Faculty Handbook

October 2015

“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: October 30, 2015

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 policies are available online.
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### Abbreviations

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<th>Full Form</th>
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<tbody>
<tr>
<td>AAMC</td>
<td>Association of American Medical Colleges</td>
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<td>ACCME</td>
<td>Accreditation Council for Continuing Medical Education</td>
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<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
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<td>AMA</td>
<td>American Medical Association</td>
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<td>AOA</td>
<td>American Osteopathic Association</td>
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<td>AP</td>
<td>Advanced Placement</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CFAS</td>
<td>Council of Faculty and Academic Societies, a council of the AAMC</td>
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<tr>
<td>FERPA</td>
<td>Family Educational Rights and Privacy Act of 1974</td>
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<td>MD</td>
<td>Doctor of Medicine</td>
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<td>LCME</td>
<td>Liaison Committee on Medical Education</td>
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<td>MSPE</td>
<td>Medical Student Performance Evaluation</td>
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<td>NBME</td>
<td>National Board of Medical Examiners</td>
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<td>NRMP</td>
<td>National Resident Matching Program</td>
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<tr>
<td>WMU</td>
<td>Western Michigan University</td>
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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. This detailed information has been assembled by the Office of Faculty Affairs to help you excel in your roles.

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

**MISSION**
To educate and inspire lifelong learners to be exceptional clinicians, leaders, educators, advocates, and researchers of tomorrow.

**VISION**
To be distinguished as a leader among medical schools through community collaboration in medical education, patient care, research, and service.

**VALUES**
We achieve excellence by:
- Promoting innovation and lifelong learning
- Acting with integrity and professionalism
- Demonstrating leadership, teamwork, and collaboration
- Showing compassion for all, and
- Valuing inclusiveness and diversity

**CULTURE**
Create an inspiring environment to learn, teach, and work that embodies our values

**MEDICAL EDUCATION**
Provide outstanding learner-centered education

**ECONOMIC STEWARDSHIP**
Ensure fiscal and operational effectiveness

**COMMUNITY SERVICE**
Improve the health and prosperity of the communities we serve

**RESEARCH**
Advance knowledge through innovation and discovery

**CLINICAL CARE**
Deliver excellent patient- and family-focused care
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 has been granted Accreditation, Preliminary 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).

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 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;
- 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, 269.337.4415.

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, 269.337.4415.
Section II: Administration and Academic Departments

Administration

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

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 has the ultimate responsibility for clinical, educational, research, administrative, fiscal, and operational aspects of the medical school. The dean is responsible for fostering excellence and collaboration in healthcare delivery, education, research, and community service and is responsible for the implementation of all curricula and programs that meet and exceed accreditation standards. The associate deans, department chairs, and program chiefs report directly to the dean. The dean reports to the chair of the board of directors.

The dean is assisted by associate deans in each of the following areas: Educational Affairs, Graduate Medical Education, Clinical Affairs, Research, Faculty Affairs, Student Affairs, Health Equity and Community Affairs, Administration and Finance, and Planning and Performance Excellence. The dean appoints the associate and assistant deans.

A. The Dean

The dean is responsible for all aspects of the medical school and has the ultimate responsibility and oversight of financial and operational performance. The dean is responsible for fostering excellence and collaboration in education, research, healthcare delivery, and community service while assuring implementation of curricula that meets or exceeds all accreditation standards. The associate deans, department chairs, and program chiefs report to the dean.

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 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 the associate Department of 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 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

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.

D. Associate Dean for Clinical Affairs

The associate dean for Clinical Affairs is responsible for the 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 to assure excellent clinical care while also providing education of medical students, residents, fellows, and other learners.

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 Office of Research acts 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 Clinical Research

   The assistant dean for Clinical Research is responsible for facilitating clinical research led by faculty and involving residents and medical students.

2. 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 the Human Research Protection Program and Sponsored Programs Administration.
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.

G. Associate Dean for Student Affairs

The associate dean for Student Affairs is responsible for all non-academic issues related to medical students including financial aid, scholarships, career development, career counseling, student recognition, and awards, 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, residency application, and graduation.

The associate dean for Student Affairs is assisted by:

1. Director of Admissions
2. Director of Student and Resident Affairs
3. 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

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.

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. The academic departments and programs are shown in Figure 2. The dean appoints the department chair, or co-chairs, to lead each department. The dean establishes, and closes if necessary, divisions within a department in consultation with the chair. A division chief who is appointed by the dean heads each division within a department. The dean may appoint, as appropriate, one or more faculty as program chief to lead an academic program.

All faculty of the medical school must hold a primary faculty appointment in a department or 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, and ratified by, 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 also serves as the director of the medical library. For educational and academic roles and responsibilities the chair reports to the dean. For administrative roles in directing library services provided by the medical school, the chair reports to the associate dean for Administration and Finance. 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.

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.
• For major departments, participate in the Chair’s Council and serve as a voting member of the Faculty Academic 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:
  o Educational goals and objectives of department clerkships and rotations.
  o Learner and curriculum assessment methods.
  o Process and methods for medical student, resident, and fellow assessment of the curriculum and instructors.
• Assure timely evaluation and reporting of student, resident, and fellow 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.

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.
Figure 2. Medical School Academic Departments and Programs

- **Dean**
  - **NON-CLINICAL DEPARTMENTS**
    - Biomedical Sciences
    - Medical Education
    - Medical Library
  - **CLINICAL DEPARTMENTS**
    - Anesthesiology
    - Emergency Medicine
    - Family and Community Medicine
    - Medicine
    - Obstetrics and Gynecology
    - Orthopaedic Surgery
    - Pathology
    - Pediatric and Adolescent Medicine
    - Psychiatry
    - Radiology
    - Surgery
  - **PROGRAMS**
    - Biomedical Informatics
    - Medical Engineering
    - Medical Ethics, Humanities, and Law
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

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 has adopted the Educational Pledge and the Code of Professional Conduct (GEN01). 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 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 employed and volunteer 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.

**Learner Mistreatment**

The medical school is committed to providing a learning and working environment 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 with 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.

Using the reasonable 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
  - Sexual violence
  - Threatened with 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)
  o Intimidation on purpose
• Harassment including sexual harassment, such as:
  o Subjected to offensive sexist remarks
  o Denied opportunities for training or rewards based solely on gender
  o Received lower evaluations or grades solely because of gender
  o Subjected to unwanted sexual advances
  o Asked to exchange sexual favors for higher grades or other rewards
• Retaliation
• Exploitation
  o Performing personal services
  o Trading for favors

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 discrimination, 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 or mistreatment 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**

Medical students have several means to report observations or information about discrimination and mistreatment including to course/clerkship directors, their learning community Scholar-Advisors, their individual mentor, associate dean for Student Affairs, or through the online form, Report of Learner Mistreatment, on the Student Portal. 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 means to report observations or information about discrimination and mistreatment including to their program director, department chair, chief resident, peer-selected GMEC representative, associate dean for Graduate Medical
Education, Human Resources, or through the electronic reporting system. 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 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, associate dean for Graduate Medical Education, associate dean for Faculty Affairs, Human Resources, or through the electronic reporting system. Individuals have the duty to further report the information to their immediate supervisor and to the medical school senior leadership.

Staff have several 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, and Human Resources. Individuals have the duty to further the information to their immediate supervisor and to the medical school senior leadership.

Learner mistreatment by faculty and staff must be corrected. Continued 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. For employed and contracted faculty, continued learner mistreatment 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

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 prompt 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.
**Curriculum Materials**

The medical curriculum includes 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.

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 may participate 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 who are involved in treating a learner for a medical condition or providing counseling for a mental health issue, or serving as the student’s private tutor or advisor must recuse themselves from involvement in the academic assessment or consideration for advancement or graduation of 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 evidence by attendance at faculty meetings, participation in committees, contributions to the admissions process, mentoring students and other learners, assisting student organizations, 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**

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 medical school. If the conduct shows a continuing pattern or is particularly serious, the medical school may initiate an inquiry by the associate dean for Faculty Affairs into the faculty member conduct.
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 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.
- Facilitate thorough, competent, objective, fair, and timely response to allegations.
- 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, in the event of an allegation of misconduct, nothing in this policy shall preclude the dean from taking immediate action at any time to suspend or place restrictions on an individual’s continued participation in any activity at the medical school when such action is deemed, in the sole determination of the dean, to be appropriate and in the best interests of patients, students, other faculty, the medical school or academic integrity.

Under these procedures for management of misconduct, a faculty member may not appeal a process that the faculty member perceives will result in an adverse action against them before an action is taken. Once an action is taken, it may be appealed under these procedures.

Employed and contracted faculty are also subject to all medical school policies, procedures and conditions of employment or contract. Faculty appointment for employed and contracted faculty is co-terminus with 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. Termination of faculty appointment for employed and contracted faculty also results in automatic dismissal from employment or termination of 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 act in place of the associate dean for Faculty Affairs to manage the misconduct process. The dean 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 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. Such persons shall not have a real or perceived conflict of interest as determined by the associate dean for Faculty Affairs and may be, but are not required to be, employees or agents of the medical school.
- 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 strive to operate consistent with 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 his or her interview with the Investigation Committee.
• 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.
• 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 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) recommendations of the Investigation Committee, if any, concerning any sanctions or other action 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.

The reporter may receive notice of whether the investigation resulted in a finding that misconduct occurred and may be provided relevant portions of the Investigation Committee Report for comment, at the discretion of the associate dean for Faculty Affairs. In the event portions of the Investigation Committee Report are provided or made available for this purpose, 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.

**Resolution and Final Action**

Upon receipt of the Investigation Committee Report and after providing appropriate time for the faculty member to provide written comments, the associate dean for Faculty Affairs shall:

- Consider and accept, reject, or modify the Investigation Committee Report or the Investigation Committee Report, including its findings, conclusions, and recommendations;
- Initiate further review or investigation, if warranted, and
- Take such action as deemed reasonable and appropriate in light of the findings, conclusions, and recommendations.

The associate dean for Faculty Affairs shall document the final determination of the medical school, which shall constitute final action by the medical school concerning the
report (the “final action”). Documentation of the final action of the associate dean for Faculty Affairs, together with the Investigation Committee Report, and any comments, shall constitute the final institutional investigation report of the medical school.

The associate dean for Faculty Affairs shall promptly provide the faculty with written notice of the final action. At the discretion of the associate dean for Faculty Affairs, and where appropriate or required under other policies, the final action may be communicated or reported to persons within the medical school, and to persons and entities external to the medical school.

The associate dean for Faculty Affairs shall ensure compliance with all reporting and other follow-up obligations concerning substantiated allegations of misconduct, consistent with relevant law.

The associate dean for Faculty Affairs shall retain all documents including reports, Investigation Committee Report, comments, and related records, including the final institutional investigation record and including a recording, transcript or summary of the information provided by all persons interviewed by the Investigation Committee, 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.

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

**Sanctions**

The following sanctions as final actions may be imposed upon any faculty member found to be responsible for violation of the medical school Code of Professional Conduct or any medical school policy. Sanctions may be applied individually or in combination depending on the particular circumstances of the violation. More than one sanction may be imposed for a single violation. Repeated and multiple violations shall increase the severity of sanctions applied. The associate dean for Faculty Affairs is responsible for applying and monitoring sanctions.

Sanctions shall be based on the severity of the violation, multiplicity of violations, previous violations, current status of the faculty, and the threat to the health, safety or property of any person because of the violation. Sanctions shall be determined as a discrete and separate part of the hearing process and only after a finding of violation and responsibility has been reached.

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.

*B *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 sanctions may include 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 is required to submit written proof of participation or completion of the sanction to the associate dean for Faculty Affairs. The faculty member is responsible for any registration and travel fees associated with required seminars, classes and workshops.

*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; or any other privilege that the associate dean for Faculty Affairs 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 stipulating 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 supervising 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-admission. The associate dean for Faculty Affairs shall develop a written plan stipulating 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 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. The associate dean for Faculty Affairs may specify conditions for reinstatement.

**Termination of Appointment**

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

Sanctions listed above may be imposed upon groups.

**Appeals**

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 request from the faculty member for an appeal, the dean shall appoint and convene an Appeal Committee comprised of two or more persons with appropriate background to review the final action and the appeal. The appeal process shall be limited to a review of the record and supporting documents 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.

Appeal Committee members must recuse themselves from participating in the appeal process for faculty for whom they have provided sensitive health, psychiatric, or psychological care, or otherwise have a conflict of interest. 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, 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 was 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 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 by the associate dean for Faculty Affairs stand as the final action.
• Review the case, and deny the appeal. The process is closed and the findings and sanctions by the associate dean for Faculty Affairs stand as the final action.
• Review the case, and reverse or modify a finding of responsibility for any or all actions. The case is returned to the associate dean for Faculty Affairs to consider the findings, conclusions, and recommendations of the Appeal Committee. The associate dean for Faculty Affairs shall take final action as deemed reasonable and appropriate in light of the findings, conclusions, and recommendations of the Investigation Committee and the Appeal Committee. The process is closed.
• Review the case, and require that the Investigation Committee review the case again. The associate dean for Educational Affairs shall re-initiate the process through a final action. This final action is also subject to appeal by the faculty member.
• Review the case, and modify the sanctions that constitute the final action. The process is closed and the modified sanctions by the Appeal Committee stand as the final action.

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, 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, or 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.
- Help 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 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 this information have access to these records. Portions of still photographs, audio recordings, and video recordings with or without audio may be used 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 the individual student.

**Personal Cameras and Recording Devices**

Use of a personal camera or recording device (for photography, audio, video, or audiovideo) 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 of the clinical site. Use of a personal camera or recording device by students and faculty is not permitted in the setting of standardized patients and simulation training.

**Publishing and Posting on the Internet**

Students, faculty, and staff shall not publish still photographs, video recordings with or without audio, audio recordings, written records, or in any other form the content of lectures, curricular or co-curricular activities or experiences, or clinical or patient-related experiences in medical school events and activities in any public 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 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, and informational and promotional materials related to their roles at the medical school. All use must be in accordance with the medical school Identity Guide and medical school policies.

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 outside activities.
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, including statements used as quotes about commercial products.

**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 Students by Faculty with Health Care Provider Relationships**

Faculty and other health care professionals who provide sensitive health, psychiatric, or psychological care to medical students must not evaluate student academic performance or participate in decisions regarding student advancement and/or graduation. Faculty are required to review the list of their assigned medical students prior to the beginning of the student courses/clerkships to identify conflicts and resolve the conflicts with the associate dean for Educational Affairs. Faculty and all evaluators must attest as part of completing the student evaluation form that they have not provided sensitive health, psychiatric, or psychological care to the student being evaluated. Students may bring concerns of conflicts for review by the associate dean for Student Affairs, who, if necessary, will work with the associate dean for Educational Affairs to resolve the conflicts. Faculty must not participate in course/clerkship grading or Medical Student Performance Committee review, including decisions about advancement and promotion if they have provided such care at any time in the past. Medical Student Performance Committee members must recuse themselves from both the discussion and actions for students for whom they have provided such care.

**Letters of Recommendation**

Letters of recommendation for a student that are based solely on the recommender’s personal observation and knowledge of the student from direct observation and interaction do not require a written release from the student. The student must provide a signed release if the student wishes the recommender to include or reference personally identifiable information from a student’s education record such as course/clerkship performance, course/clerkship grade, or examination scores. The Letter of Recommendation Release is available from the Office of Student and Resident Affairs. Individuals providing a letter of recommendation containing personally identifiable information must provide the Office of Student and Resident Affairs with a copy of the signed release along with a copy of the signed letter of recommendation.
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.

Violation of copyright is subject to civil and criminal prosecution, and is also a violation of the Code of Professional Conduct that is subject to medical school discipline, up to and including termination from the medical school.

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.

**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](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](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.
  o 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.

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 faculty the opportunity to fulfill their religious obligations according to their faith.

In constructing the academic calendar, 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 instructors should attempt to facilitate religious obligations by permitting planned absence from classes and activities to accommodate religious obligations and by making reasonable efforts not to schedule examinations, oral reports, or other mandatory in-class assignments on religious holy days.

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

Course/clerkship directors should assume that a student’s claim of a religious obligation has veracity. Students 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 with course/clerkship directors well in advance, generally at least four weeks prior to the conflict. Course/clerkship directors and instructors should provide reasonable accommodations for students to complete 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 course, or create an unreasonable burden on the course/clerkship director or the program.

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

Course/clerkship directors and instructors are not obligated to provide additional materials to students beyond the materials that would have normally been distributed to all participants.
Section V: Faculty Tracks, Classifications, and Ranks

All faculty of the medical school must hold a primary faculty appointment in a department or program (or in certain circumstances, the Office of the Dean) and may hold secondary appointments in other departments and programs. 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.

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.

Faculty Tracks, Classifications, and Ranks

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

Core Faculty

- The **unmodified faculty** designation is for faculty who are employed or contracted generally for ≥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. 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 performance and required attestations (including conflict of interest and commitment). The department chair also provides a review of rank and progress toward promotion. Satisfactory annual review supports continued faculty appointment.
• 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. Satisfactory annual review supports continued faculty appointment. Every three years the department chair provides a review of rank and progress toward promotion. Satisfactory triennial review supports faculty re-appointment for another three-year period.

• 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. Satisfactory annual review supports continued faculty appointment. Every three years the department chair provides a review of rank and progress toward promotion. Satisfactory triennial review supports faculty re-appointment for another three-year period.

• 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. Satisfactory annual review supports continued faculty appointment. Every three years the department chair provides a review of rank and progress toward promotion. Satisfactory triennial review supports faculty re-appointment for another three-year period.

Faculty appointment ranks, or appointment titles, are defined within each track and classification, as shown in Table 1. Ranks for adjunct faculty are at a rank generally comparable to their rank at the primary academic institution, and for emeritus/emerita faculty at their final core faculty rank at the medical school.
Table 1. Summary of Faculty Appointment Ranks Offered for Each Track and Classification

<table>
<thead>
<tr>
<th>TRACK</th>
<th>CLASSIFICATION</th>
<th>Core</th>
<th>Adjunct</th>
<th>Emeritus/Emerita</th>
</tr>
</thead>
</table>
| Unmodified | Basic scientists, clinical scientists and clinician educators employed or contracted ≥30% time and effort by the medical school. | • Professor  
• Associate Professor  
• Assistant Professor  
• Instructor | • Adjunct Professor  
• Adjunct Associate Professor  
• Adjunct Assistant Professor  
• Adjunct Instructor | 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.  
• Professor, Emeritus/Emerita  
• Associate Professor, Emeritus/Emerita |
| Clinical | Physicians and other healthcare providers employed or contracted generally <30% time and effort by the medical school. | • Clinical Professor  
• Clinical Associate Professor  
• Clinical Assistant Professor  
• Clinical Instructor | • Adjunct Clinical Professor  
• Adjunct Clinical Associate Professor  
• Adjunct Clinical Assistant Professor  
• Adjunct Clinical Instructor | 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.  
• Clinical Professor, Emeritus/Emerita  
• Clinical Associate Professor, Emeritus/Emerita |
| Research | Researchers employed or contracted generally <30% time and effort by the medical school. | • Research Professor  
• Research Associate Professor  
• Research Assistant Professor  
• Clinical Instructor | • Adjunct Research Professor  
• Adjunct Research Associate Professor  
• Adjunct Research Assistant Professor  
• Adjunct Clinical Instructor | 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.  
• Research Professor, Emeritus/Emerita  
• Research Associate Professor, Emeritus/Emerita |
| Community | Non-healthcare providers employed or contracted generally <30% time and effort by the medical school. | • Community Professor  
• Community Associate Professor  
• Community Assistant Professor  
• Community Instructor | • Adjunct Community Professor  
• Adjunct Community Associate Professor  
• Adjunct Community Assistant Professor  
• Adjunct Community Instructor | 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.  
• Community Professor, Emeritus/Emerita  
• Community Associate Professor, Emeritus/Emerita |
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 (e.g., doctoral) degree. Physicians with clinical responsibilities who are licensed but who do not hold current 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.

Assistant Professor

Appointment at the assistant professor rank requires an MD, DO, MBBS or equivalent degree, PhD, EdD, PsyD, PharmD, 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, or the highest degree in the field of specialization from an accredited institution, board certification or postdoctoral research experience 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.

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, or the highest degree in the field of specialization from an accredited institution, board certification or postdoctoral research experience 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 six to ten years at the associate professor rank at the medical school or a comparable institution.

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 on how their area of medicine is practiced. They have a well-defined area 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.

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, 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 normally serve on standing committees and are not eligible to vote for faculty 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/emerita faculty are former distinguished core faculty members who have retired from their profession and employment or service to the medical school at the rank of professor or associate professor and who continue to be involved in the life and community of the medical school. This designation is an honor based on outstanding contributions to the medical school.

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

Emeritus/emerita faculty are appointed at the final core faculty rank, and may be in the unmodified, clinical, research, or community classification.

**Appointment**

Faculty are appointed by the dean on the authority of, and ratified by, the medical school board of directors. Appointment standards and procedures are defined for each track, classification, and rank. Appointment and promotion procedures are summarized in Table 2.

Faculty candidates must have the necessary academic and clinical qualifications for the proposed track, classification, 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 2. Summary of Appointment and Promotion Procedures by Classification, Track, and Rank

<table>
<thead>
<tr>
<th>Action</th>
<th>National Search Required</th>
<th>Number of Letters of Support Required</th>
<th>Medical School Appointment and Promotion Committee Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment of Unmodified Core Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(unmodified) Instructor</td>
<td>No</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>(unmodified) Assistant Professor</td>
<td>No</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>(unmodified) Associate Professor</td>
<td>Yes</td>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>Professor</td>
<td>Yes</td>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>Appointment of Clinical, Research, and Community Core Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical/Research/Community Instructor</td>
<td>No</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>Clinical/Research/Community Assistant Professor</td>
<td>No</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>Clinical/Research/Community Associate Professor</td>
<td>No</td>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>Clinical/Research/Community Professor</td>
<td>No</td>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>Appointment of Adjunct Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjunct Instructor (all tracks)</td>
<td>No</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>Adjunct Assistant Professor (all tracks)</td>
<td>No</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>Adjunct Associate Professor (all tracks)</td>
<td>No</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>Adjunct Professor (all tracks)</td>
<td>No</td>
<td>0</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| Promotion of Unmodified Core Faculty | | | |
| From | To | | |
| Instructor | Assistant Professor | 3 | No |
| Assistant Professor | Associate Professor | 6 | Yes |
| Associate Professor | Professor | 6 | Yes |
| Promotion of Clinical, Research, and Community Core Faculty | | | |
| From | To | | |
| Clinical/Research/Community Instructor | Clinical/Research/Community Assistant Professor | 0 | No |
| Clinical/Research/Community Assistant Professor | Clinical/Research/Community Associate Professor | 3 | Yes |
| Clinical/Research/Community Associate Professor | Clinical/Research/Community Professor | 6 | Yes |
| Promotion of Adjunct Faculty | | | |
| From | To | | |
| Adjunct Instructor (all tracks) | Adjunct Assistant Professor (all tracks) | 0* | No |
| Adjunct Assistant Professor (all tracks) | Adjunct Associate Professor (all tracks) | 0* | No |
| Adjunct Associate. Professor (all tracks) | Adjunct Professor (all tracks) | 0* | No |

*Promotion of adjunct faculty requires documentation of promotion at the primary academic institution, and also continued support from the primary academic institution of the adjunct appointment at the medical school.
Core Faculty

Eligibility

Candidates are proposed for a track, classification, and rank by the chair of the department of primary appointment based on appointment standards. Candidates must have all necessary education and training for the career choice, such as completion of subspecialty fellowship or postdoctoral experience. The proposal for core faculty appointment follows a discussion between the department chair and the faculty candidate of 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.

- Curriculum vitae.
- Documentation of education, including the doctoral or other appropriate degree, typically as an official transcript from the degree-granting institution.
- Documentation of completion, or anticipated completion, of specialty or subspecialty training.
- Documentation of licenses, credentials, and maintenance of certification that are relevant to the responsibilities.
- Documentation of privileges, for faculty with clinical responsibilities.
- Signed permissions as requested to independently document licenses, credentials, maintenance of certification, privileges, 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 education of medical students and the other 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, and pertinent medical school policies, and faculty governance.

The associate dean for Faculty Affairs may waive certain documentation requirements for faculty candidates who hold hospital privileges or academic appointments at entities with whom an affiliation relationship 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 any department in any core faculty track at the ranks of instructor and assistant professor, the department chair submits a recommendation (including documentation) to the dean.

For faculty candidates seeking appointment in any department in any core faculty track at the ranks of associate professor or professor, the department chair submits the documentation with a letter stating the chair’s degree of support to the department Appointment and Promotion Committee. The department committee is constituted by the department chair and may include core faculty at the Associate Professor and Professor ranks, and may include core faculty appointed in any department. The committee reviews and submits a departmental recommendation in the form of a letter accompanying the documentation and chair’s letter to the medical school Appointment and Promotion Committee. Appointment and Promotion Committee members, for both the department and medical school committees, holding appointments the rank of Associate Professor may vote on appointments at, and promotions to, the rank of Associate Professor. Committee members at the rank of Professor may vote on all appointments and promotions. The medical school Appointment and Promotion Committee reviews and submits a committee recommendation along with the chair’s letter and department committee letter to the dean.

Faculty are appointed by the dean on the authority of the board of directors. The appointments are submitted to the board of directors for ratification.

**Recourse**

The appointment decision by the dean is final upon ratification of the medical school board of directors. If the dean declines to make the appointment or the board declines to ratify the appointment, the faculty candidate may reinitiate the process of appointment with the department chair.

**Response**

Candidates for employed or contracted faculty positions are required to respond in writing to confirm acceptance of the offer by the date stipulated in the offer letter from the dean. Other candidates may be requested to respond in writing within one month to confirm acceptance as offered.

**Adjunct Faculty**

**Eligibility**

Candidates are proposed for a track, classification, and rank by the chair of the department 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 and faculty candidate of 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.

- A curriculum vitae
- Documentation of education, including the doctoral degree or other appropriate degree, typically as an official transcript from the degree-granting institution;
- Completion of or anticipated qualification for any required documentation for specialty or subspecialty status as required by accrediting bodies;
- Personal statement from the candidate indicating the commitment to be involved with the education of medical students and the other 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, pertinent medical school policies and faculty governance; and
- 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.

The associate dean for Faculty Affairs may waive some elements of documentation requirements for faculty candidates who hold hospital privileges or academic appointments at entities with whom a relationship exists with the medical school.

Decision

For faculty candidates seeking appointment in the adjunct faculty track in any department at the ranks of instructor, assistant professor and associate professor, the department chair submits a recommendation (including documentation) to the dean. The dean is empowered to make appointments at the instructor and assistant professor ranks as recommended by the department chair.

For faculty candidates seeking appointment in the adjunct faculty track in any department at the rank of professor, the department chair submits the documentation with a letter stating the chair’s degree of support to the department Appointment and Promotion Committee. The committee reviews and submits a departmental recommendation in the form of a letter accompanying the documentation and chair’s letter to the medical school Appointment and Promotion Committee. The committee reviews and submits a recommendation (including documentation, chair’s letter, and department committee letter) to the dean.
Faculty are appointed by the dean on the authority of the board of directors. The appointments are submitted to the board of directors for ratification.

Recourse

The appointment decision by the dean is final upon ratification of the medical school board of directors. If the board declines to ratify the appointment, the faculty candidate may reinitiate the process of appointment with the department chair.

Response

Candidates may be requested to respond in writing within one month to confirm acceptance 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/emerita 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 who are retiring from the medical school. The appointments are submitted to the board of directors for ratification.

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.

Secondary Appointments

Faculty are appointed in one department or program, which is the primary department or program, and may have one or more secondary department and 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 or 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 or 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 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 and programs, and for all tracks and ranks, requires satisfactory annual review by the department chair. Principles and expectations for continued appointment 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 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.

Faculty renewal of appointments are made by the dean on the authority of, and ratified by, 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 who are in medical school graduate medical education programs. Teaching that only involves 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 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 practicing physicians, current 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.

**Process**

It is the responsibility of the departmental Appointment and Promotion Committee to advise the department chair on issues of appointment and reappointment. The departmental 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. Departmental appointment and promotion criteria may not be less stringent than the institutional appointment and promotion criteria.

Certification of teaching activity and teaching skills improvement for renewal of appointment should occur each spring in anticipation of each new academic year. Each department chair reviews the department faculty roster to determine whether the department includes any faculty in the final year of appointment. If there are any such faculty, the chair convenes the departmental Appointment and Promotion Committee. The committee notifies the relevant faculty of the upcoming end date of appointment. Those faculty members who are notified by the department Appointment and Promotion Committee that they are approaching the end date of appointment and who desire to be re-appointed must submit their documentation of direct teaching involvement and also documentation of sustained efforts each year to improve teaching skills. The department Appointment and Promotion Committee will apply its criteria to the submitted documentation and assess fulfillment of the requirements. Clarification of submitted materials occurs directly between the committee and the individual faculty member.
Findings of the departmental 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.

The department chair certifies the findings of the departmental 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 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 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 communicates the final action to the faculty member.

**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 will generally result in the termination or non-renewal 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 the responsibilities
• Failure to satisfactorily perform duties or meet faculty appointment requirements, including:
  o 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.
  o 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.
• 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.

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.
Principles for Consideration of Promotion

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.

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

- Facilitating small groups in a case-based learning format;
- Leading individuals or small groups in both cognitive and skills-based activities;
- Instructing in the classroom by lecture, seminar, or group sessions;
- Instructing in the Simulation Center;
- Precepting in the clinics, wards, bedside, operating room, or other clinical sites;
- Modeling and instructing in clinical, laboratory, committee, or other professional settings;
- Instructing in the research lab;
- Instructing in the use of databases, records, surveys or populations; and
- Other types of teaching.

Given the primacy of teaching, it is expected that faculty members striving for promotion will be judged on the quality, and to some degree on the quantity, of their teaching. Similarly, 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 or national organizations in support of the medical school. Service is acknowledged to occur beyond one’s prescribed activities in clinics, laboratories, or classrooms. Service to the medical school is necessary for the school to function and, hence, is an expectation of faculty who strive for promotion. Service can take the form of:

- Participation and leadership in faculty 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 or national medical or research organizations;
• Involvement in healthcare-related policy setting groups, task forces or committees; and
• Involvement for advancement of medical, research or 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.

Faculty members who strive for promotion should expect to be judged on their clinical capabilities and their professionalism in the clinical setting.

Scholarship

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. There are four types of scholarship, based on the model of the Carnegie Foundation (Boyer, 1990; Boyer, 1997), that are recognized by the medical school (Table 3).

Table 3. Four Types of Scholarship Recognized by the Medical School

<table>
<thead>
<tr>
<th>Type of Scholarship</th>
<th>Purpose</th>
<th>Measures of Performance</th>
</tr>
</thead>
</table>
| Discovery           | Build new knowledge through traditional research | • Publishing in peer-reviewed forums  
                       |                     | • Producing and/or performing creative work within established field  
                       |                     | • Advancing learning theory through classroom research  
                       |                     | • Creating infrastructure for future studies |
| Integration         | Interpret the use of knowledge across disciplines | • Preparing a comprehensive literature review  
                       |                     | • Writing a textbook for use in multiple disciplines  
                       |                     | • Collaborating with colleagues to design and deliver a core course |
| Application         | Aid society and professions in addressing problems | • Serving industry or government as an external consultant  
                       |                     | • Fulfilling leadership roles in professional organizations  
                       |                     | • Advising student leaders, thereby fostering their professional growth |
| Teaching            | Study teaching models and practices to achieve optimal learning | • Developing and testing instructional materials  
                       |                     | • Designing and implementing program-level assessment |

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.

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 is one of the criteria by which faculty members should be judged in consideration for promotion. Scholarship can be seen to emanate from any or all of the fundamental components of the mission of the medical school.

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), 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), 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), 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 and patents.
• Editorships, review groups, and research study groups.
• Recognition by colleagues by awards or appointments to prestigious organizations.
• Other forms of scholarship in research.

Promotion Requirements

Core Faculty

Promotion usually affects two ranks—promotion from assistant professor to associate professor, and promotion from associate professor to professor. The following guidelines are considered to be minimal for promotion in the medical school; individual departments may choose to set higher, more stringent requirements.

Assistant Professor to Associate Professor

Core faculty candidates at this rank will have had at least four years, and generally more, after initial appointment as assistant professor to develop and progress toward promotion to associate professor at the medical school. 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.

Associate Professor to Professor

Core faculty candidates at this rank will have had at least six years, and generally more, after promotion or appointment as associate professor to develop and progress toward promotion to professor at the medical school. 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 Standards**

A candidate from the basic sciences should have received performance evaluations as “excellent” in at least two of the three domains of teaching, scholarship, and service, and evaluations of “good” to “excellent” in the other domain. A candidate from clinical disciplines should have received evaluations as “excellent” in at least three of the four domains of clinical care, teaching, scholarship, and service, one of which should be teaching or scholarship.

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. Innovation and creativity is expected. Leadership roles in teaching at the medical school are expected for the candidate anticipating promotion to professor. Teaching awards are evidence of excellence. Requests by learners for additional teaching contact also are evidence of excellence. Basic science candidates may submit evaluations from students and doctoral trainees, postdoctoral fellows or preclinical students working in the candidate’s area of scholarship. The basic science candidate should 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 be improved and have undertaken faculty development in this domain.

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.

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 recognitions in association with considerable clinical teaching time.
Each candidate should show evidence of progress in scholarship with evidence of sustained examples of scholarship in the portfolio. For this to be a domain of excellence there must be evidence of more than one type of scholarship. The candidate should demonstrate scholarship with, generally, a minimum of six peer-reviewed journal publications or 12 total publications in journals, books, or online collections beyond those publications achieved prior to promotion to the rank of assistant or associate professor. The candidate should also produce substantive examples of scholarly presentations at regional and national meetings. 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.

Letters of support from external sources are necessary for consideration of promotion. Both the departmental Appointment and Promotion Committees and the medical school Appointment and Promotion Committee judge each candidate on the totality of the portfolio. While the guidelines are important, an individual candidate may have special excellence in one field; it is the duty of the committees to weigh such excellence against the broader desires for a more rounded portfolio. All letters that are received as well as a list of all letters requested in support of the promotion are provided to the departmental Appointment and Promotion Committee and the medical school Appointment and Promotion Committee.

Adjunct Appointments

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 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
must approve the appointment. Other letters of support are not necessary for
consideration of promotion of adjunct faculty. The chair 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.

**Core Faculty – Unmodified Prototype**

The portfolio of the candidate for promotion from assistant professor to associate
professor, or from associate professor to professor should include at least five letters of
support. To solicit these letters, the candidate is permitted to forward to the chair of the
department committee up to three names. The candidate may select these individuals
from any location and from any source of contact. The candidate should include both
local individuals and individuals at other academic institutions who would be able to
comment from personal knowledge on the candidate’s teaching, service, clinical care,
and scholarship.

The department Appointment and Promotion Committee shall also solicit at least two
additional letters from faculty at other academic institutions. These letters provide
valuable perspective regarding the candidate’s scholarly activity and stature, especially
in light of promotion criteria at other peer institutions.

**Core Faculty – Clinical, Research, and Community Prototypes**

**Assistant Professor to Associate Professor**

The portfolio of the candidate for promotion from assistant professor to associate
professor should include at least three letters of support. To solicit these letters, the
candidate is permitted to forward to the chair of the department committee up to two
names. The candidate may select these individuals from any location and from any
source of contact. The candidate may include local individuals and individuals at other
academic institutions who would be able to comment from personal knowledge on the
candidate’s teaching, service, clinical care (if relevant) and, if possible, scholarship.

The department Appointment and Promotion Committee shall also solicit at least one
letter from faculty at another academic institution. These letters provide valuable
perspective regarding the candidate’s stature, especially in light of promotion criteria at other peer institutions.

**Associate Professor to Professor**

The portfolio of the candidate for promotion from associate professor to professor should include at least five letters of support. To solicit these letters, the candidate is permitted to forward to the chair of the department committee up to three names. The candidate may select these individuals from any location and from any source of contact. The candidate should include both local individuals and individuals at other academic institutions who would be able to comment from personal knowledge on the candidate’s teaching, service, clinical care (if relevant), and, if possible, scholarship.

The department Appointment and Promotion Committee shall also solicit at least two letters from faculty at other academic institutions. These letters provide valuable perspective regarding the candidate’s stature, especially in light of promotion criteria at other peer institutions.

**Adjunct Faculty**

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. These letter(s) of support should come from the medical school faculty and/or administrators and should comment on the teaching abilities of the candidate. For instance, 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 persons familiar with the candidate’s teaching abilities.

Adjunct faculty appointments are limited to a rank no higher than their rank at their primary institution.

**Process for Promotion**

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.
- Most recent appointment letter.
- 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:
  o Clinical assignments.
  o Clinical teaching assignments such as ward or precepting activities.
  o Quality improvement activities.
  o Recertification and maintenance of certification (if relevant).
  o Active licensure and staff privileges (if relevant).
  o Awards and honors.
  o 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:
  o Publications.
  o Presentations.
  o Grant submissions and awards, and contracts.
  o Intellectual property development.
  o Web-based scholarly activities (with website URL), videos, and audios.
  o Curricular innovations.
  o Writing for a lay audience if medically or scientifically oriented.
  o Awards and honors.
  o 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 will be included in the portfolio by a representative of the department Appointment and Promotion Committee as letters are not addressed or sent to the candidate).
• Comments from department Appointment and Promotion Committee including any interval 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 will be 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. At least one-third of the required number of 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. 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, or other qualities of the candidate, especially in relation to expectations at peer academic institutions.

It is not expected that every letter of support address each of these elements, nor would the reflective commentator 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. Solicitations 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 track, prototype, 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.

Timetable

Faculty candidates should consult with their department chair by August of the year in which they intend to seek promotion. At this meeting, the candidate should present the promotion portfolio and the required number of names of individuals who are proposed to write letters of support. The chair should advise the faculty candidate at this point whether the portfolio is deficient or lacking. The faculty candidate should give due consideration to the opinion of the chair but is permitted to proceed even without such endorsement. If the department has candidates to consider, the chair informs a department Appointment and Promotion Committee.

The portfolio is presented to the department Appointment and Promotion Committee. The committee would choose from the list of individuals submitted by the candidate along with a list developed of its own resources to select the writers of letters of support. Letters should be sent out during the fall along with the candidate’s CV and a letter explaining the medical school promotion process, criteria, and timeline. A sufficient number of individuals should be contacted to assure enough letters of support are available for review.

By November, the department Appointment and Promotion Committee should thoroughly review the portfolio, the letters of support, and any other materials relevant to the promotion. This committee should make a positive or negative judgment regarding the promotion and write a corresponding letter to the department chair. The chair shall then review all of the materials and reach an independent decision.
The recommendations of the department Appointment and Promotion Committee and the chair should be conveyed to the candidate by the chair. Regardless of the decisions of the department Appointment and Promotion Committee and the chair, the candidate may choose to terminate the process or proceed to the next level of assessment. If the promotion is supported by the chair, or at the request of the candidate, the chair forwards the entire portfolio, letters of support, and letters from the department Appointment and Promotion Committee and the chair 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 chair. The decision of the medical school Appointment and Promotion Committee is conveyed to the candidate. If the judgment is negative, the candidate may choose to stop the process. Regardless of a positive or negative judgment, though, the candidate may choose to proceed to the next level of assessment.

At this time, the materials are presented to the dean, who will then make a decision, taking into consideration the decisions and comments of the department Appointment and Promotion Committee, the chair of the department, and the medical school Appointment and Promotion Committee. The decision of the dean concludes the formal process. The dean’s decision is routinely passed to the board of directors for ratification.

All steps should be completed by April of each year, which allows all decisions to be confirmed in a timely manner. For those whose proposal for promotion is denied, this also allows a three-month interval before the next appointment cycle begins.

The process for promotion is presented schematically in Figure 4.
Figure 4. Promotion Process

**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 this handbook was not followed.

The board of directors shall permit the candidate to present in person the reason(s) that the promotion process was not appropriately followed in the case. The candidate can only contest the process, not any merits of the portfolio material itself. 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 an empowerment model of shared governance founded on the cornerstone principles of partnership and accountability. This model provides for: including all faculty perspectives; collaborative rather than directive processes; input in decision-making aiming for consensus; flexibility; agreement to support decisions after discussing the options; and established regular means of communication.

Shared governance is embodied in several principal mechanisms that each facilitates partnership and accountability of the faculty in the medical school.

1. The dean and associate deans collaborate with the department chairs and faculty at the department level. All faculty are represented through a primary appointment in a department.

2. Faculty provide leadership as well as serve as on all standing committees, as well as other committees, forums, task groups and process improvement teams. Standing committees, and therefore the faculty, are directly responsible for key processes of the medical school. For certain standing committees (Medical Student Admissions Committee, Curriculum Committee, and Medical Student Performance Committee) the quorum requirements stipulate that faculty must constitute a majority of voting members, and annual reports are made to the Faculty Academic Council.

3. Faculty elect six members of the Faculty Academic Council, providing for elected faculty representation and participation in governance and policymaking. The Faculty Academic Council provides recommendations for faculty membership on all standing committees.

4. 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.

Voting faculty are members of the core faculty. Adjunct and emeritus/emerita faculty are not voting faculty.

The Deanship

The dean is the chief academic and administrative officer of the medical school, serves as president and chief executive officer of the corporation, 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 has the ultimate responsibility for clinical, educational, research, administrative, fiscal and operational aspects of the medical school. The dean is responsible for fostering excellence and collaboration in healthcare delivery, education, research and community service and is responsible for the implementation of all curricula and programs to meet or exceed accreditation standards. The associate deans and the department chairs report directly to the dean. The department chairs represent and are advocates for their discipline and department faculty. The dean reports to the chair of the board of directors.
Council of Faculty and Academic Societies

The AAMC Council of Faculty and Academic Societies (CFAS) is a forum of members drawn directly from the faculty of LCME-accredited medical schools and academic professional societies. The medical school appoints two faculty representatives: one from the leadership ranks (a chair, division chief, or program director but without a dean’s level appointment), and the second a faculty member who is within 10 years of initial faculty appointment. Representatives to CFAS have responsibility for representation of the medical school faculty in CFAS, bidirectional communication between the medical school and CFAS, and advocacy for faculty concerns and views in CFAS policies and programmatic initiatives. Terms for faculty representatives are for three years, with a maximum of two terms in succession.

Faculty Academic Council

The charge of the Faculty Academic Council is to foster bidirectional communication between the dean and the faculty and serve as a venue to collaborate with and advise the dean to:

• identify issues relevant to the faculty for the attention of the dean and the faculty;
• meet as a forum for discussion and exchange of views in matters relevant to the faculty;
• facilitate dissemination of information from the dean to the faculty in matters relevant to the faculty;
• determine the requirements and process for admission of medical students;
• define and evaluate the curriculum;
• determine the process for medical student performance assessment, and advancement and graduation requirements; and
• recommend amendments to the Faculty Handbook and the Medical Student Handbook.

The responsibility of Faculty Academic Council is to represent all faculty at large, including those faculty who are ineligible to vote for the Faculty Academic Council, by representing the will and opinion of the faculty on the issues and activities of importance to the welfare of the medical school.

The Faculty Academic Council is advisory to the dean. Final authority for decisions rests with the dean.

Specific Duties

The specific duties of the Faculty Academic Council include collaborating with and advising the dean to:

• Coordinate the procedures for identifying and proposing diverse, qualified faculty members to serve on medical school standing committees and other committees, and facilitate effective and efficient committee function. The Faculty Academic
Council provides recommendations to the dean of faculty members to serve on standing committees and other committees, and advises the dean on the type and charge of standing committees.

- Receive an annual “State of the Medical School” address by the dean, generally at a meeting with the faculty, which includes an assessment of the learning and working environment, faculty achievements and fulfillment of the learner, and educator and staff responsibilities in the Educational Pledge.
- Receive an annual report, generally at a meeting with the faculty unless circumstances necessitate otherwise, and other reports from the Medical Student Admissions Committee, and provide input to the Medical Student Admissions Committee; review policies and procedures related to medical student admission requirements and selection process; and propose recommendations, if any, regarding the requirements and process for admission of medical students.
- Receive an annual report, generally at a meeting with the faculty unless circumstances necessitate otherwise, and other reports from the Curriculum Committee, and provide input to the Curriculum Committee; review policies and procedures related to the curriculum; and propose recommendations, if any, related to defining and evaluating curricular goals and objectives.
- Receive an annual report, generally at a meeting with the faculty unless circumstances necessitate otherwise, and other reports from the Medical Student Performance Committee; and provide input to the Medical Student Performance Committee; review policies and procedures related to medical student performance assessment, and advancement and promotion requirements; and propose recommendations, if any, regarding medical student performance assessment, and advancement and graduation requirements for the MD degree.
- Receive an annual report, generally at a meeting with the faculty unless circumstances necessitate otherwise, and other reports from the associate dean for Faculty Affairs, including a summary of faculty appointments and promotions.
- 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. Any member of the faculty at a faculty meeting with the Faculty Academic Council may propose amendments to the Faculty Handbook. The associate dean for Faculty Affairs shall systematically review and recommend amendments to the Faculty Academic Council of the Faculty Handbook annually and as needed. Proposed amendments are placed on the agenda of the following meeting of the Faculty Academic Council for discussion and vote. Amendments approved 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 Faculty Handbook including the right to ratify, modify, or rescind any component, in part or in whole.
- Provide recommendations, if any, of proposed changes to the Medical Student Handbook, which serves as the medical student bylaws and is incorporated by reference as part of the policies of the medical school. Any member of the faculty
at a faculty meeting with the Faculty Academic Council may propose amendments to the Medical Student Handbook. The associate dean for Educational Affairs, the associate dean for Student Affairs, and Medical Student Council shall systematically review and recommend amendments to the Faculty Academic Council of the Medical Student Handbook annually and as needed. Proposed amendments are placed on the agenda of the following meeting of the Faculty Academic Council for discussion and vote. Amendments approved 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 Medical Student Handbook shall be distributed to all faculty. The board of directors retains final authority for the Medical School Handbook 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.

**Composition of the Faculty Academic Council**

The Faculty Academic Council is composed of the following members:

- Elected members at large, with one vote for each elected member:
  - Two members from unmodified core faculty appointed at the rank of assistant professor or higher from academic clinical departments, elected by eligible unmodified core faculty appointed at the rank of assistant professor or higher from these departments. These two members must be from different departments.
  - One member from unmodified core faculty appointed at the rank of assistant professor or higher from academic nonclinical departments, elected by eligible unmodified core faculty appointed at the rank of assistant professor or higher from these departments.
  - Two members having different employers from core clinical faculty appointed at the rank of assistant professor or higher from academic clinical departments, elected by eligible unmodified core clinical faculty appointed at the rank of assistant professor or higher from these departments.
  - One member from core research or community faculty appointed at the rank of assistant professor or higher from any department, elected by eligible unmodified core faculty appointed at the rank of assistant professor or higher from these departments.

- Each department chair, with one vote for each department.
- The two medical school representatives to the Council for Faculty and Academic Societies (CFAS) of the AAMC.
- Nonvoting, advisory members including the dean, associate dean for Faculty Affairs, associate dean for Educational Affairs, associate dean for Graduate
Nominees for the elected at-large members of the Faculty Academic Council are nominated to represent their faculty track and department group through a process determined by the associate dean for Faculty Affairs. Nominees must be appointed as core faculty in any academic appointment, in good standing, and meet the annual requirements for faculty appointment to be eligible as a nominee. If qualified faculty are not nominated for a particular faculty track (or tracks) and department group, the position(s) remains unfilled for one year until the next nomination and election cycle.

The at-large members are elected by total votes cast of the core faculty in the corresponding faculty track(s) and department group. Each core faculty member has one vote for each open at-large position in their corresponding faculty track(s) and department group. Adjunct and emeritus/emerita faculty do not have voting rights for the Faculty Academic Council. Terms of the at-large 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 in the elected members at large that occur may be filled by total votes cast of the faculty in the corresponding faculty track(s) and department group. The individual’s role as a member of the Faculty Academic Council is co-terminus with core faculty appointment and ends should the individual cease to be appointed as a core faculty member or no longer fulfill the annual requirements of faculty appointment. Council members elected to represent a particular faculty track (or tracks) and department group and who change their appointment to a different faculty track or department group may generally remain a voting member of the Faculty Academic Council until the following June 30, upon election of a new council member from the individual’s original track (or tracks) and department group.

The dean serves as the chair of the Faculty Academic Council.

**Meetings**

The Faculty Academic Council meets at least two times a year. The meetings are chaired by the dean and are open to all faculty. The dean may call additional meetings, which may be requested by a member of the Faculty Academic Council. The meeting agenda is sent to all faculty at least two days prior to the meeting.

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 also meets with all faculty at least twice a year in general faculty meetings. The meetings are chaired by the dean and are open to all faculty. The chair or the dean may call additional general faculty meetings. The meeting agenda is sent to all faculty at least two days prior to the meeting.
Meetings of the Faculty Academic Council and the general 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 of the Faculty Academic Council for voting consists of a majority of the voting members present. Only those present in person or by videoconference or teleconference may vote. There are no proxy votes.

A quorum of the faculty for voting in general faculty meetings consists of a majority of the faculty 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 the eligible 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. Nominees must be appointed as core faculty at the rank of assistant professor or higher in any academic department, in good standing, and meet the annual requirements for faculty appointment to be eligible as a nominee.

This director is elected by total votes cast of the 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 and ends should the individual cease to be appointed as a core faculty member or no longer fulfill the annual requirements of faculty appointment. A vacancy of this position is filled by election to serve the remainder of the term by the total votes cast of the core faculty.
Section VII: Standing Committees

At the beginning of each academic year, the Office of the Dean publishes a listing of chairs of all medical school standing committees. The Medical Student Admissions Committee roster is confidential with the exception of the chair and vice chair. The dean makes appointments to committees, and also may terminate appointments early if deemed in the sole discretion of the dean to be in the best interest of the medical school. A 70% attendance rate, either in person or by video or by telephone, at committee meetings averaged across an academic year is required of all committee members. The chair of each committee must ensure that minutes of each meeting are taken, distributed to committee members in a timely manner, and archived electronically in the designated location.

Confidentiality

The deliberations, minutes, reports, and other products of certain standing committees, such as the Curriculum Committee, are available to all faculty.

The deliberations, minutes, reports, and other products of certain standing committees, such as the Medical Student Admissions Committee and Medical Student Performance Committee, 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.

Faculty Membership on Committees

The Faculty Academic Council is responsible for developing and administering the process to make recommendations to the dean for selection of faculty members on medical school standing committees. During the second half of each academic year, the Faculty Academic Council solicits from all faculty interest in serving on medical school standing committees for the next academic year. After faculty members have expressed interest, the Faculty Academic Council oversees the process to make recommendations to the dean for selection of faculty members to serve on medical school standing committees.

Faculty members on standing committees represent the department of their primary appointment. Faculty committee members on standing committees generally serve terms of three years, but may be shorter at the discretion of the dean. Appointments for faculty are renewable for one additional term. An individual faculty member may serve two consecutive full terms on any single committee. After a one-year hiatus, the faculty member is again eligible to serve two further consecutive terms on that committee. If a faculty member, for whatever reason, cannot serve the entire term on any committee, 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 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.

**Medical Student Membership on Committees**

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 of eligible nominees to the dean. The dean selects and 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 may 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 without the option for reappointment. If a medical student, for whatever reason, cannot serve the entire term on any committee, the dean shall appoint another medical student to serve out the remainder of the term. Regardless of time served to fill a vacancy, this term 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:

- Medical Student Admissions Committee
- Curriculum Committee
- Diversity and Inclusiveness External Advisory Council
- Student Scholarship Committee

Other committees with medical student members include:

- Information Technology Committee
- Library Committee

**Resident and Fellow Membership on Committees**

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 and faculty, assess each candidate and forward recommendations of eligible nominees to the dean. The dean selects and 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 student may 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 a standing committee. Resident and fellow committee members serve one-year terms without the option for reappointment. If a resident or fellow member, for whatever reason, cannot serve the entire term on any committee, the dean shall appoint another resident or fellow to serve out the remainder of the term. Regardless of time served to fill a vacancy, this term 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
- Diversity and Inclusiveness External Advisory Council
- Global Health Committee
- Research Committee

Other committees with resident and fellow members include:

- Chief Residents Committee
- Graduate Medical Education Committee
- Information Technology Committee
- Library Committee

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

**Standing Committees**

Medical school committees are an integral component of shared governance that includes the dean, the Dean’s Cabinet, the Chair’s Council, the Faculty Academic Council, the Medical Student Council, and standing committees. Members of committees are appointed by the dean, generally as advised by the Faculty Academic Council (for faculty members), the Medical Student Council in collaboration with the associate dean for Student Affairs (for medical student members), and the Graduate Medical Education Committee in collaboration with the associate dean for Graduate Medical Education (for resident and fellow members). To facilitate efficient committee functioning, the dean may appoint members to fill vacancies at any time. If a committee must meet and it is not practical to convene a quorum in a timely manner, the dean may appoint alternate members to the committee on an ad hoc basis.

The following is a description of key medical school standing committees. Summary tables of all of the medical school committees follow this listing. Departments may have additional departmental 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 up to eight core faculty members, consisting of:

- Two to five core or emeritus/emerita faculty members that are at the rank of professor.
- Two to three core or emeritus/emerita faculty members that are at the rank of associate professors. Associate professors do not have voting rights for committee votes for appointment or promotion of candidates to the rank of professor.
- A chair and vice chair, appointed by the dean.

The members of this committee must be broadly representative of all departments. 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, retention of appointment, or promotion on the authority of the board of directors. Appointments and promotions are submitted to the board of directors for ratification.

Curriculum Committee

The Curriculum Committee is responsible 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, leaders, educators, advocates, and researchers.

Through the Curriculum Committee, the medical school ensures the quality of its educational program 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.

- 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 committee is empowered to work in the best interests of the students and the medical school without regard to parochial or political influences, or departmental 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 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 11 to 15 members including:

• Four to six core or emeritus/emerita faculty members at the rank of Assistant Professor or higher from nonclinical departments.
• Four to six core or emeritus/emerita faculty members at the rank of Assistant Professor or higher from clinical departments.
• Two medical students, one from the second year and one from the fourth year.
• Up to one resident from any residency program.

The dean appoints the chair of this committee. Faculty members are 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 member is 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, assistant dean for Clinical Applications, assistant dean for Simulation, and one to two representatives from
Educational Affairs. Other advisors may include the associate dean for Research, associate dean for Clinical Affairs, and associate dean for Graduate Medical Education.

A committee quorum for voting purposes shall consist of 70% of the eligible votes on the specific motion. Faculty members must constitute the majority of voting members at all meetings of the Curriculum Committee.

There are two subcommittees that report to the Curriculum Committee. Members of subcommittees are designated by the chair of the Curriculum Committee.

- **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 appropriate. 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 appropriate. 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.

Courses and clerkships may have individual committees chaired by the course/clerkship directors to support their role but these committees are not considered standing committees of the medical school. 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 assistant dean for Foundations of Medicine, and the clerkship committees report to the assistant dean for Clinical Applications.

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 5.
Figure 5. 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/emerita 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 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 applicants and makes the final binding decisions regarding acceptance of applicants.

All of the Medical Student Admissions Committee meetings are closed meetings and all deliberations are confidential. With the exception of the chair and vice chair, the names of the Medical Student Admissions Committee members are not publicized. Faculty members must constitute the majority of voting members at all meetings of the Medical Student Admissions Committee. The committee reports its decisions to the associate dean for Student Affairs.

The Medical Student Admissions Committee is composed of core faculty members and other members and has up to twelve members, consisting of:

- Chair and vice chair appointed by the dean for three-year terms, and who shall be core or emeritus/emerita faculty members.
- Up to six additional core or emeritus/emerita 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 student 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, with the exception of associate or assistant deans. Students serve one-year terms only.

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

**Medical Student Performance Committee**

The Medical Student Performance Committee is responsible for the oversight of the performance and progress of medical students enrolled in the medical school. In this role, the committee is responsible for maintaining, developing and overseeing policies regarding standards 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 Medical Student Performance Committee has full responsibility for student performance oversight, and advancement and graduation decisions.

Specifically, the committee is responsible for:

• Making recommendations for standards for determination of satisfactory academic progress and satisfactory performance for advancement and graduation of students.
• Establishing consistent standards and methods for assessing student performance and correcting academic or other deficiencies of students.
• Monitoring performance – academic progress as well as professional and personal conduct – of all 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.

• Working in collaboration with the associate dean for Educational Affairs to identify 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 students, monitoring student performance while subject to a learning contract, and approving completion of learning contracts. Any student on warning academic status requires a learning contract to be in place.

• Confirming on a continuing basis the appropriate status of students including advancement of students along the curriculum.

• Conducting a formal review of the process for any 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 student who is not making satisfactory academic progress, as described under “Satisfactory Academic Progress.”

• Toward the conclusion of the student’s academic program at the medical school and after reviewing a graduation audit prepared by the registrar and after seeking 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 students’ academic progress and professional development. The Medical Student Performance Committee applies these principles consistently while recognizing that each student’s situation is reviewed on the individual merit and circumstances.

• 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 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 student’s educational activities are incorporated into a learning contract.

• The committee weighs all aspects of a student's performance and should consider extenuating circumstances. The committee has the appropriate latitude to consider a variety of corrective actions to support the student's continuation in the medical school.

• In developing corrective actions, the committee should incorporate input and insights from the student on how they learn to determine which corrective actions may work best for the student.
• The committee should take into account extenuating circumstances. For issues of academic performance with extenuating circumstances, the committee may permit the student to have the opportunity to continue in the program at the medical school. It is the responsibility of the 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 student additional time to resolve the extenuating circumstance, and may recommend dismissal if it is evident that the 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 students on a continuing basis, and conducts formal hearings of individual students with significant academic and other deficiencies, and of students dismissed from medical school.

Medical Student Performance Committee members must recuse themselves from both the discussion and vote for actions for students whose performance is being reviewed by the Committee and for whom they have provided sensitive health, psychiatric, or psychological care.

This committee includes six voting members: six core or emeritus/emerita faculty members including three basic science and three clinical science core faculty members, with no more than two faculty committee members who are course/clerkship directors.

Ex officio, nonvoting advisors to this committee are the associate dean for Educational Affairs, associate dean for Student Affairs, and director of Student and Resident Affairs.

This committee regularly reviews and determines, 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 70% of the eligible votes on the specific motion. Faculty members must constitute the majority of voting members at all meetings of the Medical Student Performance Committee.

**Student Appeals Committee**

Medical students may appeal: a decision of 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. Grades as well as learning
contracts (ie, corrective actions and remediation plans) are not subject to appeal to the Student Appeals Committee.

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.

Student Appeals Committee members must recuse themselves from participating in the appeal process for students for whom they have provided sensitive health, psychiatric, or psychological care. 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 to the associate dean for Student Affairs regarding medical school scholarships and other financial awards for students. Scholarship awards from the medical school require approval and authorization by the dean.

The committee is composed of four to eight members, including three to five core or emeritus/emerita faculty members and one to two fourth-year students. The chair is appointed by the dean.
Table 4. Leadership Committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
</table>
| Dean’s Cabinet  | 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 | Terms determined by position. | Chair: Dean | Dean | Weekly and as needed. |
| Chair’s Council | 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 employed by the medical school of the major academic departments. | Terms determined by position. | Chair: Dean | Dean | Monthly. |
### Table 4. Leadership Committees (continued)

<table>
<thead>
<tr>
<th>Committee</th>
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<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Faculty Academic Council</strong></td>
<td>The charge of the Faculty Academic Council is to foster bidirectional communication between the dean and the faculty and serve as a venue to collaborate with and advise the dean to: identify issues relevant to the faculty for the attention of the dean and the faculty; meet as a forum for discussion and exchange of views in matters relevant to the faculty; facilitate dissemination of information from the dean to the faculty in matters relevant to the faculty; determine the requirements and process for admission of medical students; define and evaluate the curriculum; determine the process for medical student performance assessment, and advancement and graduation requirements; and recommend amendments to the Faculty Handbook and the Medical Student Handbook.</td>
<td>3-year terms; maximum of 2 terms in succession.</td>
<td>Chair: Dean</td>
<td>Dean</td>
<td>Twice annually and as needed. Also convenes twice annually with all faculty in general faculty meetings.</td>
</tr>
</tbody>
</table>

Voting members:
- Six elected core faculty members
- Each department Chair
- Two medical school representatives to CFAS

Ex officio, non-voting members:
- 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

Ex officio
Ex officio
Table 4. Leadership Committees (continued)

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<tr>
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<tbody>
<tr>
<td>Medical Student Council</td>
<td>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 student body to faculty and administration; facilitate 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; and collaborate with the Diversity and Inclusiveness External Advisory Committee to identify and achieve medical school goals for medical student diversity and inclusiveness.</td>
<td>Terms determined by position.</td>
<td>Chair: President of the fourth-year class.</td>
<td>(Advised by Associate Dean for Student Affairs)</td>
<td>Monthly.</td>
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Table 5. Standing Committees

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Affiliates Committee</strong></td>
<td>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.</td>
<td>Chair: Dean</td>
<td>Dean</td>
<td>Quarterly and as needed.</td>
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<tr>
<td>Dean</td>
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<td>Ex officio</td>
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<tr>
<td>Associate Dean for Faculty Affairs</td>
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<tr>
<td>Associate Dean for Clinical Affairs</td>
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<td>Associate Dean for Educational Affairs</td>
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<tr>
<td>Associate Dean for Graduate Medical Education (DIO)</td>
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<tr>
<td>Associate Dean for Research</td>
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<tr>
<td>Associate Dean for Health Equity and Community Affairs</td>
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<tr>
<td>Associate Dean for Administration and Finance</td>
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<tr>
<td>Associate Dean for Planning and Performance Excellence</td>
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<td>Ex officio</td>
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<tr>
<td>Senior leaders (President/CEO and others as designated) of Borgess Health, Bronson Healthcare, and Western Michigan University</td>
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<td>Ex officio</td>
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### Table 5. Standing Committees (continued)

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Appointment and Promotion Committee</strong></td>
<td>The charge of the Appointment and Promotion Committee is to oversee the appointment and promotion process at the medical school, 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. The committee provides reports to the Faculty Academic Council regarding faculty appointments and promotions, and implements the criteria for appointment and promotion.</td>
<td>4-8 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council. Faculty must be at the rank of professor or associate professor.</td>
<td>3-year terms; maximum of 2 terms in succession.</td>
<td>Chair: appointed by the Dean (must be a Professor) Vice Chair: appointed by the Dean (must be a Professor)</td>
<td>Dean (Advised by Associate Dean for Faculty Affairs) Twice annually and as needed.</td>
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<tr>
<td><strong>Continuing Education Committee</strong></td>
<td>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 national standards and regulatory requirements. The committee may assist with resolving any issue related to continuing education review applications for joint sponsorship.</td>
<td>Assistant Dean for Continuing Education Associate Dean for Clinical Affairs Department chairs employed by the medical school of the major academic departments. Dean</td>
<td>Ex officio Ex officio Ex officio</td>
<td>Chair: Assistant Dean for Continuing Education Assistant Dean for Continuing Education</td>
<td>Assistant Dean for Continuing Education Twice annually and as needed.</td>
</tr>
</tbody>
</table>
Table 5. Standing Committees (continued)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum Committee</strong></td>
<td>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 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. 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. The committee is empowered to work in the best interests of the students and the medical school without regard to parochial or political influences, or departmental pressures. Faculty members must constitute the majority of voting members at all meetings.</td>
<td>8-12 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council • 4-6 faculty from nonclinical departments • 4-6 faculty from clinical departments Up to 1 resident appointed by the Dean advised by the Graduate Medical Education Committee and associate dean for Graduate Medical Education 2 students (one each from second-year and fourth-year) appointed by the Dean advised by the Medical Student Council and Associate Dean for Student Affairs Ex officio, non-voting members: • Director of Educational Affairs • Up to 1 additional staff from Educational Affairs</td>
<td>Chair: appointed by the Dean Vice Chair: appointed by the Dean Residents and students serve one-year terms only</td>
<td>Faculty Academic Council (Advised by Associate Dean for Educational Affairs, Assistant Dean for Foundations of Medicine, Assistant Dean for Clinical Applications, and Assistant Dean for Simulation)</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
Table 5. Standing Committees (continued)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversity and Inclusiveness External Advisory Council</td>
<td>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.</td>
<td>Faculty and staff: 3-year terms; maximum of 2 terms in succession.</td>
<td>Chair: appointed by the Dean (Advised by the Dean’s Cabinet)</td>
<td>Dean</td>
<td>Meets twice annually and as needed.</td>
</tr>
<tr>
<td></td>
<td>2 core or emeritus/emerita faculty appointed by the Dean advised by the Faculty Academic Council</td>
<td>Residents and students: 2-year terms without reappointment.</td>
<td>Vice Chair: appointed by the Dean</td>
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<tr>
<td></td>
<td>1 non-faculty staff appointed by the Dean</td>
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<td></td>
<td>1 resident appointed by the Dean advised by the GMEC and associate dean for Graduate Medical Education</td>
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<td></td>
<td>1 medical student appointed by the Dean advised by the Medical Student Council and Associate Dean for Student Affairs</td>
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<tr>
<td></td>
<td>Associate Dean for Health Equity and Community Affairs</td>
<td>Ex officio</td>
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<tr>
<td></td>
<td>Associate Dean for Faculty Affairs</td>
<td>Ex officio</td>
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<tr>
<td></td>
<td>Associate Dean for Student Affairs</td>
<td>Ex officio</td>
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<tr>
<td></td>
<td>Associate Dean for Graduate Medical Education</td>
<td>Ex officio</td>
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<tr>
<td></td>
<td>Director of Human Resources</td>
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<tr>
<td></td>
<td>Community members appointed by the Dean (including members from Borgess, Bronson, and WMU)</td>
<td>Community members: 3-year terms with unlimited terms in succession.</td>
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</tbody>
</table>
Table 5. Standing Committees (continued)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Health</td>
<td>The charge of the Global Health Committee is to cultivate interest and</td>
<td>3-year terms; maximum of 2 terms in succession.</td>
<td>Chair: appointed by the Dean</td>
<td>Dean</td>
<td>Quarterly and as needed.</td>
</tr>
<tr>
<td>Committee</td>
<td>3-6 core or emeritus/emerita faculty members appointed by the Dean</td>
<td>Residents serve one-year terms only.</td>
<td>Vice Chair: appointed by the Dean</td>
<td>(Advised by the Dean and</td>
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<tr>
<td></td>
<td>advised by the Faculty Academic Council</td>
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<td></td>
<td>Associate Deans)</td>
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<td></td>
<td>1-3 residents appointed by the Dean</td>
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<td></td>
<td>advised by the GMEC and Associate Dean for Graduate Medical Education</td>
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<td></td>
<td>1-3 medical Students appointed by the Dean</td>
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<tr>
<td></td>
<td>advised by the Medical Student Council and Associate Dean for Student</td>
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<tr>
<td></td>
<td>Affairs</td>
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Table 5. Standing Committees (continued)

<table>
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<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Medical Education Committee</td>
<td>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.</td>
<td>Ex officio</td>
<td>Chair: Associate Dean for Graduate Medical Education (as the Designated Institutional Official)</td>
<td>Dean (Advised by the Dean and Associate Deans)</td>
<td>Monthly.</td>
</tr>
<tr>
<td></td>
<td>Associate Dean for Graduate Medical Education (Designated Institutional Official)</td>
<td>Ex officio</td>
<td>Vice Chair: selected by the committee</td>
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</tr>
<tr>
<td></td>
<td>Residency and Fellowship Program Directors</td>
<td>Ex officio</td>
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<tr>
<td></td>
<td>Peer-selected resident and fellow representatives.</td>
<td>Resident and fellow representatives are peer-selected annually and serve one-year terms only.</td>
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<td></td>
<td>Ex officio, non-voting member:</td>
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<tr>
<td></td>
<td>• Director of Student and Resident Affairs</td>
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</tr>
<tr>
<td>Committee</td>
<td>Members</td>
<td>Terms</td>
<td>Chair and Vice Chair</td>
<td>Reports to</td>
<td>Meeting Frequency</td>
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</tr>
<tr>
<td>Medical Student Admissions Committee</td>
<td>The charge of the Medical Student Admissions Committee is 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 applicants and makes the final binding decisions regarding acceptance of applicants. These decisions are not appealable to the dean, board of directors, or any other party. All of the Medical Student Admissions Committee meetings are closed meetings and all deliberations are confidential. Faculty members must constitute the majority of voting members at all meetings of the Medical Student Admissions Committee. The Medical Student Admissions Committee reports its decisions to the associate dean for Student Affairs.</td>
<td>Up to eight core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council.</td>
<td>Chair: appointed by the Dean (must be core faculty)</td>
<td>Faculty Academic Council (Advised by the associate dean for Student Affairs, and the associate dean for Educational Affairs)</td>
<td>As needed, which may be weekly during the recruitment season.</td>
</tr>
<tr>
<td></td>
<td>Up to two student members appointed by the dean advised by the Medical Student Council and associate dean for Student Affairs.</td>
<td>3-year terms; maximum of 2 terms in succession. (except for Associate or Assistant Deans who may serve unlimited terms in succession). Students serve one-year terms only.</td>
<td>Vice Chair: appointed by the Dean (must be core faculty).</td>
<td>Faculty Academic Council (Advised by the associate dean for Student Affairs, and the associate dean for Educational Affairs)</td>
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<td></td>
<td>Additional members appointed by the dean.</td>
<td>3-year terms; maximum of 2 terms in succession.</td>
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<tr>
<td></td>
<td>Ex officio, non-voting member: • Director of Admissions</td>
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</tbody>
</table>
### Medical Student Performance Committee

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 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 or 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. Corrective actions are typically 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. Faculty members must constitute the majority of voting members at all meetings.

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
</table>
| **Medical Student Performance Committee** | 6 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council.  
- 3 basic sciences faculty  
- 3 clinical sciences faculty  

Ex officio, non-voting members:  
- Associate Dean for Educational Affairs  
- Associate Dean for Student Affairs  
- Director of Student and Resident Affairs | 3-year terms; maximum of 2 terms in succession. | Chair: appointed by the Dean  
Vice Chair: appointed by the Dean | Faculty Academic Committee  
(Advised by Associate Dean for Educational Affairs and Associate Dean for Student Affairs) | Twice annually and as needed. |
Table 5. Standing Committees (continued)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Committee</td>
<td>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 the scientific review, human subject 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.</td>
<td>2–4 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council. 1-2 residents appointed by the Dean advised by the GMEC and Associate Dean for Graduate Medical Education. 1-2 medical students appointed by the Dean advised by the Medical Student Council and Associate Dean for Student Affairs.</td>
<td>Chair: Associate Dean for Research (Advised by the Dean and Associate Deans)</td>
<td>Dean</td>
<td>Quarterly and as needed.</td>
</tr>
<tr>
<td>Associate Dean for Research</td>
<td>Ex officio</td>
<td>Chair: Associate Dean for Research (Advised by the Dean and Associate Deans)</td>
<td>Dean</td>
<td>Quarterly and as needed.</td>
<td></td>
</tr>
<tr>
<td>Assistant Dean for Clinical Research</td>
<td>Ex officio</td>
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<td></td>
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</tr>
<tr>
<td>Assistant Dean for Research Compliance</td>
<td>Ex officio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair, Department of Biomedical Sciences</td>
<td>Ex officio</td>
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<tr>
<td>2–4 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council. 1-2 residents appointed by the Dean advised by the GMEC and Associate Dean for Graduate Medical Education. 1-2 medical students appointed by the Dean advised by the Medical Student Council and Associate Dean for Student Affairs.</td>
<td>Chair: Associate Dean for Research (Advised by the Dean and Associate Deans)</td>
<td>Dean</td>
<td>Quarterly and as needed.</td>
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</tbody>
</table>
Table 5. Standing Committees (continued)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Research Committee</strong></td>
<td>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.</td>
<td>Ex officio</td>
<td>Chair: Assistant Dean for Clinical Research.</td>
<td>Affiliates Committee. (Advised by the Dean and Associate Dean for Research.)</td>
<td>Quarterly and as needed.</td>
</tr>
<tr>
<td></td>
<td>Assistant Dean for Clinical Research</td>
<td>Ex officio</td>
<td>Vice chair: Assistant Dean for Research Compliance.</td>
<td>Ex officio</td>
<td>Ex officio</td>
</tr>
<tr>
<td></td>
<td>Assistant Dean for Research Compliance</td>
<td>Ex officio</td>
<td>Ex officio</td>
<td>Ex officio</td>
<td>Ex officio</td>
</tr>
<tr>
<td></td>
<td>Director, Clinical Research Operations</td>
<td>Ex officio</td>
<td>Ex officio</td>
<td>Ex officio</td>
<td>Ex officio</td>
</tr>
<tr>
<td></td>
<td>Director, Human Research Protection Program</td>
<td>Ex officio</td>
<td>Ex officio</td>
<td>Ex officio</td>
<td>Ex officio</td>
</tr>
<tr>
<td></td>
<td>Director, Sponsored Programs Administration</td>
<td>Ex officio</td>
<td>Ex officio</td>
<td>Ex officio</td>
<td>Ex officio</td>
</tr>
<tr>
<td></td>
<td>Up to four core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council</td>
<td>3-year terms; maximum of 2 terms in succession.</td>
<td>3-year terms; maximum of 2 terms in succession.</td>
<td>3-year terms; maximum of 2 terms in succession.</td>
<td>3-year terms; maximum of 2 terms in succession.</td>
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</table>
Table 5. Standing Committees (continued)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
</table>
| **Student Scholarship Committee** | The charge of the Student Scholarship Committee is to oversee the process for awarding 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. Faculty members must constitute the majority of voting members at all meetings. | 3-5 core or emeritus/emerita faculty members appointed by the Dean advised by the Faculty Academic Council.  
1-2 4th-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.  
Students serve one-year terms only. | Chair: appointed by the Dean  
Vice Chair: appointed by the Dean | Associate Dean for Student Affairs  
(Advised by Associate Dean for Student Affairs and Director of Financial Aid) | Twice annually and as needed. |
| **Student Appeals Committee**    | 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. | 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 Student Affairs  
(Advised by Associate Dean for Educational Affairs) | As needed. |
### Table 6. Additional Education Committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief Residents Committee</strong></td>
<td>All Chief Residents</td>
<td>Ex officio</td>
<td>Chair: Associate Dean for Graduate Medical Education (Designated Institutional Official)</td>
<td>Associate Dean for Graduate Medical Education (Designated Institutional Official)</td>
<td>Monthly.</td>
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<tr>
<td></td>
<td>Associate Dean for Graduate Medical Education (Designated Institutional Official)</td>
<td>Ex officio</td>
<td>Vice Chair: Associate DIO(s)</td>
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<td>Associate DIO(s)</td>
<td>Ex officio</td>
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<tr>
<td><strong>Essential Abilities Committee</strong></td>
<td>Associate Dean for Educational Affairs</td>
<td>Ex officio</td>
<td>Chair: Associate Dean for Educational Affairs</td>
<td>Dean (Advised by the Associate Deans)</td>
<td>Annually and as needed.</td>
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<tr>
<td></td>
<td>Associate Dean for Student Affairs</td>
<td>Ex officio</td>
<td>Vice Chair: Associate Dean for Student Affairs</td>
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<td></td>
<td>Director of Student and Resident Affairs</td>
<td>Ex officio</td>
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<td></td>
<td>Director of Human Resources</td>
<td>Ex officio</td>
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<td></td>
<td>1 core or emeritus/emerita faculty member appointed by the Dean advised by the Faculty Academic Council.</td>
<td>3-year term; maximum of 2 terms in succession.</td>
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Table 7. Additional Research Committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
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</thead>
<tbody>
<tr>
<td>Intellectual Property</td>
<td>The charge of the Intellectual Property Committee is to oversee the</td>
<td>Ex officio</td>
<td>Chair: Associate</td>
<td>Dean (Advised by the Dean and</td>
<td>Quarterly and as</td>
</tr>
<tr>
<td>Committee</td>
<td>policies and process for intellectual property identification and</td>
<td>Ex officio</td>
<td>Dean for Research</td>
<td>Associate Deans)</td>
<td>needed.</td>
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<td></td>
<td>development, provide recommendations for managing intellectual</td>
<td>3-year terms; maximum</td>
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<td>properties and rights on behalf of the medical school, and foster</td>
<td>of 2 terms in</td>
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<td></td>
<td>research efforts that will enhance creation of intellectual properties.</td>
<td>succession.</td>
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</tr>
<tr>
<td>Associate Dean for Research</td>
<td>Chair, Department of Biomedical Sciences</td>
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</tr>
<tr>
<td>Committee</td>
<td>2 – 4 core or emeritus/emerita faculty members appointed by the Dean</td>
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<td>advised by the Faculty Academic Council</td>
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</table>

Associate Dean for Research Chair, Department of Biomedical Sciences
<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities Committee</td>
<td>The charge of the Facilities Committee is to oversee buildings and facilities to ensure appropriate use, physical safety, and security.</td>
<td>Ex officio Ex officio Faculty and staff: 3-year terms; maximum of 2 terms in succession. Students serve one-year terms only.</td>
<td>Chair: Director of Building Services</td>
<td>Associate Dean for Administration and Finance (Advised by the Dean and Associate Deans)</td>
<td>Quarterly and as needed.</td>
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</tbody>
</table>
Table 8. Additional Administrative Committees (continued)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Technology Committee</td>
<td>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.</td>
<td>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.</td>
<td>Chair: Director of Information Technology Associate Dean for Administration and Finance (Advised by the Dean and Associate Deans)</td>
<td>Associate Dean for Administration and Finance (Advised by the Dean and Associate Deans)</td>
<td>Quarterly and as needed.</td>
</tr>
<tr>
<td></td>
<td>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 WMU, Borgess, or Bronson 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</td>
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<td></td>
</tr>
</tbody>
</table>
Table 8. Additional Administrative Committees (continued)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Terms</th>
<th>Chair and Vice Chair</th>
<th>Reports to</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library Committee</td>
<td>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.</td>
<td>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.</td>
<td>Chair: Library Director Chair: Library Director Associate Dean for Administration and Finance (Advised by the Dean and Associate Deans)</td>
<td>Quarterly and as needed.</td>
<td></td>
</tr>
</tbody>
</table>
Section VIII: Changes to the Faculty Handbook

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.

The Faculty Academic Council reviews and proposes changes to the 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. The dean and Faculty Academic Council shall systematically review and propose amendments to the Faculty Handbook as needed and no less than every three years. The proposed amendments and recommendations of the Faculty Academic Council 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. Notice of the implementation of the revised Faculty Handbook shall be 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.
Section IX: Appendices

Recommended Curriculum Vitae Format

**FirstName MiddleInitial LastName, Degree(s)**

Department  
University/Institution  
Street Address  
City, State  
Zipcode  
AreaCode.Phone.Number  
AreaCode.Fax.Number  
email@address.edu

### Education

- Fellowship, University/Institution, City, State  
- Residency, University/Institution, City, State  
- Ph.D., (Field), University, City, State/Country  
  - Thesis Title:  
  - Advisor:  
- M.D., University, City, State/Country  
- B.S./B.A., Major (include Honors), University, City, State/Country  
**List in reverse chronological order.**

### Appointments

- Associate Professor  
  - Department, University, City, State  
- Director, Center for  
  - University/Institution, City, State  
**Note:** If you have multiple administrative positions, consider separating this section into Academic Appointments and Administrative Appointments.
- Assistant Professor  
  - Department, University, City, State  
- Chief Resident  
- Postdoctoral Fellow/Scholar  
  - Supervisor:  
  - Department, University/Institution, City, State  
**List appointments in reverse chronological order.**

### Other Positions and Employment

List non-academic employment history in reverse chronological order, noting position held, employer, location, brief description of duties and responsibilities.

### Certification and Licensure

- Diplomate, ABMS Board  
- Subspecialty Certification, Subspecialty Board  
- State Medical License (active and inactive, without numbers)  
**Do not list DEA numbers.**

### Honors and Awards

Name of Award (Organization)  
**Note:** you may also list elite fellowship programs, to which you were accepted on the basis of a competitive, as opposed to first-come, first-serve, application process.
Professional Memberships and Activities

Society Name
List in reverse chronological order, noting leadership and other positions held.

Editorial Responsibilities

Journal name, Role (eg, reviewer, editor, editorial board)
List in reverse chronological order.

Educational Activities

Teaching Activities
Course Name, Role, Organization, Number of Students
Identify your teaching activities here or write “See attached Teaching Portfolio.”
List in reverse chronological order, noting your role (course developer, course director, lecturer).
Include graduate student teaching and teaching residents in a clinical setting.
Consider using a table, as it provides a concise, visual way to identify role, number of students, number of sessions, and evaluation data.

Advising & Supervision
Student/Postdoc Name, Program, Your role
List current position for trainees whom you have supervised directly.
Include advising responsibilities.

Grants

Current
Agency Grant Number Principal Investigator (PI)
Title
Description (1 sentence)
Total, direct & indirect costs
Role: (% effort)
Include the title of grant, granting agency and grant number, total, direct & indirect costs, funding dates. State your role, identify the PI if not you, and your percent of effort.
If you include contracts, rename the section, “Grants and Contracts,” and use two subheadings, separating contracts from grant awards.
If voluminous, limit to the most recent decade and note the limitation in the heading.
Consider using a table, as it provides a concise, visual depiction of this material.

Pending
Agency Grant Number Principal Investigator (PI)
Title
Description (1 sentence)
Total, direct & indirect costs
Role: (% effort)

Completed
Agency Grant Number Principal Investigator (PI)
Title
Description (1 sentence)
Total, direct & indirect costs
Role: (% effort)

Patents

Patent title, number
List in reverse chronological order.

Publications
Peer-reviewed publications

Books & Chapters
1. Authors. Chapter Title. in Book Title (Eds. ) pp–pp. Publisher (year).

Non-peer-reviewed publications

Non-print materials
1. Authors. Title. Source (URL) (year).

List your publications in numbered chronological order for easy updating.
BOLD your name in list of authors.

Presentations & Abstracts

Invited Presentations
Title of presentation, Institution
In reverse chronological order.

National/International Meetings
Authors, title of presentation. Meeting Name. (Abstract reference if published)
List name of meeting and location, dates, in reverse chronological order. Include
abstract reference. Indicate whether oral presentation or poster & if you were the
presenter. Include all authors & BOLD your name in list of authors.
Indicate any presentations that were peer-reviewed or list in a separate section: Peer-
Reviewed Presentations

Local/Regional Meetings
Authors, title of presentation. Meeting Name. (Abstract reference if published)

Committee Assignments and Administrative Service
Committee Name (Role), Organization
List in reverse chronological order, noting leadership positions held. Include internal
and external activities (eg, work with NIH study groups).

Community Service
Organization, role/responsibility
List in reverse chronological order, ONLY include activities that involve your
professional expertise.