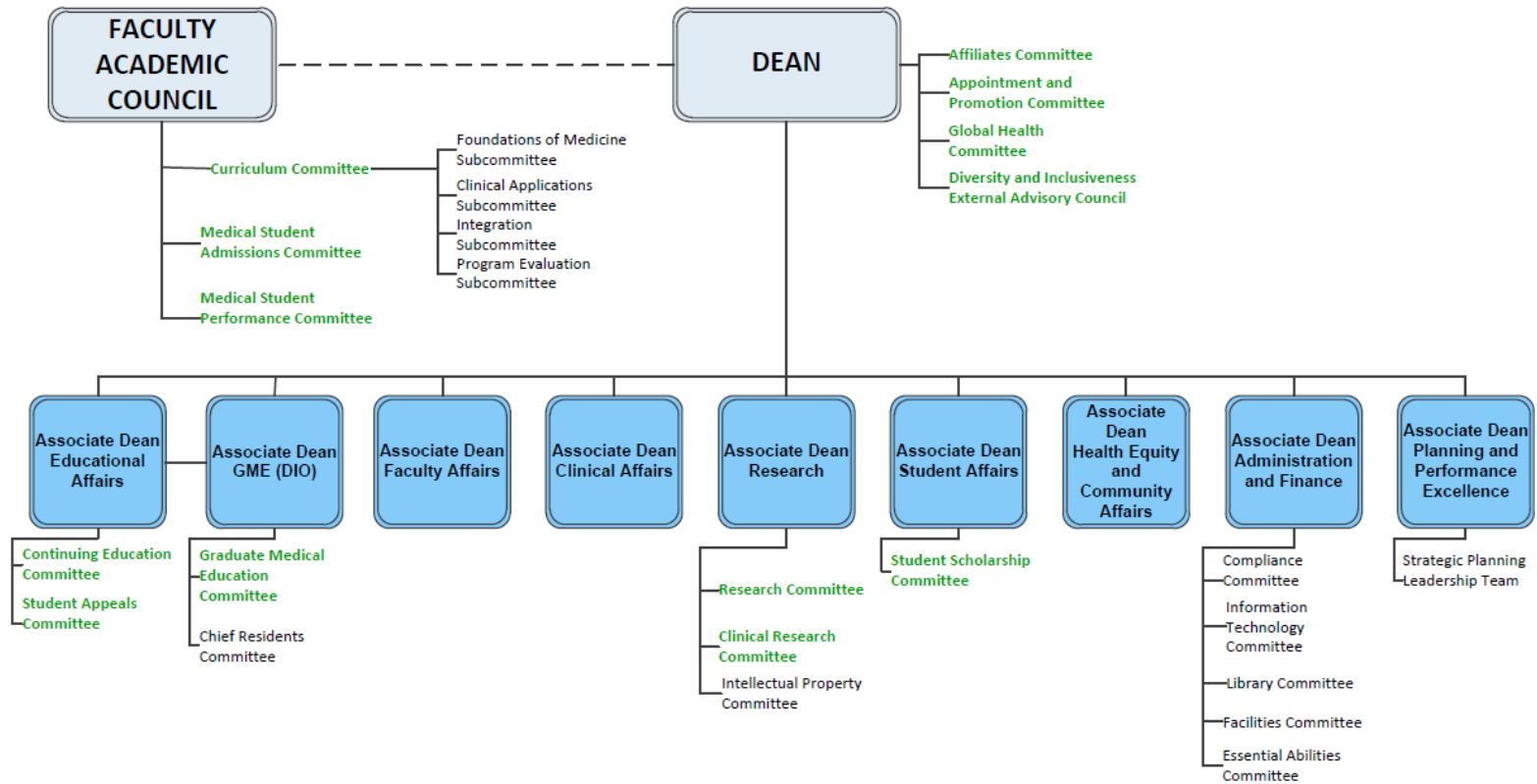
Standing committees are an integral component in a climate and empowerment model of shared governance and service founded on the cornerstone principles of partnership and accountability in support of the medical school mission and vision. Shared governance includes the board of directors, dean and medical school leadership, Faculty Academic Council, Graduate Medical Education Committee, Medical Student Council, and standing committees (Figure 5).

The 13 standing committees play a key role in medical school governance and decision-making. Standing committees have responsibilities to take action, make recommendations, or both. The role of each committee is established by the charge. For committees that take action, the committees shall act autonomously and in alignment with the mission, vision, and values of the medical school; within the scope of responsibilities delegated to the committee by the medical school, as described in the Faculty Handbook; and in collaboration with other shared governance components of the medical school. Each standing committee has a structured working relationship with other components of the medical school leadership, including the Faculty Academic Council and deans (Figures 5 and 6). The chairs of all 13 standing committees also serve on the medical school Strategic Planning Leadership Team.

Eligible faculty for standing committees includes core and emeritus/emerita faculty; adjunct faculty are not eligible. Residents and fellows serve as resident and fellow committee members, not as faculty members. Faculty must constitute the majority of voting members at all meetings of the Appointment and Promotion Committee, Curriculum Committee, Medical Student Admissions Committee, and Medical Student Performance Committee. Unless otherwise specified in the relevant policy, a quorum for voting purposes for standing committees and other medical school committees shall consist of a majority of the eligible members present. Committee member attendance either in person or by video or by telephone is expected at all meetings, and is required to be at least 70% of committee meetings averaged over an academic year. The committee determines meeting dates and start times. Committee membership is co-terminus with the individual's appointment as core or emeritus/emerita faculty, resident, fellow, or student, and terminates if the individual does not comply with medical school policies and procedures, has three unexcused absences at scheduled committee meetings within an academic year, is otherwise not fulfilling committee obligations, or is unable to fulfill committee obligations, such as by taking a leave of absence.

The dean appoints the chair and vice-chair of standing committees from among the members of the committee. Meeting agendas are established by the chair of the committee. The chair of each committee works with administrative support staff to ensure that minutes of each meeting are recorded, distributed to committee members in a timely manner, and archived electronically in the designated location and available to others, as appropriate. The office of the Dean maintains on the medical school website the published list of all medical school committees including the committee charge and committee chair and vice chair. The Medical Student Admissions Committee roster is confidential with the exception of the chair and vice chair.

Figure 6. Medical school committees and reporting. Standing committees are shown in green.



Standing Committees

Updated 08/01/16



## **Confidentiality**

The agendas, deliberations, minutes, reports, and other products of certain standing committees, such as the Curriculum Committee, are published on the medical school faculty portal and are available to all faculty.

For certain standing committees, such as the Appointment and Promotion Committee, Medical Student Admissions Committee, Medical Student Performance Committee, Student Appeals Committee, Student Scholarship Committee, and Essential Abilities Committee, the information provided to the committee as well as the deliberations, minutes, reports, and other products are strictly confidential and are communicated to others on a need-to-know basis only. These committee meetings are closed meetings that are open to committee members and others only by invitation of the chair. Confidentiality is especially important in consideration of information about individual applicants, students, residents, fellows, faculty, and employees. It is a violation of trust and the medical school Code of Professional Conduct to disclose or discuss confidential committee deliberations or actions inappropriately.

## **Faculty Membership on Committees**

The Faculty Academic Council is responsible for directly electing diverse, qualified faculty members to the two standing committees that are most relevant to faculty life: Appointment and Promotion Committee, and Curriculum Committee (Table 4). The elected faculty must meet the qualifications of committee membership for the election results to be valid and accepted. In addition, the Faculty Academic Council is responsible for recommending diverse, qualified faculty members for the faculty member positions appointed by the dean to the Appointment and Promotion Committee, Curriculum Committee, other standing committees, and other medical school committees. Eligible faculty for election or recommendation by the Faculty Academic Council to serve on standing committees includes all core faculty and emeritus/emeraita faculty (Table-1) except deans, department chairs, residents, and fellows. Faculty are eligible to serve a maximum of two terms in succession. Deans and department chairs may be appointed by the dean directly to standing committees and other medical school committees. Residents and fellows are appointed by the dean to standing committees on the recommendation of the Graduate Medical Education Committee and the associate dean for Graduate Medical Education. Medical students are appointed to standing committees on the recommendation of the Medical Student Council and the associate dean for Student Affairs.

During the second half of each academic year, the Faculty Academic Council solicits from all faculty interest in serving on medical school standing and other committees for the next academic year. The chair and vice-chair of the Faculty Academic Council review proposed nominees, including with others as needed, to resolve concerns of eligibility before finalizing the slate of candidates for election by the Faculty Academic Council, or recommendation for appointment by the dean.

Elected and appointed faculty members on standing committees represent all medical school faculty. Appointments for faculty are for a term of three years and renewable for one additional term, so that an individual faculty member may serve two consecutive full terms on the same committee. After a one-year interval, the faculty member is again eligible to serve two further consecutive terms on that same committee. If a faculty member of any committee, for whatever reason, is not able to serve the entire term or is not fulfilling committee responsibilities, the dean may appoint another faculty member to serve out the remainder of the term. Regardless of time served to fill a vacancy, this period does not count as a full term and the replacement faculty member remains eligible for two consecutive full terms on that committee. At the dean’s discretion, the vacancy may remain unfilled until the next committee member selection cycle.

Table 4. Standing Committees with faculty members directly elected by the Faculty Academic Council.

Committee	Voting Members	Faculty-at-large* voting members			Associate/ Assistant Dean or Chair Voting Members Appointed by the Dean	Advisors (ex-officio, non-voting)
		Total	Faculty at-large* Directly Elected by the Faculty Academic Council	Faculty Appointed by the Dean		
Appointment and Promotion Committee	<ul style="list-style-type: none"> <li>6 faculty (at the rank of associate professor or professor, with at least three at the rank of Professor)</li> </ul>	5 or 6	2 (at least one at the rank of Professor)	2 to 4	0 to 2	<ul style="list-style-type: none"> <li>Associate dean for Faculty Affairs</li> </ul>
				4 total		
Curriculum Committee	<ul style="list-style-type: none"> <li>12 faculty</li> <li>4 medical students</li> <li>2 residents</li> </ul>	10 to 12	4 (three from clinical departments including at least one based primarily at Borgess Health and at least one based primarily at Bronson Healthcare, and one from a non-clinical department/program [Figure 2])	6 to 8	0 to 2	<ul style="list-style-type: none"> <li>Associate dean for Educational Affairs</li> <li>Assistant dean for Foundations of Medicine</li> <li>Assistant dean for Clinical Applications</li> </ul>
				8 total		

\*Faculty-at-large, for the purposes of eligibility for election or recommendation by the Faculty Academic Council to serve on these committees, includes all core and emeritus/emerita faculty (Table 1) except deans, department chairs, residents, and fellows.

## **Medical Student Membership on Committees**

The Medical Student Council includes elected representatives from each medical student class, as described in the Medical Student Handbook. During the second half of the academic year, the associate dean for Student Affairs invites each enrolled medical student to nominate medical students, including self-nomination, to serve on medical school committees for the following academic year. The Medical Student Council and associate dean for Student Affairs, in consultation with other deans and faculty, assesses each candidate and forwards recommendations to the dean. The dean appoints student members for standing committees that include medical student members.

Students must be currently enrolled, making satisfactory academic progress, and in good academic standing to serve on any committee. No student should serve on more than one standing committee. However, serving on the Medical Student Council does not preclude a student from serving also on a standing committee. Student committee members serve one-year terms. If a medical student member of any committee, for whatever reason, is not able to serve the entire term or is not fulfilling committee responsibilities, the dean may appoint another medical student to serve out the remainder of the term. Regardless of time served to fill a vacancy, this period does not count as a full term and the replacement medical student remains eligible for a usual duration of service on that committee. At the dean's discretion, the vacancy may remain unfilled until the next committee member selection cycle.

Standing committees with medical student members include:

- Curriculum Committee
- Global Health Committee
- Medical Student Admissions Committee
- Research Committee
- Student Scholarship Committee

Other committees with medical student members include:

- Facilities Committee
- Information Technology Committee
- Learning and Working Environment Committees (4)
- Library Committee

## **Resident and Fellow Membership on Committees**

The Graduate Medical Education Committee includes peer-selected representatives from each residency and fellowship program, as described in the Graduate Medical Education Handbook. During the second half of the academic year, the associate dean for Graduate Medical Education invites each resident and fellow to nominate residents and fellows, including self-nomination, to serve on medical school committees for the following academic year. The Graduate Medical Education Committee and associate dean for Graduate Medical Education, in consultation with other deans, program directors, and faculty, assess each candidate and forward recommendations to the dean.

The dean appoints resident and fellow members for standing committees that include resident and fellow members.

Residents and fellows must be in good academic standing to serve on any committee. No resident or fellow should serve on more than one standing committee. However, serving on the Graduate Medical Education Committee does not preclude a resident or fellow from serving also on another standing committee. Resident and fellow committee members serve one-year terms. If a resident or fellow member of any committee, for whatever reason, is not able to serve the entire term or is not fulfilling committee responsibilities, the dean may appoint another resident or fellow to serve out the remainder of the term. Regardless of time served to fill a vacancy, this period does not count as a full term and the replacement resident or fellow remains eligible for a usual duration of service on that committee. At the dean's discretion, the vacancy may remain unfilled until the next committee member selection cycle.

Standing committees with resident and fellow members include:

- Curriculum Committee
- Global Health Committee
- Research Committee

Other committees with resident and fellow members include:

- Chief Residents Committee
- Graduate Medical Education Committee
- Information Technology Committee
- Learning and Working Environment Committees (4)
- Library Committee

The only committee that must include fellows as members is the Graduate Medical Education Committee.

## **Description of Selected Standing Committees**

The following is a description of the medical school standing committees that are most relevant to faculty life. Summary tables of all of the medical school leadership committees (five), standing committees (13), and other committees (two educational, four research, and three administrative) follow these descriptions. Departments and programs may have additional department and program committees.

### ***Appointment and Promotion Committee***

The medical school faculty Appointment and Promotion Committee is responsible for providing recommendations to the dean for appointments and promotions for core faculty at the ranks of associate professor or professor and for adjunct faculty at the rank of professor.

The Appointment and Promotion Committee has six core or emeritus/emerita faculty members, consisting of:

- Two core or emeritus/emerita faculty members, including one at the rank of Associate Professor and one at the rank of Professor, directly elected by the Faculty Academic Council.
- Four core or emeritus/emerita faculty members at the rank of Associate Professor or Professor appointed by the dean, including two to four faculty-at-large recommended by the Faculty Academic Council, and up to two associate/assistant deans and department chairs. At least two of these four committee members must be at the rank of Professor.

Appointment and Promotion Committee members, for both department/program committees and the medical school committee, holding appointments the rank of Associate Professor may vote on appointments at, and promotions to, the rank of Associate Professor only. Committee members at the rank of Professor may vote on all appointments and promotions.

For the Appointment and Promotion Committee, the information provided to the committee as well as the deliberations, minutes, reports, and other products are strictly confidential and are communicated to others on a need-to-know basis only. These committee meetings are closed meetings that are open to committee members and others only by invitation of the chair. Confidentiality is especially important in consideration of information about individual faculty being considered for appointment and promotion. The Appointment and Promotion Committee reports its actions to the dean, and provides annual reports to the Faculty Academic Council regarding faculty appointments and promotions. It is a violation of trust and the medical school Code of Professional Conduct to disclose or discuss confidential committee deliberations or actions inappropriately.

Members of the Appointment and Promotion Committee must not disclose or discuss information about candidates for appointment and promotion outside of Appointment and Promotion Committee meetings. All information used for faculty review must come through the prescribed process and must be available for consideration by all members of the Appointment and Promotion Committee.

The dean appoints the chair and vice chair of this committee, who must be at the rank of Professor. Faculty-at-large members are directly elected by the Faculty Academic Council, or recommended by the Faculty Academic Council and appointed by the dean. The members of this committee must be broadly representative of all departments and programs. The associate dean for Faculty Affairs is advisory to this committee but is not a voting member. Members of this committee have the responsibility of assessing the recommendations from the each of the department Appointment and Promotion Committees and department chairs. Decisions of the Appointment and Promotion Committee are provided to the dean as recommendations, who makes decisions for appointment, re-appointment, promotion, and termination, by the authority of the board of directors.

## **Curriculum Committee**

The dean as the chief academic officer has authority and responsibility for the medical education programs of the medical school. The Curriculum Committee under the authority of the dean ensures development and implementation of a competency-based education program leading to the MD degree using a course-based approach that the medical school uses to graduate knowledgeable, ethical, and skilled physicians who will become outstanding clinicians, leaders, educators, advocates, and researchers. The Curriculum Committee ensures the quality of education program leading to the MD degree through: 1) the processes through which student learning is assessed and student performance is evaluated in each state of their education, at the completion of their education, and even after graduation; 2) assessment of the curriculum and other areas, such as the library and information technology, in support of student learning; and 3) program review that incorporates the results of both assessment of student learning and evaluation of student performance.

The Curriculum Committee has integrated institutional responsibility for leading, directing, coordinating, controlling, and reporting all aspects of the design, management, and improvement of a coherent and coordinated curriculum leading to the MD degree.

- Curriculum design includes planning and establishing the objectives, structure, pedagogy, and content.
- Curriculum management includes all aspects of content delivery and evaluation.
- Curriculum improvement includes all levels of continuing cycles of improving instructors, courses, and the curriculum.

As such, all courses, clerkships, content, teaching styles, learning technologies, educational innovations, clinical and research experiences and other educational endeavors are part of the curriculum and fall under the responsibility of the Curriculum Committee. The Curriculum Committee is expected to work in the best interests of the students and the medical school without undue parochial, political, and department or program pressures.

Embedded in the curriculum are the guiding principles of scientific thinking, integrative reasoning, and evidence-based problem solving, which the students exemplify by these skills:

- Recognize and use fundamental scientific concepts and principles to identify relationships.
- Retrieve valid and reliable information.
- Use scientific principles, models, and theories to describe and explain, and to solve problems.
- Use statistics to interpret quantitative and qualitative data, and evaluate conclusions rigorously.
- Base decisions and problem solving on analysis of evidence, logic, and ethics.

The Curriculum Committee is responsible for a coherent and coordinated curriculum designed to achieve the following overall educational objectives:

- Designing and developing a coherent and coordinated competency-based education using a course-based approach that the medical school uses to graduate knowledgeable, ethical, and skilled physicians who will become outstanding clinicians, leaders, educators, advocates, and researchers. This includes:
  - Logical sequencing of the various segments of the curriculum.
  - Content that is coordinated and integrated within and across the academic periods of study (ie, horizontal and vertical integration).
  - Methods of pedagogy and medical student assessment that are appropriate for achieving the medical school's educational objectives.
- Developing and reviewing the institutional objectives for the educational program.
- Reviewing the objectives of individual courses and clerkships.
- Overseeing and managing implementation and delivery of the curriculum.
- Ensuring academic qualifications of instructors who develop and provide curriculum content.
- Ensuring that a single standard for assessments and grades is applied across all instructional sites.
- Ensuring that content is coordinated and integrated within and across academic periods of study.
- Monitoring the content and workload in each discipline, including the identification of omissions and unplanned redundancies.
- Ensuring the use of appropriate teaching methods or instructional formats.
- Establishing consistent standards and appropriate methods to assess student performance, evaluate students, and assign grades.
- Continuing cycles of improvement, including reviewing the stated objectives of each individual course/clerkship at least annually, as well as the methods of pedagogy and medical student assessment, to assure congruence with programmatic educational objectives.
- Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishments as benchmarks.
- Identifying the needs and overseeing the design, development and implementation of new elements of the curriculum.
- Achieving broad faculty participation in curriculum design, development, implementation, management and evaluation.
- Monitoring the quality of individual faculty members' teaching.
- Monitoring the overall quality of teaching in courses and clerkships.
- Evaluating the effectiveness of educational strategies, curriculum objectives and course content using national norms of accomplishment as a frame of reference.

The Curriculum Committee has 18 voting members including:

- Four core or emeritus/emerita faculty members at the rank of Assistant Professor or higher directly elected by the Faculty Academic Council. At least three must be from clinical departments (Figure 2), including at least one based primarily at Borgess Health and at least one based primarily at Bronson Healthcare, and one from a non-clinical department (Table 4).
- Eight core or emeritus/emerita faculty members at the rank of Assistant Professor or higher appointed by the dean, including six to eight faculty-at-large and up to two associate/assistant deans and department chairs.
- Two residents from any residency program appointed by the dean advised by the Graduate Medical Education Committee and associate dean for Graduate Medical Education.
- Four medical students, one from each class, appointed by the dean advised by the Medical Student Council and associate dean for Student Affairs.

The dean appoints the chair and vice chair of this committee. Faculty-at-large members are directly elected by the Faculty Academic Council, or recommended by the Faculty Academic Council and appointed by the dean. Student members are recommended by the Medical Student Council in collaboration with the associate dean for Student Affairs, and appointed by the dean. The resident members are recommended by the Graduate Medical Education Committee in collaboration with the associate dean for Graduate Medical Education, and appointed by the dean.

Ex officio, nonvoting advisors to the Curriculum Committee include the associate dean for Educational Affairs, assistant dean for Foundations of Medicine, and assistant dean for Clinical Applications. Other advisors may include, as needed, the assistant dean for Simulation, associate dean for Research, associate dean for Clinical Affairs, and associate dean for Graduate Medical Education. The Curriculum Committee reports its actions to the associate dean for Educational Affairs, and provides annual reports to the Faculty Academic Council regarding the curriculum.

There are four subcommittees that report to the Curriculum Committee. The chair of the Curriculum Committee may designate additional subcommittee members.

- Foundations of Medicine Subcommittee: Chaired by the assistant dean for Foundations of Medicine with members that include all Foundations of Medicine basic science course directors, and others as designated by the Curriculum Committee chair. The course director for Profession of Medicine meets with the subcommittee as needed. The Foundations of Medicine Subcommittee is charged with oversight of the Foundations of Medicine curriculum, following the guiding principles of the curriculum and meeting the relevant overall educational objectives of the curriculum as directed by the Curriculum Committee.
- Clinical Applications Subcommittee: Chaired by the assistant dean for Clinical Applications with members that include all third-year clerkship directors, the fourth-year clerkship directors for critical care medicine and emergency medicine, the course director for Introductory Clinical Experiences, and others as



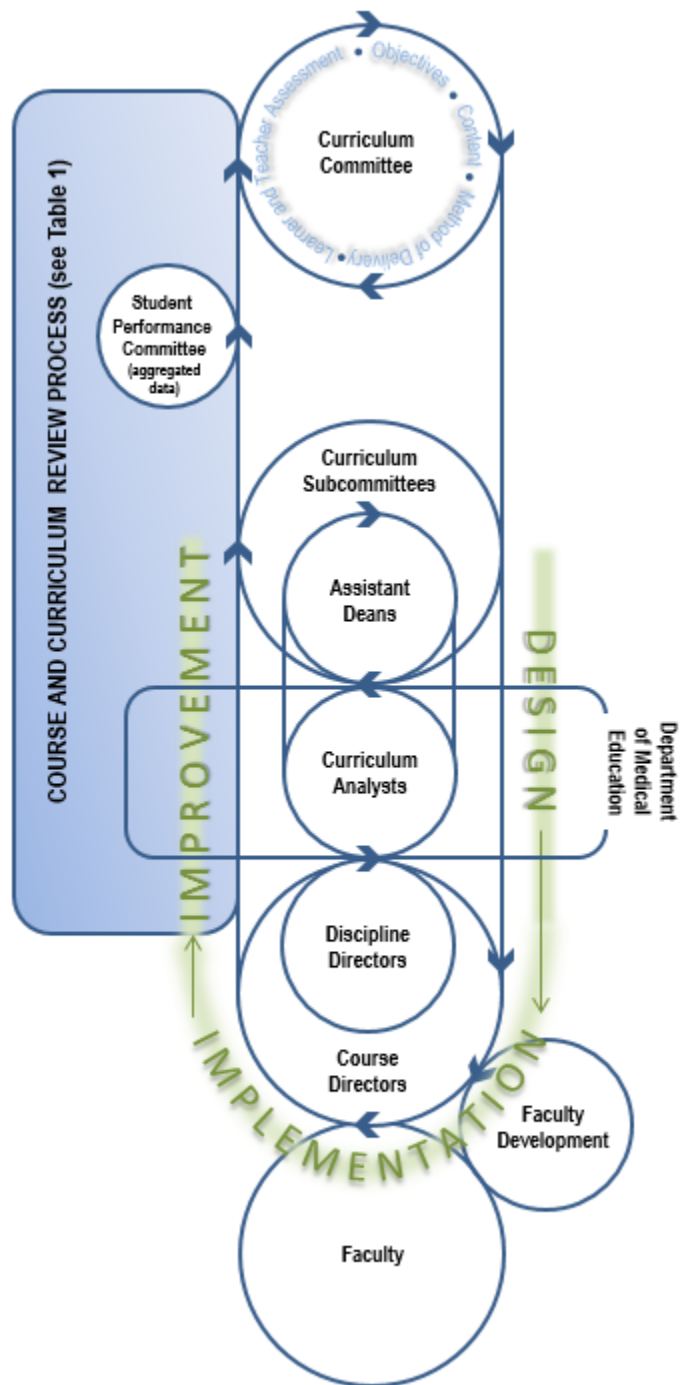
designated by the Curriculum Committee chair. The course director for Profession of Medicine meets with the subcommittee as needed. The Clinical Applications Subcommittee is charged with oversight of the Clinical Applications curriculum, following the guiding principles of the curriculum and meeting the relevant overall educational objectives, especially the clinical objectives, of the curriculum as directed by the Curriculum Committee.

- **Integration Subcommittee:** The chair and members are named by the chair of the Curriculum Committee. The Integration Subcommittee is charged to implement and refine vertical and horizontal integration of content across all four years of the curriculum.
- **Program Evaluation Subcommittee:** The chair and members are named by the chair of the Curriculum Committee. The Program Evaluation Subcommittee is charged to provide continuing evaluation of the educational program to ensure that the content and delivery are meeting the goals set by the faculty and the Curriculum Committee.

Each course in the Foundations of Medicine has a course committee that is chaired/co-chaired by the course director/co-directors with members that include key faculty for the course. Each clerkship in Clinical Applications may have a clerkship committee chaired by the clerkship director with members that include key clinical faculty for the clerkship. The course committees report to the Foundations of Medicine Subcommittee, and the clerkship committees report to the Clinical Applications Subcommittee.

The Curriculum Committee has full responsibility for curriculum decisions and curriculum approval. The process for design, implementation, and continuing improvement of the curriculum is outlined in the Figure 7.

Figure 7. Process for Curriculum Design, Implementation, and Continuing Improvement



### ***Diversity and Inclusiveness External Advisory Council***

The Diversity and Inclusiveness External Advisory Council provides guidance, assessment, recommendations, and assistance to the medical school to identify, bring attention to, proactively advance, and achieve institutional goals for a culture of diversity and inclusiveness across students, residents, fellows, faculty, and staff. The advisory council reports to the dean and works closely with associate deans.

This council includes the following as members: two core or emeritus/emmerita faculty members, one resident, one student, one non-faculty staff appointed by the dean, the associate dean for Health Equity and Community Affairs, associate dean for faculty affairs, associate dean for student affairs, associate dean for Graduate Medical Education, director of Human Resources, and community members appointed by the dean including members from Borgess Health, Bronson Healthcare, and Western Michigan University.

### ***Medical Student Admissions Committee***

The Medical Student Admissions Committee is responsible for development and oversight of policies and procedures related to admissions; reviewing selection criteria; providing an annual report to the Faculty Academic Council; and reviewing and proposing recommendations regarding the admissions process. The medical students who are members of the Medical Student Admissions Committee are also responsible for tours for prospects and applicants to the MD degree program.

The Medical Student Admissions Committee is responsible for the evaluation of applicants and the selection of entering medical students who will excel in our curriculum and graduate successfully to become outstanding clinicians, leaders, educators, advocates, and researchers. The Medical Student Admissions Committee seeks to identify and admit students from among the categories of specific groups identified by the medical school that add value to the learning and working environment. The Medical Student Admissions Committee evaluates all applicants to the MD program and makes the final binding decisions regarding acceptance of applicants, including the WMedStart early decision program and identifying qualified candidates for the MS program in Biomedical Sciences (Bridge to MD program).

The Medical Student Admissions Committee is composed of up to ten voting members including:

- Chair and vice chair appointed by the dean for three-year terms, and who shall be core or emeritus/emmerita faculty members.
- Up to six additional core or emeritus/emmerita faculty members representing the diversity of the faculty and departments of the medical school.
- Up to one member of the community appointed by the dean who does not need to be faculty or student.
- Up to two second-year medical student members appointed by the dean advised by the Medical Student Council and associate dean for Student Affairs. Up to two

medical students in each of the first-, third-, and fourth-years may serve as non-voting members, appointed by the dean advised by the Medical Student Council and associate dean for Student Affairs.

- Director of Admissions (ex officio, non-voting member).

Faculty and other appointed members serve three-year terms with a maximum of two terms in succession. Students serve one-year terms only. With the exception of the chair and vice chair, the names of the Medical Student Admissions Committee members are not publicized.

The meeting agenda is established by the chair of the Medical Student Admissions Committee in consultation with the director of Admissions and Student Life. A committee quorum for voting purposes shall consist of two-thirds of the eligible votes on the specific motion. Faculty members must constitute the majority of voting members at all meetings and on all votes of the Medical Student Admissions Committee.

Members of the Medical Student Admissions Committee must not disclose or discuss information about applicants outside of Medical Student Admissions Committee meetings. All information used for applicant review must come through the prescribed process and must be available for consideration by all members of the Medical Student Admissions Committee.

The Medical Student Admissions Committee has full responsibility for decisions to admit applicants. The decisions may not be appealed to the dean, board of directors, or any other party.

For the Medical Student Admissions Committee, the information provided to the committee including the selection criteria as well as the deliberations, rationale for decisions, minutes, reports, and other products are strictly confidential and are communicated to others on a need-to-know basis only. These committee meetings are closed meetings that are open to committee members, and others only by invitation of the chair. Confidentiality is especially important in consideration of information about individual applicants being considered for admission. The Medical Student Admissions Committee reports its actions to the associate dean for Student Affairs and director of Admissions and Student Life, and provides annual reports to the Faculty Academic Council regarding. It is a violation of trust and the medical school Code of Professional Conduct to disclose or discuss confidential committee deliberations or actions inappropriately.

Additional information for members of the Medical Student Admissions Committee is provided in the Medical Student Admissions Handbook.

### ***Medical Student Performance Committee***

The Medical Student Performance Committee is responsible for the oversight of the performance and progress of medical students, and also generally manages student misbehavior, especially related to curricular activities. In this role, the committee is

responsible for maintaining, developing, and overseeing policies regarding requirements for advancement and graduation. The Medical Student Performance Committee purview includes isolated instances of student misbehavior that are not sufficiently serious to warrant dismissal. However, the Medical Student Performance Committee may take any action up to and including dismissal for failure to comply with corrective actions and remediation steps, including failure to resolve academic and/or behavioral deficiencies, or a pattern of student misbehavior. Serious student misconduct that could warrant a reprimand, probation, or dismissal, in the sole discretion of the associate dean for Educational Affairs, is generally managed through the misconduct process. The process to address student academic and/or behavioral deficiencies is managed generally through a “learning contract,” regardless of the scope of academic and behavioral terms of the contract. Learning contracts, as defined by the medical school, embody action plans, corrective actions, and remediation plans.

The Professionalism Subcommittee of the Medical Student Performance Committee receives and reviews all input related to student behavior, conduct, and professionalism, which comes from course/clerkship evaluations, Report of Student Concern or Compliant (which is on the medical student portal and can be submitted anonymously as well as confidentially), Medical Student Feedback Form (which is on the student and faculty/staff portals and can be submitted by anyone at any time), Learning and Working Environment Committees, and any documentation submitted directly to the subcommittee from the Medical Student Performance Committee, associate dean for Educational Affairs, and associate dean for Student Affairs. The Professionalism Subcommittee may act on trends and patterns of student behavior, conduct, and professionalism even if there has been satisfactory performance within each individual course/clerkship. The Professionalism Subcommittee makes recommendations, such as for learning contacts, to the Medical Student Performance Committee, which may assign the Professionalism Subcommittee with a role such as to monitor student progress and report back to the Medical Student Performance Committee.

The Medical Student Performance Committee may exercise the option at any time for any student to meet with the student, formally assess student learning and performance – academic progress as well as professional and personal conduct – and intervene through a learning contract with the student.

Specifically, the Medical Student Performance Committee is responsible for:

- Making recommendations for standards for determination of satisfactory academic progress, satisfactory progress for advancement and graduation of medical students, and professionalism.
- Establishing consistent standards and methods for assessing medical student performance and correcting academic or other deficiencies of medical students.
- Monitoring learning and performance – academic progress as well as professional and personal conduct – of all medical students on a continuing basis with comprehensive assessments and formal determinations of satisfactory academic progress twice each academic year, at the conclusion of each term. This

includes medical students enrolled in dual-degree programs even during the time that the medical student is primarily pursuing the second degree.

- Working in collaboration with the associate dean for Educational Affairs to identify medical students experiencing significant difficulty with academic coursework or professional or personal conduct and who require learning contracts, providing guidance to and charging the associate dean for Educational Affairs with developing learning contracts with medical students, monitoring medical student performance while subject to a learning contract, and approving completion of learning contracts. Any medical student on warning academic status requires a learning contract to be in place.
- Confirming on a continuing basis the appropriate status of medical students including advancement of students through the curriculum.
- Responding to student concerns regarding advancement of medical students and developing policies and procedures for learning contracts.
- Conducting a formal review of the process for any medical student dismissed from medical school through the Medical Student Performance Committee to confirm that all procedural actions were conducted fairly and in conformity with prescribed procedures. Under extraordinary circumstances, the Medical Student Performance Committee may recommend an exception to the requirement for dismissal for a medical student who is not making satisfactory academic progress, as described under “Satisfactory Academic Progress.”
- Toward the conclusion of the medical student’s academic program at the medical school and after reviewing a graduation audit prepared by the registrar and with input from the associate dean for Educational Affairs and associate dean for Student Affairs, recommending appropriate candidates to the dean for the conferral of the Doctor of Medicine degree.

The Medical Student Performance Committee follows principles that embody the academic and professional standards of the medical school for overseeing medical student academic progress and professional development. The Medical Student Performance Committee applies these principles consistently while recognizing that each medical student’s situation is reviewed on the individual merit and circumstances.

- Medical students must meet all of the requirements for advancement and graduation. The committee must uphold all of the standards of the medical school while simultaneously supporting the medical student's continuation in the program by allowing appropriate corrective actions or modifications of the student’s educational activities when there is convincing evidence to the committee that the student can be successful in the program. Corrective actions and modifications of the medical student’s educational activities are incorporated into a learning contract.
- The committee weighs all aspects of a medical student's performance and should consider extenuating circumstances. The committee has the appropriate latitude to consider a variety of corrective actions to support the medical student's continuation in the medical school.

- In developing corrective actions, the committee should incorporate input and insights from the medical student on how they learn to determine which corrective actions may work best for the medical student.
- The committee should take into account extenuating circumstances. For issues of academic performance with extenuating circumstances, the committee may permit the medical student to have the opportunity to continue in the program at the medical school. It is the responsibility of the medical student to resolve extenuating circumstances so they do not continue to interfere with the student performance in subsequent coursework. The committee may mandate a leave of absence to give the medical student additional time to resolve the extenuating circumstance, and may recommend dismissal if it is evident that the medical student is unable to perform at an acceptable level, or is unable or unwilling to resolve extenuating circumstances.

The Medical Student Performance Committee reviews the aggregated and individual performance records of all medical students on a continuing basis, and conducts formal hearings of individual medical students with significant academic and other deficiencies, and of medical students dismissed from medical school. Medical Student Performance Committee members shall not serve in a principal role for providing remediation or implementing learning contracts, and must maintain a clear demarcation of their role on the Medical Student Performance Committee to evaluate medical student learning and performance.

Medical Student Performance Committee members must recuse themselves from both the discussion and vote for actions for medical students whose performance is being reviewed by the Medical Student Performance Committee and for whom they have: provided the medical student with sensitive health, psychiatric, or psychological care, including as determined solely by the medical student; served as the medical student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the medical student.

The Medical Student Performance committee is composed of six voting members who are core or emeritus/emera faculty, including three from non-clinical departments and three from clinical departments (Figure 2).

Ex officio, nonvoting advisors to the Medical Student Performance Committee are the associate dean for Educational Affairs and associate dean for Student Affairs.

For the Medical Student Performance Committee, the information provided to the committee as well as the deliberations, minutes, reports, and other products are strictly confidential and are communicated to others on a need-to-know basis only. These committee meetings are closed meetings that are open to committee members and others only by invitation of the chair. Confidentiality is especially important in consideration of information about individual students. The Medical Student Performance Committee reports its actions to the associate dean for Educational Affairs and the associate dean for Student Affairs, and provides annual reports to the Faculty Academic Council regarding. It is a violation of trust and the medical school Code of

Professional Conduct to disclose or discuss confidential committee deliberations or actions inappropriately.

Members of the Medical Student Performance Committee must not disclose or discuss information about applicants outside of Medical Student Performance Committee meetings. All information used for applicant review must come through the prescribed process and must be available for consideration by all members of the Medical Student Performance Committee.

This committee regularly reviews, and confirms at least every 6 months, that each medical student is achieving satisfactory academic progress toward the medical degree. Formal recognition, as needed, of satisfactory academic progress, satisfactory completion of each year's course of study, advancement to the next year, and completion of all graduation requirements is provided by the Medical Student Performance Committee to the student, associate dean for Educational Affairs, associate dean for Student Affairs, and the director of Financial Aid.

A committee quorum for voting purposes shall consist of two-thirds of the eligible votes on the specific motion. Faculty members must constitute the majority of voting members at all meetings and on all votes of the Medical Student Performance Committee.

### ***Student Appeals Committee***

Students may appeal: a decision of the Medical Student Performance Committee and action of the associate dean for Educational Affairs regarding medical student advancement, graduation, suspension, and dismissal; a decision of the program committee and action of the associate dean for Educational Affairs regarding graduate student advancement, graduation, suspension, and dismissal; a decision of the associate dean for Student Affairs to refuse to permit a student to return from an approved leave of absence; and sanctions of a misconduct process. Grades as well as learning contracts (ie, corrective actions and remediation plans) are not subject to appeal to the Student Appeals Committee.

Final actions that are subject to medical student appeal are not implemented until the appeal deadline has passed, the appeal process is exhausted, or the student provides notice in writing of a decision not to appeal.

The committee is composed of three to four core or emeritus/emerita faculty members. The chair is appointed by the dean. The associate dean for Educational Affairs convenes the Student Appeals Committee as needed.

For the Student Appeals Committee, the information provided to the committee as well as the deliberations, minutes, reports, and other products are strictly confidential and are communicated to others on a need-to-know basis only. These committee meetings are closed meetings that are open to committee members and others only by invitation of the chair. Confidentiality is especially important in consideration of information



about individual applicants being considered for admissions. The Student Appeals Committee reports its actions to the associate dean for Educational Affairs and associate dean for Student Affairs. It is a violation of trust and the medical school Code of Professional Conduct to disclose or discuss confidential committee deliberations or actions inappropriately.

Members of the Student Appeals Committee must not disclose or discuss information about applicants outside of Student Appeals Committee meetings. All information used for applicant review must come through the prescribed process and must be available for consideration by all members of the Student Appeals Committee.

Student Appeals Committee members must recuse themselves from participating in the appeal process for students for whom they have: provided the medical student with sensitive health, psychiatric, or psychological care, including as determined solely by the medical student; served as the medical student's private tutor or designated individual mentor; or otherwise have a conflict of interest related to the medical student. The dean shall appoint another faculty member to serve on the Student Appeals Committee, if needed, for the appeal process for the student.

### ***Student Scholarship Committee***

The Student Scholarship Committee provides award recommendations regarding medical school scholarships and other financial awards for students. Scholarship awards from the medical school require approval and authorization by the dean.

The Student Scholarship Committee is composed of four to seven members, including three to five core or emeritus/emmerita faculty members and one to two fourth-year medical students. The chair is appointed by the dean.

For the Student Scholarship Committee, the information provided to the committee as well as the deliberations, minutes, reports, and other products are strictly confidential and are communicated to others on a need-to-know basis only. These committee meetings are closed meetings that are open to committee members and others only by invitation of the chair. Confidentiality is especially important in consideration of information about individual applicants being considered for admissions. The Student Scholarship Committee reports its actions to the associate dean for Student Affairs and director of Financial Aid. It is a violation of trust and the medical school Code of Professional Conduct to disclose or discuss confidential committee deliberations or actions inappropriately.

Members of the Student Scholarship Committee must not disclose or discuss information about applicants outside of Student Scholarship Committee meetings. All information used for applicant review must come through the prescribed process and must be available for consideration by all members of the Student Scholarship Admissions Committee.

## **Summary Tables of Standing Committees and Other Committees**

The following tables describe the charge and members for all standing committees of the medical school, which includes leadership committees (five), standing committees (13), and other committees (two educational, four research, and three administrative).

Table 5. Leadership Committees

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Dean's Cabinet</b>	The charge of the Dean's Cabinet is to collaboratively develop and implement effective strategies across the institution that transform the medical school mission, vision, and values into day-to-day operations.				
	Dean Associate Dean for Educational Affairs Associate Dean for Graduate Medical Education Associate Dean for Clinical Affairs Associate Dean for Research Associate Dean for Faculty Affairs Associate Dean for Health Equity and Community Affairs Associate Dean for Student Affairs Associate Dean for Administration and Finance Associate Dean for Planning and Performance Excellence Manager, Office of the Dean	All members are ex officio.	Chair: Dean.	Dean.	Weekly and as needed.
<b>Chairs Council</b>	The charge of the Chairs Council is to collaboratively develop and implement effective strategies within each department that transform the medical school mission, vision, and values into day-to-day department operations.				
	Department chairs.	All members are ex officio.	Chair: Dean.	Dean.	Monthly.

Table 5. Leadership Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Faculty Academic Council</b>	<p>The charge of the Faculty Academic Council is to: foster bidirectional communication between the faculty and other medical school components in a climate of shared governance and service in support of the medical school mission and vision; identify and advocate for issues relevant to the faculty; provide an open forum for dialogue and exchange of views in matters relevant to the faculty; facilitate dissemination of information from the other components of medical school leadership to the faculty; directly elect faculty members to serve on the Appointment and Promotion Committee and the Curriculum Committee, and advise the dean for faculty appointed by the dean to the Appointment and Promotion Committee, Curriculum Committee, other standing committees, and other medical school committees; at two semi-annual Faculty Academic Council meetings held jointly with faculty meetings receive annual reports for review and comment including from the Dean, Medical Student Admissions Committee, Medical Student Performance Committee, and Curriculum Committee; and recommend amendments to the Faculty Handbook, Medical Student Handbook, and Graduate Student Handbook.</p>				
	<p>Voting members:</p> <ul style="list-style-type: none"> <li>Elected core faculty members from each department and program, based on number of faculty appointed in each department and program.</li> </ul>	<p>3-year terms; maximum of 2 terms in succession.</p>	<p>Chair and vice chair: Elected for two-year terms by the Faculty Academic Council.</p>	<p>Faculty.</p>	<p>Generally four times a year, including two meetings annually held jointly with faculty meetings.</p>

Table 5. Leadership Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Medical Student Council</b>	The charge of the Medical Student Council is to represent all medical students in all four years to: communicate the needs and opinions of the medical student body to faculty and administration; facilitate medical student contributions to the development of certain school policies and administrative matters that affect medical students throughout their four years at the medical school; consult with the associate dean for Student Affairs to make recommendations for medical student members on medical school committees; collaborate with the Diversity and Inclusiveness External Advisory Committee to identify and achieve medical school goals for medical student diversity and inclusiveness; and recommend amendments to the Medical Student Handbook.				
	Each of the four medical student classes elects a president and two Medical Student Council representatives	1-year terms; may serve unlimited terms in succession.	Chair: President of the fourth-year class.  Vice Chair: President of the third-year class.	Medical student body.  <i>(Advised by Associate Dean for Student Affairs.)</i>	Monthly.

Table 5. Leadership Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Strategic Planning Leadership Team (SPLT)</b>	The charge of the Strategic Planning Leadership Team (SPLT) is the strategic planning process and development and implementation of the medical school strategic plan. Half-day planning and assessment retreats are held at least twice annually. Members of the Strategic Planning Leadership Team serve as chairs and members on specific Strategy Teams to oversee annual objectives and actions.				
	Dean Associate Deans Assistant deans Department chairs and co-chairs Program chiefs and co-chiefs Chair and vice-chair of the Faculty Academic Council Chairs of standing committees Residency and fellowship program directors Administrative directors and assistant directors Selected managers	All members are ex officio.	Chair: Associate dean for Planning and Performance Excellence.	Dean.  <i>(Advised by the Dean's Cabinet.)</i>	Twice annually.

Table 6. Standing Committees

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Affiliates Committee</b>	The charge of the Affiliates Committee is to support implementation of the Affiliation Agreements by providing guidance for the clinical activities of the medical school and its practice plan, and the educational and research activities that are in collaboration with Borgess Health, Bronson Healthcare, and Western Michigan University.				
	Dean Associate Dean for Faculty Affairs Associate Dean for Clinical Affairs Associate Dean for Educational Affairs Associate Dean for Graduate Medical Education (DIO) Associate Dean for Research Associate Dean for Health Equity and Community Affairs Associate Dean for Administration and Finance Associate Dean for Planning and Performance Excellence Senior leaders (President/CEO and others as designated) of Borgess Health, Bronson Healthcare, and Western Michigan University	All members are ex officio.	Chair: Dean.	Dean.	Quarterly and as needed.

Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Appointment and Promotion Committee</b>	<p>The charge of the Appointment and Promotion Committee is to conduct the process to implement the criteria for appointment and promotion, and to provide recommendations to the dean for core faculty appointments and promotions at the ranks of associate professor and professor, and adjunct faculty appointments at the rank of professor. All of the Appointment and Promotion Committee meetings are closed meetings, all deliberations are confidential, and findings are communicated on a need-to-know basis only. The Appointment and Promotion Committee reports its recommendations to the dean, and provides reports to the Faculty Academic Council regarding faculty appointments and promotions.</p>				
	<p>2 core or emeritus/emerita faculty members, including one at the rank of Associate Professor and one at the rank of Professor, directly elected by the Faculty Academic Council.</p> <p>4 core or emeritus/emerita faculty members at the rank of Associate Professor or Professor appointed by the dean, including 2-4 faculty-at-large advised by the Faculty Academic Council and up to 2 associate/assistant deans and department chairs with at least two of these four committee members must be at the rank of Professor.</p>	<p>3-year terms; maximum of 2 terms in succession.</p>	<p>Chair: appointed by the Dean (must be a Professor).</p> <p>Vice Chair: appointed by the Dean (must be a Professor).</p>	<p>Dean. <i>(Advised by Associate Dean for Faculty Affairs.)</i></p>	<p>Twice annually and as needed.</p>



Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Continuing Education Committee</b>	The charge of the Continuing Education Committee is to advise the assistant dean for Continuing Education, assist with ongoing review and assessment including the annual report of continuing education activities of the medical school, and assure compliance of medical school policies and procedures related to continuing education with professional standards and regulatory requirements. The Continuing Education Committee may assist with resolving any issues related to accreditation including joint accreditation.				
	Assistant Dean for Continuing Education  Associate Dean for Clinical Affairs  Department chairs employed by the medical school of the major academic departments.  Dean	All members are ex officio.	Chair: Assistant Dean for Continuing Education.	Assistant Dean for Continuing Education.	Twice annually and as needed.

Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<p><b>Curriculum Committee</b></p>	<p>The charge of the Curriculum Committee is the responsibility for development and oversight of a competency-based education using a course-based approach that the medical school uses to graduate knowledgeable, ethical, and skilled physicians who will become outstanding clinicians, educators, researchers, leaders, and advocates. The Curriculum Committee and the dean have integrated institutional responsibility for leading, directing, coordinating, managing, and reporting all aspects of the design, management, and improvement of a coherent and coordinated curriculum. Curriculum design includes planning and establishing the objectives, structure, pedagogy, and content. Curriculum management includes all aspects of content delivery and evaluation. Curriculum improvement includes all levels of continuing cycles of improving instructors, courses, and the curriculum. As such, all courses, clerkships, content, teaching styles, educational innovations, clinical and research experiences, and other educational endeavors are part of the curriculum and fall under the responsibility of the Curriculum Committee and the dean. The committee is empowered to work in the best interests of the students and the medical school without undue parochial, political, and departmental or program pressures. Faculty members must constitute the majority of voting members at all meetings.</p>				
<p>4 core or emeritus/emerita faculty members at the rank of Assistant Professor or higher directly elected by the Faculty Academic Council. At least three must be from clinical departments, including at least one based primarily at Borgess Health and at least one based primarily at Bronson Healthcare.</p> <p>8 core or emeritus/emerita faculty members at the rank of Assistant Professor or higher appointed by the dean, including 6-8 faculty-at-large appointed by the dean advised by the Faculty Academic Council, and up to 2 associate/assistant deans and department chairs.</p> <p>Two residents from any residency program appointed by the dean advised by the Graduate Medical</p>		<p>3-year terms; maximum of 2 terms in succession.</p> <p>Residents and medical students serve one-year terms only.</p>	<p>Chair: appointed by the dean.</p> <p>Vice Chair: appointed by the dean.</p>	<p>Faculty Academic Council.</p> <p><i>(Advised by associate dean for Educational Affairs, assistant dean for Foundations of Medicine, and assistant dean for Clinical Applications.)</i></p>	<p>Monthly.</p>

	<p>Education Committee and associate dean for Graduate Medical Education.</p> <p>Four medical students, one from each class, appointed by the dean advised by the Medical Student Council and associate dean for Student Affairs.</p> <p>Ex officio, non-voting advisors:</p> <ul style="list-style-type: none"> <li>• Associate dean for Educational Affairs</li> <li>• Assistant dean for Foundations of Medicine</li> <li>• Assistant dean for Clinical Applications</li> </ul>				
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Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Diversity and Inclusiveness External Advisory Council</b>	The charge of the Diversity and Inclusiveness External Advisory Council is to provide guidance, assessment, recommendations, and assistance to the medical school to identify, bring attention to, proactively advance, and achieve institutional goals for a culture of diversity and inclusiveness across students, residents, fellows, faculty, and staff. The advisory council reports to the dean and works closely with associate deans.				
	2 core or emeritus/emera faculty appointed by the Dean advised by the Faculty Academic Council  1 non-faculty staff appointed by the Dean  Associate Dean for Health Equity and Community Affairs Associate Dean for Faculty Affairs Associate Dean for Student Affairs Associate Dean for Graduate Medical Education  Director of Human Resources  Community members appointed by the Dean (including members from Borgess Health, Bronson Healthcare, and WMU)	Faculty and staff: 3-year terms; maximum of 2 terms in succession.   Ex officio  Ex officio Ex officio Ex officio  Ex officio  Community members: 3-year terms and may serve unlimited terms in succession.	Chair: appointed by the Dean.  Vice Chair: appointed by the Dean.	Dean.  <i>(Advised by the Dean's Cabinet.)</i>	Meets twice annually and as needed.

Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Global Health Committee</b>	The charge of the Global Health Committee is to cultivate interest and identify opportunities for medical students, residents, faculty, and staff to learn about global health issues and participate in international health activities.				
	3-6 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council  1-3 residents appointed by the Dean advised by the GMEC and Associate Dean for Graduate Medical Education  1-3 medical Students appointed by the Dean advised by the Medical Student Council and Associate Dean for Student Affairs	3-year terms; maximum of 2 terms in succession.  Residents serve one-year terms only.  Medical students serve one-year terms only.	Chair: appointed by the Dean.  Vice Chair: appointed by the Dean.	Dean  <i>(Advised by the Dean's Cabinet.)</i>	Quarterly and as needed.

Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Graduate Medical Education Committee</b>	The charge for the Graduate Medical Education Committee is to oversee, in collaboration with the Designated Institutional Official, all educational and clinical aspects of resident education and training at the medical school. The committee establishes institutional policies and approves all policies affecting graduate medical education and training and oversees all matters regarding graduate medical education accreditation and related matters.				
	Associate Dean for Graduate Medical Education (Designated Institutional Official)  Residency and Fellowship Program Directors  Peer-selected resident and fellow representatives  Ex officio, non-voting member: <ul style="list-style-type: none"> <li>• Director of Resident Affairs</li> </ul>	Ex officio  Ex officio  Resident and fellow representatives are peer-selected annually and serve one-year terms only.	Chair: Associate dean for Graduate Medical Education.  Vice Chair: selected by the committee.	Dean.  <i>(Advised by the Dean and Associate Deans)</i>	Monthly.

Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<p><b>Medical Student Admissions Committee</b></p>	<p>The charge of the Medical Student Admissions Committee is to implement the selection process to select medical students who will excel in our curriculum and graduate successfully to become outstanding clinicians, educators, researchers, leaders, and advocates. The Medical Student Admissions Committee seeks to identify and select students from among the categories of specific groups identified by the medical school that add value to the learning and working environment. The Medical Student Admissions Committee evaluates all applicants and makes the final binding decisions regarding acceptance of applicants, including the early decision program (WMedStart) and identifying qualified candidates for the MS program in Biomedical Sciences (Bridge to MD program). All of the Medical Student Admissions Committee meetings are closed meetings, all deliberations are confidential, and findings are communicated on a need-to-know basis only. The Medical Student Admissions Committee reports its actions to the associate dean for Student Affairs and director of Admissions and Student Life. With the exception of the chair and vice chair, the names of the Medical Student Admissions Committee members are not publicized.</p> <p>Up to eight core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council.</p> <p>Up to two second-year students as voting members, and up to two students in each of the first-, third-, and fourth-years as non-voting members, appointed by the dean advised by the Medical Student Council and associate dean for Student Affairs.</p> <p>Additional members appointed by the dean.</p> <p>Ex officio, non-voting member:</p> <ul style="list-style-type: none"> <li>• Director of Admissions and Student Life</li> </ul>	<p>3-year terms; maximum of 2 terms in succession. (Except for Associate or Assistant Deans who may serve unlimited terms in succession).</p> <p>Medical students serve as non-voting members from the date of appointment in the first year through April 30, and as voting members from May 1 through April 30 of the second-year.</p> <p>3-year terms; maximum of 2 terms in succession.</p>	<p>Chair: appointed by the Dean (must be core faculty).</p> <p>Vice Chair: appointed by the Dean (must be core faculty).</p>	<p>Faculty Academic Council.</p> <p><i>(Advised by the associate dean for Student Affairs, and the associate dean for Educational Affairs).</i></p>	<p>As needed, which may be weekly during the recruitment season.</p>

Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Medical Student Performance Committee</b>	<p>The charge of the Medical Student Performance Committee is to oversee progress of students in achieving and maintaining academic excellence, academic honesty, and professionalism. The Medical Student Performance Committee establishes criteria for determination of satisfactory performance for advancement, promotion, and graduation and establishes consistent standards for assessing student performance, evaluating students, assigning grades, and correcting academic deficiencies of medical students. The committee makes recommendations to the associate dean for Educational Affairs regarding academic standing of medical students and assigns remediation and corrective actions for students experiencing difficulty with academic coursework or professional and personal conduct. The associate dean for Educational Affairs is responsible for implementing the decisions and corrective actions required by the Medical Student Performance Committee. Remediation and corrective actions are generally implemented in the form of a learning contract for the student by the associate dean for Educational Affairs, who provides periodic reports of student progress on learning contracts to the Medical Student Performance Committee. All of the Medical Student Admissions Committee meetings are closed meetings, all deliberations are confidential, and findings are communicated on a need-to-know basis only. Faculty members must constitute the majority of voting members at all meetings and on all votes. The Medical Student Performance Committee reports its actions to the associate dean for Educational Affairs.</p>				
<p>6 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council.</p> <ul style="list-style-type: none"> <li>• 3 basic sciences faculty</li> <li>• 3 clinical sciences faculty</li> </ul> <p>Ex officio, non-voting members:</p> <ul style="list-style-type: none"> <li>• Associate Dean for Educational Affairs</li> <li>• Associate Dean for Student Affairs</li> </ul>		<p>3-year terms; maximum of 2 terms in succession.</p>	<p>Chair: appointed by the Dean.</p> <p>Vice Chair: appointed by the Dean</p>	<p>Faculty Academic Council.</p> <p><i>(Advised by Associate Dean for Educational Affairs and Associate Dean for Student Affairs.)</i></p>	<p>Twice annually and as needed.</p>



Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Research Committee</b>	<p>The charge of the Research Committee is to: assist and advise the associate dean for Research in oversight of research efforts and research strategic planning; assist in addressing critical research issues; assist in developing research policies and procedures; advance research compliance by establishing requirements and facilitating training; advance scholarly activities as part of the educational experience; advise on scientific review, human subjects research review, animal research review, and institutional biosafety processes; advise on the intellectual property processes; promote and facilitate faculty research and success; and promote efforts for student and resident participation in research and scholarly activities; organize and sponsor the annual research day; collaborate to organize and sponsor other activities that highlight research; and foster collaborative and interdisciplinary/interprofessional research efforts of faculty with other investigators outside the medical school.</p>				
	<p>Associate dean for Research</p> <p>Assistant dean for Research Compliance</p> <p>Assistant dean for Clinical Research</p> <p>Assistant dean for Investigative Medicine</p> <p>Assistant Dean for the Innovation Center</p> <p>Chair, Department of Biomedical Sciences</p> <p>2–4 core or emeritus/emmerita faculty members appointed by the Dean advised by the Faculty Academic Council.</p> <p>1-2 residents appointed by the Dean advised by the GMEC and associate dean for Graduate Medical Education.</p>	<p>Ex officio.</p> <p>Ex officio.</p> <p>Ex officio.</p> <p>Ex officio.</p> <p>Ex officio.</p> <p>Ex officio.</p> <p>3-year terms; maximum of 2 terms in succession.</p> <p>Residents and medical students serve one-year terms only.</p>	<p>Chair: Associate dean for Research.</p>	<p>Dean.</p> <p><i>(Advised by the Dean and Associate Deans.)</i></p>	<p>Quarterly and as needed.</p>

	1-2 medical students appointed by the Dean advised by the Medical Student Council and associate dean for Student Affairs.				
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Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Clinical Research Committee</b>	The Clinical Research Committee supports the Research Committee to meet its charge and reports to the Affiliates Committee. The charge of the Clinical Research Committee is to: oversee and promote clinical research at all sites of the medical school, Borgess Health, and Bronson Healthcare; assist in developing clinical research policies and procedures; develop and implement strategic planning to increase and support clinical research activities; develop and track annual goals and objectives for clinical research; develop and oversee the annual budget for clinical research; and report on clinical research at the medical school, Borgess Health, and Bronson Healthcare.				
	Up to four core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council.  Assistant Dean for Clinical Research  Assistant Dean for Research Compliance  Director, Clinical Research Operations  Director, Human Research Protection Program  Director, Sponsored Programs Administration	3-year terms; maximum of 2 terms in succession.  Ex officio.  Ex officio.  Ex officio.  Ex officio.  Ex officio.	Chair: Assistant dean for Clinical Research.  Vice chair: Assistant dean for Research Compliance.	Affiliates Committee.  <i>(Advised by the Dean and associate dean for Research.)</i>	Quarterly and as needed.

Table 6. Standing Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Student Appeals Committee</b>	The charge of the Student Appeals Committee is to hear and review appeals from students of: a decision by the Medical Student Performance Committee of advancement, graduation, suspension, or dismissal; final action of a misconduct process; and a decision of the associate dean for Student Affairs to refuse to permit a student to return from an approved leave of absence. All of the Student Appeals Committee meetings are closed meetings, all deliberations are confidential, and findings are communicated on a need-to-know basis only. The Student Appeals Committee reports its actions to the associate dean for Educational Affairs and associate dean for Student Affairs.				
	3-4 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council.	3-year terms; maximum of 2 terms in succession.	Chair: appointed by the Dean.  Vice Chair: appointed by the Dean.	Associate dean for Educational Affairs.  <i>(Advised by associate dean for Educational Affairs.)</i>	As needed.
<b>Student Scholarship Committee</b>	The charge of the Student Scholarship Committee is to oversee the process for making recommendations for all medical school scholarships and financial awards. The committee publicizes scholarship and financial award opportunities and information to students and faculty, and oversees announcements of scholarship and financial award recipients. All of the Student Scholarship Committee meetings are closed meetings, all deliberations are confidential, and findings are communicated to others only on a need-to-know basis only. Faculty members must constitute the majority of voting members at all meetings. The Student Scholarship Committee reports its actions to the associate dean for Student Affairs and director of Financial Aid.				
	3-5 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council.  1-2 fourth-year medical students appointed by the Dean advised by the Medical Student Council and associate dean for Student Affairs.  Ex officio, non-voting member: • Director of Financial Aid.	3-year terms; maximum of 2 terms in succession.  Medical students serve one-year terms only.	Chair: appointed by the Dean.  Vice Chair: appointed by the Dean.	Associate dean for Student Affairs.  <i>(Advised by associate dean for Student Affairs and director of Financial Aid.)</i>	Twice annually and as needed.

Table 7. Additional Education Committees

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<p><b>Learning and Working Environment Committees (4)</b></p> <ul style="list-style-type: none"> <li>• Medical School Clinics and Kalamazoo Family Health Center</li> <li>• Borgess Health</li> <li>• Bronson Healthcare</li> <li>• Battle Creek VA Medical Center</li> </ul>	<p>Learning and Working Environment Committees are established for the major sites of medical school instruction and have a charge promote a learning and working environment that supports students and residents in educational and clinical settings. The committees work with other faculty, fellows, residents, students, and site leadership, as well as nurses and other healthcare professionals to proactively monitor the environment and promote best practices. The committees address concerns and complaints of learner mistreatment, reports of unprofessional behaviors, raise awareness about mistreatment to promote the positive aspects of the learning and working environment, monitor and evaluate the environment to identify positive and negative influences on the development of learners' professional attributes and professional identity, and promote best practices that favorably influence the learning and working environment.</p>				
	<p>2-4 faculty members based primarily at the site appointed by the Dean advised by the Faculty Academic Council.</p> <p>An institutional leader(s) at the site designated by the affiliate.</p> <p>A faculty member in Medical Ethics, Humanities, and Law appointed by the dean.</p> <p>Nurses, including, where appropriate, from a medical unit and surgical unit, designated by the affiliate.</p> <p>1-2 residents appointed by the Dean advised by the GMEC and associate dean for Graduate Medical Education.</p> <p>1-3 medical students appointed by the Dean advised by the Medical Student Council and associate dean for Student Affairs</p> <p>Associate dean for Educational Affairs</p> <p>Associate dean for Graduate Medical Education</p>	<p>3-year terms; maximum of 2 terms in succession.</p> <p>Ex officio.</p> <p>Ex officio.</p> <p>Ex officio.</p> <p>Residents serve one-year terms only.</p> <p>Medical students serve one-year terms only.</p> <p>Ex officio, non-voting.</p> <p>Ex officio, non-voting.</p>	<p>Co-chairs: Associate dean for Educational Affairs and associate dean for Graduate Medical Education.</p>	<p>Affiliates Committee.</p> <p><i>(Advised by Associate dean for Educational Affairs and associate dean for Graduate Medical Education.)</i></p>	<p>Quarterly or as needed.</p>

Table 7. Additional Education Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Chief Residents Committee</b>	The charge of the Chief Residents Committee is to engage resident leaders in dialogue with the medical school of operational, clinical, and educational matters that affect residents' work, responsibilities, and programs, and serve as a formal forum for residents to raise concerns with medical school leadership.				
	All residency program Chief Residents.  Associate dean for Graduate Medical Education.  Associate Designated Institutional Official.	Ex officio.  Ex officio.  Ex officio.	Chair: Associate dean for Graduate Medical Education.  Vice Chair: Associate DIO.	Associate dean for Graduate Medical Education.	Monthly.
<b>Essential Abilities Committee</b>	The charge of the Essential Abilities Committee is to evaluate and determine whether medical students, including applicants who have been accepted to the medical program, and students in the MS program in Biomedical Sciences (Bridge to MD program) meet the essential abilities for completion of the medical curriculum and, if not, to define the reasonable and also practicable accommodations tailored to their individual needs and circumstances that would allow the student to meet the essential abilities. The Essential Abilities Committee reviews the Essential Abilities for Completion of the Medical Curriculum annually and as needed, with recommendations for revisions, if any, submitted to the Curriculum Committee and the dean. All of the Essential Abilities Committee meetings are closed meetings, all deliberations are confidential, and findings are communicated to others on a need-to-know basis only. Faculty members must constitute the majority of voting members at all meetings and on all votes. The Essential Abilities Committee reports its actions to the associate dean for Educational Affairs and the associate dean for Student Affairs.				
	2 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council.  Director of Human Resources	3-year term; maximum of 2 terms in succession.  Ex officio.	Chair: appointed by the Dean.  Vice Chair: appointed by the Dean.	Dean.	Annually and as needed.

Table 8. Additional Research Committees

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Institutional Review Board (IRB)</b>	<p>The charge of the Institutional Review Board (IRB) is to establish and facilitate institutional policies and provide oversight to ensure that all research involving human subjects at, under the auspices of, or using the resources or services of the medical school are reviewed by IRB members who are sufficiently qualified through experience and expertise. The IRB shall evaluate research involving human subjects in accordance with applicable federal and state regulations, accreditation standards, institutional commitments and guidelines, and standards of professional conduct and practice. The IRB must have at least five members with varying backgrounds to promote complete and adequate review of the research activities involving human subjects commonly conducted at the medical school. However, members are able to satisfy more than one role within the committee.</p>				
	<p>Core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council, or other non-faculty that includes at least five individuals with:</p> <ul style="list-style-type: none"> <li>• Experience in at least one of the areas under the committee charge.</li> <li>• Primary concerns in scientific areas.</li> <li>• Primary concerns in a nonscientific area (eg, ethicist, lawyer, member of the clergy).</li> <li>• Represents the general perspective of participants.</li> <li>• Not otherwise affiliated with the medical school.</li> <li>• Other members with expertise as needed.</li> </ul> <p>IRB Coordinator. IRB Manager. Assistant dean for Research Compliance.</p> <p>Quorum shall be a simple majority (&gt;50%) that includes the necessary</p>	<p>All members serve 3-year terms; maximum of 2 terms in succession.</p> <p>Ex officio, non-voting. Ex officio, non-voting. Ex officio, non-voting.</p>	<p>Chair: appointed by the Dean.</p> <p>Vice chair: appointed by the Dean.</p>	<p>Assistant dean for Research Compliance.</p> <p><i>(Advised by the associate dean for Research.)</i></p>	<p>Monthly and as needed.</p>

	expertise present to conduct business and at least one member who is not otherwise affiliated with the medical school.				
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Table 8. Additional Research Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Institutional Animal Care and Use Committee (IACUC)</b>	<p>The charge of the Institutional Animal Care and Use Committee (IACUC) is to establish and facilitate institutional policies and provide oversight of facilities and programs to ensure the appropriate care, use, and human treatment of all research, educational, and other activities involving animals at, under the auspices of, or using the resources or services of the medical school are reviewed by IACUC members who are sufficiently qualified through experience and expertise. The IACUC shall evaluate activities involving animals in accordance with the <i>Guide for the Care and Use of Laboratory Animals</i>, applicable federal and state regulations, accreditation standards, institutional commitments and guidelines, and standards of professional conduct and practice. The IACUC must be comprised of at least five different members per federal regulations; however, members are able to satisfy more than one role within the committee.</p> <p>Core or emeritus/emmerita faculty members appointed by the Dean advised by the Faculty Academic Council, or other non-faculty that includes at least four individuals with:</p> <ul style="list-style-type: none"> <li>• Experience in at least one of the areas under the committee charge.</li> <li>• Experience in research involving animals.</li> <li>• Primary concerns in a nonscientific area (eg, ethicist, lawyer, member of the clergy).</li> <li>• Not otherwise affiliated with the medical school.</li> <li>• Other members with expertise as needed.</li> </ul> <p>Doctor of Veterinary Medicine with training or experience in laboratory animal science and medicine, who also has delegated program authority and responsibility for activities involving animals at the medical school.</p>	<p>All members serve 3-year terms; maximum of 2 terms in succession.</p> <p>Ex officio, voting.</p>	<p>Chair: appointed by the Dean.</p> <p>Vice Chair: appointed by the Dean</p>	<p>Associate dean for Research Compliance.</p> <p><i>(Advised by the associate dean for Research.)</i></p>	<p>Quarterly and as needed, including a facility inspection at least every six months.</p>

	<p>IACUC Coordinator. Assistant dean for Research Compliance.</p> <p>Quorum shall be a simple majority (&gt;50%) that includes the necessary expertise present to conduct business and at least one member who is not otherwise affiliated with the medical school.</p>	<p>Ex officio, non-voting. Ex officio, non-voting.</p>			
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Table 8. Additional Research Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Direct Relation to Other Shared Governance Component	Meeting Frequency
<b>Institutional Biosafety Committee (IBC)</b>	<p>The charge of the Institutional Biosafety Committee (IBC) is to establish and facilitate institutional policies and provide oversight to ensure that all research, educational, clinical, and other activities at, under the auspices of, or using the resources or services of the medical school provide for the safe use of, and protection of all individuals from, biohazards, radiation and radioactive materials, chemicals, biological materials (eg, infectious agents), and recombinant or synthetic nucleic acid molecules. The IBC shall evaluate activities in accordance with the <i>NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules</i>, applicable federal and state regulations, accreditation standards, institutional commitments and guidelines, and standards of professional conduct and practice. The members of the Institutional Biosafety Committee must broadly represent expertise in the use of biological reagents, radiation and radioactive materials, chemicals, biological materials, and recombinant or synthetic nucleic acid molecules that are used in research, educational, clinical, and other activities. The IBC must be comprised of at least five different members per federal regulations; however, members are able to satisfy more than one role within the committee.</p> <p>Core or emeritus/emergita faculty members appointed by the Dean advised by the Faculty Academic Council, or other non-faculty that includes at least five individuals with:</p> <ul style="list-style-type: none"> <li>• Experience in at least one of the areas under the committee charge.</li> <li>• Experience with research involving DNA/RNA.</li> <li>• Experience with research involving infectious agents.</li> <li>• Experience working with transgenic animals.</li> <li>• User of x-rays.</li> <li>• User of radionuclides.</li> <li>• Containment expertise.</li> <li>• Occupational health expertise.</li> <li>• Not otherwise affiliated with the medical school.</li> <li>• Other members with expertise as needed.</li> </ul> <p>IBC Coordinator.</p>	<p>All members serve 3-year terms; maximum of 2 terms in succession.</p> <p>Ex officio, voting.</p> <p>Ex officio, non-voting</p>	<p>Chair: appointed by the Dean.</p> <p>Vice Chair: appointed by the Dean</p>	<p>Associate Dean for Research Compliance.</p> <p><i>(Advised by the associate dean for Research.)</i></p>	<p>Twice annually and as needed.</p>

	<p>Assistant dean for Research Compliance.</p> <p>Quorum shall be a simple majority (&gt;50%) that includes the necessary expertise present to conduct business and at least one member who is not otherwise affiliated with the medical school.</p>	<p>Ex officio, non-voting</p>			
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Table 8. Additional Research Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Reports to	Meeting Frequency
<b>Intellectual Property Committee</b>	The charge of the Intellectual Property Committee is to oversee the policies and process for intellectual property identification and development, provide recommendations for managing intellectual properties and rights on behalf of the medical school, and foster research efforts that enhance creation, development, and commercialization of intellectual properties. All of the Intellectual Property Committee meetings are closed meetings, all deliberations are confidential, and findings are communicated to others on a need-to-know basis only.				
	Associate dean for Research  Chair, department of Biomedical Sciences  2 – 4 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council	Ex officio.  Ex officio.  3-year terms; maximum of 2 terms in succession.	Chair: Associate dean for Research.	Dean  <i>(Advised by the Dean and Associate Deans.)</i>	Quarterly and as needed.

Table 9. Additional Administrative Committees

Committee	Members	Terms	Chair and Vice Chair	Reports to	Meeting Frequency
<b>Facilities Committee</b>	The charge of the Facilities Committee is to oversee buildings and facilities to ensure appropriate use, physical safety, and security. The Facilities Committee functions for oversight of the environment of care for the School of Medicine Clinics as required by The Joint Commission for accreditation.				
	Director of Building Services  Associate Dean for Administration and Finance  1-3 Faculty appointed by the Dean advised by the Faculty Academic Council.  1-3 Staff appointed by the Dean.  1-2 Students appointed by the Dean advised by the Medical Student Council and Associate Dean for Student Affairs.	Ex officio.  Ex officio.  Faculty and staff: 3-year terms; maximum of 2 terms in succession.  Medical students serve one-year terms only.	Chair: Director of Facilities.	Associate Dean for Administration and Finance  <i>(Advised by the Dean and Associate Deans.)</i>	Quarterly and as needed.

Table 9. Additional Administrative Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Reports to	Meeting Frequency
<b>Information Technology Committee</b>	The charge of the Information Technology Committee is to: review and make recommendations for information technology policies for the medical school; define standards for information technologies in the medical school; plan for the evolving and anticipated trends in technology and the infrastructure support needed; identify issues, address concerns, and make recommendations for information technology needs; monitor and update information technology requirements and recommended equipment for students, residents, faculty, and staff.				
	Director of Information Technology Associate Dean for Administration and Finance.  2-4 Faculty appointed by the Dean advised by the Faculty Academic Council.  1-2 Information Technology staff appointed by the Director of Information Technology.  Representatives from Borgess Health, Bronson Healthcare, and WMU as appointed by the Dean advised by the affiliate.  1-2 Residents appointed by the Dean advised by the GMEC and Associate Dean for Graduate Medical Education.  1-2 Students appointed by the Dean advised by the Medical Student Council and Associate Dean for Student Affairs	Ex officio. Ex officio.  Faculty and staff: 3-year terms; maximum of 2 terms in succession.  Terms determined by the affiliate.  Residents and students serve one-year terms only.	Chair: Director of Information Technology.	Associate Dean for Administration and Finance.  <i>(Advised by the Dean and Associate Deans.)</i>	Quarterly and as needed.

Table 9. Additional Administrative Committees (continued)

Committee	Members	Terms	Chair and Vice Chair	Reports to	Meeting Frequency
<b>Library Committee</b>	The charge of the Library Committee is to serve in a consultative and advisory capacity to the dean and associate dean for Administration and Finance; work with and assist the Library Director in making recommendations for library use, practices and procedures; review and advise in the development of priorities and provide recommendations for allocation of resources to ensure that the printed and electronic resources and services provided by the library meet the current and future needs and interests of the academic community.				
	Library Director Associate Dean for Administration and Finance.  2 – 4 Faculty members appointed by the Dean advised by the Faculty Academic Council.  1-2 Library staff appointed by the Library Director.  Representatives from Borgess Health, Bronson Healthcare, and WMU as appointed by the Dean advised by the affiliate.  1-2 Residents appointed by the Dean advised by the GMEC and Associate Dean for Graduate Medical Education.  1-3 Students appointed by the Dean advised by the Medical Student Council and Associate Dean for Student Affairs.	Ex officio. Ex officio.  Faculty and staff: 3-year terms; maximum of 2 terms in succession.  Terms determined by the affiliate.  Residents and medical students serve one-year terms only.	Chair: Library Director.	Associate Dean for Administration and Finance.  <i>(Advised by the Dean and Associate Deans.)</i>	Quarterly and as needed.



## **Section VIII: Changes to the Faculty Handbook**

In an environment as dynamic as the medical school, change periodically occurs in the policies and procedures that apply to faculty. The current Faculty Handbook, which serves as the faculty bylaws and is incorporated by reference as part of the policies of Western Michigan University Homer Stryker M.D. School of Medicine, and all other medical school policies are available online.

The Faculty Academic Council and associate dean for Faculty Affairs systematically review and propose changes to the Faculty Handbook as needed and no less than every three years. Faculty may propose amendments to the Faculty Handbook through the Faculty Academic Council or associate dean for Faculty Affairs. The proposed amendments are submitted to the dean, and become effective as amended by, upon ratification by, and on the date determined by the dean, who is responsible to assure completeness and consistency with all other medical school policies as well as regulatory requirements and accreditation standards. Notice of the implementation of the revised Faculty Handbook is distributed to all faculty. The board of directors retains final authority for the Faculty Handbook including the right to ratify, modify, or rescind any component, in part or in whole.

Western Michigan University Homer Stryker M.D. School of Medicine reserves the right to change, at any time, without notice, the policies and procedures announced in this Faculty Handbook including the appointment requirements, renewal and reappointment requirements, promotion guidelines, dates and schedules, and other such matters as may be within its control, notwithstanding any information set forth in this Faculty Handbook. Such changes supersede any and all prior Faculty Handbook procedures and practices implemented by the medical school.