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MERCER UNIVERSITY SCHOOL OF MEDICINE

MISSION

To educate physicians and health professionals to meet the primary care and health care needs of rural and medically underserved areas of Georgia

CORE MISSION AREAS

TEACHING – Excellence in educational programs that graduate caring, compassionate, competent health professionals.

SCHOLARLY ACTIVITY/RESEARCH – Discovering new knowledge, integrating and applying knowledge to improve the health status of Georgians.

CLINICAL CARE – Providing high quality, patient-centered, cost effective health care services.

COMMUNITY SERVICE – Reaching out and partnering with neighborhoods and communities

CORE VALUES

COLLABORATION – Working together and respecting each other’s contributions

COMPASSION – Showing empathy and concern for the well-being of others

COMPETENCE – Demonstrating mastery of skills of one’s profession or vocation

EXCELLENCE – Performing at the highest level and exceeding the expectations of those we serve

INTEGRITY – Unwavering adherence to a professional and ethical code of conduct

RESPECT AND HONESTY – Conducting ourselves in a manner that demonstrates the value of each individual

SERVICE – Offering our talents and skills toward betterment of our communities

VISION

To be a recognized leader in educating primary care, rural and community-based health professionals by:

• Improving access to quality health care for Georgia residents

• Enhancing the health status of Georgia residents

• Providing an outstanding medical and health science education in an environment that emphasizes achievement, discovery, diversity, and inclusion.

Approved by Executive Council December 9, 2014
DIVERSITY STATEMENT

Mercer University School of Medicine is privileged to be located in Georgia, a state with a unique, diverse, and evolving heritage. Mercer is committed to serving Georgia by educating physicians and other healthcare professionals to meet the healthcare needs of the state’s medically underserved.

Mercer University School of Medicine believes that an environment of inclusiveness, equal opportunity, acceptance, and respect for the similarities and differences in our community is essential for excellence in the fulfillment of our mission. An atmosphere where differences are valued leads to the training of a culturally competent healthcare workforce qualified to meet the needs of the varied populations of our state and enhances the development of professionalism in our students. Further, we believe that institutional diversity fuels the scholarly advancement of knowledge in an atmosphere of free inquiry and expression.

The School of Medicine adopts a definition of diversity that embraces race, ethnicity, gender and gender identity, religion, sexual orientation, social and cultural attributes, rural or metropolitan background, and disability. The definition of diversity also includes life experiences, record of service and employment, and other talents and personal attributes that can enhance the scholarly and learning environment.

The School of Medicine seeks to attain a diverse learning environment through the recruitment, enrollment, hiring, and retention/graduation of students, faculty, staff, and leadership who meet this definition of diversity. We also seek to deliberately and thoughtfully utilize the benefits of diversity in our interactive, team-based educational programs.

Approved December 4, 2012 by Executive Council
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- **By-Laws of the Faculty**
ACADEMIC ORGANIZATION

Administrative Organization

Organization and Administration

Mercer University School of Medicine (MUSM) was established as a public-private partnership to improve health care and access to health care in rural and underserved areas of the state. MUSM meets that mission by offering educational programs in medicine (M.D.) and masters programs in public health, marriage and family therapy, bio-medical science, and pre-clinical science. MUSM operates three teaching campuses. Pre-clinical education in all of the degree programs takes place either on the Macon or Savannah campuses of Mercer University. Clinical education activities occur primarily at its four affiliated teaching hospitals: The Medical Center of Central Georgia in Macon, Memorial Health University Medical Center in Savannah, and The Medical Center and St. Francis Hospital in Columbus. Accredited post-graduate medical education training programs are sponsored by MUSM on both the Macon and Savannah campuses. Faculty status is available to the professionals who teach in any of the above-mentioned educational programs.

The educational activities of MUSM receive oversight by the faculty governance structures of the programs and School, and by the administration of the school. MUSM is one of the component colleges and schools of Mercer University, and is subject to the rules, regulations, and faculty by-laws of the university. The dean and the administrators are appointed by and serve under the authority of the president and the Board of Trustees of the university.

Administrative Organization of the School

Mercer University School of Medicine is organized into administrative departments and academic programs as prescribed by the Mercer University Board of Trustees. Each department or program has a chair or director who is responsible for the administration of that unit.

Administrative Staff

The administrative staff of MUSM consists of associate/assistant deans and support staff.

Functions of the Dean

The dean is the chief executive officer of MUSM and is responsible for all aspects of the School. The dean reports to the provost of the university.

Other administrative officers are employed to assist the dean in the performance of his/her duties. These persons have titles such as associate dean, assistant dean, and finance director. Their duties are specified by the dean and are subject to change by the dean as circumstances require.
Job Description of the Dean of the School of Medicine

The dean is the chief academic officer and is responsible for the full range of academic program development within the School. The responsibilities of the dean include the following:

1. To lead in the design, development, and implementation of the educational program and to promote the effectiveness of the curriculum and instructional procedures in assuring a quality program of general professional education for physicians, and all other graduate training programs. In doing so to ensure that the educational program, students, faculty, and staff support the school’s mission.

2. To provide for the recruitment and selection of qualified faculty and to foster faculty development.

3. To review faculty eligibility for promotion and tenure, to conduct systematic evaluation of faculty appointments, and to make recommendations to the provost and the president concerning faculty appointments, rank, tenure, and salary.

4. To preside over the faculty and to assure the effective organization of the faculty.

5. To foster faculty collegiality and professionalism.

6. To develop plans for the continued development of the school.

7. To develop recommendations to the provost and the president regarding the operating budget.

8. To foster the recognition and accreditation of the school by external agencies.

9. To represent the school in the Administrative Cabinet and Academic Council and to collaborate with administrative officers of the university in the development, refinement, and revision of university policies.

10. To foster the effectiveness of cooperative relationships with health care agencies and to assure the educational quality of clinical experiences through a community-based program of undergraduate and graduate medical education.

11. To promote understanding and support of the school among its various publics.

12. To provide for the effectiveness of student services and to enhance the well-being and safety of students.

The dean exercises supervision over all school personnel. Any grievance and appeals must be made through the Office of the Dean. The primary responsibility for the selection of new faculty for the school resides with the dean. However, the provost of the university has the responsibility of reviewing each appointment and may veto such appointments. The president makes the offer of faculty appointment or he may delegate his appointment powers to the provost of the university or dean of the school of medicine. All personnel appointments must be in accordance with the personnel policies and procedures of the university.
The dean is responsible for budget preparation for the school and for assuring adherence to the approved budget of the school. The administration of the budget must occur within the framework and limits of university fiscal policies.

**Deans and Chairs Council**

The Deans and Chairs Council is a special committee that serves to maintain and protect a school environment conducive to the full and free development of scholarly learning, teaching, and research. It is also a forum for the dissemination of information and exchange of ideas and perspectives.

The Deans and Chairs Council shall consist of the following voting members:

1. The dean, who serves as chair.
2. All associate and assistant deans.
3. The department chairs from the Macon and Savannah campuses.
4. The Chief Medical Officer/Vice Presidents for Medical Affairs/Academics for each major affiliated teaching hospital.

**Duties and Responsibilities of the Deans and Chairs Council**

1. To provide consultation to the dean on faculty or interdepartmental related matters. It is also a forum for the dissemination of information and exchange of ideas and perspectives.
2. To strive for adequate communication among the faculty, departments, and the dean.
3. To implement policies established by the Executive Council.
4. To forward issues and recommendations for discussion or action to the Executive Council.

**Deans and Chairs Council Meetings**

1. The Deans and Chairs Council meetings shall be held at least annually. Members of the Deans and Chairs Council may request special meetings to conduct business.
2. At Deans and Chairs Council meetings a quorum shall consist of a simple majority of its members.
3. Robert’s Rules of Order (most current version) shall govern the conduct of all Deans and Chairs Council meetings.
Evaluation of the Dean

The provost of the university will conduct an annual evaluation of the dean.

Evaluation of Administrative Deans, Department Chairs, and Unit Directors

Each administrative dean, department chair, and unit director will prepare an annual Performance Appraisal (PA) to be submitted and agreed upon by the dean. This annual review will consist of an assessment of progress made from the previous year’s PA and include an agreed upon plan for the upcoming year. All PAs will be completed by April of each year.

Evaluation of the Faculty

All academic and full-time clinical faculty members of the school shall be evaluated annually by the chair of their respective department or unit administrator, and the results of such evaluations shall be shared with the individual faculty member being evaluated and shall be transmitted to the dean.

All academic and full-time clinical faculty members of the school shall prepare a Professional Development Plan (PDP) to be submitted to and approved by their unit director, department chair and of the dean. This annual review will consist of an assessment of progress made from the previous year’s PDP and shall include a mutually agreeable plan for the upcoming year. All PDPs will be completed by April of each year. Additionally, a signed Conflict of Interest form will be completed by April of each year.

Revised – September 2012
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Bylaws of the Faculty
(revised April 2016)

a. The School of Medicine, hereinafter called the School, is an educational and administrative component of Mercer University comprised of departments and other units with common educational interests. By authority of the Board of Trustees of Mercer University and the President of the University, the School is delegated the responsibility to conduct programs leading to the awarding of the degree of Doctor of Medicine and other appropriate degrees and certificates.

b. Subject to policies approved by the Board of Trustees of Mercer University, the School shall have the fullest measure of autonomy consistent with general University educational policy and appropriate academic and administrative relations with other divisions of the University. In questions of doubt concerning the proper limits of this autonomy between the School and the University, the School shall be entitled to appeal to the President for a ruling.

c. The Faculty of the School shall have jurisdiction in educational matters falling within the scope of its programs, including the determination of its curricula. Proposals that involve budgetary changes shall require approval by the administration of the School.

d. The Bylaws of the Faculty shall define the duties and responsibilities of the Faculty of the School with regard to the Executive Council and all Standing Committees.

e. As stated in the Mercer University Faculty Handbook, all members of the Faculty, whether tenured or non-tenured, are entitled to academic freedom as defined in the 1940 Statement of Principles on Academic Freedom and Tenure, formulated by the Association of American Colleges and the American Association of University Professors. It is thus the policy of Mercer University to maintain and encourage full freedom, within the law, of inquiry, discourse, teaching, research and publication and to protect any member of the academic staff against influences, from within or without the University, which would restrict her/him in the exercise of these freedoms in her/his area of scholarly interest.

f. These Bylaws are intended to supplement the bylaws and approved policies and procedures of Mercer University. Where conflicts are alleged, the Mercer University Faculty Handbook shall prevail.
Article 1. THE FACULTY

1.1 The Faculty of the School shall include the Dean and all persons with full or part-time appointments with academic rank (including persons appointed to clinical or non-clinical positions, whether or not they are employees of the University). Faculty ranks are Professor, Associate Professor, Assistant Professor, and Instructor.

1.2 The Dean, on the advice of the Executive Council, may add to the Faculty representatives of another department of the University or group as may be entitled to representation by virtue of participation in the program(s) of instruction in the School.

1.3 The President and Executive Vice President/Provost of Mercer University are ex officio members of the Faculty of the School.

1.4 The Executive Council shall determine the Faculty membership and voting rights of persons holding academic rank who are neither full-time nor contractually appointed part-time members of the Faculty.

1.5 Standards and procedures for appointments, promotion and tenure shall be determined by the Faculty and shall be incorporated into the “Manual of Procedures and Guidelines for Faculty Appointment, Promotion and Tenure” (a supplement to the Mercer University School of Medicine Faculty Handbook).

1.6 Duties and Responsibilities of the Faculty

The duties and responsibilities of the Faculty shall include the following:

1.6.1 The Faculty has the authority to organize and conduct educational programs and to establish academic policies. This includes establishing the academic and admissions standards and standards for the evaluation of the academic performance of students; certifying students for graduation from the programs of the School; and making recommendations to the Dean concerning the internal administration and the implementation of programs.

1.6.2 Faculty are expected to subscribe to the highest standards of teaching, research, and service in accordance with policies and procedures developed by the Executive Council in support of the School’s academic mission, as well as the highest standards of conduct and ethical behavior.

Article 2. EXECUTIVE COUNCIL

2.1 The Executive Council provides consultation to the Dean on matters of academic policy and strategic planning. It is also a forum for the dissemination of information and exchange of ideas and perspectives.

2.2 Membership and Chair

2.2.1 The Executive Council shall consist of the following members (18 voting members with a quorum of 10 members):

   a. The Dean, who serves as Chair;
   b. Five Faculty members from clinical departments with at least one member from the Macon campus, at least one member from the Savannah campus, and at least one
member from the Columbus campus;

c. Four Faculty members from Basic Medical Sciences with at least one member from the Macon campus and at least one member from the Savannah campus;

d. One Faculty member from Community Medicine;

e. One Faculty member from the Medical Library;

f. Two “at-large” Faculty representatives. These two representatives shall represent different units or programs within the School;

g. The Secretary of the Faculty;

h. Six representatives from the Student Council, elected by the Student Council – with two students representing the Macon campus, two students representing the Savannah campus and two students representing the Columbus campus. The representation will be divided such that each campus has one preclinical year and one clinical representative, if available. Each respective campus will share one vote per campus;

i. Chairs of the Standing Committees, who shall serve without vote: Nominating, Admissions, Curriculum & Instruction, Student Appraisal & Promotions, Faculty Promotions & Tenure, Research, Library & Learning Resources, and Rules & Bylaws;

j. The assistant or associate dean(s) whose responsibilities most involve academic affairs, admissions, student affairs and faculty affairs, who shall be ex officio members and shall serve without vote.

2.2.2 Students shall serve one-year terms. All other members of the Executive Council shall serve three-year terms.

2.2.3 One member shall be elected annually from and by the Council to serve as Vice-Chair. The same person may serve no more than two consecutive terms. The Vice-Chair shall serve as a liaison to the Standing Committees.

2.3 Voting

2.3.1 Voting shall be conducted in two formats. The normal method of voting on a motion shall be by voice. A written ballot may be used when requested by an Executive Council member.

2.3.2 A member may not designate a substitute or proxy.

2.3.3 A member with a potential conflict of interest in a matter may participate in the discussion of the matter after having declared the conflict but must abstain from voting.

2.3.4 A simple majority of all Executive Council voting members constitutes a quorum. A quorum shall be assumed to exist unless challenged.

2.3.5 Any issue that receives a tie vote is neither approved nor rejected. Additional discussions may occur before considering a second vote.

2.4 Duties and Responsibilities of the Executive Council

The duties and responsibilities of the Executive Council shall be as follows:

2.4.1 To establish policy and procedures which determine but are not limited to the following:

    a. Standards for admission, retention and graduation of students.
    b. Standards for professional conduct and performance of Faculty and students.
    c. Standards and procedures for Faculty appointments, reappointments, promotion, and tenure.
d. Faculty governance.

2.4.2 To provide final approval of proposed policy on behalf of the Faculty.
2.4.3 To receive reports and recommendations from standing and ad hoc committees.
2.4.4 To act on behalf of the Faculty on all standing and ad hoc committee reports. Reports from Standing Committees may differ in content:
   a. They may provide items for information only; or
   b. They may contain items demanding immediate action by the Executive Council; or
   c. They may contain recommendations for changes in School policy.
      Whenever a report recommends action by the Executive Council and contains more than one item, items shall be dealt with individually and shall be voted upon separately. In the event that a report is unacceptable to the Executive Council, it shall be returned to the Standing Committee for further action.
2.4.5 To convene ad hoc committees as necessary to facilitate its work. An ad hoc committee generally performs a specific purpose or duty and continues only until the purpose or duty assigned to it is accomplished.
2.4.6 To ensure effective liaison between all Faculty, departments and units in the School, recognizing that it is the responsibility of all representatives to keep their members informed.
2.4.7 To review and resolve challenges to the slates of candidates prepared by the Nominating Committee.
2.4.8 To perform such other functions as may be delegated to it by the Faculty or the Dean.

2.5 Executive Council Meetings

2.5.1 Executive Council meetings shall be held monthly. Members of the Executive Council may request special meetings to conduct business.
2.5.2 The Secretary of the Faculty, in consultation with the Chair and Vice-Chair, shall prepare the agenda for all regular Executive Council meetings. The Secretary of the Faculty shall request items from the Faculty for each agenda before each regular Executive Council meeting.
2.5.3 Robert's Rules of Order (most current revision) shall govern the conduct of all Executive Council meetings unless otherwise noted.

Article 3. STANDING COMMITTEES: GENERAL RULES OF ORGANIZATION

3.1 The Dean is an ex officio, non-voting member of all Standing Committees and subcommittees. By virtue of the Office, the intention of the Faculty is to permit, not to require, that the Dean shall act as a member of all Standing Committees and subcommittees. Therefore, in counting a quorum, the Dean should not be counted as a member. At the Dean’s discretion, s/he may designate a representative to serve in her/his stead.
3.2 All Standing Committees shall begin their annual activities once the newly elected members have taken their office which, with the exception of the Student Appraisal and Promotions Committee, shall be the first day of July. New members of the Student
3.3 All Standing Committee Chairs shall be elected from and by the Faculty members of the committee with the advice and consent of the Dean. Committee Chairs shall serve until the committee convenes for the first time the following academic year and elects a new Chair.

3.4 All Standing Committee Chairs shall submit Executive Summaries of their non-confidential, monthly activities to the Executive Council. Whenever a Standing Committee recommendation contradicts policies established by the School, the Executive Council either shall revise the recommendation or shall return the report to the committee in question for further action.

3.5 Robert’s Rules of Order (most current revision) shall govern the general conduct of all Standing Committee meetings unless otherwise noted.

3.6 Issues requiring approval by a simple majority that receive a tie vote are neither approved nor rejected. Additional discussions may occur before considering a second vote.

3.7 Each Standing Committee shall develop those procedures necessary to guide its specific conduct.

3.8 Unless otherwise stated in these Bylaws, all Standing Committee meetings are open to the Faculty of the School, who shall be notified of the date, time and place of all meetings. However, Standing Committees may enter into executive session in accordance with Robert’s Rules of Order.

3.9 With the exception of confidential information (i.e., Faculty or student personnel matters) approved minutes of committee meetings shall be submitted by the Committee Chairs to the School’s webmaster, who shall make them available to the Faculty by posting them on the internal Faculty website, and the School’s Archives maintained by the Medical Library and the Learning Resource Center.

3.10 Chairs of all Standing Committees shall submit written annual reports to the Secretary of the Faculty in the Spring of each year. The Secretary shall make the reports available for review by Faculty for approval at its annual Spring meeting. An annual report shall comprise summaries of non-confidential business conducted during the period between April 1st of the preceding year and March 31st of the current year.

3.11 Elected Faculty members are expected to attend all meetings unless prior approval is obtained from the Standing Committee Chair. If repeated unexcused absences occur, the Chair of the committee has the authority to call for a vote whether to remove the Faculty member from the committee. A removal will occur if the majority of the Standing Committee votes for the action. The removed Faculty member may appeal the decision to the Appeals and Grievances Committee.

3.12 Whenever a vacancy occurs in the membership or an elected position on a Standing Committee, the committee shall determine whether the vacated seat needs to be filled prior to the election of new committee members in the Spring. If so, the Chair of the committee shall notify the Nominating Committee requesting that the vacated seat be filled. The nominating Committee will fill the vacated seat using one of the following options:

1. With the exception of providing the opportunity for write-in candidates from the floor at a meeting of the Faculty, the procedure for filling a vacancy may be the same as for a regular appointment or elected position. The new member shall serve the remainder of the term being filled.

2. The Nominating Committee, in consultation with Chair and members of the committee with the vacancy, may present a nominee to the Executive Council for approval and interim appointment to serve on that committee.
for the remainder of the current academic year. Any position with any remaining unexpired term beyond the remainder of the current academic year will be filled during the regular election process.

3.13 Appointment or Election of Members of Standing Committees

3.13.1 Only Faculty with primary responsibilities within the School may serve on Standing Committees. Faculty may only represent the department of their primary responsibility.

3.13.2 Elected members of the Executive Council and Standing Committees shall be derived from slates prepared by the Nominating Committee and submitted to the Faculty at its Spring meeting. Additional candidates may be nominated from the floor at the Spring Faculty Meeting. Elections to Standing Committees shall occur electronically, immediately subsequent to the Spring Faculty Meeting.

3.13.3 The term of office for all Standing Committees shall be for three years with approximately one third of the seats vacated each year. There shall be a limit of two consecutive terms on the Nominating Committee.

3.13.4 New members of all Standing Committees other than the Student Appraisal and Promotions Committee (SAPC) shall assume office on the first day of July. New members of the SAPC shall assume office on the first day of September.

Article 4. NOMINATING COMMITTEE

4.1 Membership

4.1.1 The Nominating Committee shall consist of the following members (9 voting members with a quorum of 5 members):

a. Four members from Clinical departments, with at least one member from the Macon campus, at least one member from the Savannah campus, and at least one member from the Columbus campus.

b. Three members from Basic Medical Sciences, with at least one member from the Macon campus and at least one member from the Savannah campus.

c. One member from Community Medicine.

d. One member from the Medical Library.

e. Dean or Dean’s Designee ex officio without vote.

4.2 Duties and Responsibilities of the Nominating Committee

The duties and responsibilities of this committee shall be as follows:

4.2.1 To prepare slates of proposed candidates for election to the Executive Council, the Standing Committees, and the position of Secretary of the Faculty, and to submit these slates to the Faculty.

The procedure for preparing slates of candidates shall be as follows:

a. The Nominating Committee shall solicit from the Faculty at large the names of candidates to fill open or vacated Faculty positions.

b. Once the list of nominations has been received, the Nominating Committee shall meet
and prepare a preliminary slate of candidates from this list. The Nominating Committee shall strive to present a balanced slate of candidates that represents the Faculty and programs fairly and without bias. More than one candidate may be nominated for any position. Members of the Nominating Committee shall not be barred from being nominees for open positions themselves.

c. The Nominating Committee shall verify each person’s interest in serving in these positions before placing her/his name on the preliminary slate of candidates submitted to the Faculty.

d. Once prepared, the preliminary slate of candidates shall be submitted to the Faculty who shall be given the opportunity to challenge the inclusion or exclusion of any Faculty member on the slate of proposed candidates. All challenges shall be presented to the Executive Council, who shall be responsible for their review and resolution.

e. Following the challenge process a final slate of candidates shall be generated and submitted to the Faculty by the Nominating Committee at the Annual Spring Faculty Meeting. Additional candidates may be submitted from the floor at the Spring Faculty Meeting. Elections to Standing Committees shall occur electronically shortly thereafter.

Article 5. ADMISSIONS COMMITTEE

5.1 The Admissions Committee, in the fulfillment of its duties and responsibilities, may be assisted by subcommittees so constituted as to provide advice and guidance with the different aspects of selecting candidates for admission to the School.

5.2 Membership

5.2.1 The Admissions Committee shall consist of 25 voting members with a quorum of 13 members where at least 7 of the 13 are Faculty members.

a. Seven Faculty members from clinical departments, with at least three members from the Macon campus, at least three members from the Savannah campus, and at least one member from the Columbus campus.

b. Five Faculty members from Basic Medical Sciences, with at least two member from the Macon campus and at least two members from the Savannah campus.

c. Three part-time or volunteer Faculty members, with at least two appointed by the Dean and one elected by the Faculty.

d. Nine medical student members, with at least four members from the Macon campus, at least four from the Savannah campus, and a maximum of one member from the Columbus campus, selected by the Office of Admissions.

e. One Faculty member (basic science, clinical, community medicine, library) or Mercer University School of Medicine MD alumnus appointed by the Dean.

f. At the appointment of the Dean of the School of Medicine, the Associate Deans of Admissions as well as the Chief Diversity Officers/Associate Deans of Diversity and Inclusion from all campuses of the School of Medicine shall be ex-officio members of the Admissions Committee, without vote.
5.2.2. Meetings of the Admissions Committee are held in executive session unless otherwise noted. The Chair may invite individuals to advise and inform the committee. Said individuals will be listed on the committee agenda and may remain in session with the committee at the discretion of the Committee Chair, who may opt to excuse these individuals at the appropriate time.

5.3 **Duties and Responsibilities of the Admissions Committee**

The duties and responsibilities of this committee shall be as follows:

5.3.1 To make recommendations to the Dean on the admission of all pre-doctoral students to the School in adherence with the academic mission of the School and with the admissions policies and criteria established by the Committee.

5.3.2 To make recommendations related to the recruitment of students. Policy recommendations shall be reported to the Executive Council, whereas recommendations related to implementation of existing policies shall be reported to the Dean.

5.3.3 To explore and review admissions criteria on an ongoing basis and to submit recommendations to the Executive Council.

**Article 6. CURRICULUM AND INSTRUCTION COMMITTEE**

6.1 The Curriculum and Instruction Committee (CIC), in the fulfillment of its duties and responsibilities, may be assisted by subcommittees constituted to address different segments of the curriculum. Each subcommittee or task group shall be appointed by the Curriculum and Instruction Committee and shall consist of a membership reflecting the interdisciplinary needs of the subcommittee or task group.

6.2 **Membership**

6.2.1 The Curriculum and Instruction Committee shall consist of the following members (19 voting members with a quorum of 10 members):

   a. Four Faculty members from clinical departments, with at least one member from the Macon campus, at least one member from the Savannah campus, and at least one member from the Columbus campus.
   b. Four Faculty members from Basic Medical Sciences, with at least one member from the Macon campus and at least one member from the Savannah campus.
   c. One Faculty member from the Community Medicine Faculty.
   d. One Faculty member from the Medical Library Faculty.
   e. Two community-based Faculty members appointed by the Dean.
   f. The BMP Program Director,
      The Fundamentals of Clinical Practice Director (FCP),
      The Community Medicine Program Director,
      The Year 3 Program Director,
      The Year 4 Program Director.
g. The BMP Assistant Program Director, \textit{ex officio}  
The FCP Assistant Program Director, \textit{ex officio}  
The Community Medicine Assistant Program Director, \textit{ex officio}  
The Year 3 Assistant Program Director, \textit{ex officio}  
The Year 4 Assistant Program Director, \textit{ex officio} 

h. Five medical student members elected by the student body. Two students shall be elected from each campus, one representing the preclinical years and one representing the clinical years on the Macon campus, one representing the preclinical years and one representing the clinical years on the Savannah campus, and one representing the clinical years from the Columbus campus.

i. The associate/assistant deans (one representative from the Macon campus, one representative from the Savannah campus and one representative from the Columbus campus) whose responsibilities most involve academic affairs shall be \textit{ex officio} members without vote.

6.2.2 The Director of a program shall be from the Macon campus, the Savannah campus or the Columbus campus and the Associate Director of a program shall be from one of the other two campuses. The Assistant Program Director shall be from the remaining campus. The Associate Program Director shall serve as \textit{ex officio} without vote except in the absence from a CIC meeting of the Program Director. The Assistant Program Director shall serve as \textit{ex officio} without vote except in the absence from the CIC meeting of both the Program Director and the Associate Program Director.

6.2.3 Students shall have two votes, one vote from the preclinical representatives and one vote from the clinical representatives.

6.2.4 All other members are voting members. A member may not designate a substitute or proxy except as stated above.

6.3 \textit{Duties and Responsibilities of the Curriculum and Instruction Committee}

The duties and responsibilities of this committee shall be as follows:

6.3.1 Oversight of the medical education program as a whole.
6.3.2 To work in a shared governance relationship with the Dean to optimize curriculum content, design, implementation and evaluation.
6.3.3 To evaluate and make recommendations to ensure that:
   a. The overall pre-doctoral educational program fulfills the mission of the School.
   b. The School has defined its educational objectives/student competencies and the methods for assuring that those objectives/competencies have been achieved for both the educational program as a whole and the component programs/courses/clerkships/electives comprising the overall program.
   c. Curriculum content in programs/courses/clerkships/electives and the curriculum as a whole are sufficient to meet the educational objectives/student competencies of the program as a whole.
   d. All those who teach or supervise students are familiar with the educational objectives of their respective course/clerkship/elective and are prepared for their educational roles.
   e. Students have mastered on direct observation the core skills list that is specified in the School’s objectives and competencies.
   f. The core education skills expected of learners in the educational program are
mastered.
g. All programs, courses, clerkships and electives provide formative and summative feedback to students in a timely manner.
h. Remediation policies and procedures for the educational program as a whole and its components are administered in a manner consistent with the remediation policies of the School.
i. Comparable educational experiences are maintained on geographically separated campuses.
j. Equivalent methods of evaluation and standards for evaluation are maintained on geographically separated campuses.
k. The methods used to evaluate the effectiveness of the educational program as a whole and the component programs, courses, clerkships, electives, are monitored and that evaluation and improvement cycles occur.
l. Student workload is monitored and conflicting curricular demands are managed within the academic calendar.

6.3.4 To evaluate:
a. Competencies, objectives, content, and pedagogy of each component of the curriculum, as well as the curriculum as a whole, making recommendations for revisions as needed.
b. The effectiveness of the educational program by ensuring that the educational objectives of the School are met, that student competencies are achieved, that omissions are identified and corrected, and that undesirable redundancies are eliminated, making recommendations where needed.
c. The performance of students and graduates in the framework of national norms of accomplishment.

6.3.5 To review and make recommendations on the quantified criteria for patient encounters needed to achieve the School’s overall objectives and competencies.

6.3.6 To monitor the content provided in each discipline in the context of achieving the educational objectives of the curriculum and student competencies and to make recommendations for revisions where needed.

6.3.7 To monitor and make recommendations to adjust, where needed, student work load in order to balance educational opportunity and learner fatigue.

6.3.8 To make recommendations on student performance criteria and standards to the Dean.

6.3.9 To provide informational updates on curriculum and instruction to the Executive Council through the CIC Committee chair.

Article 7. STUDENT APPRAISAL AND PROMOTIONS COMMITTEE

7.1 Membership

7.1.1 The Student Appraisal and Promotions Committee (SAPC) shall be composed of 7 voting Faculty members with a quorum of 4 members, all of whom should have a doctoral degree. It is intended that there be more physicians than there are non-physicians as members:

a. Four Faculty members from clinical departments; at least three must be physicians:
   • with at least one physician from the Macon campus,
• with at least one physician from the Savannah campus,
• and at least one physician from the Columbus campus
b. The non-physician clinical faculty person may be selected from any of the three campuses.
c. Two Faculty members from Basic Medical Sciences.
d. One M.D. Faculty member from community-based Faculty.

7.1.2 The assistant or associate dean(s) whose responsibilities most involve academic affairs as determined by the Dean shall be an *ex officio* member without vote.

7.1.3 The assistant or associate dean(s) whose responsibilities most involve student affairs as determined by the Dean shall be an *ex officio* member without vote.

7.1.4 Meetings are held in executive session unless announced otherwise. Only Committee members and persons invited by the Chair may attend.

**7.2 Duties and Responsibilities of the Student Appraisal and Promotions Committee**

The duties and responsibilities of this committee shall be as follows:

7.2.1 To monitor student progress toward achieving the academic performance standards, achieving the competencies of the educational program, and mastering core education skills.

7.2.2 To evaluate and make recommendations to the Dean on the advancement, retention, or dismissal of students, based on student academic performance standards approved by the Faculty.

7.2.3 To make recommendations to the Dean for graduation for those students who have satisfied the objectives/competencies of the educational program for the M.D.

7.2.4 To make recommendations on the establishment and awarding of School honors.

7.2.5 To provide feedback based upon student performance to the Committee on Admissions and/or the Curriculum and Instruction Committee.

**Article 8. FACULTY PROMOTIONS AND TENURE COMMITTEE**

**8.1 Membership**

8.1.1 The Faculty Promotions and Tenure Committee shall consist of the following members all of whom shall be tenured or on a non-tenure track (11 voting members with a quorum of 6 members):

a. Four members from clinical departments, with at least one member from the Macon campus and at least one member from the Savannah campus.

b. Three members from Basic Medical Sciences, with at least one member from the Macon campus and at least one member from the Savannah campus.

c. One member from Community Medicine.

d. One member from the Medical Library.

e. Two members from the Faculty-at-large at the rank of Professor.

8.1.2 The assistant/associate dean for Faculty affairs shall be an *ex officio* member without vote.
8.1.3 The Committee may be assisted by subcommittees for advice and guidance in specialty areas of medical practice or basic science. Such subcommittees shall be appointed by the Committee as needed and shall consist of one regular member of the Committee and two other members of the Faculty who reflect the special needs of the subcommittee.

8.1.4 Meetings are held in executive session unless announced otherwise. Only Committee members and persons specifically invited by the Chair may attend.

8.2 **Duties and Responsibilities of the Faculty Promotions and Tenure Committee**

The duties and responsibilities of this committee shall be as follows:

8.2.1 To provide assistance to Faculty members seeking clarification of policies and procedures for promotion and tenure.\(^1\)

8.2.2 To review applications submitted by Faculty members for promotion and tenure.

8.2.3 To make recommendations to the Dean on Faculty promotions and granting of tenure.
   a. Recommendations will reflect decisions from Committee members who are Professors or who are at a higher rank than that of the candidate.
   b. Committee deliberations shall be confidential and reported only to the Dean.

8.2.4 To review and make recommendations to the Executive Council to ensure that the standards and guidelines are up to date.

8.2.5 To receive additional application material from a candidate after the submission deadline and prior to committee review if the new material reflects a change in status of items in the application.

8.2.6 To consider only the candidate’s application in making recommendations on the candidate’s promotion and/or tenure.


**Article 9. RESEARCH COMMITTEE**

9.1 The Research Committee shall serve as a liaison between persons engaged in research and the administration of the School, including appropriate liaisons for animal care and use, radiation safety, bio-safety, hazardous materials, and human subjects.

9.2 **Membership**

9.2.1 The Research Committee shall consist of the following members (9 voting members with a quorum of 5 members) who are actively engaged in research or are facilitating research:

   a. Four Faculty members from clinical departments, with at least one member from the Macon campus and at least one member from the Savannah campus.
   b. Three Faculty members from Basic Medical Sciences, with at least one member from the Macon campus and at least one member from the Savannah campus.
c. One Faculty member from Community Medicine.
d. One Faculty member from the Medical Library.
e. The vice dean and associate dean for research shall be *ex officio* members without vote.

9.3 **Duties and Responsibilities of the Research Committee**

The duties and responsibilities of this committee shall be as follows:

9.3.1 To advise the Dean, through the Executive Council, on the implementation of administrative programs and policies instituted for the support of research.

9.3.2 To receive and disseminate information from the Dean’s Office on issues that impact research.

9.3.3 To serve as a forum for the discussion of improvement and expansion of research activity.

9.3.4 To communicate needs or problems related to research and the research environment to the Dean’s Office.

9.3.5 To make recommendations for the coordination of programs to enhance research and the research environment.

9.3.6 To make recommendations for the coordination of activities with other committees involved with research.

9.3.7 To promote the dissemination of information regarding research at the School.

9.3.8 To promote collaborative research.

**Article 10. LIBRARY AND LEARNING RESOURCES COMMITTEE**

**10.1 Membership**

10.1.1 The Library and Learning Resources Committee shall consist of the following members (11 voting members with a quorum of 6 members):

a. Four Faculty members from clinical departments, with at least one member from the Macon campus, at least one member from the Savannah campus, and at least one member from the Columbus campus.

b. Three members from Basic Medical Sciences Faculty, with at least one member from the Macon campus and at least one member from the Savannah campus.

c. One member from Community Medicine Faculty.

d. One member from the Medical Library Faculty.

e. One member from community-based Faculty.

f. Three medical student members elected by the student body. One student shall be elected from each of the three campuses. These student members shall collectively share one vote.

10.1.2 The Director and Associate Director of the Library shall be an *ex officio member* without vote.

10.1.3 The Library Directors from the affiliated hospitals shall serve in an advisory capacity without vote.
10.1.4 The assistant or associate dean whose responsibilities most involve academic affairs as determined by the Dean shall be an *ex officio* member without vote.

### 10.2 Duties and Responsibilities of the Library and Learning Resources Committee

The duties and responsibilities of this committee shall be as follows:

10.2.1 To make recommendations on the development of the collection for the Medical Library and Peyton T. Anderson Learning Resources Center in Macon and the Health Sciences Library in Savannah.

10.2.2 To make recommendations on user policies for the Medical Library and Peyton T. Anderson Learning Resources Center in Macon and the Health Sciences Library in Savannah.

10.2.3 To assist the Directors of the Medical Library and Peyton T. Anderson Learning Resources Center in developing procedures and priorities for acquisitions in Macon and the Health Sciences Library in Savannah.

10.2.4 To serve as liaison between all units in the School and the Medical Library and Peyton T. Anderson Learning Resources Center in Macon and the Health Sciences Library in Savannah.

### Article 11. APPEALS AND GRIEVANCES COMMITTEE

11.1 In the consideration of any appeal or grievance filed by a member of the Faculty of the School, the concept of "due process of law" shall at all times guide the members of the Appeals and Grievances Committee in all their deliberations. All deliberations shall be conducted so as to assure a fair hearing to both parties.

### 11.2 Membership

11.2.1 The Appeals and Grievances Committee shall consist of two elected senior faculty members on the Macon campus, two elected senior faculty members on the Savannah campus, and two elected senior faculty members on the Columbus campus.

- a. Two elected committee members and a third Senior Faculty member selected by both parties in the appeal or grievance will review petitions from faculty members on each respective campus only.
- b. Two Senior Faculty members, to include one full professor and a second full professor or a senior faculty person, shall be elected from and by the Faculty-at-large, Macon campus, and shall be available to serve in appeals or grievances filed in Macon.
- c. Two Senior Faculty members, to include one full professor and a second full professor or a senior faculty person, shall be elected from and by the Faculty-at-large, Savannah campus, and shall be available to serve in appeals or grievances filed in Savannah.
- d. Two members shall be elected from and by the Faculty-at-large, Columbus campus, and shall be available to serve in appeals or grievances filed in Columbus.
11.2.2 Members of the Promotions and Tenure Committee and administrative Deans shall not be eligible for membership.

11.3 **Duties and Responsibilities of the Appeals and Grievances Committee**

The duties and responsibilities of this committee shall be as follows:

11.3.1 To consider faculty grievances related to academic or personnel matters.
11.3.2 To consider appeals of decisions made in the School related to reappointments, promotions and tenure. The aggrieved faculty member must initiate such appeals within thirty working days from the date of notification of a contested decision.

11.4 **Conduct of Hearings**

11.4.1 Hearings shall be held in closed session unless both parties agree to an open session.
11.4.2 Faculty members may be represented at any hearing of an appeal or grievance.

11.5 **Routing of Appeals and Grievances**

11.5.1 Failing an informal resolution between aggrieved parties, the petitioner shall file a formal appeal (or grievance) in writing to the Chairperson of the Appeals and Grievances Committee with a copy to her/his department or unit chairperson and a copy to the Dean. The Committee shall forward its recommendation(s) to all parties concerned with the petition as well as to administrative officers at appropriate levels of both the School and the University.
11.5.2 Whenever one of the aggrieved parties is the Dean of the School, the Committee shall forward its recommendation(s) to all parties concerned and to the President of Mercer University.

**Article 12. RULES AND BYLAWS COMMITTEE**

12.1 **Membership**

12.1.1 The Rules and Bylaws Committee shall consist of the following members (8 voting members with a quorum of 5 members):

a. Three Faculty members from clinical departments, with at least one member from the Macon campus, at least one member from the Savannah campus, and at least one member from the Columbus campus.
b. Three Faculty members from Basic Medical Sciences, with at least one member from the Macon campus and at least one member from the Savannah campus.
c. One member from Community Medicine.
d. One member from the Medical Library.
e. The Dean or Dean’s designee without vote.

12.2 **Duties and Responsibilities of the Rules and Bylaws Committee**
The duties and responsibilities of this committee shall be:

12.2.1 To review the Bylaws annually.
12.2.2 To ensure that the policies and procedures set forth in the Bylaws are consistent with those of the University Faculty Handbook, the University Student Handbook, the School’s Student Handbooks and any other procedural documents.
12.2.3 To resolve differences in interpretation of the Bylaws.
12.2.4 To interpret the rules, regulations, and procedures of the School.
12.2.5 To investigate violations of rules, regulations, and procedures of the School.
12.2.6 The Committee shall report findings and make recommendations to the Executive Council.

12.3 Rules and Bylaws Committee Meetings

12.3.1 Meetings of the Rules and Bylaws Committee are scheduled no less than twice per year. At least one meeting annually shall be to review the Bylaws.
12.3.2 Faculty members may petition the Committee to consider special requests of interpretation in writing.

Article 13. FACULTY MEETINGS

13.1 The Dean shall chair all Faculty meetings of the School.
13.2 The Faculty must meet once during the Spring of each academic year to approve Standing Committee reports, to certify the graduating class, and to elect members of Standing Committees. Additional meetings of the Faculty may be called by the Dean, the Executive Council, or by petition of no fewer than ten Faculty members. At any special meeting only such business may be transacted as has been specified in the notification of the meeting.
13.3 Robert's Rules of Order (most current revision) shall govern the conduct of all meetings of the Faculty.
13.4 At all Faculty meetings, a quorum shall consist of no fewer than fifty Faculty members.
13.5 All members of the Faculty as defined in Article 1 shall be entitled to participate in meetings of the Faculty by voice and by vote.
13.6 At meetings of the Faculty of the School, any motion referred from the Executive Council to the Faculty and related to School policy shall require a two-thirds majority of the total vote cast.
13.7 Vote counting shall be based upon the number of Faculty attending a meeting.
13.8 Persons with Visiting and Adjunct appointments may attend Faculty meetings but shall not vote.
13.9 At regular and special meetings, a majority of Faculty present may determine that any item on the agenda shall be considered in executive session. Only voting members shall be present in executive session.

Article 14. SECRETARY OF THE FACULTY

14.1 A Secretary of the Faculty shall be elected from the Faculty-at-large through the same
process used to elect members of Standing Committees.

14.2 The Secretary shall serve a three-year term and may serve successive terms. The Secretary of the Faculty shall serve until July 1 of the year in which a successor is elected.

14.3 The Secretary of the Faculty shall serve on the Executive Council with vote.

**14.4 Duties and Responsibilities of the Secretary of the Faculty**

The duties and responsibilities of the Secretary of the Faculty shall be as follows:

14.4.1 To prepare, in consultation with the Dean and Vice-Chair of the Executive Council, the agendas for all regular Executive Council meetings.

14.4.2 To prepare, in consultation with the Dean, the agendas for all Faculty meetings.

14.4.3 To distribute notices and agendas of all Executive Council and Faculty meetings.

14.4.4 To request faculty input for agendas of Executive Council and Faculty at least 5 days prior to a meeting of either body.

14.4.5 To submit approved, non-confidential minutes of Executive Council and Faculty meetings to the School’s webmaster and the School’s Archives.

14.4.6 To inform newly elected Committee Chairs of their administrative responsibilities.

**Article 15. REVISION OF THE BYLAWS**

15.1 A Standing Committee or no fewer than five Faculty members should submit any proposed amendment or revision of these Bylaws to the Rules and Bylaws Committee.

15.2 Any proposed amendment or revision of these Bylaws shall have two readings. Receipt by the Faculty of the School of any proposed amendment or revision of the Bylaws shall constitute a first reading. A second reading shall take place at a Faculty meeting called within four weeks of the first reading; that meeting may be the Annual Meeting of the Faculty. A vote shall be taken at the second reading, and adoption of the amended or revised articles shall require a two-thirds majority of the vote cast.

15.3 At a second reading, any proposed amendment or revision of an amendment or revision on the floor for consideration shall, if approved by the Faculty, be subject to an additional reading.

**Article 16. RECRUITMENT OF THE DEAN**

16.1 Whenever a vacancy occurs in the post of Dean, the President or Provost shall appoint a search committee that shall include no fewer than five members of the Faculty of the School to which the President or Provost may add members-at-large.

16.2 The President or Provost shall appoint the Chair(s) of the search committee charged to recruit a Dean.

16.3 The search committee shall submit a list of qualified candidates for the position of Dean to the President or Provost.
Article 17. RECRUITMENT OF A DEPARTMENT CHAIR OR UNIT ADMINISTRATOR

17.1 Whenever a vacancy occurs in the post of Chair of a department or unit, the Dean shall appoint a search committee made up of no fewer than three members of the department (unit) in question. The Dean may add members-at-large to the committee.

17.2 The Dean shall appoint the Chair of the search committee.

17.3 The search committee shall ensure that all members of the department or unit in question have the opportunity of meeting with all invited candidates.

17.4 The search committee shall submit a list of qualified candidates to the Dean with recommendations on the rank order of the candidates.
By-Laws Revisions Timeline

* Originally from the archives of the Secretary of the Faculty, Nov. 7, 1997; affirmed as document in force by the Executive Committee (EC), Feb. 19, 2002

recommend for revision by EC Apr 23, 2002 revisions approved by Faculty, May 21, 2002
recommend for revision by EC Mar 8, 2004 revisions approved by Faculty, Mar 22, 2004
recommend for revision by EC Feb 1, 2005 revisions approved by Faculty, May 3, 2005
recommend for revision by EC Apr 4, 2006 revisions approved by Faculty, May 5, 2006
recommend for revision by EC Apr 3, 2007 revisions approved by Faculty, Apr 24, 2007
recommend for revision by EC Mar 5, 2008 revisions approved by Faculty, Apr 22, 2008
recommend for revision by EC Mar 20, 2010 revisions approved by Faculty, Apr 20, 2010
recommend for revision by EC Mar 6, 2012 revisions approved by Faculty, Apr 24, 2012
recommend for revision by EC Jan 8, 2013 revisions approved by Faculty Apr 23, 2013
recommend for revisions by EC Aug 13, 2013 revisions approved by Special Called Faculty mtg Sep 9, 2013
recommend for revisions by EC Apr 14, 2015 revisions approved by Faculty Apr 21, 2015
recommend for revisions by EC Feb 9, 2016 revisions approved by Faculty Apr 26, 2016
4. Academic Advising

(updated 9/2012)

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   • Grading and Evaluation of Academic and Professional Performance: .............. 12
   • FERPA Guide for Student Advisors .................................................................... 14
4.01 Advising Responsibilities of the Faculty

It is the Medical School’s desire that each student has every opportunity to succeed. Important resources in this regard are Faculty Advisors and Academic Counseling Teams (ACT).

- Preclinical Faculty Advisor

  a. The preclinical faculty advisor has the responsibility for monitoring each advisee’s academic progress during the first two years of medical school. The advisor can play a valuable role in helping students proactively identify and address evolving academic problems before these problems develop into serious academic difficulties. He/she will be available to discuss issues such as group skills and group process, curricular matters, study strategies, academic performance and professionalism issues.

  b. The goal of the preclinical faculty advisor is to foster with his/her advisees a collegial, helping relationship that results in the facilitation of each student’s learning and successful progression through the first two years of the curriculum.

  c. Each incoming freshman medical student will be assigned an advisor from preclinical faculty who are involved in the Biomedical Problem Program (BMP). A goal of the academic advising system is to prevent a student from falling into academic difficulty through early assessment and intervention. The advisor will serve as a resource for information and guidance on academic issues, as well as other issues related to medical education as requested by the student.

  d. Students are required to meet with their advisors regularly to discuss their academic performance. Advisors will have access to advisees’ academic records for the purposes of academic counseling. Each student will have an initial meeting with his/her advisor during the first week of medical school. Sign-up sheets for appointment times will be available on the doors of the faculty advisors or students may contact the advisor via email to arrange the first meeting. Early in the curriculum each student will be expected to meet with his/her advisor often. Ideally, meetings will occur in the middle of Phase A, beginning of Phase B, in the middle of phase B, and once each phase thereafter (as desired).

  e. If a student fails an examination, He/she will be required to meet with an Academic Counseling Team (see below), as well as the Student Affairs Dean or his/her designee.

  f. Students may initiate a request to be assigned a different faculty advisor at any time, upon request, through the Dean of Student Affairs.
Academic Counseling Team (ACT)
If a student fails an examination an Academic Counseling Team (ACT) will be formed, composed of the student’s preclinical advisor and another member of the BMP faculty. The goal of the ACT is to provide prompt and effective intervention to correct departures from good academic health.

Case Conference
If a student fails two examinations, then a case conference is called on behalf of the student by the Dean of Academic Affairs. Those invited to the case conference include the student’s advisor, ACT faculty member, tutors from the failed phases, a BMP Director, the Dean of Academic Affairs, and the Dean of Student Affairs. The purpose of this conference is to review the student’s performance and to assist the Dean of Student Affairs in counseling the student.

Academic Success Initiative: Preclinical Advisors
Primary Prevention
The goal of the preclinical academic advisor is to prevent academic difficulty though the protection of academic health. The model is one of Primary Prevention, where the objective is to provide counseling on what it takes to maintain good academic health, and to provide screening to identify areas that may prove to be problematic before they become so.

Suggested Protocol
Meeting 1: First week of Medical School
Objectives
1. Get to know student
   a. Personal information
   b. Previous study habits
   c. Hopes/Fears
   d. Pertinent information that the student feels the advisor may find helpful.
2. Explore areas in student’s premedical curriculum that may be weak. Make appropriate recommendations.
   a. Did the student take only the bare minimum of pre-medical science courses? If so, is there anything that needs to be done proactively to compensate for this?
   b. Are there areas in the student’s undergraduate coursework where the student stumbled? If so, are there ramifications for our curriculum that need to be considered? (e.g. student performed well in most premed required subjects, with the exception of biochemistry? Given such a scenario, how might the student be proactive to help prevent a similar performance in our curriculum?)
3. Encourage student to make a phase calendar detailing what is to be accomplished each week.
4. Encourage the student to maintain balance (physical, mental, and spiritual life). (Identify university and community resources if needed)

Meeting 2: Right after mid-phase evaluation in Phase A
1. Advisor will receive copies of mid-phase evaluations on each advisee, and will review this evaluation prior to the meeting.
2. Suggested interview questions for students
   a. On a scale of 1-10, with 10 being the best you have ever done, how do you feel you are doing in this phase?
i. If the student, for example, says He/she is a 5, ask what would have to happen to make it a 6, etc. (note comments)
b. Ask student if He/she is keeping up with phase calendar established earlier in the phase.
c. Is the student “slow” to catch on to PBL?
d. Does the student exhibit good study habits?
e. Is the student feeling confident about the material?
f. Is the student staying on reading schedule?
g. Is the student able to read material more than once?
h. Is the student comfortable with the idea of seeking out discipline faculty members when help is needed, and is He/she doing so?
i. Is the student showing early signs of emotional fragility?
j. Is the student socially isolated? Is this problematic?
k. How much time is student spending with family? Too much or too little?
l. Is the student involved in study groups? Does He/she want to be?
m. One scale of 1-10 again ask student to share where He/she is in terms of balance. Make notes and follow up accordingly.

3. Develop action plan

Meeting 3: First week of Phase B
1. Follow-up on action plan.
2. What worked in Phase A?
3. Did anything go wrong in Phase A?
4. What would you do differently this Phase?
5. Make appropriate adjustments to action plan.

Meeting 4: Middle of Phase B
1. Follow-up, etc.

Continue meeting as needed but at least every few months.
Academic Success Initiative: The Academic Counseling Team

Secondary Prevention

If a student fails an examination, an Academic Counseling Team (ACT) will be formed, composed of the student’s preclinical advisor and another BMP faculty member, chosen by the student advisor. The goal of the ACT is to provide prompt and effective intervention to correct departures from good academic health. Activities of the ACT include but are not limited to the following:

1. Test analysis: going over the failed MDE or oral examination with the student.
2. Asking open ended questions of the student to ascertain what went wrong.
3. Is skill training needed?
   a. For the oral?
   b. For multiple choice tests?
   c. Time management?
   d. Study skills?
      (Referrals may be made to appropriate discipline faculty, the BMP Directors or the Student Affairs Dean depending on the need.)
4. The ACT will take appropriate actions to identify weaknesses in academic disciplines and make recommendations to the student to meet with the appropriate discipline representative(s).
5. Follow student progress with intentional follow-up and communication to Dean of Academic Affairs and the Dean of Student Affairs.
6. Psycho/social and learning disability issues should be referred to the Dean of Student Affairs.

Tertiary Prevention—Students Repeating the Year

In the case of tertiary prevention, the student has failed the year and been given the opportunity to repeat the year. As part of this process, the student will meet with the Dean of Academic Affairs and the Dean of Student Affairs. The student will request a leave of absence or a request to be placed on independent study from the SAPC which will most likely require the student to repeat the year under “Repeat Year Rules.” These academic requirements are more stringent than those for non-repeat years and should be kept in mind as the student re-enters the curriculum. The meeting schedule for the first year should be followed with meetings the first week, a meeting at mid-phase.

Suggested Plan for Repeat Year Students

Meeting 1: First week of the First Phase

Objectives

1. Review difficulties from the previous year
2. Review repeat year rules as they apply to the student. Which phases must be passed in order to continue the year?
3. Discuss a study plan and any particular strategies to help the student be successful.
4. Agree on a meeting schedule.

Subsequent Meetings:

1. Advisor will receive copies of mid-phase and final phase evaluations on the student. Should any of these suggest the student is in academic jeopardy, the advisor should arrange a meeting.
2. It is suggested that the advisor and student meet at the beginning and at mid-phase of any phase that the student must pass in order to continue. This would be any phase the student failed the previous year or all phases after one failure.

Preclinical Advisors

ACT Members

Failing Students Events Chain

Student fails MDE

1. Academic Records notifies preclinical advisor
2. Advisor chooses a member of the faculty to serve as his/her ACT partner.
3. Student meets with advisor and ACT member
   a. The following are suggestions of possible areas to cover with the student. Consider these to be potential medicines in your “black bag” to help the patient move toward academic healing.
      i. Were you surprised you failed the exam?
      ii. What do you think happened?
      iii. Were there any non-academic issues that impeded your performance?
      iv. What will you do differently next time?
4. Test analysis: going over the failed MDE with the student. (Note: this may consist of referring the student to discipline specific faculty with follow-up in your office.) Is there anything the faculty or administration could have done to help you for this exam?
5. How might we better help you for the next exam?
6. Formulate Action plan
7. Set time for follow-up meeting to assess effectiveness.

Academic Success Initiative

Year Two Protocol

1. Brain and Behavior Phase
   a. All year 2 students meet with their preclinical advisors during the first three weeks of the phase. The purpose of this meeting is to maintain the advisor/advisee relationship while determining if the student has any needs which should be addressed.
   b. Follow-up as necessary.
2. If a student fails a phase:
   a. The same protocol will be utilized as established for Year 1 students
• **Clinical Years Faculty Advisor**

a. The Clinical Years Advisor has the responsibility for monitoring advisees’ progress during the clinical years. The advisor can play a valuable role in helping students identify and address any evolving academic problems before these problems develop into serious academic difficulties.

b. The role of the Clinical Years Advisor is to foster a collegial helping relationship with advisees that results in the facilitation of a student’s learning and successful progression through the third and fourth years of the curriculum. Advisors will assist with career decision making, elective planning, and be available to assist in a supportive capacity for issues arising around clinical practice, such as unexpected patient deaths or complications, malpractice issues, and professionalism, including allegations of possible abuse or harassment. For the purposes of academic counseling, the Clinical Years Advisor will have access to advisee’s academic records, to include Step One and Step Two scores and clerkship evaluations, for the purposes of academic counseling.

c. Each rising third year medical student may choose a Clinical Years Advisor from those full time clinical faculty who provide clinical teaching or supervision during the third year clerkships. Advisors may accept up to 6 (six) advisees, and may choose to accept fewer than that number. Lists of advisors with contact information will be made available during orientation. The advisor will serve as a resource for information and guidance on issues that may arise during the third and fourth year clinical educational experience, as well as other issues related to medical education as requested by the student.

d. **Students are required to meet with their Clinical Years Advisor regularly to discuss their performance.** Minimal requirements for meetings are outlined below. Additional meetings may be scheduled upon request of either advisor or advisee. Additional advising may be sought by students at any time.

**Mandatory Advisor/advisee meetings:**
1. The student will have an initial meeting with their advisor upon selection of the advisor;
2. after the end of the second clerkship rotation;
3. prior to the closing date for elective selection (in order that the advisor can sign off on elective selection);
4. during the ERAS process; and
5. prior to rank ordering for the match.

e. Clinical Years Advisors will review sign off on any changes to the elective selection or senior schedule of advisees.

f. If a student fails a clerkship, fails a shelf test, or has required remediation, s/he will be required to meet with their Clinical Years Advisor. Repeated failed shelf tests, repeated remediation requirements or a failed clerkship will trigger a case conference (see below).
g. Students may initiate a request to be assigned a different Clinical Years Advisor at any
time after Meeting 2 (after the end of the second rotation) upon request in writing through
Academic Records. The student will have the responsibility for gaining the approval of
the “new” Clinical Years Advisor. Academic Records will notify both “new” and “old”
Clinical Years Advisors of the change.

h. Nothing in this process is intended to interfere with any other informal ‘advising’ or
mentoring provided by any other faculty member.

Case Conference

If a student fails a clerkship, or has more than one failure on a shelf test, or has required
remediation in more than one clerkship, then a case conference is called on behalf of the student
by the Associate Dean of Student Affairs (ADSA). Those invited to the case conference include
the student’s Clinical Years Advisor, clerkship director for the phase(s), and the ADSA. The
student will be invited to participate in all or part of the case conference.

Initial Meeting

The role of the Clinical Years Advisor is to prevent academic difficulty, to facilitate optimal
progress through the third and fourth year curriculum, and to support a smooth transition to
residency.

Required Meetings

Students are required to meet with their advisors at the following intervals:

Meeting 1: Upon selection of an advisor
Objectives
1. Get to know student, including any areas of academic concerns and any preliminary
career plans or goals.
2. Encourage student to make a calendar detailing what is to be accomplished each week.
3. Encourage the student to maintain balance (physical, mental, and spiritual life). Identify
university and community resources if needed.

Meeting 2: After the end of the second rotation
The date of this meeting will vary as clerkship rotations and dates vary. It is anticipated that this
meeting will take place when two sets of clerkship evaluations are available i.e. three weeks after
the end of the second rotation.

1. Clinical Years Advisor may request copies of clerkship evaluations/shelf test scores of
advisees from Academic Records. In addition, the Clinical Years Advisor may review
advisees’ academic files maintained in Academic Records, and will be offered access to
advisees’ academic records contained in the academic records software.
2. Explore student confidence, concerns, perceptions with regard to the clinical experience.
Discuss self-care practices and the importance of professional/personal life balance.
3. Develop action plan for improvement or achieving goals.
Meeting 3: Before the closing date for elective selection (April)
6. Review shelf test/clerkship scores and clinical experience to date.
7. Discuss specialty career plans.
8. Determine the students’ goals for elective selection
   Note: The advisor must sign off on schedule changes

Meeting 4: During the summer ERAS process (July or August)
2. Review residency specialty selection and provide feedback (realistic expectations, necessary advice, career guidance).
3. Refer for advice from specialty specific faculty (i.e. mentors) as needed.
4. Review curriculum vitae and personal statement and provide feedback.
5. Discuss any issues that may arise during preparation of the Medical Student Performance Letter (Dean’s Letter) of which student is aware.

Meeting 5: Prior to rank ordering (January)
1. Review and debrief on interviews.
2. Review match list and provide advice.
   Note: Match list ranking is considered to be very confidential information which should not be shared with other faculty or administration without the student’s permission. The student may or may not wish to share rank order information with his/her advisor.

Other required meetings
7. If a student fails a shelf test or has required remediation, s/he will be expected to meet with his/her Clinical Years Advisor to review any issues.

Case Conference

The objective of the case conference is to facilitate academic success by reviewing the student’s progress with clerkship directors, the student’s advisor and the Student Affairs Dean.

1. A case conference will be called if a student fails a clerkship, has more than one failure on a shelf test, or more than one required remediation.
2. The case conference will include the following: Student’s Clinical Years Advisor, clerkship director(s) of failing clerkship/shelf tests/remediations, Student Affairs Dean. The students will be invited to participate in all or part of the conference.
3. Dean of Students or her representative will access the student for psycho/social and learning disability issues.

Additional meetings may be required for students who fail a clerkship, or repeatedly fail shelf tests, or require repeated remediation.

Additional meetings may be scheduled at the students’ request at any time, and any frequency.
Failed shelf test/required remediation Events Chain

a. Student fails shelf test or required remediation.
b. Academic Records notifies Clinical Years Advisor and student, with directions for the student to make an appointment with his/her advisor.
c. Student makes appointment with advisor.
d. Student meets with advisor. The factors that contributed to the shelf failure should be determined and discussed (i.e. time factors, outside distractions, interpersonal issues, teaching problems, etc).
e. Formulate Action plan to improve performance on future exams.

Failed Clerkship/Repeated Failed Shelf Tests/Repeated Remediation Events Chain

1. Student fails clerkship, repeatedly failure on shelf test, or has repeated remediation.
2. Academic Records notifies Clinical Years Advisor and Associate Dean of Student Affairs.
3. Academic Records sends the student a letter apprising them that they will need to make appointments with their advisor and the Student Affairs Dean.
4. Student meets with advisor, and covers issues as above.
5. Student meets with Student Affairs Dean.
6. Case Conference convened by Associate Dean of Student Affairs.
4.02  **Policy on Security of Student Records**

Student records are considered private documents and the information contained therein is released only to authorized persons.

Access to academic information is restricted as follows:

1. A student has the right to see his or her permanent educational records and is entitled to an explanation of any information recorded in it. Under the Family Education Rights and Privacy Act, the student may also inspect confidential letters and statements placed in the files.
2. Parents may see the academic records of their sons and/or daughters when the students request.
3. Teachers or administrators at Mercer University may look at academic records on a "need to know" basis for legitimate educational reasons.

The determination of "legitimate educational interest" will be made by the Academic Affairs Dean(s) and/or Student Affairs Dean.

Other than the exception listed above or in the case of "directory information", Mercer University School of Medicine will not release academic information about a student nor allow anyone access to academic records unless the student has given written consent. The University will honor a court order or subpoena for information or documents about a student but will attempt to notify the student in advance of compliance. In case of "health or safety emergencies", the University may determine the disclosure of certain information to appropriate persons. The storage, transmission, and/or release of any student protected health information, as defined by the Health Insurance Portability and Accountability Act (HIPAA), shall be conducted in accordance with Mercer University’s HIPAA compliance policies.

The student may request the Office of Admissions and Student Affairs to release a copy of the Medical Student Performance Evaluation Letter (MSPE) to other schools, employers, government agencies or other "third persons". A transcript of the student's permanent academic records is a xerographic copy of the academic record affixed with the School of Medicine official seal, date and registrar's signature (except for Student Copies, which are marked as such). The request for the transcripts presumes release of the MSPE (except for Student Copies). The University reserves the right to withhold release of transcripts when a student has outstanding indebtedness to the University. A record is made of transcripts sent and responses to inquiries about student information.

4.03  **Rights and Freedom of Students**

Mercer University School of Medicine is dedicated to the promotion of learning in a nurturing learning atmosphere which is free of all forms of harassment, exploitation, or intimidation. In so doing, MUSM provides principles and procedures bearing upon medical student rights and responsibilities and reciprocal medical faculty rights and responsibilities essential to the realization of this institutional commitment. Application
of the MUSM core values are paramount in this endeavor. (See Section 2.05 Learning Environment)

- **Academic and Professional Rights and Responsibilities:**

A. *Academic Requirements*: The School of Medicine will publish the requirements for the medical degree, including curriculum, time limits, grading system employed, and other clearly stated information relative to establishing and maintaining an acceptable academic standing in school.

B. *Standards of Professional Conduct*: Wherever expected and/or required, standards of professional behavior will be published and made available to medical students. Where such professional codes of conduct are imposed and accountability is anticipated, expectations shall be expressed in specific terms.

C. The medical student, by virtue of his/her voluntary association with Mercer University, acquires certain rights and responsibilities as a member of the total University. These rights and responsibilities are delineated in approved University policies, rules and regulations.

- **Establishment of Requirements, Standards, and Evaluation:**

A. The Curriculum and Instruction Committee of the faculty is vested with the responsibility of establishing academic and professional requirements, standards of curriculum and programs, and evaluation criteria consistent with the mission of the School.

B. With respect to individual units of the curriculum, faculty member(s) shall have authority and responsibility for procedures and evaluation methods, subject to review and approval of the Curriculum and Instruction Committee. The faculty of the individual curricular units shall determine student grades based on published evaluation methods and standards.

C. Determination of a medical student's overall progress, performance and standing in the medical program shall be the responsibility of the Student Appraisal and Promotions Committee, composed of Medical School faculty.

- **Grading and Evaluation of Academic and Professional Performance:**

A. The medical student has a right to a grade that represents the faculty's objective judgment of the student's performance.

B. At the beginning of the unit the student will have the right to know unit requirements, including grading criteria and procedures and any special requirements of attendance or participation for satisfactory completion of the unit.
C. If an assessment of a student's professional conduct and performance is included in the determination of the grade, the assessment criteria shall be clearly identified and stated in the course description and evaluation methodologies at the beginning of the course. In addition, a description of the methods employed for the assessment of such professional performance and conduct shall be provided.

D. The assessment of a medical student's overall standing in the medical program by the Student Appraisal and Promotions Committee, and the current membership of the Committee, shall be available to medical students along with a description of the functions and methods of the Committee. Results of evaluations carried out by the Student Appraisal and Promotions Committee shall be made known to each involved student in written form.

E. Medical School faculty shall use written student course evaluation and instructional rating reports to assess the quality of their instruction
1) What is FERPA?
   a) “A Federal law designed to protect the privacy of Educational Records, to establish the rights of students to inspect and review their Educational Records, and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings.”

2) The Essence of the Act
   a) College students must be permitted to inspect their own education records.
   b) School officials may not disclose personally identifiable information about students nor permit inspection of their records without written permission unless such action is covered by certain exceptions permitted by the act.

3) What is an Education Record?
   a) If you have a record that is: maintained by your institution; personally identifiable to a student (directly related to a student and from which a student can be identified); not one of the excluded categories of records…then you have an educational record and it is subject to FERPA.

4) Clinical Years Advisors will be granted access to Student Educational Records under the following circumstances
   a) Legitimate Educational Interest
      i) “The demonstrated need to know by those officials of an institution who act in the student’s educational interest, including faculty, administration, clerical and professional employees, and other persons who manage student record information.”
   b) A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

5) Excluded Categories
   a) Sole possession notes
      i) Not taken in conjunction with any other person
      ii) Not shared with another person, or placed in an area where they can be viewed by others
   b) Law enforcement unit records
   c) Records maintained exclusively for individuals in their capacity as employees
   d) Doctor-patient privilege records
   e) Alumni records
   f) Directory Information
      i) As defined each year by the university.
         (1) Mercer’s directory information includes the following: student name, address, telephone number, date and place of birth, academic program, dates of attendance, degrees and honors received, most recent previous institution attended and participation in officially recognized activities and sports.
      ii) EXCEPTION: If a student has filed a request for non-disclosure of the above items with the Office of the Registrar.

5. PROCEDURES AND GUIDELINES FOR FACULTY APPOINTMENTS, PROMOTION AND TENURE

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5 PROCEDURES AND GUIDELINES FOR FACULTY APPOINTMENTS, PROMOTION AND TENURE

5.1 INTRODUCTION

This section sets forth the Standards for Faculty Appointments, Standards for Advancement, and Standards for Tenure. Supporting these Standards are definitions of Faculty, Ranks, and Titles. General guidance is provided for preparing applications, requesting advancement, requesting tenure, and requesting Emeritus/Emerita status. It also provides guidelines and time lines for faculty members requesting promotion and/or tenure at Mercer University School of Medicine (MUSM).

This section also includes the current by-laws for the MUSM Committee on Faculty Promotions and Tenure\(^1\), and the current operating procedures used by the Committee in its deliberations.

Appointments, Advancements, and Tenure of Faculty members are guided by Standards established by the Faculty\(^2\). These Standards should be reviewed when considering new faculty appointments for departments\(^3\). Faculty members should also become familiar with the Standards as they develop personal career goals with their department chair, director, and/or mentor. It is the faculty member’s responsibility to provide evidence supporting a request for advancement or appointment using the Standards as a guide.

Individual departments of the School of Medicine may develop additional policies and criteria for promotion and tenure, other than those specified in the University Faculty Handbook or in this section. However, these departmental policies, criteria and procedures shall not conflict\(^4\) with those of the University Faculty Handbook or those stated herein. Each applicant should also carefully examine these departmental criteria and policies before initiating an application.

Full-time faculty members, or those contributing more than 0.5 full-time-equivalents (FTEs) to the academic program, are expected to provide evidence in applications for promotion, tenure, or both, of capable and up-to-date teaching, scholarship, clinical practice, administrative service, and responsible, active contributions to the school as part of institutional and academically-related service. An expectation for scholarship may vary among tracks but scholars should demonstrate a progressive development of expertise. Validation of expertise should begin locally with peers and progressively develop beyond the school to the state, regional, and national or international level.

Faculty members who contribute less than 0.5 FTEs, or who are volunteers, provide a variety of individualized services (or skills) to MUSM. These services are primarily teaching and service- oriented. Advancement criteria for these faculty, while similar, will differ from full-time faculty and faculty contributing more than 0.5 FTEs to the academic program.

\(^1\) Approved: May 2, 2005
\(^2\) Approved: July 14, 2003
\(^3\) "Department” in this section refers to both departments and divisions.
\(^4\) Departments may develop policies and guidelines more stringent than MUSM or the University but not less stringent.
5.2 APPOINTMENTS

Faculty
A full-time or part-time faculty member at a MUSM campus is one who holds academic rank and collectively pursues teaching, scholarship, clinical practice, administrative service, and responsible and active contributions to the school and/or the profession as part of institutional and academically-related service. Faculties of MUSM include educators, scientists, clinicians, librarians and others holding appointments in a department or administrative unit of the school. There are no distinctions between educators, scientists, clinicians, and librarians in rank or expectations for advancement within individual faculty tracks. All faculty members should reflect an educational background appropriate for a specific position and sound character traits. All faculty members should demonstrate a commitment to the mission and goals of the school, department, and programs.

5.2.1 Medical School Faculty Appointments
At the time of appointment, and any subsequent reappointment or salary notification, the letter will indicate clearly the title, nature, duration, tenure status, and salary (if applicable) of the appointment. All faculty are appointed to a track which reflects the general scope of the contributions. The general expectations for appointment on each track are outlined in Section 5.4 Standards for Faculty Appointments and Advancement. The Dean, at the request of the department chair, makes initial Medical School Faculty appointments. At the time of each initial appointment, the department chair should recommend the following:
- Faculty track
- Specific faculty rank
- Full-time, part-time, or volunteer status
- Adjunct, joint, or visiting if appropriate

Change in Faculty Status:
A faculty member may at any time request a change from one track to another track; however, a request to move from tenure track should be initiated when it becomes apparent that circumstances will substantially affect readiness for tenure rather than waiting until the year in which the review is scheduled. This request should be faculty-initiated and represent a change in personal career goals and expectations. Any decision to change Faculty status or to change Full-Time Equivalent (FTE) status should be made after careful deliberation and with the support of the department chair. Requests should be based on the long-term needs of the individual as well as the department and the school. Requests must be submitted in writing by the department chair for the Dean’s consideration and should specify the reasons for the change in track. To initiate the change in track:
1. Discuss the change with the department chair
2. Submit a letter to the department chair outlining the following: Date of Appointment; Terminal tenure year decision, if applicable; Reason for requesting the change in track
3. The department chair submits the faculty member’s letter plus a letter of support to the Dean
4. If approved by the department chair, the request is taken under consideration by the Dean, and if approved, subsequently considered by the Senior Vice President for Health Sciences, and the Provost.
5. If denied prior to reaching the Provost, the faculty member may appeal to the Provost.

Overview of tracks:
Faculty members are recruited to fulfill specific goals and objectives of the medical school and an individual department or unit of the medical school. In accordance with these specific needs and along
with each individual’s career goals, faculty members are appointed to one of seven faculties:

- **Tenure Track:**
  this track recognizes faculty members who make critical contributions in the full range of academic activities of the medical school with emphasis on teaching, scholarship, and professional service throughout their careers. To be eligible for this track, the faculty member must be full time and salaried by MUSM.

- **Medical Educator Track:**
  this track recognizes faculty, clinicians and non-clinicians, who devote the majority of their time to educational endeavors associated with the educational mission of the medical school. Faculty in this track are expected to participate broadly in activities related to teaching including instruction, curriculum development, assessment of students, advising and/or mentoring students, and providing effective educational leadership for academic programs. They will be expected to achieve and sustain accomplishments in medical education. Some scholarship will be required on this track.

- **Clinical Educator Track:**
  this track recognizes the contributions of the clinical faculty in the clinical practice and educational domains in both undergraduate and graduate medical education. Faculty appointed to this track will usually be core residency faculty and/or actively participate in medical student education in the core clerkships. It is expected that time spent in clinically-related activities will overlap with educational activities related to mentoring and supervision of medical students, residents and fellows. Some demonstration of scholarship is required.

- **Clinical Scholar Track:**
  this track recognizes faculty with a commitment to active participation in the education of medical students and residents/fellows; who maintain a clinical practice; and are involved in the dissemination of clinical knowledge and techniques through scholarly publications, professional communications, and extramural funding.

- **Clinical Faculty Track:**
  this track recognizes faculty at a MUSM campus who are involved in clinical practice with minor contributions to the academic program (undergraduate and/or graduate program) and community physicians in private practice settings who support the programs and educational mission of the school of medicine as a volunteer or for a small stipend.

- **Administrator Track:**
  This track recognizes the faculty with substantial assignments of effort (> 50%) in administration. A faculty member may be appointed to the Tenure Track or appointed to a nontenure track. If appointed to the Tenure Track, in most instances a faculty member will not have been assigned a major administrative role until they achieve tenure. While the majority of a faculty member’s effort will be in the administrative area, they are expected to participate in teaching, scholarship, clinical service, and institutional and professional service as appropriate to the needs of the school, university and/or hospital.
• **Research Track:**
  this track recognizes faculty who primarily support the research mission of the school and contribute less than .3 FTE to the academic program. A research track faculty member must have demonstrated potential for, or achieved, independence and excellence in the initiation, direction and completion of research projects. A research faculty member is expected to generate extramural funding sufficient to support at least 70% of salary. While the focus of the faculty member will be to support the research mission, he or she may also support other missions of the school.

5.2.2 Other Appointments

• **Adjunct Faculty:**
  a faculty member with a primary appointment in another school or college within Mercer University who holds a secondary appointment in a different department or school. These appointments are made by the Dean at the request of the chair of the secondary department or school. Full faculty privileges are for primary appointments.

• **Joint Faculty:**
  a faculty member with a primary appointment in another department within the medical school who also holds an appointment in another department. These appointments are made by the Dean and at the request of the chair of the secondary department.

• **Visiting Faculty:**
  faculty with a full-time appointment at another institution who are temporarily assigned responsibilities at the school. The faculty member will retain the faculty rank of the parent institution. Such appointments are short, generally one year or less. Visiting Faculty may not advance in rank at MUSM.

• **Emeritus/Emerita Faculty:**
  retiring full-time faculty at the rank of either Associate Professor or Professor who demonstrate outstanding credentials, a record of noteworthy contributions and at least ten continuous years of service to Mercer University upon retirement. Service should represent exemplary and extended contributions. Emeritus/Emerita Faculty status is granted through application and review of credentials. Emeritus/Emerita Faculty will remain affiliated with their respective Medical Faculty.
  - Emeritus/Emerita faculty who have been employed by Mercer University are entitled to the benefits and privileges as determined by Section 2.04.4 in the University *Faculty Handbook* and by the Dean.
  - Emeritus/Emerita faculty who have been employed by a clinical affiliate partner of Mercer University School of Medicine may maintain access to the library, may be eligible to teach or perform research as needed, may be eligible to serve on committees, and may maintain other privileges as determined by the Dean.

The process for applying for emeritus/emerita faculty will be as outlined in Section 5.11 of the *MUSM Faculty Handbook*. 
5.2.3 Full-time Faculty

5.2.3.1 Salaried: Those persons with faculty appointments and who are MUSM employees. The appointment may be to tenure track or to a non-tenure track.

5.2.3.2 Nonsalaried: Those persons with faculty appointments, but who are not MUSM employees. These appointments are not eligible for tenure. A faculty appointment is distinct from employment status. Full time, nonsalaried faculty members include those faculty associated with clinical affiliates of MUSM (e.g., Navicent Health, Memorial University Medical Center, Columbus Regional Health, and St. Francis Hospital System) who contribute to the educational mission of the medical school by teaching medical students, graduate students, residents, and/or fellows. Initial appointment will be at the request of a department chair or the Dean to fulfill specific goals and objectives of the medical school and an individual department or division of the medical school.

5.2.4 Part-time Faculty: Faculty members who contribute less than 0.5 FTEs provide a variety of individualized services (or skills) to MUSM. These services are primarily teaching and service oriented. Part-time faculty may be paid by MUSM or a clinical affiliate for their services. Advancement criteria for these faculty members differ from full-time faculty and faculty contributing more than 0.5 FTEs to the academic program.

5.2.5 Volunteer Faculty: Faculty members who provide a service to a department, program, the school or a clinical affiliate and receive no pay. Initial appointment to the Faculty will be at the request of a department chair or the Dean to fulfill specific goals and objectives of the medical school and an individual department or section of the medical school.

5.3 FACULTY RANK and TITLES

In addition to a track appointment, all faculty are assigned a rank at the initial appointment. There are four ranks of the faculty in all departments of the school:

- Instructor
- Assistant Professor
- Associate Professor
- Professor

Within the following tracks- Tenure Track, Medical Educator Track, Clinical Educator Track, Clinical Scholar Track, and Administrative Track- the faculty title shall refer to the rank and to the department in which the faculty member is appointed (for example - Assistant Professor of Internal Medicine, Assistant Professor of Family Medicine, Assistant Professor of Biomedical Sciences). Titles may also refer to an area of special competence as determined by the administration (for example – Assistant Professor of Biochemistry or Assistant Professor of Geriatrics).

Within the Research Faculty Track, a “Research” title along with an appropriate rank should be requested by the department chair at the time of appointment. The term “Research” will refer to an individual with primarily research responsibilities (for example – Research Associate Professor of Biochemistry).

For faculty within the Clinical Track, a “Clinical” title along with an appropriate rank should be requested
by the department chair at the time of appointment. This title refers to an individual with primarily clinical service responsibilities reflected in direct patient care and patient care services (for example – Clinical Assistant Professor of Surgery, Clinical Assistant Professor of Internal Medicine, Clinical Associate Professor of Community Medicine).

Instructor
- A faculty member who meets at least one of the following requirements:
  - A terminal master’s degree or a master’s degree approved by the Dean; or
  - A doctoral degree with neither specialty board certification nor post-degree training.
  - A librarian with a master’s degree may be appointed to the Faculty with the approval of the Dean.

Assistant Professor
- A faculty member possesses the potential for continued professional growth and should possess the promise of continued service and teaching for the school.
- A faculty member with a doctoral degree in the area of appointment and at least one of the following:
  - Specialty board certification;
  - A minimum of 3 years post-degree training; or
  - A minimum of 3 years of relevant experience.
- An individual with a doctoral degree and without post-degree training may be appointed at the Assistant Professor rank upon the recommendation of the department chair and approval of the Dean.
- A librarian with a master’s degree may be appointed at the Assistant Professor rank with the approval of the Dean.

Associate Professor
- A faculty member has demonstrated excellence in a primary area and proficiency in other areas.
- A faculty member with a doctoral degree and at least one of the following:
  - A doctoral degree and, if applicable, specialty board certification in the area of appointment and
  - A minimum of 5 years of experience as an Assistant Professor or equivalent experience, unless exemplary.
- A librarian with a master’s degree may be appointed with a minimum of 5 years of experience as an Assistant Professor or equivalent experience.
- A clinical faculty member has demonstrated commitment to the school through extended clinical service and teaching.

Professor
- A faculty member has sustained excellence and focal expertise in a primary area of responsibility and sustained proficiency in other areas.
- A faculty member with
  - A doctoral degree and, if applicable, specialty board certification in the area of appointment and
  - A minimum of 10 years as an Assistant and/or Associate Professor or equivalent experience, unless exemplary.
- A clinical faculty member has demonstrated extended and exemplary service and teaching. Faculty members who reach the rank of professor are recognized for sustained contributions to the school.

5.4 STANDARDS FOR FACULTY APPOINTMENTS AND ADVANCEMENT

Appointment: Faculty appointments are made by the Dean. The minimum degree requirements for appointment to the faculty are the master’s degree or its equivalent for appointment to the rank of Instructor and the doctor’s degree or its equivalent for appointment to the rank of Assistant Professor, Associate Professor or Professor. Each appointment is made on an individual basis with appropriate recognition given to prior academic appointments, academic experience, and academic service and productivity.

“When determining acceptable qualifications of its faculty, an institution gives primary consideration to the highest earned degree in the discipline in accord with the guidelines listed below. The institution also considers competence, effectiveness and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty.”

Advancement: Faculty may seek rank advancement through the Promotions and Tenure Committee. A full application, letter of request from the department chair, and complete curriculum vitae of the faculty member should be submitted to the Dean following review by the faculty member’s department. The Dean forwards the application and supporting documentation to the Promotions and Tenure Committee. Each application should thoroughly address the Standards for Faculty Appointments and Advancement, including a description of the individual’s contributions to the school and the requirements of the department for advancement. Faculty members are expected to develop expertise and proficiency in the areas of teaching, scholarship, clinical practice, administration, and/or institutional and academically-related public service, as applicable. The rank of Professor is the highest level of achievement and represents a record of sustained excellence and contributions to the school.

Track Requirements for Appointment and Promotion to Faculty Tracks

Qualifications for appointment and general criteria for promotion are specified by track in the following tables. Multiple activities supporting the criteria below will strengthen the application for promotion at each rank. Excellence maybe demonstrated and promotion may be awarded without the candidate having fulfilled every single criterion noted on the tables specific to the track. In the tables below, it is expected that higher ranks will meet criterion cited for lower ranks. More detailed criteria by domain of accomplishment can be found in Section 5.07.2: Qualitative Determination by Domains of

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A Credential Guidelines: e. Faculty teaching graduate and post-baccalaureate course work: earned doctorate/terminal degree in the teaching discipline or a related discipline
Accomplishment.

**TENURE TRACK**
This track recognizes faculty members who make critical contributions in the full range of academic activities of the medical school with emphasis on teaching, scholarship, and professional service throughout their careers. To be eligible for this track, the faculty member must be full time and salaried by MUSM.

<table>
<thead>
<tr>
<th>Table 1. Track Requirements For Appointment Or Promotion On The Tenure Track</th>
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<tbody>
<tr>
<td><strong>ASSISTANT PROFESSOR</strong></td>
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<td><strong>1. Teaching</strong></td>
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<td><strong>2. Scholarship</strong></td>
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<tr>
<td><strong>3. Clinical Practice</strong></td>
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<td><strong>4. Administration</strong></td>
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<td><strong>5. Institutional and Academically Related Service</strong></td>
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<td><strong>6. Reputation</strong></td>
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</table>
MEDICAL EDUCATOR TRACK
This track recognizes faculty, clinicians and non-clinicians, who devote the majority of their time to educational endeavors associated with the educational mission of the medical school. Faculty in this track are expected to participate broadly in activities related to teaching including instruction, curriculum development, assessment of students, advising and/or mentoring students, and providing effective educational leadership for academic programs. They will be expected to achieve and sustain accomplishments in medical education. Some scholarship will be required on this track.

| Table 2. Criteria for Appointment or Promotion as a Medical Educator |
|-------------------------|-----------------|-----------------|------------------|-------------|
|                        | INSTRUCTOR      | ASSISTANT PROFESSOR | ASSOCIATE PROFESSOR | PROFESSOR           |
| 1. Teaching            | Previous experience or potential aptitude and willingness to develop capability in teaching | Demonstrated teaching aptitude through experience or training | Demonstrated teaching commitment and expertise as evidenced by: | Demonstrated sustained teaching excellence |
|                        |                 |                   | • Consistent effective teaching, development of curriculum, methods, or assessment materials | • Distinguished record as demonstrated by teaching awards |
| 2. Scholarship         | Capacity for scholarship | Demonstrated potential for developing scholarship through experience or training | • Evidence of publication success | Record of peer reviewed publications |
|                        |                 |                   | • Presentation of scholarly work at regional conferences or professional meetings | Presentation of scholarly work at national conferences or professional meetings |
| 3. Clinical Practice   | Little or None  | Little or None    | Little or None    | Little or None    |
| 4. Administration      | None            | Little or None    | Little or None    | Little or None    |
| 5. Institutional and Academically Related Service | Demonstrated interest in service to/for school, university, and/or hospital | Demonstrated interest in service to/for school, university, and/or hospital | Meaningful service contributions to/for school, university, and/or hospital | Demonstration of sustained service to department/division, school, university and/or hospital |
| 6. Reputation          | Local           | Local             | Local/Regional    | National          |
|                        |                 |                   | • Established expertise in teaching | • Recognized expertise at regional, national, or international level |
CLINICAL EDUCATOR TRACK

This track recognizes the contributions of the clinical faculty in the clinical practice and educational domains in both undergraduate and graduate medical education. Faculty appointed to this track will usually be core residency faculty and/or actively participate in medical student education in the core clerkships. It is expected that time spent in clinically-related activities will overlap with educational activities related to mentoring and supervision of medical students, residents and fellows. Some demonstration of scholarship is required.

| Table 3. Criteria for Appointment or Promotion on the Clinical Educator Track |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|                                  | INSTRUCTOR                      | ASSISTANT PROFESSOR             | ASSOCIATE PROFESSOR             | PROFESSOR                       |
| 1. Teaching                      | Previous experience or aptitude and willingness to develop teaching capabilities | Demonstrated teaching aptitude through experience or training | Demonstrated teaching effectiveness | Demonstrated and sustained teaching excellence |
| 2. Scholarship                   | Little or none                  | • Evidence of initial publication success | • Participation in QI-Patient Safety Initiatives | • Demonstrated success in scholarship | • Leadership role in QI-Patient Safety Initiatives | • Publication and presentation of peer reviewed scholarly work |
| 3. Clinical Practice            | Aptitude in patient care        | • Demonstrated competence in clinical, diagnostic, procedural or other professional work | • Considered a very good clinician or professional by students, residents, fellows and faculty | • Demonstrated expertise in specialty area | • Consistently favorable reports on such measures as peer assessment, patient satisfaction, outcomes assessments, productivity and efficiency | • Demonstrated expertise in developing, implementing, and directing clinical or professional programs and patient care activities | • Develops new techniques, therapies, or health care delivery systems |
| 4. Administration               | None                            | Little or none                  | Serves in a position that involves significant time in administrative activities such as a dean, department chair | • Special consultant appointments and/or lectureships | • Major leadership role of hospital or institution | • Serves as a section chief, director or leader of a clinical area |
Table 3. Criteria for Appointment or Promotion on the Clinical Educator Track

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<thead>
<tr>
<th>INSTRUCTOR</th>
<th>ASSISTANT PROFESSOR</th>
<th>ASSOCIATE PROFESSOR</th>
<th>PROFESSOR</th>
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</thead>
</table>
| **5. Institutional and Academically Related Service** | • Serves on committees in the department, school, university and/or hospital  
• Participates in local professional society | • Demonstrated service to/for school, university, and/or hospital and the profession  
• Leader and advocate for improving patient care services | • Demonstrated sustained service to the department/division, school, university and/or hospital and the profession  
• Advocate for improving patient care services regionally/statewide |
| **6. Reputation** | Local | Local | State/Regional  
• Established expert in one’s field  
• Validation of teaching, scholarship and clinical practice at a local, state, or regional level | Regional/National  
• Recognized expertise in one’s field at a regional, national, or international level  
• Source of referral for expert opinion |
CLINICAL SCHOLAR TRACK
This track recognizes faculty with a commitment to active participation in the education of medical students and residents/fellows; who maintain a clinical practice; and are involved in the dissemination of clinical knowledge and techniques through scholarly publications, professional communications, and extramural funding.

Table 4. Requirements For Appointment Or Promotion On The Clinical Scholar Track

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<thead>
<tr>
<th></th>
<th>ASSISTANT PROFESSOR</th>
<th>ASSOCIATE PROFESSOR</th>
<th>PROFESSOR</th>
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<tbody>
<tr>
<td>1. Teaching</td>
<td>Previous experience or potential for effectively educating medical students or residents/fellows.</td>
<td>Effective teacher • Mentors/advises colleagues, residents, graduate and/or medical students • Supervises or coordinates teaching by others • Develops educational and assessment materials</td>
<td>Develops a course, curricular component, software, or evaluation materials which are used regionally or nationally • Organizes a training program with a regional or national audience • Publishes educational works in peer-reviewed outlets or repositories</td>
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<tr>
<td>2. Scholarship</td>
<td>• Focused, investigator-initiated area of scholarship • Evidence of potential to function independently as a scholar</td>
<td>Disseminates results of scholarship, typically as peer-reviewed publications • Leadership role in QI-Patient Safety Initiatives</td>
<td>Sustained scholarship validated through peer review • Extramurally funded research</td>
</tr>
<tr>
<td>3. Clinical Practice</td>
<td>• Appropriate clinical training and potential for excellence in clinical practice</td>
<td>Demonstrated clinical expertise • Consistently favorable reports on such measures as peer assessment, patient satisfaction, compliance with care guidelines, outcomes assessments, productivity, and efficiency • Devises or implements a new method (diagnosis, therapy, critical pathway or standard guidelines, etc.) or procedure • Directs clinical or professional programs • Leadership that promotes quality of care, patient safety, and quality improvements</td>
<td>Source of referral for expert opinion • Invited to participate in practice guideline committees, external program reviews, activity of government agencies, etc. • Develops new techniques, therapies, or health care delivery systems that improve the health of the population served • Contributes to board examination in specialty or subspecialty</td>
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<tr>
<td>4. Administration</td>
<td></td>
<td></td>
<td>Leadership role in hospital/practice setting</td>
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</table>
Table 4. Requirements For Appointment Or Promotion On The Clinical Scholar Track

<table>
<thead>
<tr>
<th>5. Institutional and Academically Related Service</th>
<th>ASSISTANT PROFESSOR</th>
<th>ASSOCIATE PROFESSOR</th>
<th>PROFESSOR</th>
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</thead>
<tbody>
<tr>
<td>• Serves on local institutional committees</td>
<td>• Serves on local medical school and hospital committees</td>
<td>• Leadership role in medical school and hospital committees</td>
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<td></td>
<td>• Leadership role or committee service in professional society</td>
<td>• Leadership role or committee service at the national level</td>
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<td></td>
<td>• Healthcare advocate for improving patient care services locally or regionally</td>
<td>• Organizes a major national or international scientific meeting or symposium</td>
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<td></td>
<td>• Leadership role in dealing with health issues at local level</td>
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<table>
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<tr>
<th>6. Reputation</th>
<th>Local</th>
<th>Regional/National</th>
<th>National/International</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>• Established expert in one’s field</td>
<td>• Recognized expert in one’s field at a national or international level</td>
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<tr>
<td></td>
<td></td>
<td>• Validation of teaching, scholarship and clinical practice at a local, state, or regional level</td>
<td>• Source of referral for expert opinion</td>
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</tbody>
</table>
**ADMINISTRATOR TRACK**

This track recognizes the faculty with substantial assignments of effort (> 50%) in administration. A faculty member may be appointed to the Tenure Track or appointed to a nontenure track. If appointed to the Tenure Track, in most instances a faculty member will not have been assigned a major administrative role until they achieve tenure. While the majority of a faculty member’s effort will be in the administrative area, they are expected to participate in teaching, scholarship, clinical service, and institutional and professional service as appropriate to the needs of the school, university and/or hospital.

<table>
<thead>
<tr>
<th>Table 5. Track Requirements For Appointment Or Promotion On The Administrator Track</th>
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<tbody>
<tr>
<td><strong>ASSISTANT PROFESSOR</strong></td>
</tr>
<tr>
<td>1. <strong>Teaching</strong>: Previous experience or potential aptitude for</td>
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<tr>
<td>competingly educating medical students, residents/fellows, or</td>
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<td>graduate students</td>
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<td>2. <strong>Scholarship</strong>: Evidence of potential to function</td>
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<td>independently as a scholar</td>
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<td>3. <strong>Clinical Practice</strong>: Appropriate clinical training and</td>
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<td>potential for excellence in clinical practice</td>
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<tr>
<td>4. <strong>Administration</strong>: Serves as an assistant or associate</td>
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<td>dean or other administrative appointment, e.g. chair, vice</td>
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<td>or associate chair of a department</td>
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<td>Table 5. Track Requirements For Appointment Or Promotion On The Administrator Track</td>
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<tr>
<td>5.    Institutional and Academically Related Service</td>
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<tr>
<td>ASSISTANT PROFESSOR</td>
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<tr>
<td>Serves on medical school and hospital committees</td>
</tr>
<tr>
<td>Leadership role or committee service in professional society</td>
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<tr>
<td>Board membership in health related organizations or agencies</td>
</tr>
<tr>
<td>Participates in relevant state, regional/national professional societies</td>
</tr>
<tr>
<td>Advocate for improving patient care services locally or regionally</td>
</tr>
<tr>
<td>Sustained service to the department/division, school, university and/or hospital</td>
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<tr>
<td>Leadership role in national professional society or advocacy organizations</td>
</tr>
<tr>
<td>Regular or ad hoc member of a national research committee, clinical review committee, editorial boards, study sections</td>
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<tr>
<td>Local</td>
</tr>
<tr>
<td>Established expert in one’s field</td>
</tr>
<tr>
<td>Validation of teaching, scholarship and administrative practice at a local, state, or regional level</td>
</tr>
</tbody>
</table>
CLINICAL FACULTY TRACK

This track recognizes faculty at a MUSM campus who are involved in clinical practice with minor contributions to the academic program (undergraduate and/or graduate program) and community physicians in private practice settings who support the programs and educational mission of the school of medicine as a volunteer or for a small stipend.

Table 6. Criteria for Appointment or Promotion on the Clinical Faculty Track

<table>
<thead>
<tr>
<th></th>
<th>INSTRUCTOR</th>
<th>ASSISTANT PROFESSOR</th>
<th>ASSOCIATE PROFESSOR</th>
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<tbody>
<tr>
<td>1. Teaching</td>
<td>Previous experience or potential aptitude for competently educating medical students, residents/fellows, or graduate students</td>
<td>• Previous experience or potential aptitude for competently educating medical students, graduate students or residents/ fellows</td>
<td>• Effectively supervises trainees in ambulatory care setting, inpatient service, and procedural skills facilities • Mentors/advises colleagues, students, and residents</td>
<td>• Demonstrates sustained teaching excellence • Effective role model and mentor for students, trainees and colleagues</td>
</tr>
<tr>
<td>2. Scholarship</td>
<td>Little or none</td>
<td>• Involved in scholarly activity • Participation in QI-Patient Safety Initiatives</td>
<td>• Evidence of initial scholarship success • Leads QI-Patient Safety Initiatives</td>
<td>• Publication of peer reviewed scholarly work • Presentation of peer reviewed scholarly work</td>
</tr>
<tr>
<td>3. Clinical Practice</td>
<td>Aptitude in patient care</td>
<td>• Demonstrates competence in clinical, diagnostic, procedural or other professional work • Considered a very good clinician or professional by students, residents, fellows and faculty</td>
<td>• Consistently favorable reports on such measures as peer assessment, patient satisfaction, compliance with care guidelines, outcomes assessments, productivity and efficiency • expertise in specialty area • Recognition as a skilled clinician</td>
<td>• Directs clinical or professional programs and patient care activities • Leadership role in hospital/ practice setting</td>
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<tr>
<td>4. Administration</td>
<td>None</td>
<td>Little or none</td>
<td>Little or none</td>
<td>Little or none</td>
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</table>
Table 6. Criteria for Appointment or Promotion on the Clinical Faculty Track

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<th>INSTRUCTOR</th>
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<tr>
<td>5. Institutional and Academically Related Service</td>
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<td>• Active member of professional society</td>
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<td>• Advocate for improving patient care services locally</td>
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<td>• Provides meaningful service contributions to MUSM as a volunteer preceptor or to the community</td>
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<td>• Leadership role in professional society</td>
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<td>• Advocate for improving patient care services regionally/statewide</td>
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<td>6. Reputation</td>
<td>Local</td>
<td>Local</td>
<td>Local/Regional</td>
<td>State/National</td>
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<td>• Established area of expertise in one’s field</td>
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<td>• Validation of practice at a local, state, or regional level</td>
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<td>• Evidence of regional and/or national recognition</td>
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<td>• Recognized expertise in one’s field at a regional, national, or international level</td>
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RESEARCH FACULTY TRACK

This track recognizes faculty members whose primary foci are research and scholarship. Faculty would be expected to generate a minimum of 70% of their salaries through extramurally funded grants. Individuals are expected to develop and maintain an independent research program and/or play a major role in a collaborator’s research program. Some degree of teaching and professional service is required for faculty in this track. Teaching may take the form of training undergraduate students, graduate students, postdoctoral fellows, medical students, and residents. Appropriate forms of professional service include participate on school, university and department/divisional committees.

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<th>Table 7. Track Requirements For Appointment/Promotion Of Research Faculty</th>
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<td><strong>ASSISTANT PROFESSOR</strong></td>
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<tr>
<td><strong>1. Teaching</strong></td>
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<td><strong>2. Scholarship</strong></td>
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<td><strong>3. Clinical Practice</strong></td>
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<td><strong>4. Administration</strong></td>
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<td><strong>5. Institutional and Academically Related Service</strong></td>
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<td><strong>6. Reputation</strong></td>
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EMERITUS/EMERITA FACULTY

Faculty members in good standing who have retired or announced their retirement may be nominated for Emeritus/Emerita status by any other faculty member in good standing. The faculty member may be nominated for Emeritus/Emerita status and the application may be considered after announcing a retirement but may not receive the title until after retiring from MUSM. Faculty members who do not desire Emeritus/Emerita status shall not be nominated.

The nomination should be submitted to the Dean on the announced date. The Promotions and Tenure Committee will be asked to review the application and make a recommendation.

The criteria for promotion of faculty to Emeritus/Emerita status should include recognition in at least two of the following areas:

- Excellence in instruction or curricular innovation
- National recognition for scientific or service contribution
- Excellence in service to the institution
- Service to the community
- Distinguished scholarly contribution(s)
- Professional awards and honors
5.5 STATEMENT ON SCHOLARSHIP

DEFINITION OF SCHOLARSHIP

It is expected that faculty members will engage in a number of endeavors with a scholarly approach, i.e., applying a thoughtful, structured, systematic methodology to the undertaking. A scholarly approach should not be confused with scholarship.

Glassick and colleagues (1) have defined the criteria for assessing a scholarly work. A systematic, scholarly approach requires:

- Clear Goals (ask important questions, set objectives)
- Adequate Preparation (demonstrate appropriate skill set, draw on existing work in the area)
- Appropriate Methods (use tools, strategies, processes for the project)
- Significant Results (findings address the objectives and raise additional questions)
- Effective Presentation (communicating the systematic process and findings to others)
- Reflective Critique (step back and determine what could be done differently and/or next).

However, a work may be scholarly without being considered scholarship. To be considered scholarship, the work requires a scholarly approach but “adds the expectation that the work advance knowledge in the field by being public and accessible in a format that others can build on … with peer review to judge the quality and value of the contribution to the field”. (2)

Dr. Ernest Boyer’s monograph “Scholarship Reconsidered” (3) provides a broad definition of scholarship recognizing that legitimate scholarly and creative pursuits span four dimensions: discovery, integration, application, and teaching. Boyer’s model reaffirms a commitment to scholarship while recognizing that a broader view of scholarship acknowledges the comprehensive range of faculty talents and functions required to accomplish the mission of the medical school.

Boyer has characterized four domains of academic endeavor: Teaching, Discovery, Application, and Integration. Scholarship, regardless of the domain in which it falls, should also meet Glassick’s criteria for a scholarly approach (described above).

1. **Scholarship of Teaching**
   The Scholarship of Teaching includes educating and stimulating scholars, not only transmitting knowledge but also transforming and extending knowledge through study and debate, as well as the creation of new knowledge about teaching and learning. This area may include developing new teaching methods, evaluating outcomes, and disseminating curricula and instructional materials.

2. **Scholarship of Discovery**
   The Scholarship of Discovery encompasses research and scholarly investigation which is at the core of hypothesis-driven research. This type of scholarship encompasses research and scholarly investigation at the core of the pursuit of knowledge for its own sake.

3. **Scholarship of Application**
   The Scholarship of Application bridges theory and practice and the intersection of service and clinical activities. This area includes the application of new knowledge with interaction of research
and practice each informing the other. For example, the application of new knowledge incorporated into patient care, professional excellence, integrity and empathy in treating patients.

4. Scholarship of Integration
   The Scholarship of integration makes connections across disciplines and places specialties in a larger context, views data in revealing way, interprets data and research in new ways, and looks at boundaries of the convergence of research and practice (interdisciplinary, interpretive, integrative, new insights). This area translates research findings into new and beneficial clinical practices or products.

Regardless of the scholarship domain, to be considered scholarship, a work should meet the following essential characteristics or the “3Ps”:

1. Faculty effort results in a tangible product or output (work): PRODUCT
2. The work is public and available outside of the institution: PUBLIC
3. The work undergoes external peer review and critique by others in the field: PEER-REVIEWED


IMPORTANCE OF SCHOLARSHIP

To advance in rank in any of the faculty appointment systems, MUSM faculty members should regularly communicate newly obtained and/or applied knowledge and analytical thinking to their peers both within and outside the university. Accordingly, generating high-quality, peer-reviewed works (e.g., journal articles, electronic publications, other scholarly works) based on original research by faculty members, represents a major source of evidence for productive scholarship.

Without peer review, validation of the importance, significance and impact of a faculty member’s scholarly works is much more difficult to assess. The extent and rigor of the peer-review process is not always proportional to the importance, significance and impact of a given published work. At times, committee members may independently assess the importance, significance and impact of scholarly work published in such journals before rendering a judgment regarding the degree to which such publications are viewed positively in P&T committee deliberations.

On the other hand, publication of invited, peer-reviewed articles, books, book chapters and invited or peer reviewed presentations at national and international symposia or colloquia are often strong indicators of the quality of a faculty member's scholarship, research, and creative endeavors. Even when such publications and presentations produce little new knowledge, they typically provide valuable new analytic thinking and insights into the application of new knowledge.

Funding derived from competitive grants, contracts and other external funding programs is one measure of scholarly aptitude, research, creative and scholarly excellence and potential, particularly when such funding leads to the publication of high quality research in reputable peer-reviewed journals.
EXAMPLES OF SCHOLARSHIP

The lists provided below should not be interpreted to mean that all items on the list are expected from any single applicant. Please note that the lists are not comprehensive as there may be other legitimate forms of scholarship that provide evidence for the faculty member’s scholarly reputation. Faculty are encouraged to develop and maintain a portfolio of high quality, scholarly contributions. Faculty are encouraged to seek guidance from the medical library in identifying appropriate journals for the publication of their scholarly work (https://med.mercer.edu/library/identifying_scholarly_publications.htm). These journals would also be appropriate for peer reviewer and editorial board service. Examples of appropriate documentation of scholarship may include but are not limited to:

1. Publications:
   - Peer-reviewed publications in area of expertise
   - Published abstracts of presentations before professional groups
   - Teaching/curricular materials available in peer-reviewed repositories, such as MedEd Portal
   - Books and/or book chapters

2. Presentations:
   - Presentation of peer-reviewed or juried papers before professional audiences
   - Invited presentations at other institutions (intramural presentations, e.g. Grand Rounds, case conferences should be included as instruction in the educator’s portfolio)
   - Invitations to speak at scientific meetings and other universities

3. Support:
   - Extramural support (e.g., NIH, foundation grants)
   - Intramural support (e.g., Mercer University Seed Grants, MedCen Grants)
   - Grant and/or contract awards
   - Extramural support from commercial vendors
   - Clinical trials, especially investigator-initiated and multi-center trials (document level of participation)

4. Other forms of scholarly activity:
   - Development and adoption of a new clinical pathway or clinical guidelines (should be documented)
   - Quality assurance project that measurably affects patient outcomes
   - Computer assisted instruction and other technology-based instruction that is documented and publically available
   - Unfunded, scored grants
   - Unfunded, unscored grants

5. Evidence of a faculty member’s reputation as a scholar may be assessed by the following:
   - Citation by other faculty in the field in published papers (can be determined with Citation Index)
   - Published reviews by other faculty in the field, especially the leaders, of papers/books
   - Awards for outstanding accomplishments in scholarship
• Invited referee of manuscripts for journals in area of expertise
• Invited referee of proposals for meetings of national associations
• Review of grant applications for local, state, national, and governmental agencies
• Appointment to national committees to review research proposals or results
• Participation and membership in national study sections and advisory groups
• Leadership roles in state, regional, national or international research societies or meetings
• Participation as a consultant in regional or national research program reviews
• Documented recognition by peers outside the university as an independent, original and substantive investigator (e.g., letters of support)
• Participation on editorial boards and/or as editor

5.6 ADVANCEMENT OF FACULTY

Careful review of the Standards for Appointment and Advancement will indicate areas of expectation for a faculty member with a MUSM faculty appointment. The application will lead the faculty member to develop a very personalized profile. This profile should clearly indicate and document that a candidate has occupied himself or herself with academic pursuits that contribute to the programs of MUSM. The major areas that have occupied a candidate’s time and effort must demonstrate recognizable and professional development and value to the institution. Although contributions are expected in all of the traditional academic areas, clearly a major time commitment in one or more of these areas may well be at partial expense of the others. However, no area should be excluded in one’s pursuit of professional development.

Faculty members should develop a progressive record of expertise in a primary area of responsibility with proficiencies in other areas. Documentation of expertise and proficiencies are expected through progressive acknowledgement from local, state, regional, national, and perhaps international sources. In general, faculty members advancing to the ranks of Associate Professor and Professor should seek to make at least a minimal contribution each year in each of the areas of teaching, research/scholarship/creative endeavors, clinical practice, administrative service, and institutional and academically related public service, as appropriate. Early development of personal goals and documentation of accomplishments with a career portfolio will facilitate the process of the advancement application. Faculty members should take advantage of faculty development opportunities and mentoring to direct their careers.

The decision to advance a faculty member will be made after thoughtful consideration of qualitative and quantitative information provided by the applicant and his/her department chair, colleagues and referees. The Office of Faculty Affairs routinely provides assistance and guidance as approved by the Promotion and Tenure Committee in the form of suggested outlines and templates to assist with the preparation of applications. Detailed information regarding documentation, acceptable evidence, and examples will be provided. This information will be updated periodically so applicants are urged to seek guidance from the Promotion and Tenure Committee or the Office of Faculty Affairs and not rely on information from colleagues who may have engaged in the process at an earlier date.
5.6.1 ADVANCEMENT OF NONTENURE TRACK, EMPLOYED FACULTY

Non-tenure track appointments generally have no probationary period. Non-tenured appointments for MUSM employed faculty may be for one year, two years, or three years and are renewable at the option of the University. Regardless of the stated term or other provisions of any appointments, written notice that a non-tenured appointment is not to be renewed shall be given to the faculty member in advance of the expiration of his/her appointment, as follows:

- Not later than March 1 of the first academic year of service, if the appointment expires at the end of that academic year; or, if a one-year appointment terminates within an academic year, at least three months in advance of its termination.

- Not later than December 15 of the second academic year of service, if the appointment expires at the end of that academic year; or, if an initial two-year appointment terminates during an academic year, at least six months in advance of its termination.

- At least twelve months before the expiration of an appointment after two or more years of service at the institution (*University Faculty Handbook*).

5.6.2 ADVANCEMENT OF NONTENURE TRACK FACULTY, NOT EMPLOYED BY MUSM

A faculty appointment is distinct from employment status. Nonsalaried faculty members with full time faculty appointments include those faculty members associated with clinical affiliates of MUSM. These faculty members seek advancement through the same route as MUSM-employed faculty, following the expectations of the track to which they have been assigned.

5.7 APPLICATION FOR ADVANCEMENT-ALL FACULTY TRACKS

An applicant for advancement will be required to submit information that documents faculty contributions in each of the applicable areas. Although general outlines of the information required by the Promotions and Tenure Committee are contained in the policies in Section 5, periodically the Promotions and Tenure Committee, through the Office of Faculty Affairs, will provide detailed guidance and examples of documentation concerning the required application. These guidelines will be posted on the website of the Office of Faculty Affairs and Professional Development.

The achievements and contributions documented in applications will be supported by information in the CV, faculty portfolios, letters from the department chair and colleagues, and referees external to the University.

Applications will be evaluated on both qualitative and quantitative factors. Examples of qualitative criteria may be found in Section 5.7.2. Candidates are expected to show increasing levels of accomplishment in their academic career as they progress from Assistant Professor (or Instructor) to Professor. The examples listed are offered only as guidelines and are not intended to serve as the only activities acceptable for demonstrating accomplishment in a domain and demonstrating the variety of activities that might support promotion. Multiple activities comparable to the examples will strengthen the application for promotion at each rank. Excellence maybe demonstrated and promotion may be awarded without the candidate having fulfilled every single criterion listed on the table. It is expected that
as faculty progress from Level 1 to Level 3, the criteria are cumulative and faculty will continue to meet guidelines at lower levels. Minimum quantitative criteria support the qualitative evaluation of each applicant. The minimum criteria for each track and rank are noted in Section 5.07.3.

Both qualitative and quantitative elements will be considered in the recommendations that the Promotions and Tenure Committee make to the Dean and in the Dean’s recommendations. **Meeting the quantitative criteria will not assure promotion as the Promotion and Tenure Committee will evaluate the applicant on qualitative factors as well.**

### 5.7.1 QUALITATIVE DETERMINATION

The following outline is provided as an overview of the areas in which applicants are expected to document contributions. Candidates should seek guidance from the Office of Faculty Affairs and follow the detailed instructions provided each year by the Promotions and Tenure Committee and posted on the web site.

1. **PERSONAL SUMMARY OF CONTRIBUTIONS TO MUSM INCLUDING STATEMENT OF PRIMARY AND SECONDARY RESPONSIBILITIES TO DEPARTMENT OR SCHOOL**

2. **COMPLETE CURRICULUM VITAE** (use template provided)

3. **MATERIAL ESSENTIAL FOR EVALUATION OF ADVANCEMENT.** Note: Depending upon appointment track, the applicant will complete only those areas which are applicable.

**Teaching:** Demonstrated commitment by promise (Assistant Professor), experience (Associate Professor) or sustained excellence (Professor) should be provided. Educational activities are generally an expectation of all faculty members.

- Philosophy and goals of teaching
- Instructional responsibilities, including dates and number of learners
- Involvement in curriculum development
- Experience in learner assessment
- Activities in student advising and mentoring
- Educational leadership and administration with documentation of program enhancements
- Documentation of educational innovations in instruction and assessment
- Evaluation of teaching ability
  - Demonstrated mastery of the subject matter
  - Demonstrated understanding of the teaching/learning process
  - Demonstrated skills in employing a variety of instructional methods
  - Demonstrated ability to sustain effective relationships with students
  - Demonstrated dedication to high academic standards

**Research/Scholarship/Creative Endeavors:** Demonstrated peer-review validation (Associate Professor) or sustained excellence (Professor) should be provided. Laboratory research is not a requirement for scholarship. Note: Items listed in C may be documented in the CV

- Philosophy and goals of research/scholarship
- Hypothesis(es) of research/scholarship
- Research/scholarship
• Published contributions to the literature
• Unpublished contributions to the literature (i.e., curricular materials)
• Abstracts
• Books, teaching manuals, other scholarly documents
• Computer-assisted instruction, visual learning tools or other non-print materials
• Grant and program support
• Presentations before professional groups
• Extramural activities

D. Patient safety and quality improvement

Clinical Practice
A. Philosophy and goals of clinical practice
B. Clinical service responsibilities, including dates of service
C. Evaluation of clinical service abilities
D. Other accomplishments in clinical practice

Administrative Service
A. Philosophy and goals of administrative service
B. Leadership/Administrative service responsibilities, including dates of service,
C. Outcomes, Accomplishments of administrative service

Institutional and Academically-Related Public Service
A. Philosophy and goals of service
B. Describe specific contributions/accomplishments to/for the school, university, hospital or profession
C. Dates of service, if not continuous
D. Outcomes, accomplishments of service

4. REFEREES

A. Candidates will be required to contact referees, both internal and external to the institution, to determine their willingness to prepare letters of support for advancement or tenure. Candidates should provide the Chair and in turn the referees with adequate information to address the standards.
B. The department chair will contact referees and request that letters to be sent directly to the Dean.

5. VALIDATION

Value to the school, department, University, and/or national organization should be provided by the institutional representatives best able to speak to the applicant’s abilities. Demonstrated validation (Associate Professor) or sustained excellence (Professor) in the applicable domains should be provided

A. Area of general and focal professional expertise(s)
B. Provide evidence of recognition of professional expertise: Local, state, regional, national/international
5.7.2 Qualitative Determination by Domains of Accomplishment

Examples of Faculty Contributions
The examples listed in these tables are offered only as guidelines to demonstrate the variety of contributions that might support promotion and are not intended to serve as the only activities acceptable for demonstrating accomplishment in a domain. Multiple activities comparable to the examples shown below will strengthen the application for promotion at each rank. Excellence may be demonstrated and promotion may be awarded without the candidate having fulfilled every single criterion listed on the table. It is expected that as faculty progress from Level 1 to Level 3, the criteria are cumulative and faculty will continue to meet guidelines at lower levels.

Contributions Demonstrating Accomplishments in the Teaching Domain

The effectiveness of an educator in the teaching domain is evaluated in five spheres: instruction, curriculum development, learner assessment, advising/mentoring, and educational leadership and administration. Effective educators focus on student learning, incorporate new discoveries into their instruction, embrace the evaluation process as a means of assessing learning, enhance education skills by participating in professional development courses, and assist students in translating knowledge into practice in a variety of settings including classroom, tutorial groups, outpatient and inpatient clinical settings. Undergraduate students, graduate students, medical students, house officers, fellows, or continuing medical education participants are considered students. Competency in teaching is expected of most faculty members at all ranks; however, faculty members are not expected to demonstrate contributions in all five spheres, depending upon the expectations of their roles.

Table 8. Contributions Demonstrating Accomplishments in the Teaching Domain

<table>
<thead>
<tr>
<th>Teaching</th>
<th>Level 1 Locally Recognized</th>
<th>Level 2 Locally/Regionally Recognized</th>
<th>Level 3 Regionally/Nationally Recognized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction</td>
<td>• Active participation in teaching or supervision of medical students, graduate students, and residents/fellows (lectures, tutoring, resourcing, TBL, teaching rounds, grand rounds, etc.)</td>
<td>• Demonstrates meritorious, consistent teaching ability</td>
<td>• Demonstrates sustained teaching excellence</td>
</tr>
<tr>
<td></td>
<td>• Receives satisfactory evaluations from learners</td>
<td>• Invited lecturer at other institutions of higher education, research and development facilities, or institutes at state or regional level</td>
<td>• Invited to be a visiting professor at another institution</td>
</tr>
<tr>
<td></td>
<td>• Instructs in laboratory sessions</td>
<td>• Develops and participates in the teaching of major portions of a graduate course</td>
<td>• Invited to organize and participate in a symposium or plenary session at a regional or national educational meeting</td>
</tr>
<tr>
<td></td>
<td>• Supervises trainees in outpatient or inpatient clinical services</td>
<td>• Receives local teaching award</td>
<td>• Invited presenter at professional meetings</td>
</tr>
<tr>
<td></td>
<td>• Participates in postgraduate or continuing education course which serves a local audience</td>
<td>• Favorable performance data for students or residents, where these can be attributed largely to the individual factory member</td>
<td>• Outstanding performance data for students or residents, where these can be attributed largely to the individual factory member</td>
</tr>
<tr>
<td></td>
<td>• Participates in activities related to professional development in teaching</td>
<td>• Develops and implements innovative approaches to improving student/resident learning and enhancement of learning experiences</td>
<td>• Teaching awards from students or peers (regional, national level)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Acknowledgement from accrediting bodies such as LCME, SACS, ACGME as demonstrating “Best Practices”</td>
</tr>
<tr>
<td>TEACHING</td>
<td>LEVEL 1 Locally Recognized</td>
<td>LEVEL 2 Locally/Regionally Recognized</td>
<td>LEVEL 3 Regionally/Nationally Recognized</td>
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<td>---------------------------</td>
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<tr>
<td>Curriculum Development</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Prepares curricular material</td>
<td>• Develops a course, curricular component, software, or evaluation materials which are used regionally or nationally</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(new course/cores, syllabus materials, cases)</td>
<td>• Supervises a training program which has a regional or national audience</td>
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<tr>
<td></td>
<td></td>
<td>• Develops innovative curriculum</td>
<td>• Outstanding evaluations of courses and curricula, as part of a systematic evaluation program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>which improves student/resident learning and enhances learning experiences</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Favorable evaluations of courses and curricula, as part of a systematic evaluation program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develops/directs a postgraduate or continuing education course which serves a regional audience</td>
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<tr>
<td></td>
<td></td>
<td>• Incorporates/implements a new instructional format</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Develops special teaching materials such as video tapes, computer programs and web sites</td>
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<tr>
<td>Learner Assessment</td>
<td>• Participates in developing assessments such as OSCES, SOCAs, and MDE questions</td>
<td>• Develops/ implements a new evaluation tool/process</td>
<td>• Develops evaluation tools/processes used outside the institution</td>
</tr>
<tr>
<td></td>
<td>• Serves as an OSCE reviewer</td>
<td>• Leadership role in developing assessments such as OSCES, SOCAs, and MDE questions</td>
<td></td>
</tr>
<tr>
<td>Mentoring/ Advising</td>
<td>• Serves as an advisor to medical students, graduate students, and/or residents</td>
<td>• Serves as advisor/mentor/role model for learners</td>
<td>• Sustained effort in mentoring and advising</td>
</tr>
<tr>
<td></td>
<td>• Summer scholar sponsor</td>
<td>• Serves as project mentor for MD students or residents/fellows, graduate students</td>
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<tr>
<td></td>
<td></td>
<td>• Membership on graduate student theses/dissertation committees</td>
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<tr>
<td></td>
<td></td>
<td>• Favorable evaluation by faculty mentored by the candidate</td>
<td></td>
</tr>
<tr>
<td>Leadership/ Administration</td>
<td></td>
<td>• Supervises or coordinates teaching by other faculty, fellows, residents, or graduate students (course director, phase coordinator, unit director, clerkship director, program director)</td>
<td>• Supervises or coordinates teaching by other faculty, fellows, residents, or graduate students</td>
</tr>
<tr>
<td>Professional Development</td>
<td>• Demonstrates commitment to enhancing educational skills by participating in activities related to professional development in teaching</td>
<td>• Demonstrates commitment to enhancing educational skills by participating in activities related to professional development in teaching</td>
<td>• Demonstrates commitment to enhancing educational skills by participating in activities related to professional development in teaching</td>
</tr>
</tbody>
</table>
CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE SCHOLARSHIP DOMAIN

To advance in rank, MUSM faculty members should regularly communicate newly obtained and/or applied knowledge and analytical thinking to their peers both within and outside the university. Accordingly, generating high-quality, peer-reviewed works (e.g., journal articles, electronic publications, other scholarly works) based on original research by faculty members, including research conducted in collaboration with colleagues, students and postdoctoral associates, represents a major source of evidence for productive scholarship. Disseminating the results of scholarly work may be accomplished through outlets such as peer-reviewed publications, professional meetings, and repositories such as MedEd Portal.

<table>
<thead>
<tr>
<th>SCHOLARSHIP</th>
<th>LEVEL 1 Locally Recognized</th>
<th>LEVEL 2 Locally/Regionally Recognized</th>
<th>LEVEL 3 Regionally/Nationally Recognized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery</td>
<td>• Evidence of ability to function independently as a researcher</td>
<td>• Evidence of a portfolio of high quality, peer-reviewed and other publications, the number and forum appropriate to the field of study</td>
<td>• Continuous evidence of a significant portfolio of high quality, peer-reviewed and other publications, the number and forum appropriate to the field of study</td>
</tr>
<tr>
<td></td>
<td>• Initial success in obtaining extramural funding</td>
<td>• Publishes abstracts and presents results of scholarship at national and international professional meetings</td>
<td>• Publishes review articles in peer-reviewed journals either as first or senior author</td>
</tr>
<tr>
<td></td>
<td>• Evidence of initial publication success</td>
<td>• Presents scholarly work at professional meetings/conferences</td>
<td>• Substantial record of peer reviewed first and/or senior authored publications</td>
</tr>
<tr>
<td></td>
<td>• Presents results of scholarship at regional/national meetings</td>
<td>• Authorship in peer reviewed papers regardless of author rank (greater significance to first and/or senior authored papers)</td>
<td>• Continued, consistent success in obtaining extramural, NIH-defined peer-reviewed grant or contract funds</td>
</tr>
<tr>
<td></td>
<td>• Coauthor of review articles in peer-reviewed journals</td>
<td>• Coauthor of review articles in peer-reviewed journals</td>
<td>• Continued consistent success in obtaining investigator initiated grants or contracts with pharmaceutical, instrumental or other commercial enterprises</td>
</tr>
<tr>
<td></td>
<td>• Participates in multi-center trials</td>
<td>• Participates in multi-center trials</td>
<td>• PI or Co-investigator on peer-reviewed grants, especially extramural, and federally-sponsored studies</td>
</tr>
<tr>
<td></td>
<td>• PI or Co-Investigator on peer-reviewed intramural grants</td>
<td>• PI or Co-Investigator on peer-reviewed intramural grants</td>
<td>• Acquires FDA approvals; invention has a major impact on state-of-the-art; invention generates resources</td>
</tr>
<tr>
<td></td>
<td>• Success in obtaining extramural, NIH-defined peer-reviewed grants or contracts;</td>
<td>• Success in obtaining extramural, NIH-defined peer-reviewed grants or contracts;</td>
<td>• Leadership of multi-institutional collaborative research projects</td>
</tr>
<tr>
<td></td>
<td>• Success in obtaining investigator initiated grants or contracts with pharmaceutical, instrumental or other commercial enterprises</td>
<td>• Success in obtaining investigator initiated grants or contracts with pharmaceutical, instrumental or other commercial enterprises</td>
<td>• Director of scholarly activity of other faculty or post-doctoral appointees</td>
</tr>
<tr>
<td></td>
<td>• Inventions licensed, patents issued</td>
<td>• Inventions licensed, patents issued</td>
<td>• Presents at national and international meetings</td>
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<tr>
<td></td>
<td>• Independently develops or directs a major program/project/research laboratory</td>
<td>• Independently develops or directs a major program/project/research laboratory</td>
<td>• Oversees a major research project as principal investigator, which involves management of personnel and finance</td>
</tr>
<tr>
<td></td>
<td>• Invited scholarly talks, both intramural and extramurally</td>
<td>• Invited scholarly talks, both intramural and extramurally</td>
<td></td>
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<tr>
<td></td>
<td>• Supervision of postdocs</td>
<td>• Supervision of postdocs</td>
<td></td>
</tr>
<tr>
<td>SCHOLARSHIP</td>
<td>LEVEL 1</td>
<td>LEVEL 2</td>
<td>LEVEL 3</td>
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<tr>
<td></td>
<td>Locally Recognized</td>
<td>Locally/Regionally Recognized</td>
<td>Regionally/Nationally Recognized</td>
</tr>
<tr>
<td>Integration</td>
<td></td>
<td></td>
<td>• collaborates with colleagues at multiple institutions in major presentation at regional/state level (symposia, conference workshops) • Demonstrates a sustained leadership role in an independent research program • Presents peer reviewed scholarly work at national/ international meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Author of book chapters and/or textbooks</td>
</tr>
<tr>
<td>Teaching</td>
<td></td>
<td></td>
<td>National/international use of teaching materials</td>
</tr>
<tr>
<td>Application</td>
<td>• Develops guidelines, protocols or standards for clinical care • Participates in initiatives related to patient safety, quality improvement, and process/practice improvement</td>
<td>• Documented ongoing clinical, translational, and/or clinical outcomes research • Guidelines, protocols or standards for clinical care adopted by other facilities • Leads Initiatives related to patient safety, QI, and process/practice improvement</td>
<td>• Consults at the national level • Initiatives related to patient safety, quality improvement, and process/practice improvement are adopted by other institutions/facilities</td>
</tr>
</tbody>
</table>
Clinical services may be direct (such as within the hospital or various outpatient clinics) or indirect (as provided by specialized tests or procedures). The clinical practice of an academic clinician is intimately linked to his or her role as a teacher. In addition to consistently practicing a high standard of medicine, the clinician participates actively in development, delivery and oversight of pre and postdoctoral curricula and training. The practice of medicine today requires that clinicians seek new knowledge to improve patient outcomes and incorporate that knowledge into practice and education of learners.

| TABLE 10. CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE CLINICAL PRACTICE DOMAIN |
|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|
| **CLINICAL PRACTICE**                      | **LEVEL 1** Locally Recognized               | **LEVEL 2** Locally/Regionally Recognized    | **LEVEL 3** Regionally/Nationally Recognized |
| Patient care                               | • Demonstrates competence and promise of excellence in clinical, diagnostic, procedural or other professional work  |
|                                           | • Considered a very good clinician or professional by students, residents, fellows and faculty  |
|                                           | • Consults at local level  |
|                                           | • Meets clinical benchmarks and productivity goals  |
|                                           | • Emerging consulting physician or professional at regional level  |
|                                           | • Considered an excellent clinician or professional by local and regional peers  |
|                                           | • Evidence that a unique clinical service is provided  |
|                                           | • Known as an excellent clinician with special skills at a regional level  |
|                                           | • Surpasses clinical benchmarks and productivity goals  |
|                                           | • Becoming a regional source of referral for expert opinion  |
|                                           | • Invitations to consult with government, insurance, or drug agencies  |
|                                           | • Recipient of awards for outstanding patient care delivery  |
|                                           | • Established consultant who attracts patients or clients on a regional or national level  |
| Clinic Services Administration             | • Serves as a section chief, director or leader of a clinical area  |
|                                           | • Directs clinical or professional programs  |
|                                           | • Directs patient care activities in clinical settings  |
| Quality initiatives                        | • Participates in initiatives related to patient safety, quality improvement, and process/practice improvement  |
|                                           | • Consistently favorable reports on quality assurance and/or risk management assessments  |
|                                           | • Consistently favorable reports in patient satisfaction or similar assessments collected by the institution  |
|                                           | • Refines, devises or implements a new method (diagnosis, therapy, critical pathway or standard guidelines, device etc.) or procedure  |
|                                           | • Creative, active participation in the evaluation of the effectiveness (quality, utilization, access, cost) of the care being provided.  |
|                                           | • Initiatives related to patient safety, quality improvement, and process/practice improvement are adopted by other institutions/facilities  |
|                                           | • Creatively revises and improves quality assurance and/or risk management procedures  |
|                                           | • Develops and implements clinical or professional program  |
|                                           | • Devises a new method or procedure which receives national or international recognition  |
|                                           | • Development of new techniques, therapies, or health care delivery systems that have improved the health of the population served  |
CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE ADMINISTRATIVE SERVICES DOMAIN

The skills and abilities of some faculty members are utilized in the administration and management of the medical school, the university, or hospital/institution. For these faculty members, significant time is expended in administrative activities related to scheduling, evaluation, program development, documentation, etc. Although the management and direction of residency programs and clerkships, and major medical school academic programs require significant time, the administrative contributions of these individuals should be assessed as part of educational leadership related to their teaching contributions.

**TABLE 11. CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE ADMINISTRATIVE SERVICES DOMAIN**

<table>
<thead>
<tr>
<th>ADMINISTRATIVE SERVICE</th>
<th>LEVEL 1 Locally Recognized</th>
<th>LEVEL 2 Locally/Regionally Recognized</th>
<th>LEVEL 3 Regionally/Nationally Recognized</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrates skills in managing activities or programs</td>
<td>• Serves as an assistant or associate dean or other administrative appointment, e.g. chair, vice or associate chair of a department, unit director</td>
<td>• Special consultant appointments and/or lectureships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Oversees, directs and interprets tests, procedures or data handling in support of a clinical or service laboratory</td>
<td>• Provides major leadership of hospital or institution such as chief of staff, or CMO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Independently develops and/or directs major program or project for the organization</td>
<td>• Administrative initiatives adopted by other institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Demonstrates leadership role in projects/committees/task forces</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Leads Initiatives related to improvement of administrative processes or practices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE INSTITUTIONAL AND ACADEMICALLY RELATED PUBLIC SERVICES DOMAIN

Institutional and Academically-Related Service is an extension of the mission and vision of the school beyond the traditional academic and clinical programs within the school. Institutional, professional and community service activities should be within the area of one’s professional discipline and also contribute to improvement of higher education. Service may also reflect the responsibility and good citizenship of a faculty member to participate in functions essential to the school and University such as committee participation; to the community through activities representing the school such as local committees or volunteering that reflect the mission and goals of the school; or extend beyond the community to state, regional, or national participation in professional societies and organizations. A broad range of professional activities can contribute to service to the department, school, institution, hospital, the profession and the community. Service includes active participation as well as leadership in various committees and organizations.
| TABLE 12. CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE INSTITUTIONAL AND ACADEMICALLY RELATED PUBLIC SERVICES DOMAIN |
| --- | --- | --- |
| **LEVEL 1**  
 Locally Recognized | **LEVEL 2**  
 Locally/Regionally Recognized | **LEVEL 3**  
 Regionally/Nationally Recognized |
| **Institutional** | • Serves on committees in the department, school, and/or institution  
• Medical school admissions or residency applicant interviewer  
• Participates in activities that enhance/promote the mission of MUSM | • Chairs MUSM standing committee  
• Contributing member of department, school, university, hospital committees and/or task forces, medical school admissions, or residency applicant interviewer  
• Advises student interest groups and organizations  
• Chairs departmental faculty search committees  
• Participates in activities that enhance/promote the mission of MUSM | • Participates in activities that enhance/promote the mission of MUSM |
| **Community Outreach** | • Speaks to lay groups from perspective of professional area of expertise  
• Judges science fairs  
• Volunteers, especially with students, at MUSM sponsored community events | • Represents MUSM on mission trips  
• Recruiting trips on behalf of MUSM  
• Provides professional assistance to committees agencies or institutions  
• Represents MUSM to the public | • Represents MUSM to the public |
| **Professional** | • Contributing member of local or regional professional society or scholarly organization  
• Serves as officer in state or local professional society  
• Serves as an ad hoc journal reviewer or ad hoc member of review committees or study sections  
• Consultant for private sector corporations  
• Invitations to speak at universities, hospitals, other academic/medical facilities, professionals, to the lay public locally/regionally  
• Leadership role in dealing with health issues local, state or regional levels | • Leadership role by serving as officer or major committee member/chair in regional or national professional society or scholarly organization  
• Serves on national scientific advisory boards or study sections  
• Regular or ad hoc member of a national research or clinical review committee, or a taskforce  
• Editorial board of professional or scientific journals  
• Leadership role in dealing with health issues at regional, national or international levels  
• Contributes to board examination in specialty  
• Leadership role in regional/national/international professional societies, research or educational meetings  
• Invited to speak at universities, hospitals, other academic/medical institutions |
5.7.3 MINIMUM QUANTITATIVE CRITERIA FOR PROMOTION

IMPORTANT NOTE: These minimum quantitative criteria are for guidance purposes only, and should not be used or interpreted by members of the faculty or the Promotions and Tenure Committee as a definitive or exhaustive checklist of the requirements for promotion. It is impossible to define criteria for promotion in purely quantitative terms, because the quality of work has a direct impact on the interpretation of the contribution and, in some cases, to the quantity of the work. Accordingly, these criteria should only be used in conjunction with the detailed qualitative guidelines in Section 5.07.02. In addition, the faculty member’s accomplishments should be sustained, as outlined in the qualitative guidelines for promotion.

MEETING THE QUANTITATIVE CRITERIA WILL NOT ASSURE THAT A FACULTY MEMBER IS PROMOTED AS THIS IS ONLY ONE COMPONENT OF THE EVALUATION.

By the same token, a faculty member who does not meet the minimum guideline in an area may be promoted based on the quality of work reflected in other dimensions of his/her work.

1. In the Teaching Domain, teaching evaluations are expected from the variety of learners with whom the faculty member has contact. Other means of evaluation such as peer evaluation and teaching innovations related to instruction, curriculum, and assessment, will be considered in addition to student evaluations. Curricular-related products developed and/or improved should be documented according to guidelines provided by the Promotions and Tenure Committee.

2. In the Scholarship Domain, MUSM ascribes to an expanded definition of scholarship. In addition to peer-reviewed publications, presentations, case reports, books, book chapters, and other examples of scholarly works, will be counted as scholarly works; these are described in Section 5.05 Statement on Scholarship. For Tenure Track and Research Track faculty seeking promotion from Assistant Professor to Associate Professor, the minimum number of publications should be those generated while at MUSM to show establishment as an independent scholar.

3. For those tracks in which funding is expected, the source may be competitive funding from any external source, i.e. private/foundation, government, or small or large industry. Grants awarded to students being advised/guided by the faculty member can also be considered for promotion. Funded clinical trials are expected to be those investigator initiated.

4. In the Clinical Practice Domain, the excellence and effectiveness expected of clinical faculty will be determined by recommendations of colleagues and any quantitative data available related to hospital/practice measures. Maintaining specialty and/or subspecialty certification and Maintenance of Certification are expected.

5. In the Administrative Domain, effectiveness in the role, description of accomplishments and outcomes must be documented according to guidelines provided by the Promotion and Tenure Committee.

6. A number of the contributions in the Institutional and Academically-Related Service Domain can be documented in the CV. For example, committee service requirement of “2” may be service on two different committees or 2 terms on the same committee. Volunteer service contributions to MUSM can be documented and verified through letters written on behalf of the candidate.
7. There are several other considerations which may not be captured in the quantitative guidelines, and the interpretation of performance levels outlined should only be viewed in conjunction with the detailed qualitative guidelines. For example: if the teaching performance as measured by student evaluations does not consistently meet expectations, the performance may be considered Effective if he/she has outstanding peer evaluations and other teaching-related accomplishments, per the qualitative guidelines for promotion in the MUSM Faculty Handbook.
<table>
<thead>
<tr>
<th></th>
<th>TENURE TRACK</th>
<th>MEDICAL EDUCATOR TRACK:</th>
<th>CLINICAL EDUCATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assistant to</td>
<td>+Instructor to</td>
<td>Assistant to</td>
</tr>
<tr>
<td></td>
<td>Associate</td>
<td>Assistant to</td>
<td>Associate to</td>
</tr>
<tr>
<td></td>
<td>Professor</td>
<td>Full Cumulative</td>
<td>Associate to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Full Cumulative</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>TEACHING DOMAIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching evaluations</td>
<td>Consistently</td>
<td>Consistently Effective</td>
<td>Consistently</td>
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<tr>
<td></td>
<td>Effectively</td>
<td></td>
<td>Effective</td>
</tr>
<tr>
<td>Curricular products</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>developed/improved</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>SCHOLARSHIP DOMAIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarly works*</td>
<td>6</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Peer reviewed publications</td>
<td>3</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Invited or peer reviewed external presentations to state/regional/national audiences</td>
<td>4</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Externally funded grants/ contracts/ clinical trials</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active role in QI-Patient Safety initiatives</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CLINICAL PRACTICE DOMAIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meets hospital/practice productivity, effectiveness, satisfaction etc. measures</td>
<td>Consistently</td>
<td>Consistently</td>
<td></td>
</tr>
<tr>
<td>Demonstrates clinical excellence</td>
<td>Consistently</td>
<td>Consistently</td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATIVE DOMAIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective completed or adopted initiatives</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Productive leadership role in projects/committees/task forces</td>
<td></td>
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<tr>
<td>INSTITUTION/ ACADEMIC RELATED SERVICE</td>
<td></td>
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<tr>
<td>School/ Department/ College/Hospital Committees or task forces</td>
<td>2</td>
<td>7</td>
<td>1</td>
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<tr>
<td>University/State/National/ Professional Committees</td>
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<td>2</td>
</tr>
<tr>
<td>Leadership and/or service in professional organizations, study groups, external review panels, peer review process, editorial board, etc. ***</td>
<td>2</td>
<td>4</td>
<td></td>
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<tr>
<td>Outreach (e.g., presentation of health information to public, science fair judge, recruiting trips, mission trips, representing MUSM to the public)</td>
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<td></td>
<td>2</td>
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<tr>
<td>LEADERSHIP/ADMINISTRATOR</td>
<td>CLINICIANS TRACK</td>
<td>CLINICIAN SCHOLAR</td>
<td>RESEARCH</td>
</tr>
<tr>
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<td>Assistant to Associate Professor</td>
<td>Assistant to Associate Professor</td>
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<td>Associate to Full Professor</td>
<td>Associate to Full Professor</td>
<td>Associate to Full Professor</td>
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<tr>
<td>Assistant to Associate Professor</td>
<td>Assistant to Associate Professor</td>
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<tr>
<td>Associate to Full Professor</td>
<td>Associate to Full Professor</td>
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<td>Associate to Full Professor</td>
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### TEACHING DOMAIN

<table>
<thead>
<tr>
<th></th>
<th>Consistently Effective</th>
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<tr>
<td>Curricular evaluations developed/improved</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
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<td>Scholarly works</td>
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<td>9</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>12</td>
<td>6</td>
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<td>Peer reviewed publications</td>
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<td>6</td>
<td>3</td>
<td>12</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Invited/Peer reviewed presentations at state/ regional/national meetings</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Externally funded grants/contracts/ clinical trials</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active participation in QI-Patient Safety initiatives</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
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### SCHOLARSHIP DOMAIN

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<tr>
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<th>Consistently Effective</th>
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<th>Consistently Excellent</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Meets hospital/ practice productivity, Effectiveness, satisfaction etc. measures</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
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<tr>
<td>Demonstrates clinical excellence</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
</tr>
<tr>
<td>Effectiveness in major role through completed or adopted initiatives, products, projects</td>
<td>1 per year*</td>
<td>1 per year*</td>
<td>1 per year*</td>
<td>1 per year*</td>
<td>1 per year*</td>
<td>1 per year*</td>
</tr>
<tr>
<td>Leadership role in projects/committees/task forces</td>
<td>1 per year*</td>
<td>1 per year*</td>
<td>1 per year*</td>
<td>1 per year*</td>
<td>1 per year*</td>
<td>1 per year*</td>
</tr>
<tr>
<td>Demonstrates leadership skills such as communication, mentoring, judgment, positive attitude, commitment</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
<td>Consistently</td>
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### INSTITUTIONAL/ ACADEMIC RELATED SERVICE

<table>
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<tr>
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<th>Consistently Effective</th>
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<th>Consistently Effective</th>
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</tr>
</thead>
<tbody>
<tr>
<td>School/ Department/ College/Hospital Committees</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>University/State/National/Professional Committees</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership and/or service in professional organizations, study groups, external review panels, peer review process, editorial board, etc.</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Volunteer service contribution to MUSM and/or community</td>
<td>80 hours/ year, most years</td>
<td>80 hours/ year, most years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach (e.g., presentation of health information to public, science fair judge, recruiting trips, mission trips, representing MUSM to the public)</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
5.8 PART TIME AND VOLUNTEER FACULTY

Advancement – There are numerous potential areas of achievement as a MUSM faculty member. Each faculty member will represent a very personalized profile reflecting the expectation of exemplary performance in the area of primary responsibility. Varying requirements in teaching, scholarship and service will apply to part time and volunteer in comparison to full time faculty.

Faculty members should develop a progressive record of commitment to teaching and service in a primary area of responsibility. Documentation of sustained excellence in teaching and service is expected with professional expertise recognized through progressive acknowledgement from local, state, regional, national, and perhaps international sources. Service may be an area of specific responsibility (administrative service, clinical practice service, or community-based service). Good citizenship is required of all faculty members. Early development of personal goals and documenting accomplishments with a career portfolio will facilitate the process of the advancement application. Faculty members should take advantage of faculty development opportunities and mentoring to direct their careers.

5.9 FACULTY TENURE

Tenure is the right of certain full-time faculty who hold academic rank to continuous full-time appointment without reduction in academic rank until retirement or dismissal as provided in the University Faculty Handbook. The President of the University, with the authority of the Board of Trustees, grants tenure to a faculty member at MUSM. Faculty members may receive tenure only through an academic department. Tenure is transferable between departments in the school. The school structure and affiliation agreements with hospitals and some clinical departments may not provide tenure consideration for all faculty members. Tenure is viewed as a means to assure academic freedom in teaching, research, and extra-mural activities under the guidance of professional responsibility.

The career of lifetime commitment embodied in the concept of tenure must involve a mutually beneficial relationship between all parties. Long-term commitment of university resources is a serious matter; therefore, the quality of individual performance prior to granting tenure must be convincing with regard to future expectations. The decision to advance a faculty member will be made after thoughtful consideration of qualitative and quantitative information provided by the applicant and his/her department chair, colleagues and referees. A tenure-eligible faculty member will request tenure through the Promotions and Tenure Committee. An application is submitted to the Dean’s Office and forwarded to the Promotions and Tenure Committee following review by the faculty member’s department along with supporting documentation.

Full-time doctoral faculty appointed to the Tenure Track at the ranks of Associate Professor and Professor may be eligible for tenure at MUSM. The Promotions and Tenure Committee reviews individuals eligible for tenure before the end of their probationary period. Probationary periods include experience only during the initial appointment rank of Assistant Professor, Associate Professor, or Professor. The probationary period for attaining tenure for Assistant Professors is six years; the probationary period for Associate Professors and Professors is four years. Tracking of tenure begins on July 1 following initial appointment. Faculty members may receive consideration for “tenure-relevant” experience prior to MUSM. Prior experience by a faculty member considered “tenure-relevant” reduces the probationary period proportionately. The Dean recommends the amount of tenure-relevant experience for new
faculty appointments at the time of initial appointment. In exemplary cases, tenure may be requested prior to the end of probation.

Tenure is based on merit and is determined by the aggregate consideration of:

- Quality of teaching and attention given to students as individuals
- Breadth, depth, and variety of education and experience
- Professional achievement and scholarship
- Responsible participation in group deliberative processes
- Professional responsibility and service to the school and community

The expectation for faculty members seeking tenure is the demonstration of proficiency and sustained excellence in each of these areas as well as satisfaction of all criteria for advancement to the rank of Associate Professor or Professor. In addition, each individual should demonstrate a promise of continual development as a valued colleague and friend to the school and community.

An early and unsuccessful tenure request does not abrogate the probationary period. In the event that tenure is not granted by the expiration of the full probationary period, a faculty member will receive a non-renewable, one-year contract at the end of the fourth or sixth academic year, depending on the probationary period. Tenure begins no later than the beginning of the seventh academic year for an Assistant Professor with a six-year probationary period. Tenure begins no later than the beginning of the fifth academic year for an Associate Professor or Professor with a four-year probationary period.

**Change in Tenure Status:**
A faculty member may request to change from the tenure track appointment to a non-tenure track appointment prior to tenure review. A faculty member may also request to change from a non-tenure track appointment to a tenure track appointment. In the latter case, a four or six-year probation begins on July 1 (the beginning of the academic year) following the change (four years for Associate Professors and Professors and six years for Assistant Professors). This decision should be made with the support of the department chair and should be based on the long-term needs of the individual as well as the department. Requests must be submitted in writing by the department chair for the Dean’s consideration. Requests may be granted based upon the long-term needs of the medical school and the university.

Immediate tenure upon appointment is not a usual condition of appointment. However, certain individuals of exceptional merit who already have tenure in other universities may warrant tenure as a condition of employment or following a brief probationary period. A minimum of one year after the initial appointment is recommended before tenure consideration.

**Delay in the tenure review:**
There may be occasions when a faculty member encounters certain circumstances which may justify a delay in the scheduled tenure review process. To be considered for an extension, the faculty member must make a written request to the department chair documenting that his or ability to demonstrate readiness for the grant of tenure has been substantially impaired. Faculty should submit this request when it becomes apparent that circumstances will substantially affect their readiness for tenure rather than waiting until the year in which the review is scheduled.

The following information should be provided by the faculty member:
1. Date of Appointment
2. Terminal tenure year decision
3. Reason for requesting an extension
4. Date of the event
5. Explanation of how the nature of the event substantially burdened (or will burden) progress to tenure
6. Outline of the specific work for which progress has been (or will be) hampered

If approved by the department chair, the request is taken under consideration by the Dean, and if approved, subsequently considered by the Senior Vice President for Health Sciences, and the Provost. If denied prior to reaching the Provost, the faculty member may appeal to the Provost.

Examples of circumstances that might justify a delay in the tenure review:
1. Birth or adoption of child
2. Illness or disability of a family member
3. Personal or family tragedy
4. Catastrophic change in the research environment that significantly delays or terminates research activity
5. Other justifiable changes in the research goals of the individual or the department that adversely affect the scholarly productivity of the faculty member
6. Unforeseen imposition of additional department or university duties on the faculty member that significantly detracts from the time available for scholarly activity
7. Formal enrollment and engagement in additional advanced degree work that was previously approved by the institution.

Careful review of the Standards for Tenure will indicate areas of expectation for a MUSM faculty member. The application will lead the faculty member to develop a very personalized profile. This profile should clearly indicate and document that a candidate has occupied himself or herself, with academic pursuits that contribute to the programs of MUSM. The major areas that have occupied a candidate’s time and effort must demonstrate recognizable and professional development and value to the institution. Although contributions are expected in all of the traditional academic areas, clearly a major time commitment in one or more of these areas may well be at partial expense of the others. However, no area should be excluded in one’s pursuit of professional excellence.

Faculty members should develop a progressive record of expertise in a primary area of responsibility with proficiencies in other areas. Documentation of expertise and proficiencies are expected through progressive acknowledgement from local, state, regional, national, and perhaps international sources. In general, faculty members advancing to the ranks of Associate Professor and Professor should seek to make at least a minimal contribution each year in each of the areas of teaching, research/scholarship/creative endeavors, clinical service, administrative service, and institutional and academically related public service, as appropriate. Early development of personal goals and documenting accomplishments with a career portfolio will facilitate the process of the advancement application. Faculty members should take advantage of faculty development opportunities and mentoring to direct their careers.

The Office of Faculty Affairs routinely provides assistance and guidance as approved by the Promotion and Tenure Committee in the form of suggested outlines and templates to assist with the preparation of applications. Detailed information regarding documentation, acceptable evidence, and examples will be provided. This information will be updated periodically so applicants are urged to seek guidance from the Promotion and Tenure Committee or the Office of Faculty Affairs and not rely on information from colleagues who may have engaged in the process at an earlier date.
5.10 Application for Tenure

The following outline is provided to document contributions in each of the applicable areas specified for tenure. Candidates should also submit documentation requested of faculty applying for promotion (see Section 5.7).

MATERIAL ESSENTIAL FOR EVALUATION OF TENURE

A. Quality of teaching and attention given to students as individuals. For example:
   - Evidence of high standards of teaching through evaluations by students
   - Peer-review of teaching evaluation
   - Evidence of improvement

B. Breadth, depth, and variety of education and experience. For example:
   - Evidence of continual education in areas of proficiency
   - Evidence of developing expertise
   - Evidence of disseminating skills and experience

C. Professional achievement and scholarship. For example:
   - Evidence of professional achievement and scholarship external to MUSM

D. Responsible participation in group deliberative processes. For example:
   - Evidence of participation in group efforts
   - Evidence of cooperation with colleagues and collegiality

E. Professional responsibility and service to the school and community. For example:
   - Evidence of responsibility and service to school
   - Evidence of responsibility and service to university

5.10.1 TERMINATION DATE OF THE PROBATIONARY PERIOD

An appointment to Tenure Track generally follows a probationary period. Tenure is requested by submission of an application to the department Chair. The application is forwarded to the Promotions and Tenure Committee for review and a recommendation is made to the Dean. Upon the recommendation of the Dean and approval by the University Board of Trustees, tenure is granted by the President of the University.

The period of time required for the tenure process shall be not less than six months from initial request for consideration by faculty member to notification of the faculty member by the President of the University. Therefore, the latest recommended date for initiating application for tenure is 12 months prior to the expiration of the probationary period. Upon formal request, the Promotions and Tenure Committee will provide confirmation of the latest date for initiating application for tenure on request to any tenure track faculty member. The procedure for the response to and subsequent review of the candidate shall be determined by the department in accordance with the University Faculty Handbook. The Dean’s Office will forward all applications to the Promotion and Tenure Committee.

A probationary period is specified for tenure track faculty at the time of employment. This period is usually six or four years. The faculty member should refer to the initial contract letter to determine the probationary period. Some faculty members may have special probationary periods that are not six or four years. These conditions will be noted in the appointment letters.
If a probationary date applies, make an application at least 12 months prior to this date. If this date does not apply, determine the departmental dates for review. Preparation for these should begin no later than the spring prior to application submission.

Example: For a 6-year probationary period, application preparation and submission should be initiated during the fifth academic year. The application will be reviewed during the fall for a recommendation to the Dean by the second Friday in January; a final decision is made by the Provost, President and Board of Trustees in the spring. In the event tenure is not granted, a second application is possible provided the first application was initiated during the fourth academic year. If tenure is not granted by the end of the sixth year, the faculty member will receive a one-year non-renewable contract with a starting date of July 1 of the seventh year. The time frame differs for a faculty member with a four-year probationary period. See Chart 1- Dates of Importance for Tenure Applications for an explanation of application time frames.
CHART 1: Six Year Probationary Period Example
Dates of Importance for Tenure Applications

Probationary Periods
Dates of Importance for Tenure Application

The tenure clock begins with the first July 1st after employment starting date at MUSM. For example, if the employment date was September, the tenure clock would not begin until July of the next year. Important dates for tenure applicants are shown. This chart shows a typical tenure timeline for an Assistant Professor.

<table>
<thead>
<tr>
<th>Begin tenure clock</th>
<th>07/01/16</th>
<th>07/01/17</th>
<th>07/01/18</th>
<th>07/01/19</th>
<th>07/01/20</th>
<th>07/01/21</th>
<th>Six Year Probation Ends 2022</th>
<th>07/01/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>First July 1 Years Complete</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>Submit letter of intent to department chair and dean. Prepare Application for October review</td>
<td>Tenure Approved</td>
</tr>
</tbody>
</table>
Some applicants join MUSM at a rank higher than Assistant Professor. These Faculty members may have a four-year probationary period. The tenure clock begins with the first July 1st after employment starting date at MUSM. For example, if the employment date was September, the tenure clock would not begin until July of the next year. Important dates for tenure applicants are shown. This chart shows a tenure timeline for an Associate Professor/Professor with an application for tenure.

### Four-Year Probationary Period

<table>
<thead>
<tr>
<th>Begin tenure clock</th>
<th>07/01/2016</th>
<th>07/01/2017</th>
<th>07/01/2018</th>
<th>07/01/2019</th>
<th>Four Year Probation Ends 2020</th>
<th>7/01/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>First July 1</td>
<td>2\textsuperscript{nd} 7/1</td>
<td>3\textsuperscript{rd} 7/1</td>
<td>4\textsuperscript{th} 7/1</td>
<td>June 30\textsuperscript{th}</td>
<td>5\textsuperscript{th} 7/1</td>
<td></td>
</tr>
<tr>
<td>Years Complete</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-year non-renewable contract</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EARLY APPLICATION PERIOD</td>
<td></td>
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</tbody>
</table>
5.11 REQUEST/NOMINATION FOR EMERITUS FACULTY STATUS

Candidate:

Address:

Current rank, title and date of appointment:

Date and rank of Previous MUSM appointments:

Area of professional expertise:

Joint Appointment (if so, include the department and the date of appointment):

Request/Nomination For:

Name ________________________________ Department ____________________________

- Provide complete Curriculum Vitae.
- Letters of Support. Provide at least two letters of support that provide evidence of significant contribution to the School and/or University in at least two of the following areas:
  - Excellence in instruction or curricular innovation
  - National recognition for scientific or service contribution
  - Excellence in service to the institution
  - Service to the community
  - Distinguished scholarly contribution(s)
  - Professional awards and honors
- Does the Candidate being recommended favor Emeritus Status? ________________
- Name of Person Recommending Candidate:___________________________________
5.12 PROMOTION AND TENURE CHECKLIST AND IMPORTANT DATES

Prior to July
- Discuss with department chair progress toward promotion and/or tenure and intent to submit an application.
- Determine the departmental policy for Promotion and/or Tenure as early as possible to determine any additional requirements and dates.
- Attend Promotion and Tenure Workshop (recommended).
- Determine dates for submitting an application.

July 1
- Submit letter of intent to submit an application to the department chair with a copy to the Dean.

Mid-August
- Discuss with department chair names of referees and prepare materials to submit to referees. Request that department chair solicit letters of support.
- Send requests to referees and provide them with MUSM promotion and/or tenure standards. Request that letters be sent directly to the Dean’s Office.

September
- Submit application to department chair on September 1, or as requested. This allows the chair and the department Review Committee (if applicable) to review the application prior to writing recommendation letters.
- Make changes to application based on department and department chair feedback.
- Department chair and department review committee prepare recommendation letters.

October
- Submit completed applications and supporting material electronically to the Dean by 5:00 p.m. on the first working day in October.

Oct – Dec
- Promotions and Tenure Committee deliberates.
- 3rd Friday in December Promotions and Tenure Committee sends recommendations to Dean along with supporting documents according to the schedule established by the Senior VP Health Sciences and the Provost.

Mid-January
- Dean considers the recommendations of the department chair/unit director and the Promotions and Tenure Committee before making a recommendation to the Senior VP Health Sciences and the Provost. The action taken by the Dean, and all subsequent applicable notification and review procedures, shall be in accordance with the University Faculty Handbook.

Mid-April
- The Provost’s Office makes recommendations to the Board of Trustees at the April meeting. The Dean notifies applicants of Board of Trustees’ actions.

Note: Applicants will not be informed of the Promotions and Tenure Committee recommendation to the Dean nor will they be informed of the Dean’s recommendation to the Senior VP for Health Sciences and the Provost.
5.13 Committee on Faculty Promotions and Tenure By-Laws

8.1 Membership

8.1.1 The Faculty Promotions and Tenure Committee shall consist of the following members all of whom shall be tenured or on a non-tenure track (11 voting members with a quorum of 6 members):

a. Four members from clinical departments, with at least one member from the Macon Campus and at least one member from the Savannah Campus.

b. Three members from Basic Medical Sciences, with at least one member from the Macon Campus and at least one member from the Savannah Campus.

c. One member from Community Medicine.

d. One member from the Medical Library.

e. Two members from the Faculty-at-large at the rank of Professor.

8.1.2 The assistant/associate dean for Faculty Affairs shall be an ex officio member without vote.

8.1.3 The Committee may be assisted by subcommittees for advice and guidance in specialty areas of medical practice or basic science. Such subcommittees shall be appointed by the Committee as needed and shall consist of one regular member of the Committee and two other members of the Faculty who reflect the special needs of the subcommittee.

8.1.4 Meetings are held in executive session unless announced otherwise. Only Committee members and persons specifically invited by the Chair may attend.

8.2 Duties and Responsibilities of the Faculty Promotions and Tenure Committee

The duties and responsibilities of this committee shall be as follows:

8.2.1 To provide assistance to faculty members seeking clarification of policies and procedures for promotion and tenure.

8.2.2 To review applications submitted by Faculty members for promotion and tenure.

8.2.3 To make recommendations to the Dean on Faculty promotions and granting of tenure.

a. Recommendations will reflect decisions from Committee members who are Professors or who are at a higher rank than that of the candidate.

b. Committee deliberations shall be confidential and reported only to the Dean.

8.2.4 To review and make recommendations to the Executive Council to ensure that the standards and guidelines are up to date.

8.2.5 To receive additional application material from a candidate after the submission deadline and prior to committee review if the new material reflects a change in status of items in the application.

8.2.6 To consider only the candidate’s application in making recommendations on the candidate’s promotion and/or tenure.

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9 Section 5.13 duplicates Article 8 of the Bylaws of the Faculty Mercer University School of Medicine
Chronology of REVISIONS, APPROVALS, EDITS & UPDATES OF SECTION 5:

- 2002  Operational Procedures (5.12) approved by MUSM P&T Committee
- July 14, 2003  Document revisions approved by MUSM Faculty
- August 2003  Chart 1: Probationary Periods – Dates of Importance for Tenure Application approved by W. G. Solomon, University General Counsel
- August 1, 2003  Document updated by L. Adkison
- September 30, 2003  Operational Procedures (5.12) revised & approved by MUSM P&T Committee, and document updated by L. Adkison
- April 6, 2004  Library Faculty sections approved by MUSM Executive Committee & document updated by L. Adkison
- May 2, 2005  Article 11. FACULTY PROMOTIONS AND TENURE COMMITTEE of the BYLAWS OF THE FACULTY OF MERCER UNIVERSITY SCHOOL OF MEDICINE approved by MUSM Faculty
- June 17, 2005  Document reviewed by MUSM P&T Committee, edited by J. Boltri, D. Harris & J. LaBeause & document updated by J. LaBeause
- June 2006  Document reviewed by J. Boltri & D. Harris, Chart 1 corrected by L. Adkison & document updated by J. LaBeause
- May 2010  Research Faculty sections approved by MUSM Executive Committee & faculty, document updated by J. Boltri, M. Dent & J. LaBeause
- June 2013  Document updated with “Request for Promotion and/or Tenure” and associated changes; CV template updated, guidelines for documentation and electronic submission added as appendix by M. Dent
6. Faculty

(updated 9/2014)

6.01 Faculty Affairs and Development ................................................................. 2
6.02 Sabbatical Leave and Leave of Absence .......................................................... 3
  • Pre-Sabbatical Request Form .............................................................................. 5
  • Post-Sabbatical Leave Report ............................................................................ 7
  • Faculty Absence .................................................................................................. 9
6.01 Faculty Affairs and Development

Mission:

To provide guidance and advice to the Dean and Faculty of the Medical School in matters related to professional development of the faculty; building excellence in the teaching, scholarly activity, research, and service missions of the school; and promoting faculty vitality.

Vision:

Each faculty member will achieve his/her personal academic goals while fostering a commitment to the goals of the institution.

Programs facilitated by the Office of Faculty Affairs and Development include:

- Faculty development retreats are presented based upon faculty needs. These are designed to enhance faculty skills and increase opportunities for faculty collaboration.

- Seminars throughout the year focus on group process, tutor development, study guides and other areas requested/identified by faculty, the Curriculum and Instruction Committee, and the MUSM faculty development needs assessments.

- The Center for Scholarly Activities, Collaboration, and Support (CSACS). The purpose of this Center is to improve the quality and productivity of research at the medical school and enhance a culture of scholarship. CSACS provides an opportunity to increase the collaborative research among clinical and basic science departments as well as foster collaboration across campuses. Efforts include highlighting educational research and learning from faculty who have participated in special educational programs and sabbaticals. The meetings are teleconferenced to the Macon and Savannah campuses.

- New faculty orientation. Each faculty member is offered an educator’s portfolio and how to manage the promotion and tenure process.

- Faculty advancement. Each spring, in collaboration with the chairs of the Promotions and Tenure Committee, two workshops are held with faculty to discuss the promotion and tenure processes. Both workshops are videoconferenced to the Macon and Savannah campuses.

- The tutor development team. Members of the team organize the tutor peer review process and its assessment.

- Professional Development. Each year faculty members complete a professional development plan with their department chairs. This plan allows faculty to reflect on their objectives and their development needs to improve their academic skills.
2.17 Sabbatical Leaves

2.17.1 Sabbatical Leaves

The purpose of the program of sabbatical leaves is to provide opportunity for continued professional growth and intellectual development through study, research, or writing. Normally travel away from the campus is involved.

1. Eligibility

An individual is eligible for a sabbatical leave after six years of full-time service as a faculty member in the University. Any previous time spent on leave is not considered in determining years of service. A faculty member within two years of retirement is not eligible. A sabbatical leave is not considered a form of deferred compensation, a faculty right, or an automatic benefit. Years of service alone do not determine eligibility. Rather, leaves are awarded according to the merits of the leave proposal and the ability of the academic department to offer a full course of study during the individual's absence.

2. Application Procedure

No later than November 1 in the year prior to the expected leave, the faculty member must submit to the Dean a letter of application and a documented proposal that states the purposes of the leave and a plan of action for the period of the leave. The application must be approved by the Dean, who may require the approval of the department chair and/or a faculty committee. The application must also be approved by the Provost. Special consideration will be given to applications which hold promise of enhancing the applicant's professional effectiveness and future service to the institution.

Notification of those selected for sabbatical leaves will be made by February 1, and the specific terms of the leave, including salary, will be agreed upon by all parties by April 1.

3. Duration and Terms

Ordinarily, sabbatical leaves are for one semester at full salary or for one year at one-half salary. If a recipient of a sabbatical leave accepts income from other sources during the sabbatical leave, the President may require adjustment of the University salary. Acceptance of a sabbatical leave will not interfere with the normal opportunity for annualized increases in salary. The period of the leave will be counted toward eligibility for promotion on the same basis as a period of on-campus instruction. A faculty member on sabbatical leave retains the rights, benefits, and privileges of a full-time faculty member, including retirement and insurance benefits based upon the salary actually being paid during the sabbatical period, housing, and tuition credit for dependents.

4. Institutional Limitations

No more than ten (10) percent of the full-time faculty may be on sabbatical leave in any given year. In addition, the academic department must be able to cover the essential workload of the faculty member during the period of his/her absence. Any faculty member who accepts a sabbatical leave is expected to return to the University for at least one (1) year or repay the University for the compensation received during such leave.
5. Evaluation

*Within three (3) months of returning from a sabbatical leave, a faculty member shall submit to the Dean of the college or school a written account of the work accomplished during the leave and an evaluation of the extent to which the objectives of the leave have been achieved.*

- **MUSM also requires a verbal presentation to the faculty.**
MERCER UNIVERSITY SCHOOL OF MEDICINE

- Pre-Sabbatical Request Form

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Dates for Sabbatical:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*The request for a sabbatical application is contained within the university faculty handbook.*

**PROPOSAL**

<table>
<thead>
<tr>
<th>Title of Sabbatical:</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sabbatical Institution:</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Information of Primary Mentor:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**REQUIRED INFORMATION**

1. Purposes of the leave.

2. Plan of action for the period of the leave. (List objectives for your personal / professional growth.)

3. Discuss how this experience will benefit the institution.

5. Specific person responsible for academic assignments. (Attach a letter of agreement).

- Name:
- Title:

APPROVAL SIGNATURES

____________________________________  ________________________
Applicant's Signature                     Date

____________________________________
Department Chair's Signature               Date

____________________________________
Dean's Signature                           Date

____________________________________
Associate Dean for Faculty Affairs         Date Recorded

Approved 1/24/07
Post-Sabbatical Leave Report

Name of Recipient: 

Department: 

Dates of Sabbatical: 

The request for a final sabbatical report is contained within the university faculty handbook.

Mercer University
Faculty Handbook (Updated July 1, 2014)
2.17 Sabbatical Leaves

5. Evaluation
Within three (3) months of returning from a sabbatical leave, a faculty member shall submit to the Dean of the college or school a written account of the work accomplished during the leave and an evaluation of the extent to which the objectives of the leave have been achieved.

- MUSM also requires a verbal presentation to the faculty.

FINAL REPORT

Title of Sabbatical: 

Sabbatical Institution: 

Contact Information of Primary Mentor: 
POST-SABBATICAL LEAVE REPORT

1. Describe the purpose of the sabbatical leave

2. Describe the plan of action for the period of the leave. (Specifically address each of your objectives. Include an assessment of how this contributed to your personal and professional growth.)

3. Discuss how this experience will benefit the institution. (Describe how you will apply your experience in your day-to-day academic responsibilities.)

4. Describe how the results of your project will enhance the reputation of:
   - Mercer University School of Medicine
   - Mercer University

5. Proposed date of faculty seminar. ________________________________

APPROVAL SIGNATURES

Applicant's Signature ____________________________ Date ____________________________

Department Chair's Signature ____________________________ Date ____________________________

Dean's Signature ____________________________ Date ____________________________

Associate Dean for Faculty Affairs ____________________________ Date Recorded ____________________________

Approved 1/24/07
• Faculty Absence

Faculty absence policies, sick leave policies, and leaves of absence policies are those of the University (see Mercer University Faculty Handbook).

http://departments.mercer.edu/payroll/Sick&VacationPolicy.PDF

Each department chair is responsible for maintaining vacation records on his/her individual faculty members.
1. Faculty Policies

1.01 Faculty, Professional and Staff Recruitment & Selection: Best Practices for Search ..... 2
   • MUSM – Faculty and Staff Hiring Approval Form ......................................................... 7
1.02 Faculty Recruitment Policy (Macon and Savannah Campus) ........................................ 8
1.03 Immigration Issues Policy – Moving from J-1 to H-1B to permanent status ............... 12
   • Faculty Permanent Visa Application ............................................................................ 13
   • Agreement for Permanent Residency Sponsorship ...................................................... 14
1.04 MUSM Policies and Procedures Regarding Equipment Leaving Campus ............... 16
   • Agreement for use of Mercer University Property Off-Campus .................................. 17
1.05 Professional Travel & Use of University Vehicles ......................................................... 18
Mercer University is committed to Equal Employment Opportunity and Affirmative Action. The University is committed to identifying areas where qualified minority group members and women may be underutilized; determining the reason for any such underutilization; taking affirmative measures in a good faith attempt to increase the representation of minorities and women in such areas; and regularly monitoring progress. Recruitment and selection processes are in place to support these commitments and departments are expected to contact Human Resources and follow any Mercer University policies and procedures that have been established
https://hr.mercer.edu/internal/recruit/faculty/).

These best practices are intended to enhance the diversity initiatives of Mercer University School of Medicine and should not supersede any polices established by Human Resources, rather enhance the efforts to recruit, select, and retain a diverse workforce.

FACULTY RECRUITMENT AND SELECTION

1. The Search Committee should be a diverse committee comprised of faculty and administrators who bring multiple perspectives and fresh ideas.

2. As part of the charge to the committee, the hiring manager should align the committee with the diversity efforts of the medical school, the mission of the medical school and the strategic plan of the department/division/unit. Committee members should be aware of the diversity needs of the medical school, particularly with the value-added groups of gender and underrepresented groups in medicine (African American, Native American, and Hispanic). The diversity statement of the medical school may be accessed at the following link:
http://medicine.mercer.edu/about/diversity/.

3. The Committee should review Human Resources Policy and Procedures related to recruitment and selection.

4. The Search Committee, together with the hiring manager should:
   a. Discuss the essential duties, tasks, and responsibilities for the position. Define the position as broadly as possible while still meeting the needs of the Department.
   b. Discuss the knowledge, skills, and abilities required and reach consensus prior to beginning the search.
   c. Clarify essential and preferred criteria and reach consensus regarding how qualifications will be weighted.
   d. Avoid narrowing the search to one specific research area.
   e. Develop a position description and job announcement that accurately represent the responsibilities and expectations associated with the position.

5. The job announcement should be critically analyzed to ensure that it is geared toward inclusiveness and will enhance the diversity of the faculty. Language in the announcement should be assertive in encouraging diverse groups to apply. For example, a statement specifically encouraging applications might be used in the announcement:
“Mercer University recognizes the power of a diverse community and encourages applications from individuals with varied experiences, perspectives and backgrounds.”

6. The Search Committee should ensure that a diverse pool of candidates is recruited:
   a. Work with Human Resources to ensure that appropriate outlets are identified in which to place the initial announcement.
   b. As applications are received, request that Human Resources review the demographics of the applicant pool with regard to race, gender, and ethnicity. If there are concerns that the applicant pool is not sufficiently diverse to meet the goals of the medical school, request that Human Resources expand and/or target additional outlets for advertising of the position.
   c. At least two committee members should screen initial application materials.
   d. Once the committee has selected their “short list” of candidates, the chair can contact HR who will inform the committee of the overall makeup/demographics of those candidates (not individual information) in comparison of the rest of the pool. For example, if they are interviewing three candidates and there is a strong fourth candidate, HR can let them know if a fourth candidate would add any diversity to the interview pool.
   e. To ensure consistency in the screening process, a list of the job criteria may be used to develop a screening instrument to ensure that the same criteria are applied consistently when identifying those applicants whom the committee wishes to invite for a telephone or personal interview.

7. After the first review has been completed and the candidates selected for interview, request that Human Resources put the posting on hold. This means that no new notices or e-mails are sent to candidates and no new candidates can apply. In the event an acceptable candidate is not found, the posting can be reopened. This will help to eliminate late applications that are never really considered.

8. If telephone interviews will be conducted, determine how many committee members will be involved in each interview and if all candidates will not be interviewed by the same individuals at the same time, develop a common process for the interview.

9. Committee members should have a shared understanding of the general details of the offer package prior to beginning the search. The process to be used and the budgetary details (how many visits, accommodations, travel requirements, etc.) should be transparent to the committee.

10. When constructing the visit itinerary, ask the applicant if there are specific individuals with whom they would like to meet.

11. Clarify the committee’s role in the final recommendation. For example, will a ranked or unranked list be submitted to the dean and/or department/division chair?

12. If a candidate refuses an offer, work with Human Resources to determine why. These reasons may help inform the next search process.

13. At least annually, the Affirmative Action Officer conducts an adverse impact analyses on all selections to determine whether the selection rates of minorities or women in a particular job group approximates the selection rates of Caucasians and males. In job groups where the analyses reveal possible adverse impact, each step of the process will be reviewed to determine
where possible adverse impact occurred and subsequent discussions held with hiring managers to determine reasons for selection and non-selection.
STAFF AND PROFESSIONAL RECRUITMENT AND SELECTION

Mercer University is committed to Equal Employment Opportunity and Affirmative Action. The University is committed to identifying areas where qualified minority group members and women may be underutilized; determining the reason for any such underutilization; taking affirmative measures in a good faith attempt to increase the representation of minorities and women in such areas; and regularly monitoring progress. Recruitment and selection processes are in place to support these commitments and departments/divisions are expected to contact Human Resources and follow any Mercer University policies and procedures that have been established (https://hr.mercer.edu/internal/recruit/).

These best practices are intended to enhance the diversity initiatives of Mercer University School of Medicine and should not supersede any polices established by Human Resources, rather enhance the efforts to recruit, select, and retain a diverse workforce.

STAFF AND PROFESSIONAL RECRUITMENT AND SELECTION

1. The Search Committee, if one is used for the position, should be a diverse committee comprised of individuals who bring multiple perspectives and fresh ideas.
2. As part of the charge to the committee, align the committee with the diversity efforts of the medical school, the mission of the medical school and the strategic plan of the department/division. Committee members should be aware of the diversity needs of the medical school, particularly with the value-added groups of gender and underrepresented groups in medicine (African American, Native American, and Hispanic). The diversity statement of the medical school may be accessed at the following link: http://medicine.mercer.edu/about/diversity/.
3. The Committee should review Human Resources Policy and Procedures related to recruitment and selection.
4. The Search Committee, together with the hiring manager, should:
   a. Discuss the essential duties, tasks, and responsibilities for the position. Define the position as broadly as possible while still meeting the needs of the Department.
   b. Discuss the knowledge, skills, and abilities required and reach consensus prior to beginning the search.
   c. Clarify essential and preferred criteria and reach consensus regarding how qualifications will be weighted.
   d. Develop a position description and job announcement that accurately represent the responsibilities and expectations associated with the position.
5. The job announcement should be critically analyzed to ensure that it is geared toward inclusiveness and will enhance the diversity of the administrative unit.
6. The Search Committee should ensure that a diverse pool of candidates is recruited:
   a. Work with Human Resources to ensure that appropriate outlets are identified in which to place the initial announcement.
   b. As applications are received, request that Human Resources review the demographics of the applicant pool with regard to race, gender, and ethnicity. If there are concerns
that the applicant pool is not sufficiently diverse, request that Human Resources expand and/or target additional outlets for advertising of the position.

c. At least two committee members should screen initial application materials.
d. Once the committee has selected their “short list” of candidates, the hiring manager can contact Human Resources who will inform the committee of the overall makeup/demographics of those candidates (not individual information) in comparison of the rest of the pool.
e. To ensure consistency in the screening process, a list of the job criteria may be used to develop a screening instrument to ensure that the same criteria are applied consistently when identifying those applicants whom the committee wishes to invite for a telephone or personal interview.

7. After the first review has been completed and the candidates selected for interview, request that Human Resources put the posting on hold. This means that no new notices or e-mails are sent to candidates and no new candidates can apply. In the event an acceptable candidate is not found, the posting can be reopened. This will help to eliminate late applications that are never really considered.

8. If telephone interviews will be conducted, determine how many committee members will be involved in each interview and whether similar questions will be asked. If one person will screen applicants by telephone, identical questions should be used for the screening.

9. The University has already developed a number of action-oriented programs targeted to appropriately increase the minority group/female representation in the group and/or organizational units identified, if vacancies occur, or document good faith efforts to do so. These actions include: contacting the Department of Labor regarding the posting/referral of all non-promotional job announcements; contacting community agencies and colleges who serve diverse populations, particularly minorities and women; posting professional positions to www.higheredjobs.com; posting to newspapers serving a diverse population; and actively encouraging employees, particularly women and minorities, to apply for existing vacancies.

10. Human Resources will work with the hiring manager to ensure the recruitment process has resulted in a pool of candidates that includes women and minorities. If not, they will suggest strategies to enhance the pool.

11. At least annually, the Affirmative Action Officer conducts an adverse impact analyses on all selections to determine whether the selection rates of minorities or women in a particular job group approximates the selection rates of Caucasians and males. In job groups where the analyses reveal possible adverse impact, each step of the process will be reviewed to determine where possible adverse impact occurred and subsequent discussions held with hiring managers to determine reasons for selection and non-selection.
## MUSM – Faculty and Staff Hiring Approval Form

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<tr>
<th>Hiring Manager:</th>
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<tbody>
<tr>
<td>Position:</td>
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<tr>
<td>FTE:</td>
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<td>Account #:</td>
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</tr>
<tr>
<td>Position #:</td>
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</tr>
</tbody>
</table>

**Reason for Hiring:**

*Please provide any additional details below that are pertinent to hiring this position:*

---

*I have read and understand MUSM’s Diversity Statement and the MUSM Policy on Faculty, Professional and Staff Recruitment and Selection: Best Practices For Search Committees.* [http://medicine.mercer.edu/About/Diversity](http://medicine.mercer.edu/About/Diversity)

<table>
<thead>
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<th>Hiring Manager</th>
<th>Date</th>
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**Approved By:**

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<tr>
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1.02 Faculty Recruitment Policy (Macon and Savannah Campus)

FACULTY RECRUITMENT POLICY – MACON CAMPUS

A Faculty Recruitment Authorization Form should be completed by the department and submitted to the Dean’s Office for approval prior to the candidates’ travel. Expenses covered by the Dean’s Office are outlined below.

Transportation:
- Airline (Coach) or mileage (whichever is less).
  - Candidate should make their airline reservation. Dean’s Office will pay for candidate’s airfare only on the first visit. If a follow-up visit is scheduled, the Dean’s Office will pay for the candidate and their spouse/guest.
  - If candidate uses personal vehicle, they will be reimbursed at the IRS rate for medical and moving expenses. Please check with the Dean’s Office and/or the Finance Director for the current rate.
  - If gas receipts are provided, we will reimburse for the gas receipts versus mileage.
- Ground transportation with Groome to/from the airport and to/from the hotel.
- Rental Car (requires prior approval from Dean’s Office)
  - Charges for standard equipment will be allowed when this mode of travel is the most practical and/or the least expensive method.
  - Enterprise Rent-A-Car is the preferred provider for Mercer.
  - Recruiting department can make the reservation; however, the candidate must pay for the rental car and submit detailed receipts for reimbursement.
  - Gasoline, oil, tolls and parking fees are reimbursable with original receipts. We do not pay for refueling at the rental center/airport. Refuel before getting to rental center.
  - Vehicle insurance is not reimbursable on rental cars.

Lodging:
- Mercer has a special rate with several Macon hotels.
  - Marriott Residence Inn (478-475-4280) Hilton Garden Inn (478-741-5227)
  - Homewood Suite’s North (478 477-9776)
  - The Dean’s Office will pay for up to two nights. Three nights requires prior approval from the Dean’s Office.
  - When making arrangements, please ensure sales tax exempt form is utilized; DO NOT pay sales tax.

Meals:
- Meal expenses are reimbursed for actual expenses; Mercer will not reimburse for alcoholic beverages or sales tax.
- Detailed receipts are required for all transactions; credit card transaction summary is not adequate.
- Dean’s Office will pay for breakfast for the candidate and no more than two faculty members from the department.
- Dean’s Office will pay for lunch for the candidate and no more than two faculty members from the department.
- Dean’s Office will pay for dinner which includes the candidate and their guest and no more than two faculty members and their guests.
Several establishments have been provided the Sales Tax Exemption Form and are to be utilized for dinner: (Take a Tax Exempt Form with you also.)

- Carrabba’s 474-5115 Tic Toc Room 744-0123
- Downtown Grill 742-5999 Between the Bread 743-3999
- Michael’s on Mulberry 743-3997
FACULTY RECRUITMENT POLICY – SAVANNAH CAMPUS

A Faculty Recruitment Authorization Form should be completed by the department and submitted to the Dean’s Office for approval prior to the candidates travel. Expenses covered by the Dean’s Office are outlined below.

Transportation:
- Airline (Coach) or mileage (whichever is less).
  - Candidate should make their airline reservation. Dean’s Office will pay for candidate’s airfare only on the first visit. If a follow-up visit is scheduled, the Dean’s Office will pay for the candidate and their spouse/guest.
  - If candidate uses personal vehicle, they will be reimbursed at the IRS rate for medical and moving expenses. Please check with the Dean’s Office and/or the Finance Director for the current rate.
  - If gas receipts are provided, we will reimburse for the gas receipts versus mileage.
- Ground transportation G.R.A.C.E. Limousine (912) 272-7313 to/from the airport and to/from the Hotel.
- Rental Car (requires prior approval from Dean’s Office)
  - Charges for standard equipment will be allowed when this mode of travel is the most practical and/or the least expensive method.
  - Enterprise Rent-A-Car is the preferred provider for Mercer.
  - Recruiting department can make the reservation; however, the candidate must pay for the rental car and submit detailed receipts for reimbursement.
  - Gasoline, oil, tolls and parking fees are reimbursable with original receipts. No fueling at the rental center please.
  - Vehicle insurance is not reimbursable on rental cars.

Lodging:
- Mercer has a special rate with several Savannah hotels
  - Fairfield Inn Savannah Midtown Residence Inn by Marriott Sav Midtown
    2 Lee Boulevard – (912)353-7100 5710 White Bluff Road – (912) 356-3266
  - The Dean’s Office will pay for up to two nights. Three nights requires prior approval from the Dean’s Office.
  - When making arrangements, please ensure sales tax exempt form is utilized; DO NOT pay sales tax.

Meals:
- Meal expenses are reimbursed for actual expenses; however Mercer will not reimburse for alcoholic beverages or sales tax.
- Detailed receipts are required for all transactions; credit card transaction summary is not adequate.
- Dean’s Office will pay for breakfast for the candidate and no more than two faculty members from the department.
- Dean’s Office will pay for lunch for the candidate and no more than two faculty members from the department.
- Dean’s Office will pay for dinner which includes the candidate and their guest and no more than two faculty members and their guests.
  - Several establishments have been provided the Sales Tax Exemption Form and are to be utilized for dinner: (Please take a Tax Exempt Form with you also.)
- Garibaldi’s........315 W Congress.............912-232-7118
- Cha Bella..........102 E Board Street........912-352-2233
- Vic’s on the River...26 E Bay Street..........912-443-9962
- Skylers (East Bay Inn)...225 E Bay Street...912-232-3955
1.03 Immigration Issues Policy – Moving from J-1 to H-1B to permanent status

Effective August 1, 2013

Mercer University School of Medicine
Immigration Issues Policy
Moving from J-1 to H-1B to permanent status

• Purpose: to define the timing and procedures for faculty immigration visa application progression prior to initial appointment. The process is initiated as a recommendation by the department Chair and then proceeds to the Dean for approval.

• Expected costs to the university and individual

<table>
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<th>Visa Type</th>
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<tr>
<td>Permanent</td>
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*Current premium processing expense is $1225. It is expected that the individual will pay this cost unless it serves the university’s needs explicitly.

• Potential sources of university funds – note that state funds are not eligible
  o Clinical practice revenues from Mercer Medicine
  o Indirect cost recovery from departments and/or school
  o Department budgets – lapse salary support provided by external grants
  o Hospital affiliate cost sharing for shared positions – must be agreed before contract offer is made

• Contact with university General Counsel and retained immigration attorneys
  o Only the university approved immigration attorney is approved
  o The department Chair is the MUSM principal contact for the application process. The university’s principal current contact is Ms. Candace Whaley (Human Resources)

• Timing for movement between visa types
  o J-1 to H-1B – generally after three years.
  o H-1B to permanent resident status – a minimum of two semesters for new employees.
    Note that special handling provisions apply when there is <18 months of employment
  o Chair initiates request, identifies funding sources and faculty member agrees to and signs the Reimbursement Agreement before approved by the Dean.
  o Once approved, forward to Human Resources with a copy to General Counsel.

• If an employee doesn’t remain at Mercer University for at least two years after obtaining permanent status, then the employee will agree to a payment of liquidated damages in the amount of $20,000. This to be agreed via a separate contract (see attached document)
Effective August 1, 2013

- Faculty Permanent Visa Application

Mercer University School of Medicine

Faculty Member: _____________________________________________

Department: __________________________________________________

Initial Employment Date: ___________________________________

I request that Mercer University begin the permanent residency application process.

___________________     _________________
Signature      Date

<table>
<thead>
<tr>
<th>Activity</th>
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<th>Signature/Date</th>
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<tr>
<td>Reimbursement Agreement Signed and Attached</td>
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<tr>
<td>Identify funding source for Mercer University application expenses</td>
<td>Department Head</td>
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<td>Copy for Faculty File</td>
<td>Dean’s Administrative Assistant</td>
<td></td>
</tr>
</tbody>
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MUSM Policies (1) Faculty
• Agreement for Permanent Residency Sponsorship

THIS AGREEMENT FOR PERMANENT RESIDENCY SPONSORSHIP (the “Agreement”) is entered into effective as of the _____ day of ____________, 20____ by and between the Mercer University School of Medicine, an academic unit of The Corporation of Mercer University (the “University”) and ___________________________ (the “Employee”) (collectively, the “Parties”).

FOR AND IN CONSIDERATION OF the mutual covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the Parties hereto, the Parties hereby agree as follows:

At-Will Employment

A. The employment relationship between University and Employee is either at-will or governed by a separate written agreement that remains unchanged by this Agreement.

B. The period governed by this Agreement does not constitute a “term” of employment.

C. Each party retains the right to terminate employment at any time and for any reason if employment is at-will or pursuant to the terms of any written agreement between the Parties, subject to the provisions of this Agreement.

University’s Obligations

In consideration for Employee’s promises contained in this Agreement, University will act as Employee’s sponsor for permanent residence. While University shall use reasonable efforts with respect to sponsorship of Employee, Employee understands that University does not guarantee, warrant, or otherwise promise that Employee will become a permanent resident.

Employee’s Obligations

In consideration for University’s promises contained in this Agreement, Employee agrees to continue employment with University for a period of two (2) years from the date Employee becomes a permanent resident.

Remedies in Case of Default

A. If University fails to fulfill sponsorship requirements or terminates Employee without cause, then University shall release Employee of his or her obligations under Section III.

B. If Employee resigns or University terminates for cause before Employee is a permanent resident, University is entitled to liquidated damages from Employee equal to the total of all expenses incurred by the University to the date of said resignation or termination in the performance of this Agreement, exclusive of compensation.

C. If Employee resigns or University terminates for cause after Employee is a permanent resident and before Employee has completed two years of additional employment,
University is entitled to liquidated damages from Employee in the amount of Twenty Thousand Dollars ($20,000.00). The Parties have bargained for and agreed to the foregoing liquidated damages provisions, giving consideration to the fact that the costs of sponsorship, the costs incurred by the University in recruiting, hiring, training, and orienting Employee’s replacement, and the cost to the University caused by loss of the Employee’s services are damages which are extremely difficult to determine fairly or adequately or with certainty. The parties further agree that the payment of such liquidated damages by the Employee shall constitute adequate and reasonable compensation to the University for the damages and injury suffered by the University due to the Employee’s actions. The foregoing liquidated damages provisions shall not be, nor be construed to be, a penalty.

D. University may take legal action to recover any liquidated damages from Employee, including attorney’s fees and costs.

**General Provisions**

A. The Parties may modify or waive a provision under this Agreement in a writing signed by both Parties or their authorized agents.

B. If any provision or provisions of this Agreement shall be deemed invalid or unenforceable, either in whole or in part, this Agreement shall be deemed amended to delete or modify, as necessary, the offending provision or provisions or to alter the bounds thereof in order to render it valid and enforceable.

C. This Agreement constitutes the full and complete understanding and agreement of the parties with respect to permanent residency sponsorship of the Employee by the University, and supersedes all prior understandings and agreements, oral or written, regarding permanent residency sponsorship by the University.

D. It is the intent of the parties hereto that this Agreement shall be governed by and construed in accordance with the laws of the State of Georgia, and the laws of the State of Georgia shall govern the validity, performance, and enforcement of this Agreement.

IN WITNESS WHEREOF, the duly authorized representative of Mercer University and the Employee have executed this Agreement, at __________________________ [Street Address, City], Georgia on the dates indicated below.

______________________________  _____________
[Employee]

Date

Sworn to before me and executed this ___ day of ____________, 20__

______________________________   _____________
Notary Public

William F. Bina, III, M.D., M.P.H.    Date
Dean
1.04 MUSM Policies and Procedures Regarding Equipment Leaving Campus

(Policy effective May 23, 2006)

Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year. This would include equipment value under the $3,000 capital threshold as long as the equipment has a useful life of more than one year.

Equipment as defined above will include property purchased with Mercer University funds to include grant, contract, incentive and donated funds.

In order to take equipment off campus property, a request must be submitted to the appropriate Department Chair and the Associate Dean for Research. The request will then need final approval from the Dean of the Medical School along with the signature of the requestor on the “Agreement for use of Mercer University Property Off-Campus.” Please see attached form.

Under the Agreement, the requestor will be responsible for and must adhere to the following:

• An annual review which includes the requestor reviewing a list of equipment he/she is responsible for. As part of this review, the requestor will have to validate that all equipment is in good condition and verify the location of the equipment.

• If the requestor leaves Mercer University or is out for an extended period of time, all equipment must be returned to MUSM within three business days. Extended period of time would be defined as away from Mercer for more than a consecutive two week period.

• Requestor must comply with Mercer University’s property polices and procedures which include but are not limited to:
  o Tagging - All assets must be tagged or approved by the Associate Dean for Research as an item that cannot be tagged due to the sensitive nature of the equipment.
  o Disposals – Disposal procedures as defined in the Fixed Asset Accounting Procedures Manual to include completing the appropriate form “Request for Disposition of Assets” and securing the proper approvals.

• If equipment is purchased with federal funds, the requestor agrees to comply with federal guidelines to include 2 CFR Part 215 (formerly OMB Circular A-110) and any agency specific guidelines.

• Equipment must be available for inspection at anytime.

• The requestor agrees to safeguard and protect Mercer University owned property and agrees to reimburse Mercer University the fair market value if equipment is damaged, impaired, lost or stolen.

• Depending on the use of the equipment, an annual report may be required.
• **Agreement for use of Mercer University Property Off-Campus**

  *(Policy effective May 23, 2006)*

I hereby understand and accept the following requirements for the privilege of taking and using Mercer University owned property off campus. I agree to:

- An annual review which includes reviewing a list of equipment, validating that all equipment is in good condition, and verifying the location of the equipment.

- Return all equipment to MUSM if I leave Mercer University or am out for an extended period of time as defined as a consecutive two week period.

- Comply with Mercer University’s property policies and procedures which include but are not limited to:
  
  o Tagging - All assets must be tagged or approved by the Associate Dean for Research as an item that cannot be tagged due to the sensitive nature of the equipment.
  
  o Disposals – Disposal procedures as defined in the Fixed Asset Accounting Procedures Manual to include completing the appropriate form “Request for Disposition of Assets” and securing the proper approvals.

- Comply with all federal guidelines for equipment purchased with federal funds, to include 2 CFR Part 215 (formerly OMB Circular A-110) and any agency specific guidelines.

- Make equipment available for inspection at anytime.

- Safeguard and protect Mercer University owned property. I agree to be held responsible and reimburse Mercer University if equipment is damaged, impaired, lost, or stolen.

- Provide an annual report if required.

If I fail to abide by the terms of this agreement, I forfeit this privilege and agree to return all equipment to MUSM immediately.

_________________________________________    ________________________
Department Chair      Associate Dean for Research

___________________________    ________________________
Signature       Date

Dean of the Mercer University Medical School
1.05 **Professional Travel & Use of University Vehicles**

All individuals are encouraged to use University-owned vehicles while traveling on University business. If a University-owned vehicle is not available for University travel, then the individual should consider renting a vehicle through the University’s approved rental car provider, currently *Enterprise Rent-a-Car*. The University’s automobile insurance policy will provide primary insurance coverage for University-owned vehicles and rental vehicles used on University business when the individual driving the vehicle is on the Mercer Approved Driver’s List. The University Policies and Procedures Manual provides instruction on how to apply for inclusion on this list. Mercer University **WILL NOT** reimburse employees for additional insurance coverage on rental vehicles.

If an individual chooses to use his or her own personal vehicle on University business, then the individual will be eligible for mileage reimbursement at the rate which is approved by the University during the period when the travel takes place. The University Accounting Office can provide the individual with the applicable mileage reimbursement rate. One of the components used to develop the mileage reimbursement rate is the cost of personal automobile insurance coverage. MUSM will not pay mileage and then reimburse fuel cost as well. By using his or her own vehicle for University travel and by accepting mileage reimbursement, the individual understands that his or her personal automobile insurance is the primary insurance coverage if an accident occurs. This applies to student vehicles the same as it does for Faculty and Staff. The individual also accepts the responsibility for the comprehensive and collision coverage deductibles applicable under his or her personal automobile insurance policy. The University’s automobile insurance policy does not provide coverage for physical damage to an individual’s vehicle used on University business. The University’s automobile insurance policy will only provide liability coverage on an excess basis (after the individual’s personal automobile liability limits have been exhausted).

**Please note:** The University does not encourage the use of personal-owned vehicles for purposes of transporting groups to University related events. Whenever possible, please utilize University-owned or leased vehicles.

**Professional Travel for Reimbursement**

**GENERAL POLICY:** The policy of the Mercer University School of Medicine (MUSM) is to reimburse employees who travel on approved University related business on the basis of actual, reasonable expenses incurred and in accordance with the descriptions of various and specific items as contained in this policy statement.

The Mercer University School of Medicine **does not** recognize any per diem rates for reimbursement of travel expenses.
SPECIFIC POLICIES:

A. TRAVEL AUTHORIZATION FORM

A travel authorization form must be completed and approved by the Department Chair before an employee travels on University related business or when justification of a specific expense is required (i.e. rental vehicles). The Travel Authorization Form must be signed by the Dean if the travel is international; trip is longer than two weeks, or the department does not have adequate funds in the travel budget to cover the estimated expenses. Program or Conference brochures must be submitted with the travel authorization form whenever appropriate. The conference or travel itinerary needs to be included with this supporting documentation.

The approved travel authorization form should be sent to the MUSM Finance Office along with the travel reconciliation form within 5 working days after the travel is completed. This form must be approved before any expenses are prepaid or reimbursed.

B. TRAVEL ADVANCES

Travel advances can be requested for Mercer paid employees for travel on approved University business. Travel advances are limited to a maximum of $1,000 per trip. Requests for travel advances must be made on a Request for Payment form and sent to the School of Medicine Finance Office not more than 10 working days prior to the first day of travel.

Travel Expense Reconciliation Forms must be completed within 5 working days of the last day of travel each time a travel advance has been received. Only one travel advance will be issued at a time. The travel advance is deducted from the travel reimbursement.

Travel advances that exceed allowable expenses are payable to Mercer with the reconciliation form.

C. PREPAYMENT

It is recommended that employees traveling on official University business pre-pay expenses such as transportation, lodging, registration fees, etc. prior to the date of travel whenever possible. The use of a Mercer University procurement card is recommended for prepaying travel expenses.

When the procurement card is used for prepaid travel expenses those expenses are listed as prepaid items on the Travel Expense Reconciliation form. The items are then charged to the travel expense account when the procurement card is reconciled.

Copies of procurement card receipts are required to be submitted with travel
reconciliation forms;

Original receipts are submitted with monthly procurement card reconciliation.

D. TRANSPORTATION

It is the employee’s responsibility to determine and utilize the mode of transportation that is least expensive to the University.

Airline
Actual airfare is allowable for Coach Fare travel. Original receipts are required.

Privately Owned Automobile
The employee will be reimbursed at the currently approved mileage rate for work-related miles driven. The University’s comprehensive mileage rate for reimbursement covers all operating costs (including but not limited to gas, oil, repairs, personal property and liability insurance) and the employee waives further claims against Mercer. Employees using personal automobiles for University related travel are not covered by the University vehicle insurance policy.

When two or more University employees or representatives travel in the same automobile, only the owner will be reimbursed. For extended travel by private automobile, reimbursements will be limited to round-trip coach airfare. Documentation must be submitted with the travel expense reconciliation form showing that the use of a private automobile and other related extended travel expenses (i.e. meals and lodging) do not exceed the cost of airline Coach Fare booked at least two weeks in advance for the same travel dates.

Tolls and parking fees are reimbursable with original receipts.

Rental Car
Actual charges for standard equipment will be allowed when this mode of travel is the most practical and/or the least expensive method. If a rental car will be used for travel it must be justified in advance on the travel authorization form if the employee wants to be reimbursed for the expense. Liability insurance is not reimbursable on rental cars. Mercer University’s vehicle insurance policy must be referenced on all rental car agreements; private policies will not be reimbursed in case of an accident. When leasing a rental car, Enterprise Rent-a-Car is the preferred provider; they have Mercer’s policy numbers on file. Original receipts are required.

Gasoline, oil, tolls and parking fees are reimbursable with original receipts.

Rail or Bus
Actual charges are reimbursable. For extended travel by rail or bus, reimbursements will be limited to round-trip coach airfare. Documentation must be submitted with the travel expense voucher showing that the use of rail or bus does not exceed the cost of airline Coach Fare booked at least two weeks in advance for the same travel dates. Original
receipts are required.

**Taxi or Shuttle**

Actual charges are reimbursable when the taxi or shuttle is used for work-related activities. Transportation to and from the Atlanta airport by shuttle is preferred to using a personal automobile and parking for an extended period at the airport. Original receipts are required.

E. **LODGING**

Actual charges for lodging will be reimbursed. The maximum reimbursable amount for lodging is $200.00 per day (including applicable taxes, etc.) unless approved by the Department Chair in advance (Maximum $250, including applicable taxes, etc.). If a spouse, whose expenses are not allowable, is accompanying the employee, the employee will be reimbursed at the single rate for the room. Original receipts are required.

F. **MEALS**

Meal expenses are reimbursed for actual expenses. As stated in the General Policy, the Mercer University School of Medicine does not recognize any per diem rates. The actual meal costs when not included in conference registration fees, plus taxes and tips, are allowable up to a maximum of $75 per day. The expense must be itemized by day by meal on the travel expense reimbursement form. Alcoholic drinks are not allowable expenses. Tips for meals should not exceed the standard rate (currently 15-20%)

*Detailed receipts are REQUIRED for ALL credit card transactions, any single meal that exceeds $20 (cash reimbursement) and for ALL Grant related expenses.*

**FAILURE TO PROVIDE REQUIRED SUPPORTING DOCUMENTS IS SUBJECT TO DISALLOWANCE OF EXPENSES.**

G. **TELEPHONE**

Necessary telephone expenses related to the business trip are allowable. Personal phone calls are not allowable expenses. Mercer calling cards are recommended for those who travel on a regular basis and need to make phone calls as part of their work related travel.

H. **TIPS**

Tip expenses will be reimbursed at a maximum of $25 per trip.

I. **OTHER EXPENSES**

All other expenses related to travel are reimbursable with original receipts. This includes taxicabs, shuttles, parking, and registration fees.
J. **TRAVEL EXPENSE RECONCILIATION**

The Travel Expense Reconciliation Form must be completed and submitted, with appropriate signatures, to the School of Medicine Finance Office **within 5 working days after returning from any work-related trip.**

**RECONCILIATIONS RECEIVED AFTER THE 5 WORKING DAY DEADLINE ARE SUBJECT TO REJECTION.**

**ALL EXPENSES MUST BE RECONCILED IN SAME FISCAL YEAR INCURRED OR EXPENSES WILL BE REJECTED.**

Employees that travel by personal vehicle on a regular schedule and need to be paid for mileage reimbursement must submit an itemized list of the dates and purposes of the travel, and the work-related miles driven. Mileage reconciliations must be done at least quarterly with all expenses related to mileage in any fiscal year reimbursed within that same fiscal year. The fiscal year ends June 30.

The Travel Expense Reconciliation Form is the only form that will be accepted for reimbursement of University travel. If your department does not have this form, contact the School of Medicine Finance Office for an electronic copy of the form. This form must not be modified due to the formulas contained in the form. If a travel situation exists that is unusual please contact the School of Medicine Finance Office for specific instructions.
## 2. Policies and Procedures Related to Instruction

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
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</thead>
<tbody>
<tr>
<td>2.01</td>
<td>Calendar and Class Schedule</td>
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<tr>
<td>2.02</td>
<td>Class Attendance</td>
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<td>2.03</td>
<td>Examination and Grading</td>
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<tr>
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2.01 Calendar and Class Schedule

The School calendar and class schedules are approved annually by the Curriculum and Instruction Committee and provided to the faculty, students, and staff by the Academic Affairs Dean(s).

2.02 Class Attendance

Attendance is mandatory in all required courses. The faculty in charge of individual courses may excuse students from those courses for appropriate reasons.

As a general principle, attendance at other sessions is optional, but is encouraged when relevant to that particular student's educational program.

2.03 Examination and Grading

The faculty of each curricular component (phase, course, clerkship, etc) shall determine the means and timing of evaluation for that curricular component subject to review and approval by the Curriculum and Instruction Committee. The faculty in charge of each curricular component shall distribute this information to students at the start of each component. The faculty in charge of each curricular component shall inform students in a timely manner of the results of evaluations. At the completion of each curricular component, the faculty in charge shall convey the final grades to both the Academic Affairs Dean(s) and the academic records department. Final curricular component grading is pass/fail.

2.04 Providers of Sensitive Health Services

Whenever possible, faculty members should avoid providing medical care or personal or psychological counseling to medical students. MUSM recognizes that there are circumstances where students may require care from faculty members, such as emergency care or care in a subspecialty where there are few providers.

In all cases, faculty must recuse themselves from evaluating students with whom they have had a professional, therapeutic relationship. In addition, faculty must not participate in any decision regarding the advancement and/or graduation of a student with whom they have had a professional, therapeutic relationship.

- **Providers of Sensitive Health Services Policy**
  - *(Approved by Executive Council – March 18, 2014)*

Health professionals who provide psychiatric and/or psychological counseling or other sensitive health services to a Mercer University School of Medicine (MUSM) student must have no involvement in assessing their academic performance or participate in decisions regarding their promotion and/or graduation.

The purpose of this policy is to ensure that the School allows students to receive medical services for psychiatric, psychological and other sensitive health care needs in an
environment free from fear of adverse consequences to their academic standing, promotion or graduation.

- **Policy to Address Potential Student/Faculty Conflict of Interests**

Faculty members in the Office of Student Affairs are responsible for writing the Medical Student Performance Evaluation (MSPE). Therefore, they will not participate in any educational activity that requires the assessment of student performance nor participate in decisions regarding student’s promotion and/or graduation.

Occasionally students or faculty may be concerned that relational circumstances would impact the ability to receive or provide a fair and unbiased assessment. These conflicts of interests include but are not limited to: a familial relationship, a present or former doctor/patient relationship, a prior social relationship, etc. To address these concerns MUSM recognizes the following student rights and faculty responsibilities.

**Student Rights:**
1. Students may notify the Office of Academic Affairs if there is a potential conflict of interest between them and a faculty member assigned to assess their performance. Students are not required to notify the school of a conflict.
2. Students will be asked to complete a conflict of interest form stating only that a conflict exists and requesting a change of faculty.
3. The Office of Academic Affairs will facilitate the necessary change.

**Faculty Responsibilities:**
1. Faculty must notify the Office of Academic Affairs if there is a potential conflict of interest between them and a student for whom they must provide an educational assessment.
2. Faculty will be asked to complete a conflict of interest form stating only that a conflict exists and requesting a change of student.
3. The Office of Academic Affairs will facilitate the necessary change.
Mercer University School of Medicine
• Student Initiated Conflict of Interest Form
Approved by Executive Council – March 18, 2014

Student Name_____________________________________  Date ________________
Academic Year ___________     Campus ______________
Rotation or Phase _______________________________________________________
Faculty Member or Resident with whom there is a potential conflict of interest
________________________________________________________________________

By my signature below I am stating that there is a potential conflict of interest between myself and the above stated faculty or resident. I request a change in schedule so that I will not be evaluated by this faculty member or resident.

________________________________________________________________________
Student’s Signature
Mercer University School of Medicine

- Faculty Initiated Conflict of Interest Form

Approved by Executive Council – March 18, 2014

Student Name_____________________________________  Date _________________

Academic Year ___________     Campus ______________

Rotation or Phase _________________________________________________________

Faculty Member with a potential conflict of interest with the student noted above ________________________________

By my signature below I am stating that there is a potential conflict of interest between myself and the above stated student. I request a change in schedule so that I will not be evaluating this student.

______________________________________________________________________________

Faculty Member’s Signature
2.05 Course/Instructional Evaluation

Course evaluation and feedback is solicited from faculty and students at the end of each course or phase. This information is provided (in anonymous format) to the course or phase director and to the Curriculum Committee for appropriate response.

2.06 Learning Environment

Mercer University School of Medicine, consistent with the Liaison Committee on Medical Education (LCME) Accreditation Standards and Mercer University policies and procedures, fosters and maintains an educational and clinical community that fosters learning, nurtures learners and is a learning environment in which students, faculty and staff can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation. (For the purpose of this statement, relationships in the educational and clinical community include unequal power [teacher-learner or learner-teacher] as well as equal power [teacher-teacher or learner-learner] relationships).

Mercer University School of Medicine endorses the following core values and guiding principles for all interactions and relationships among faculty, students, staff, and visitors:

- **Core Values**
  
  INTEGRITY – Unwavering adherence to a professional and ethical code of conduct

  EXCELLENCE – Performing at the highest level and exceeding the expectations of those we serve

  COMPETENCE – Demonstrating mastery of the skills of one’s profession or vocation

  RESPECT AND HONESTY – Conducting ourselves in a manner that demonstrates the value of each individual

  SERVICE – Offering our talents and skills toward betterment of our communities

  COMPASSION – Showing empathy and concern for the well-being of others

  COLLABORATION – Working together and respecting each other’s contributions

- **Guiding Principles**

  **DUTY** Medical educators have a duty, not only to convey the knowledge and skills required for delivering the profession’s contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession’s social contract across generations.
INTEGRITY The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism and caring by observing and emulating role models who epitomize authentic professional values and attitudes.

RESPECT Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are treated respectfully.

As part of the Institutional Standards of Behavior, the medical school community also accepts the guiding principles and commitments espoused in these statements adapted from the AAMC Compact.

- Compact Between Teachers and Learners of Medicine

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands strengthening of those virtues that undergird the patient/physician relationship and that sustain the profession of medicine as a moral enterprise. This Compact serves as both a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

Commitments of the Faculty

- We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality.
- As mentors for our student and resident colleagues, we maintain high professional standards in all of our interactions with patients, colleagues and staff.
- We respect all students and residents as individuals, without regard to gender, race, national origin, or religion, age or disability; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident.
- We pledge that students and residents will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest; we monitor and, when necessary, reduce the time required to fill educational objectives, including time required for “call” on clinical rotations, to ensure students’ and residents’ well being.
- In nurturing both the intellectual and the personal development of students and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
- We do not tolerate any abuse or exploitation of students or residents.
We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we do not tolerate reprisals or retaliations of any kind.

Commitments of Students and Residents

- We pledge our utmost effort to acquire the knowledge, skills, attitudes and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- We pledge to respect all faculty members and all students and residents as individuals, without regard to gender, race, national origin, religion, age or disability.
- As physicians in training, we embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.
- In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents in meeting their professional obligations, as well.
Mercer University School of Medicine

- Statement on Institutional Standards of Behavior

Conduct such as violence, sexual harassment, inappropriate discriminations based on personal characteristics are inherently destructive and will not be tolerated. Other patterns of unacceptable behavior by medical school faculty, staff, residents, or students in this category include habitual demeaning or derogatory comments that are belittling, insensitive, and/or crude; destructive criticism; student humiliation or dehumanization; rejection and alienation.

While the School recognizes the need for effective and constructive feedback/criticism as a part of the learning process, feedback does not have to be demeaning or dehumanizing.

Examples of inappropriate and unacceptable behaviors in the learning environment are:
- Physical punishment or physical threats
- Sexual harassment
- Discrimination based on race, religion, ethnicity, gender, age, or disability
- Repeated episodes of psychological punishment of a student by a particular superior or equal (e.g. public humiliation, dehumanization, belittlement or derogatory comments, threats, intimidation, rejection, alienation, and removal of privileges)
- Grading or attention used to show favoritism or to punish a student rather than to evaluate objective performance
- Assigning tasks for punishment rather than educational purposes
- Requiring the performance of personal services
- Taking credit for another individual’s work
- Intentional lack of communication
- Repeated annoying or humiliating conduct which offends a reasonable person to whom the conduct was obviously directed, including but not limited to, gestures, facial expressions, speech or physical contact or repeated inappropriate telephone or e-mail messages.

In keeping with this statement of standards of behavior, a concerted effort must be made to provide employees and students with an environment free of all forms of mistreatment and harassment. Accusations of violations of this policy are serious and can have far reaching effects on the careers and lives of individuals. Allegations must be made in good faith and not out of malice. Any retaliatory action will be a violation of this policy.
Policy on Access to Student’s Educational Records

Accepted educational practice dictates that medical student educational records must be confidential and made available only to those members of the faculty and administration with a need to know (Liaison Committee for Medical Education, Functions and Structure of a Medical School). Therefore, at MUSM academic records of MUSM students are confidential and generally not accessible to faculty and administrative personnel without the students’ consent. MUSM has defined those with a need to know as:

1. The Dean, Campus Deans plus Academic Affairs and Student Affairs Deans have a right to view all of an official education record of a student in the course of their duties.
2. Student advisors have the right to view all of an advisees’ official educational record to monitor student progress and to provide educational and career guidance.
3. The MUSM Student Appraisal and Promotions Committee (SAPC) has the right to view all of an official education record of a student in the fulfillment of its charges to
   a. Monitor student progress toward achieving the academic performance standards
   b. Evaluate and make recommendations to the Dean on advancement, retention, or dismissal of students based on student academic performance standards
   c. Make recommendations to the Dean for graduation for those students who have satisfied the objectives/competencies of the educational program
4. Faculty given responsibility to monitor student progress toward achieving the academic performance standards of an individual discipline shall have the right to view the individual discipline record of a student to monitor and oversee remediation activities
5. Course directors, phase coordinators and clerkship directors have the right to view student performance data following the completion of the course, phase or clerkship for the purpose of course and programmatic evaluation.
6. Tutors will be given information on group performance following completion of the phase for the purpose of tutorial and programmatic evaluation.

Any other requests for access to student official educational records shall be handled on a case by case basis through the Offices of Student and Academic Affairs. Individuals making requests must make a written request outlining the legitimate educational reasons for the information.

Approved: December 15, 2011
William F. Bina, III, MD, MPH
Dean, School of Medicine
• Policy on Management of Blood Borne Pathogen Exposure (Needle-sticks)

**MERCER UNIVERSITY SCHOOL OF MEDICINE**
**Management of Blood Borne Pathogen Exposure (Needle-sticks)**
*Updated June 18, 2013 AAH*
*Updated March 10, 2014 AAH*

**TITLE:** Post Exposure Procedure for Faculty, Staff, & Students

**SUBJECT:** Response guidelines for exposure to human blood and/or body fluids

- Needle-stick or other contaminated sharps injury
- Exposure from splashes, spills, or other releases of human blood and/or body fluids

All MD students are trained in the first year concerning risk prevention measures and proper exposure minimization. This training is repeated at the entry into the clinical years of training. Initial management of employee or student blood and body fluid exposure occurrences is required to evaluate the risk involved for the individual and to provide an opportunity for prophylactic treatment against HIV, HBV, HCV, and tetanus, as well as to establish baseline serological evaluation in the event that future medical or legal action is required. Medical evaluations, procedures, medications, vaccines, and follow up resulting from this exposure will be made available at no cost to the medical student.

**Post Exposure Procedure & Guidelines to Follow After a Potential Exposure Incident**
If you experienced a needle stick or sharps injury or were exposed to blood or other body fluid then immediately follow these steps.

1. **First Aid**
   A. Contaminated wound – Wash the injured area with soap & water
   B. Contaminated intact skin – Wash the area with soap & water
   C. Contaminated eyes – Gently rinse the eyes while open with saline or water
   D. Contaminated mouth – Rinse mouth with water multiple times

2. **Report to an approved healthcare provider without delay**
   A. If possible, please provide a verbal notification to: (or have a colleague provide a verbal notice)
      i. Supervising Faculty, Dean’s Office, or Student Affairs Office (Students)
      ii. Department Chair or Dean’s Office (Faculty), or Immediate Supervisor (Staff)
   B. A recommended healthcare provider should be consulted. The affected party should be evaluated by an authorized treating facility immediately after exposure to blood or body fluids to insure appropriate medical management and initiation of any recommended medication within 4 hours post exposure.

In most cases this will be in the Emergency Department or Urgent Care Center of North Atlanta Urgent Care, Columbus Regional Health / Midtown Medical Center, St. Francis Hospital-Columbus, the Medical Center of Central Georgia-Macon, Memorial Health University Medical Center-Savannah or the nearest emergency room or urgent care center.

At all times one should adhere to Needle Stick Policy in effect at hospital/clinic where injury occurred. If injury occurs in physician’s office or while on an away rotation then follow the
protocol for nearest regional hospital/clinic. Discuss treatment options with appropriate physician on call at site.

The costs of blood tests and medications that are not covered by the MUSM MD student’s insurance will be covered through the Office of Student Affairs.

Please forward any bills related to a possible exposure for MD students to:
Sr. Associate Dean of Admissions and Student Affairs
1550 College Street
Macon, GA 31207

Visiting MD students should follow these guidelines and any costs of initial blood tests and initial medications that are not covered by their student insurance will be covered through the Office of Student Affairs.

If student learning activities are interrupted, the student will contact the Dean of Student Affairs (DSA). The DSA will communicate and make arrangements with faculty regarding absence, make up of work, and future action plan.

Long term effects of conditions resulting from a student exposure injury are addressed in the Leave of Absence Policies and the Health Care Policies found in the MD Program Student Handbook.

3. After receiving treatment, you must report the exposure as soon as possible and complete requested documentation from the following officials:
   A. Students
      i. Supervising Faculty, Dean’s Office, or Student Affairs Office
      ii. Mercer Police – Complete the 1st report of injury as soon as possible
   B. Faculty & Staff
      i. Department Chair or Dean’s Office (Faculty), or Immediate Supervisor (Staff)
      ii. Mercer Police – Complete the 1st report of injury as soon as possible

4. Blood Testing (Consent is required, a form is provided)
   A. Mercer Faculty, Staff, and/or Student: HIV, Hepatitis B, and Hepatitis C
   B. Source, if possible: HIV, Hepatitis B, and Hepatitis C

5. Follow-up Action (Faculty, Staff, & Students)
   A. Complete all procedures prescribed by the attending physician & staff (Faculty, Staff, & Students)
   B. Provide all requested information to Personal Insurance Representative (Students):
      i. Coordinate communication with Supervising Faculty, Dean’s Office, or Student Affairs Office
   C. Provide all requested information to Mercer’s Workers’ Compensation Plan Administrator (Faculty & Staff)
      i. Coordinate communication with Department Chair, Dean’s Office or Immediate Supervisor
      ii. Mercer University Workers’ Compensation Plan contact information:
          CORE Management Resources / Workers’ Compensation Office  770.962.3627
          PO Box 969
          Grayson, GA 30017-0969
          AGNES.WHITE@COREWORKERSCOMP.COM
6. Recommended Healthcare Provider for the Faculty, Staff, & Students by Campus:
   Mercer Atlanta Campus:  North Atlanta Urgent Care  
   2700 Clairmont Road  
   Atlanta, Georgia 30329  
   404.327.8744 http://www.atlantaurgentcare.com/

   Mercer Columbus Campus:  Columbus Regional Health / Midtown Medical Center  
   710 Center Street  
   Columbus, GA 31901  
   706.571.1000 http://www.columbusregional.com  
   St. Francis Hospital  
   2122 Manchester Expressway  
   Columbus, GA 31904  
   706.596.4000 http://www.wecareforlife.com

   Mercer Macon Campus:  Medical Center of Central Georgia  
   777 Hemlock Street  
   Macon, GA 31201  
   478.633.1000 http://www.mccg.org

   Mercer Savannah Campus:  Memorial Health University Medical Center  
   4700 Waters Avenue  
   Savannah, GA 31404  
   912.350.8000 http://www.memorialhealth.com

Mercer University Benefits/Payroll/Employee Wellness:  
Policies, Procedures, & Forms page  
Scroll down to the bottom of the page to the Workers Compensation section  
http://departments.mercer.edu/payroll/FORMS.html

Additional information on this blood borne pathogen exposures can be found at the CDC  
website at: http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf
INFORMED CONSENT FORM
Revised and adopted March 10, 2014 AAH

I give my permission to allow the doctor, appropriate staff, clinic or hospital to collect necessary blood specimens in order to test for:

(Check all that apply) YES  NO

1. Human Immunodeficiency Virus (HIV)  
   __  __

2. Hepatitis B  
   __  __

3. Hepatitis C  
   __  __

By giving this permission, I understand that counseling will be available with the Physician or designee to explain the significance of the test results as it specifically relates to my condition.

I certify that I have received pre-test counseling.

I also understand that these results will become part of my private medical record.

________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Name and address of physician, appropriate staff, clinic or hospital (print)

________________________________________________________________________________________________________________________________________________________

Patient’s Name (print)

________________________________________________________________________________________________________________________________________________________

Patient’s Signature  Date
**Mercer University School of Medicine – Needle Stick Report**

Mercer University SOM
1550 College Street
Macon, GA 31207
Fax 478-301-2547
Phone 478-301-2600

---

**Instructions:** This form is to be used to report sharps injury or needle-stick by students who have experienced an injury. Submit form to the Office of Environmental Health & Safety on the Macon Campus regardless of where the injury took place.

---

**Date of Report:** ____________________________

**Student Name:** ____________________________

**Campus:** _________________________________

**Address/ Phone:** ____________________________________________________________

---

**INJURY INFORMATION**

**Date of Injury:** ____________  **Time of Injury:** ____________

**Facility of Injury:** _________________________________________

**Where did injury occur? (ER, patient room, etc):** __________________________________

**Was the source identifiable? (note name if known):** __________________________________

**Was the injured student the original user of the sharp instrument?** _______________________

**Was the sharp item contaminated? (visible blood or known exposure in patient):** ________________

**Please note the intended purpose for the sharp (injection, IV, suture, cutting, etc):** ________________

**What type of device was the sharp:** _____________________________________________________

**Was the sharp in question a safety device:** _______________________________________________

**Describe the circumstances surrounding this injury including the bodily location of the injury:** __________________________

---

Submit form to Alan Baca-Assistant VP Environmental Health & Safety baca_ar@mercer.edu fax 478-301-5520

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MUSM Policies (2) Related to Instruction 15
Date of Injury: ____________________________

Student Name: ___________________________

Campus: ________________________________

SOURCE PATIENT INFORMATION

Was the source identified? __________

Was the source tested for communicable disease? __________

Hepatitis B? __________ Results __________

Hepatitis C? __________ Results __________

HIV? __________ Results __________

MEDICAL STUDENT INFORMATION

Was student evaluated after injury? __________ Where? ________________________________

Was student previously vaccinated against Hepatitis B? __________

Was student pregnant? __________

Was the student tested for communicable disease? __________

Hepatitis B? __________ Results __________

Hepatitis C? __________ Results __________

HIV? __________ Results __________

Was the student treated with post-exposure prophylaxis? __________

Please note treatment(s) ________________________________________________________

______________________________________________________________

Submit form to Alan Baca-Assistant VP Environmental Health & Safety baca_ar@mercer.edu fax 478-301-5520
2.07 Graduate Faculty Membership Policy

Mercer University School of Medicine
Graduate Faculty Membership Policy
Selection Criteria

In order to serve the interests of a growing number of graduate programs and to better position MUSM to serve the needs of graduate students, the School of Medicine sets forth the following membership criteria that requires faculty to hold ‘Graduate Faculty’ status in order to teach graduate courses or serve on thesis and dissertation committees. These MUSM guidelines are consistent with the university’s appointment process for full or associate Graduate Faculty as outlined in section 2.03 of the Faculty Handbook (see Attachment A).

MUSM graduate programs may either be department-based or interdepartmental. In either case, the graduate program will be administered by a committee charged specifically with oversight of the graduate program. In the case of a department-based program, the committee will be appointed by the department chair and approved by the dean. In the case of an interdepartmental program, the committee will be appointed and approved by the dean.

Criteria for teaching graduate courses or serving as principal thesis advisor:

Full Graduate Faculty appointments are only available to full-time faculty who have at least three years of acceptable experience as a faculty member within an academic institution. Associate Graduate Faculty appointments are available to full-time and part-time faculty.

A faculty member teaching in a graduate course or serving as a principal thesis or dissertation advisor must have a faculty appointment in the respective graduate program. These appointments may be either primary or secondary. The respective graduate program oversight committee will be responsible for graduate program faculty appointment recommendations, with endorsements by the Department Chair (if applicable) and the Dean. Final approval rests with the Provost. In the case of departmental-based programs it is anticipated that all, or nearly all, faculty members in the department will hold appointments in the graduate program. Graduate program faculty appointments will be based on substantial evidence that a faculty member can provide, graduate students with the education, training, and mentoring that are essential to the success of Mercer graduate students. This evidence might include:

- History of relevant research, publications and/or conference participation
- Patents, product designs, creative artifacts, or other evidence of discipline mastery
- Experience in graduate student education
- History of service or willingness to serve on thesis, dissertation, qualifying, or comprehensive examination committees

Typically, graduate program faculty members will also have:

- Full-time or part-time faculty status with Mercer University
- A relevant degree. This will typically be a doctoral degree for programs offering doctoral degrees and at least a master’s degree for programs offering master’s degrees.
Thesis or dissertation committee composition and membership criteria

- The chair of the thesis committee will be the student’s principal thesis advisor, who is a member of the graduate program faculty.
- The majority of the committee will be composed of members of the graduate program faculty.
- In order to bring additional perspective or expertise to the thesis committee, a minority of members may be from outside the graduate program faculty. The overall composition of the thesis committee, including members without appointments to the graduate program faculty, must be approved by the graduate program oversight committee, the Dean, and the Provost.

Note that only full-time faculty may serve as a thesis committee chair.

Additional Non-academic Criteria

- Faculty members are not permitted to serve either as chair or committee member for family members e.g. spouse or dependent immediate family member, or individuals with whom they have a close personal relationship such as partner or extended family member, or a close professional relationship such as business associate or supervisor.

- A faculty member with a significant financial interest may not serve as chair of a thesis or dissertation committee for a student who is funded through a university sponsored project supported by the chair’s company, or for a student who is employed directly by the faculty member’s company. The faculty member with the conflict may serve as a committee member.

- Chair of thesis or dissertation committees must hold a degree equal to or greater than the degree being awarded.

Annually, the Dean will seek recommendations from the graduate program steering committees through their department chairs for new appointments or re-appointments of Graduate Faculty members. The updated list will be forwarded to the Provost for approval.

Adopted January 14, 2014 by the Executive Council
2.03 Graduate Faculty Appointment

An institution offering a graduate degree must demonstrate a high level of faculty competence in the fields in which the programs are offered. Appointment to Graduate Faculty status is effective only while appointees hold regular full – time or part-time teaching appointments at Mercer University. The types of Graduate Faculty appointments at Mercer University and the responsibilities associated with each are:

A. Graduate Faculty Member
The Graduate Faculty Member may serve on dissertation/thesis committees and teach graduate-level courses. To be eligible for appointment as a Graduate Faculty Member the candidate must

1. be a full-time faculty member at Mercer University;
2. hold the highest earned degree in the teaching discipline or a related discipline;
3. have at least three years of acceptable experience as a faculty member within an academic institution; and
4. demonstrate commitment to graduate education and continuing professional growth through one or more of the following: teaching graduate courses, service on committees, mentoring, and involvement in other scholarly and/or professional activities.

Appointment as a Graduate Fellow or Graduate Faculty Member is for a term of five years.

B. Graduate Faculty Associate Member
The Graduate Faculty Associate Member may serve on dissertation/thesis committees and teach graduate-level courses. To be eligible for appointment as a Graduate Faculty Associate Member, the candidate must

1. be a full-time or part-time faculty member at Mercer University.
2. hold a high earned degree in the teaching discipline or a related discipline; and
3. demonstrate commitment to graduate education and continuing professional growth through one or more of the following: teaching graduate courses, service on committees, mentoring, and involvement in other scholarly and/or professional activities.

Appointment as a Graduate Faculty Associate Member is for a term of three years.

Appointment Procedures

The Dean of the school or college will nominate individuals for appointment to the Graduate Faculty. The appropriate documentation will be forwarded to the chair of the University Graduate Council for action by the Council. Recommendations from the Council will be submitted to the Provost for final approval and appointment.
3. Instructional Support Services

(updated 9/2014)

3.01 Medical Library and Peyton T. Anderson Learning Resources Center

- Mercer Medical School – Macon Campus Library
- Mercer Medical School – Savannah Campus Library
- Mercer Medical School – Columbus Campus Library

3.02 Communications: Information Technology and Media Support

- Communications
- Information Technology and Media Support
- Columbus campus
3.01 Medical Library and Peyton T. Anderson Learning Resources Center

The resources and services of the Mercer Medical Libraries are available onsite in Macon (Mercer Medical Library and The Peyton T. Anderson Resource Center), and in Savannah (Health Sciences Library). Macon and Columbus faculty and students are also served by the libraries of The Medical Center of Central Georgia (Peyton Anderson Health Education Center) and The Medical Center in Columbus (Simon W. Schwob Medical Library) respectively.

The Mercer libraries are members of the National Network of Libraries of Medicine (NN/LM) and have consortial memberships for resource sharing with GETSM (Research Libraries of Georgia), CONBLS (Consortium of Biomedical Libraries in the South), Lyrasis, and the Georgia Interactive Network for Medical Information (GaIN) (http://gain.mercer.edu). (NOTE: The Medical Library in Macon serves as the center of GaIN, a computer-based network that provides multiple e-resources through consortial arrangements to about 50 health care institutions throughout the state.) The Mercer Medical libraries also share resources with other Mercer University libraries, including the Jack Tarver Library (Macon) and the Monroe F. Swilley Jr. Library (Atlanta).

The libraries’ combined print collection includes approximately 360 unique journal titles, 113,500 print volumes, 9,200 audiovisuals and 2,500 government documents. Checkout privileges are given to Mercer University School of Medicine students, staff and faculty, and other affiliated healthcare providers. Members of the community are welcome to use resources in-house.

Electronic library resources and services are available to MUSM faculty, staff and students 24/7 via the libraries’ webpage: http://med.merer.edu/library (online and mobile). Library resources are also available via Blackboard (online and mobile), the School of Medicine online catalog delivery and management system. Electronic journals may be accessed via the libraries online catalog, A to Z list of nearly 10,000 medical and healthcare related journals, and online journal databases such as ScienceDirect, Wiley Online Library, SpringerLink, ISI Web of Science, PubMed (online and mobile), MD Consult (online and mobile), Ovid, Clinical Key, DynaMed, and PsycArticles. Over 400 Electronic books may be accessed via the libraries online catalog, electronic textbooks list, and online databases such as MD Consult, AccessMedicine, McGraw-Hill Medicine, Stat!Ref, and Ovid. The Medical Libraries also have access to the ebrary Medicine Collection, which provides approximately 2,800 health related online books. The libraries provide access to over 30 health related databases including:

- **Point-of-Care**: Cochrane Library full-text, Dynamed (online and mobile), Essential Evidence Plus (online and mobile), FirstConsult (mobile), TRIP, Medscape (online and mobile), National Guideline Clearinghouse
- **Differential Diagnosis**: Visual DX (online and mobile provided by the Georgia Department of Public Health), Diagnosaurus (online and mobile)
- **Images/Video**: SpringerImages, MD Consult, ARRS Goldminer, MedlinePlus Videos, NEJM Multimedia, WebPath
• Drug Information: Micromedex (online and mobile), Epocrates Essentials (mobile), MD Consult, NLM Drug Portal
• Patient Education: MedlinePlus (online and mobile), MD Consult, and AccessMedicine

The libraries’ combined print collection includes approximately 360 unique journal titles, 113,500 print volumes, 9,200 audiovisuals and 2,500 government documents. Checkout privileges are given to Mercer University School of Medicine students, staff and faculty, and other affiliated healthcare providers. Members of the community are welcome to use resources in-house.

Materials not owned by the Medical Libraries may be borrowed from other libraries via InterLibrary Loan. Users are encouraged and requested to make recommendations for resources. A “Make a Suggestion” form is available on the libraries’ webpage.

The libraries utilize social media such as Facebook and mobile applications. RSS feeds/email alerts provide updates on the literature in 21 subject areas.

A combined staff of 10 professional librarians and 12 library assistants are available to assist faculty, students, and staff with their information needs. Library hours are posted on the libraries’ web page. Librarians may be contacted in person, phone or email for library instruction, reference services, or assistance with research projects or literature searches.

The library faculty provides scheduled instruction to students as part of the Community Medicine Curriculum and Biomedical Problems Program, participating in resource lectures and conducting small group sessions in the areas of evidence-based medicine and the use of library online and mobile resources. Library classes are also available on demand for students, faculty and staff with no minimum class size.

Librarians serve on standing faculty committees including Research, Curriculum & Instruction, Library & Learning Resources, Rules & Bylaws, Promotion & Tenure, and the Executive Council. Library liaisons work with designated departments on both campuses to facilitate use of the libraries, and increase faculty and student awareness of services and collections. A list of liaisons and their areas of service and contact information may be found on the libraries’ webpage.

Specifics on the libraries on the Macon and Savannah campuses are discussed below.

• Mercer Medical School – Macon Campus Library

The Medical Library (http://med.mercer.edu/library), first organized in 1974, offers a variety of print, electronic, and audiovisual materials, which support the problem-based curriculum, faculty research and development, and community health interests. The Peyton T. Anderson Learning Resources Center (LRC) is a multi-purpose, multi-function facility used by several departments of the Medical school. Administratively, it is part of the Medical Library and offers space for classes, meetings, testing, and one-on-one computer training. The LRC also has a wide selection of anatomical models, charts,
plastinated specimens, x-rays, microscope slides, computer software and audiovisual equipment that is available for checkout. The facility also serves community health education needs by providing regular tours to area school students and by allowing area health education students to study the anatomical models and charts. Models may also be checked out to area teachers for classroom use depending on availability.

### Hours

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday–Thursday</td>
<td>8:00 am - 11:00 pm</td>
</tr>
<tr>
<td>Friday</td>
<td>8:00 am - 6:00 pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>10:00 am - 6:00 pm</td>
</tr>
<tr>
<td>Sunday</td>
<td>1:00 pm - 11:00 pm</td>
</tr>
</tbody>
</table>

Note: University Holidays, summer hours and other exceptions are posted in advance.

### Directory

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>301-2519</td>
</tr>
<tr>
<td>Public Services -</td>
<td>301-4056, 301-4144,</td>
</tr>
<tr>
<td>Circulation/Interlibrary Loan/Reference</td>
<td>301-2549 or 301-4057</td>
</tr>
<tr>
<td>GaIN Program</td>
<td>301-2516, 301-2515 or 301-4132</td>
</tr>
<tr>
<td>Archives</td>
<td>301-2318</td>
</tr>
<tr>
<td>Learning Resources Center (LRC)</td>
<td>301-4149</td>
</tr>
<tr>
<td>Collection Development</td>
<td>301-2516</td>
</tr>
<tr>
<td>Technical Services – Cataloging</td>
<td>301-2318, 301-2881 or 301-2326</td>
</tr>
<tr>
<td>Technical Services – Acquisitions/Serials</td>
<td>301-2514</td>
</tr>
</tbody>
</table>

- **Physical Facilities - Macon:**
  The Medical Library is located on the first floor of the Medical Education Building. There are separate areas for new journal acquisitions as well as carrels for individual study. Three small rooms are reserved for medical students for group study on a first-come first-served basis. The Skelton Conference Room is available for MUSM use and may be reserved at the circulation desk. The Will C. Sealy Room houses the Library’s History of Medicine collection. A separate Archives room contains the records and papers of Mercer University School of Medicine.

  The Peyton T. Anderson Learning Resources Center is located on the second floor of the Medical Education Building. The facility includes the anatomical gallery, computer workstation area, classrooms, computer lab, and wet lab.

- **Checkout Policies - Macon:**
  Members of the community are welcome to use the Library and Learning Resource Center (LRC) medical and health education resources in-house. Medical Library and LRC checkout privileges are given to Mercer University School of Medicine students, staff and faculty; Medical Center of Central Georgia residents and medical staff; and Mercer faculty. The Medical Library also extends checkout privileges to Mercer
students. Some LRC resources may be checked out to area teachers for classroom use.

*** MERCER ID MUST BE PRESENTED AT CHECKOUT ***

<table>
<thead>
<tr>
<th>Library</th>
<th>Length of Checkout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books</td>
<td>14 days (medical &amp; other MUSM graduate students)</td>
</tr>
<tr>
<td></td>
<td>30 days (clerkship students, faculty, residents &amp; MUSM staff)</td>
</tr>
<tr>
<td>Board review books</td>
<td>3 days (medical &amp; other MUSM graduate students)</td>
</tr>
<tr>
<td></td>
<td>30 days or length of rotation (clerkship students)</td>
</tr>
<tr>
<td>Audiocassettes/CDs</td>
<td>7 days</td>
</tr>
<tr>
<td>Videos or other A/V</td>
<td>1 day</td>
</tr>
<tr>
<td>Reserve 1</td>
<td>4 hours or overnight</td>
</tr>
<tr>
<td>Reserve 2</td>
<td>Length of rotation for clerkship students, all others 4 hours</td>
</tr>
<tr>
<td>MPH/MFT Reserve</td>
<td>4 hours – some materials may be used in the library only</td>
</tr>
<tr>
<td></td>
<td>and are so marked</td>
</tr>
<tr>
<td>Journals</td>
<td>Use in the library only – no checkout</td>
</tr>
<tr>
<td>Reference materials</td>
<td>Use in the library only – no checkout</td>
</tr>
</tbody>
</table>

Note that the majority of videos and slides are located in the Medical Library. For exact locations, check the MedCat catalog.

<table>
<thead>
<tr>
<th>Learning Resources Center</th>
<th>Length of Checkout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve Materials</td>
<td>4 hours</td>
</tr>
<tr>
<td>Skeletons</td>
<td>1 day</td>
</tr>
<tr>
<td>Models, Simulators, Charts</td>
<td>1 day</td>
</tr>
<tr>
<td>Microscope Slides</td>
<td>LRC use only</td>
</tr>
<tr>
<td>Computer Assisted Instruction</td>
<td>1 day</td>
</tr>
<tr>
<td>X-Rays</td>
<td>14 days</td>
</tr>
<tr>
<td>Other</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Note: Some materials may not leave the building. Check at the LRC Circulation Desk.

Reserve materials may be checked out for four hours with renewals possible unless on hold for another user. Overnight checkout is available four (4) hours before closing; material is due one (1) hour after opening the following day. The four-hour limit will be strictly enforced to allow fair access by all users.

Library users may request a “hold” to be placed on materials currently checked out by someone else. Circulation staff will notify the patron by phone or email when the materials are returned.

Library cards for qualified persons are available upon request at the library circulation desk.
• **Collections - Macon:**

Users are encouraged and requested to make recommendations for book, journal, Learning Resources Center and electronic purchases. Forms are available at the circulation desks and online at:

http://med.mercer.edu/libraries/suggestionforpurchase.htm.

Faculty members and students are encouraged to donate books and journals to the Medical Library. All donations are accepted with the understanding that their assimilation into the collection is at the discretion of the library staff. The gift policy is also available at the library circulation desk.

Access to materials in the collection is provided through the MedCat online catalog at http://gainiii.mercer.edu. MedCat uses the Innovative Interfaces library management software. It contains holdings of the Mercer Medical Library, including the Savannah campus, and several hospital libraries that are members of the GaIN network. MedCat users may search the whole database or limit their search to a Mercer campus (Macon or Savannah), or any GaIN institutional member location. Searches may also be sent seamlessly to the catalogs of the other Mercer Libraries. Records may be exported and e-mailed from MedCat in various formats. Assistance in using the catalog is available at the circulation desk.

Recently cataloged books, depository documents, and audiovisuals are displayed in the New Books area at the entrance to the Library. The monthly New Books & Audiovisuals List is available from MedCat at http://gainiii.mercer.edu/. A print copy is displayed in the new books area and a Word format electronic copy may be requested from the Cataloging department at 301-2881.

Books and audiovisuals are shelved according to the National Library of Medicine’s subject classification scheme, and journals are shelved alphabetically by title. A small, separate depository government documents collection is arranged by the Superintendent of Documents classification system numbers (SuDoc).

• **Reference Services - Macon:**

Reference librarians are available to assist library users from 8:30 am to 9:00 pm, Monday-Thursday, and 8:30 am to 5 pm Friday. General assistance is available at all times to provide a brief five-minute library orientation. Reference service is provided by mail, phone (301-4056; ask for a reference librarian), fax (301-2051) and e-mail (reference.ill@gain.mercer.edu).

The Library provides search services with access to more than 300 databases covering medicine, allied health, nursing, behavioral sciences, toxicology, and public health. Additional information can be provided regarding the scope of each database and the selection of the database most suited to your topic. A fee is assessed for computer searches performed by librarians and varies according to databases searched.

For those with a continuing need for current information in a particular area, library staff can show you how to set up a notification service that will automatically email you updates on your topic regularly.
• **InterLibrary Loan/Document Delivery Services - Macon:**

Material not owned by the MUSM library can be borrowed from other libraries. The library obtains requested material from other libraries within the limits of the copyright law. This service is extended to medical school faculty, staff, students, volunteer faculty and others by special arrangement. Because our arrangement with other libraries is on a “courtesy” basis, a fine of $5.00 per day will be charged for any overdue interlibrary loan.

Interlibrary loan request forms are available at the circulation desk and online at http://med.mercer.edu/Library/ill-Macon.htm. These forms should be filled out as completely as possible. Journal articles obtained through interlibrary loan are generally received within 3-10 business days. They may be delivered electronically to the requester’s designated email address, or may be printed out and picked up in the library, or may be sent via campus mail to the requester’s office. Borrowed books generally take a minimum of 2-10 days to arrive and must be picked up in the library. Photocopies of materials owned by the MUSM library are available at a cost of $2.00 per item. The library will bill your department for copy services if the department allows this; otherwise, you will be billed personally. Photocopied materials may be picked up in the library or emailed to your desktop, whichever you prefer.

• **Educational Services - Macon:**

Classes on library and information technology topics are taught on request by Library & Learning Resources Center faculty and staff. A list of class topics is available at http://med.mercer.edu/library/libraryinstruction-macon.htm. There is no minimum class size; we can work with you one-on-one, or offer a seminar for up to 16 persons. Classes are normally available between 9 AM - 5 PM, but Library staff will also be happy to work with you to present a class at other times to meet your needs. To schedule a class, please come by the Medical Library, or contact us at 301-4056 or reference.ill@gain.mercer.edu. If you don't see a class on the topic you need, please contact the Outreach & Education Coordinator at 301-2827 to suggest one.

• **Mercer Medical School – Savannah Campus Library**

The Health Sciences Library at Memorial University Medical Center in Savannah became officially affiliated with Mercer in 2001 as the Clinical Campus Branch Library. It served third and fourth year Mercer medical students rotating through Memorial as well as all Memorial employees, Mercer faculty in Savannah, and other learners on campus. In 2008, the Mercer Medical School – Savannah Campus opened. The Library was moved, and the Library staff was expanded to serve the four-year medical school in addition to hospital personnel and other learners on campus.

<table>
<thead>
<tr>
<th>Hours</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Thursday</td>
<td>7:30 am</td>
<td>- 9:00 pm</td>
</tr>
<tr>
<td>Friday</td>
<td>7:30 am</td>
<td>- 7:00 pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>10:00 am</td>
<td>- 5:00 pm</td>
</tr>
<tr>
<td>Sunday</td>
<td>1:00 pm</td>
<td>5:00 pm</td>
</tr>
</tbody>
</table>
Note: University Holidays, summer hours and other exceptions are posted in advance.

**Directory**

<table>
<thead>
<tr>
<th>Reference Desk</th>
<th>912-350-8345</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Director, Savannah Campus</td>
<td>912-350-8124</td>
</tr>
<tr>
<td>Reference Electronic Resource Librarian</td>
<td>912-350-3546</td>
</tr>
<tr>
<td>Inter-Library Loan</td>
<td>912-350-3549</td>
</tr>
</tbody>
</table>

- **Physical Facilities - Savannah:**
  The Health Sciences Library is located on the ground floor of the hospital’s education building, between the emergency room and human resources. Current journals are shelved in the reading area of the library. Back issues are shelved in the middle of the library and the contents of each range are identified at the ends of the ranges. Books are shelved on the exterior walls of the library, except for reference books, which are shelved next to the reference desk. There are 5 study tables, 6 carrels with power, 4 easy chairs with writing arms, and one couch available. There are five computer terminals for users connected to the Memorial network and five terminals connected to the Mercer network.

- **Checkout Policies - Savannah:**
  Members of the community may use the Health Sciences Library during staffed hours. Checkout privileges are limited to Memorial employees and Mercer University School of Medicine. Hospital ID badge must be presented at checkout. Checkout period for books in the circulating collection is 14 days; they may be renewed. Checkout period for student curriculum materials varies. Journals in print do not circulate but may be photocopied. Over 9,800 electronic journal subscriptions are available. Models and plastinated specimens are available for checkout only to Mercer faculty and staff.

- **Collections - Savannah:**
  Users are encouraged and requested to make recommendations for book, journal, and electronic purchases. Access to materials in the Library is provided through the MedCat online catalog listed on the Library page on the Memorial Intranet and the Mercer Medical Libraries page.

- **Reference Services - Savannah:**
  The Library provides the full range of search services, book checkout, automated updates of topics, inter-library loan, and instruction on database use to qualified users. Interlibrary loan request forms are available at the circulation desk. The library also accepts requests by e-mail, fax or telephone. Journal articles obtained through interlibrary loan are generally received within 1-5 business days. They may be delivered electronically to the requester’s email address, faxed, or printed and picked up in the library.
• Mercer Medical School – Columbus Campus Library

A fully staffed and equipped medical library is housed within the Columbus Regional Medical Center referred to as Simon Schwob Medical Library. This library is fully integrated into the School of Medicine's library network. A smaller, self-serve facility is located within St. Francis Hospital.
3.02 Communications: Information Technology and Media Support

- Communications
  - Graphic Services:
    The Office of Communications provides a unique array of graphic design services to the faculty, staff, and students of MUSM including illustration, charts/graphs, signs, posters, poster exhibits, and brochure layouts. While focus primarily lies on serving MUSM, requests from other Mercer faculty and students will be honored as time permits.

    In order to support the development of our school, we provide these services free of charge when the project directly benefits the mission of MUSM. Individuals requesting services for projects not related to the mission of MUSM will be charged for the cost of labor and the materials.

  - Photography and Video Services:
    Photography and video services are provided to Mercer paid faculty and staff of MUSM at no charge for projects supporting the mission of the School. Please visit [http://medicine.mercer.edu/faculty-staff/communications/](http://medicine.mercer.edu/faculty-staff/communications/) for more information on the services provided, and to obtain request forms. Individuals requesting services for projects not related to the mission of MUSM will be charged for the cost of labor and materials.

- Information Technology and Media Support
  - Media Services:
    The IT & MS department provides media related setup for events, presentations, lectures, etc. within MUSM. Setup and configuration of laptops, projectors, overhead units, sound systems, VCR’s and slide projectors may be scheduled through the department. Available presentation hardware will vary from room to room.

  - Technical Support:
    The IT & MS department provides technical support to the faculty, staff and students of MUSM. This technical support covers PC hardware installation/troubleshooting/ repair and PC peripheral installation/troubleshooting/repair. In addition infrastructure services are also handled through the IT & MS department. Infrastructure services include server based storage and network connectivity. All computer hardware and software purchases within MUSM (using MUSM funds) must be approved by the IT & MS department. This approval process ensures compatibility with existing infrastructure, price/performance assurances, and proper scheduling for installation.
• **Web Support:**
The IT & MS department manages and maintains all internal and external Web content for MUSM. Request for materials to be made available through this medium may be submitted to the IT & MS department for conversion to a Web format and publishing.

• **Software Support:**
Limited custom software development support is available through the IT & MS department. The department has expertise in a variety of software development languages and platforms. These services are provided to faculty and staff at MUSM for projects supporting the mission of the School.

• **Columbus campus**
There is a Distant Learning Classroom (DLC) located at the Bradley Center to encompass all teleconferencing needs for faculty and students, visual aid for presentations, and ability to record audio and visual needs as they arise. The DLC is functionally equipped to interconnect with all School of Medicine campuses. Macon's IT will provide over the phone troubleshooting and if necessary make the drive to solve all IT problems.
4. **Research Policies**  
*(updated 9/2014)*

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4.02 Openness of Research .................................................................................................. 2  
4.03 Patents and Copyrights ............................................................................................... 2  
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4. RESEARCH POLICIES

4.01 University Support of Research Activities

All faculty are encouraged to engage in scholarly pursuits. A modest budget to provide
supportive services and to maintain major equipment is provided by the School. Start-up
funds are provided to aid new investigators and to initiate research projects.

- Research scholars program. Rising second-year medical students work with faculty
during the summer conducting research. At the conclusion of the experience,
students present their research in a formal seminar to MUSM faculty and students.

4.02 Openness of Research

All research conducted at MUSM is public or non-classified. No restraints are made on
the publication of research results that are made in a scholarly manner. Faculty members
may, in special instances, arrange to conduct classified research. An ad hoc committee
appointed by the President must study the feasibility of conducting classified research
prior to its initiation.

4.03 Patents and Copyrights

Mercer University has a patent policy that (1) promotes the University's policy of
encouraging scientific research and scholarship, (2) serves the public interest by
providing procedures through which inventions that arise in the course of University
research may be made available to the public, (3) establishes principles and uniform
procedures for determining the rights and obligations of the University, inventors, and
research sponsors and (4) encourages, assists, and provides tangible reward to members
of the University community who make inventions processed under the policy.
Investigators should notify the University promptly of any invention believed to be
patentable which is conceived or developed wholly or in part with University funds or
facilities or in the course of any University-administered grant or contract. Inventions
arising from research sponsored by governmental or private agencies are controlled by
the terms of the applicable grant or contract, and the inventor shall cooperate with the
University to ensure that all obligations to research sponsors are met.

Mercer University does not claim any interest in books, journal articles or other
traditional copyrightable material developed by its faculty members. Under certain
circumstances the University may claim an interest in computer software, videotapes and
similar property developed with University funds or facilities. Any income derived from
the commercialization of such property will be shared with the employees involved in the
development.

4.04 Research on Human Subjects

An Institutional Review Board for Human Subject Research has been established to
ensure competent review of all research activities involving human subjects. The Board
is responsible for protecting the rights and welfare of human subjects involved in
research conducted at or sponsored by Mercer University and to assure its compliance with applicable laws and regulations. Before any project or activity involving human subjects is undertaken, the investigator must submit sufficient information to the Board to enable it to determine the degree of risk at which the human subjects will be placed, to assess whether the risks are reasonable in relation to the anticipated benefits and importance of the knowledge to be gained, and to assure that legally effective informed consent will be obtained.

Further information, copies of the IRB Policy, application forms, and examples of consent forms can be obtained from the Office of Sponsored Programs or through the IRB website. www.mercer.edu/uro/compliance/irb

4.05 Use of Animals in Research

In compliance with applicable laws and regulations, Mercer University has an Institutional Animal Care and Use Committee charged with the responsibility of reviewing facilities, research, and teaching for the proper care and use of laboratory animals. Before any research project or teaching activity involving vertebrate animals is undertaken, the investigator must submit sufficient information to the Committee to enable it to determine the appropriateness of the animal model and to assure the proper care and use of the animals.

Further information, copies of the relevant guidelines and policies, and application forms can be obtained from the Office of Sponsored Programs or through the IACUC website. www.mercer.edu/uro/compliance/iacuc

4.06 Environmental Safety

Mercer University complies with federal and state requirements for the use and disposal of radioactive and/or other hazardous materials. Information concerning radioactive materials may be obtained from the Radiation Safety Officer. The University Health and Safety Office has information, regulated forms, and copies of policies for obtaining approval for research or teaching programs using recombinant DNA or drugs, hazardous chemicals, and potentially infectious materials or organisms.

4.07 Fraud and/or Misconduct in Research

Mercer University has adopted a policy on fraud and/or misconduct in research. This policy addresses the intentional fabrication or falsification of research data; the plagiarism of research publications; the failure to obtain proper approval by the responsible committee for research that involves human subjects, animal subjects, radioactive materials, hazardous chemicals or bio-hazardous substances; and fraud in research. The details of the policy can be found in the University Faculty Handbook -- Article 3.05.
4.08 Self-Funded Research Requiring MUSM Research Facilities

Faculty members wishing to fund research from their own pockets have the responsibilities of a Principal Investigator (PI) and use the following policy.

1. PI writes a grant proposal using Medcen format including budget for the entire project. Indirect costs will be figured at the current NIH F&A rate and added to budget.
2. Include a list of 2 off campus impartial reviewers who are willing to provide written comments on the scientific merit of the proposal and rank it 1 – 10 (10 best).
3. Follow the usual MUSM routing of the proposal for approval, i.e. Chairman’s signature, signature of Associate Dean for Research, Finance Office, University Research Office.
4. PI transmits proposal to reviewers and has their reviews returned directly and in confidence to office of Associate Dean for Research within 1 month.
5. Project is either approved or disapproved by the Dean of MUSM.
6. If approved, PI deposits first year budget with University.
7. PI is responsible for maintaining budget balance to make certain account is not over drawn.
8. PI deposits one year budget annually for the approved life of the grant
9. Annual progress reports are submitted to the departmental Chairman and Dean’s office.

Mercer University Research Financial Conflict of Interest Policy (See Section 5 for policy)
5. Conflict of Interest  
(updated 9/2014)

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PART I: General Policy on Conflict of Interest

A. Introduction
This MUSM policy is based on the University “Policy on Conflict of Interest for Government-Sponsored Programs” and, like the University policy, is intended to comply with the National Science Foundation (NSF) Investigator Financial Disclosure Policy [Fed. Reg. 60, no. 132, pp. 35820-35823 (July 11, 1995)] and the final regulations of the Department of Health and Human Services (DHHS) dealing with investigator conflicts of interest, both of which were effective on October 1, 1995. Modifications of this MUSM Policy may be necessary or advisable once other agencies adopt conflict of interest rules or once further guidance is received from NSF and HHS.

In addition to meeting the standards imposed by NSF and DHHS, both the University and the School policies have been broadened, by way of a General Philosophy and Basic Principles, to cover non-financial conflicts of interest.

B. General Philosophy
Mercer University and the School of Medicine recognize that external consulting, research, and educational or other scholarly activities are a proper and common feature of academic employment, contributing to the professional development of the individual and extending the University’s missions of teaching, research, and service. The University and School of Medicine permit and indeed encourage a limited amount of such activities where they (1) provide the individual employee with experience and knowledge valuable to teaching, research or scholarship, (2) involve suitable research or scholarship through which the individual may make a worthy contribution to knowledge, or (3) constitute a public service, as long as they do not present unacceptable conflicts of interest or create conflicts of commitment with respect to the individual’s obligations to the University or the School of Medicine and performance of University and School duties.

C. Basic Principles
1. Full-time members of the faculty and professional and administrative staff owe their primary professional responsibility to MUSM, and their primary commitment of time and intellectual effort should be to their institutional responsibilities assigned and/or approved by the Dean of the School. Part-time employees are obligated to the School in proportion to the terms of their employment. Outside activities may not interfere with the individual’s institutional responsibilities.

2. Mercer University School of Medicine does not permit full-time employment at another establishment.

3. No outside activities should result in any conflict of interest with or compromise of commitment to the individual’s responsibilities to MUSM.
4. MUSM resources (including space, facilities, equipment, and support staff) may not be used for outside activities without prior approval and appropriate payment to MUSM.

5. The School’s name may not be used in outside activities without prior approval.

6. Faculty members who wish to arrange consulting, research, educational, or other paid outside activities must obtain prior approval from the Dean of the School or the Dean’s designee. Professional or administrative staff who wish to arrange consulting, research, educational, or other paid outside activities must obtain prior approval from the appropriate supervisor.

7. Faculty members who believe their consulting, research, educational, or other paid outside activities will result in a conflict of interest must obtain prior approval from the Dean of the School or the Dean’s designee.

8. Faculty members who believe their consulting, research, educational, or other paid outside activities will result in a conflict of commitment must obtain prior approval from the Dean of the School or the Dean’s designee.

D. Annual Disclosure

In order to prevent conflicts of interest and commitment, it is the policy of Mercer University School of Medicine that on or before April 30th of each year each faculty member will complete a Conflict of Interest/Commitment Form along with the Professional Development Plan, which will be made a matter of record.
PART II Specific Policy on Financial Conflicts of Interest

A. Definitions

1. **Investigator** means the principal investigator, co-principal investigators, and any other person employed full- or part-time by MUSM who is responsible for the design, conduct, or reporting of consulting, research, education, or other professional activities funded or proposed for funding by any source within or outside the University.

2. **Significant financial interest** means anything of monetary value, including, but not limited to salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights, and royalties from such rights). The term does not include:
   
   a. Salary, royalties or other remuneration from the University or any ownership rights held by the University, if the School or University is an applicant for a recipient of funding under the Small Business Innovation Research Program or Small Business Technology Transfer Program;
   
   b. Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
   
   c. Income from service on advisory committees or review panels for public or nonprofit entities;
   
   d. An equity interest that, when aggregated for the investigator and the investigator’s spouse and dependent children, meets both the following tests: does not exceed $5,000 in value as determined through reference to public prices or other reasonable measures of fair market value and does not represent more than a 5% ownership interest in any single entity; or
   
   e. Salary, royalties or other payments that, when aggregated for the investigator and the investigator’s spouse and dependent children, are not expected to exceed $5,000 during the next twelve month period.

B. Required Financial Disclosures

1. Each investigator must disclose to the Dean all significant financial interests of the investigator (including those of the investigator’s spouse and dependent children) (1) that would reasonably appear to be affected by the consulting, research, educational or other professional activities funded or proposed for funding by any source within or outside the University or (2) in entities whose financial interests would reasonably appear to be affected by such activities.

2. The financial disclosures required above must be provided prior to the time a proposal for funding is submitted. Such financial disclosures must be updated during
the period of the award, either on an annual basis or as new reportable significant financial interests are obtained.

C. Determination and Management of Conflicts of Interest

1. The Dean will review the financial disclosures, will determine whether a conflict of interest exists, and will determine what conditions or restrictions, if any, should be imposed by MUSM to manage, reduce or eliminate such conflict of interest. A conflict of interest exists when the Dean reasonably determines that a significant financial interest could directly and significantly affect the design, conduct, or reporting of consulting, research, educational, or other professional activities funded by sources within or outside the University.

2. Examples of conditions or restrictions that might be imposed to manage, reduce or eliminate conflicts of interest include, but are not limited to:
   a. public disclosure of significant financial interests;
   b. monitoring of consulting, research, educational, or other professional activities by independent reviewers;
   c. modification of the consulting, research, educational, or other proposed plan;
   d. disqualification from participation in the portion of the sponsored consulting, research, education, or other professional activity that would be affected by the significant financial interests;
   e. divestiture of significant financial interests; or
   f. severance of relationships that create conflicts.

3. If the Dean determines that imposing conditions or restrictions would be either ineffective or inequitable and that the potential negative impacts that may arise from a significant financial interest are outweighed by interests of educational or scientific progress, technology transfer, or the public health and welfare, then the Dean may recommend that consulting, research, education, or other professional activity be allowed to go forward without imposing such conditions or restrictions. Such a recommendation will be forwarded to the Provost for review and approval.

4. If the Dean determines that a conflict of interest cannot be satisfactorily managed, the Dean will promptly notify the University’s General Counsel, who will assure that the funding agency is kept appropriately informed in accordance with the applicable regulations.

5. Any investigator who disagrees with any determination made by the Dean under this policy may appeal to the Provost, whose decision shall be final.
D. Certification of Compliance

1. Each investigator must certify that he or she has read and understands this policy, that all required disclosures have been made, and that the investigator will comply with any conditions or restrictions imposed by MUSM to manage, reduce or eliminate conflicts of interest. Certification of compliance by the investigator shall be by signature on the University routing form for grant application. Disclosure of significant financial interests shall be by completion of the University form “Investigator Financial Disclosure,” which must accompany all proposals for acquiring financial support for projects.

2. The University is required to certify in proposals for funding made to certain governmental agencies, including NSF and HHS, that the University has implemented a written and enforced conflict of interest policy that is consistent with applicable requirements imposed by the agency; that to the best of its knowledge all financial disclosures required by that conflict of interest policy have been made; and that all identified conflicts of interest will have been satisfactorily managed, reduced or eliminated prior to the University’s expenditure of any funds awarded by the agency, in accordance with the conflict of interest policy. The University will rely on the investigators’ certifications in making its certifications to the governmental agencies.

E. Enforcement

The failure of any investigator to comply with this policy shall constitute grounds for disciplinary action, consistent with the procedures set forth in the University Faculty Handbook, the Employee Handbook for Nonfaculty Employees, or other applicable disciplinary policies and procedures.

F. Records

Records of all financial disclosures and all actions taken to manage conflicts of interest shall be retained until at least three years beyond the termination or completion of the government-sponsored project award to which they relate, or until the resolution of any government action involving those records, whichever is longer.

G. Reporting

Annually, the Dean will provide a summary report to the Provost of all conflict of interest determinations including any restrictions or conditions imposed. If no conflict of interests are determined then a negative report shall be transmitted.

Revised February 17, 2012
PART III Conflict of Interest Policy (COI) – Interactions With Industry

Conflict of Interest Policy
Policy and Guidelines for Interactions between the Mercer University School of Medicine and the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries ("Industry").

Purpose of Policy
The purpose of this policy is to establish guidelines for interactions with industry representatives for medical staff, faculty, staff, students, and trainees of the Mercer University School of Medicine.

Adherence to this policy is required for all employees of the institution, whether full/part time, and for all students. It is strongly encouraged that all faculty members, all volunteer faculty members and all trainees affiliated with the School adhere to this policy regardless of clinical site or regulations at other clinical sites.

Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies onsite, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education.

Faculty and trainees also participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the medical school. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the institution.

Statement of Policy
It is the policy of the Mercer University School of Medicine that interactions with industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately, as described herein.

Scope of Policy
This policy incorporates the following types of interactions with industry:

I. Gifts, meals and compensation
II. Site access by sales and marketing representatives
III. Provision of scholarships and other educational funds to students and trainees
IV. Support for educational and other professional activities
V. Disclosure of relationships with industry
VI. Training of students, trainees, and staff regarding potential conflict of interest in industry interactions
VII. Enforcement and sanctions of policies
I. Gifts, Meals and Compensation

A. Personal gifts from industry may not be accepted anywhere at the Mercer University School of Medicine.
   1. It is strongly advised that no form of personal gift from industry be accepted under any circumstances. Individuals should be aware of other applicable policies, such as the AMA Statement on Gifts to Physicians from Industry (http://www.amaassn.org/ama/pub/category/4001.html).

B. Individuals may not accept gifts, meals or compensation for listening to a sales talk by an industry representative.

C. Individuals may not accept gifts, meals or compensation for prescribing or changing a Patient’s prescription.

D. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

E. Individuals may not accept compensation, including the defraying of costs, for simply attending a CME or other activity or conference (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).

II. Site Access by Pharmaceutical Sales and Medical Device Marketing Representatives

A. Sales and marketing representatives are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment.

B. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:
   1. In-service training of hospital personnel for research or clinical equipment or devices already purchased.
   2. Evaluation of new purchases of equipment, devices, or related items.

C. Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, at the discretion of the faculty member, his or her division or department, or designated hospital personnel issuing the invitation and with the approval of appropriate hospital management.

III. Provision of Scholarships & Other Educational Funds to Students & Trainees

A. Industry support of students and trainees should be free of any actual or perceived conflict of interest, must be specifically for the purpose of education and must comply with all of the following provisions:
   1. The School of Medicine department, program or division selects the student or trainee.
2. The funds are provided to the department, program, or division and not directly to student or trainee.
3. The department, program or division has determined that the funded conference or program has educational merit.
4. The recipient is not subject to any implicit or explicit expectation of providing something in return for the support.

B. This provision may not apply to national or regional merit-based awards, which are considered on a case-by-case basis.

IV. Support for Educational and Other Professional Activities

A. Individuals should be aware of the ACCME Standards for Commercial Support. They provide useful guidelines for evaluating all forms of industry interaction, both on and off campus and including both Mercer-sponsored and other events. The Standards are appended to this policy and may be found at http://www.accme.org/.

B. All education events sponsored by the Mercer University School of Medicine must be compliant with ACCME Standards for Commercial Support whether or not CME credit is awarded.

C. Faculty and medical staff should evaluate very carefully their own participation in meetings and conferences that are fully or partially sponsored or run by industry because of the high potential for perceived or real conflict of interest. Faculty, students and trainees are discouraged from attending industry-funded events including accepting reimbursement for meals, travel or other remuneration. This provision does not apply to meetings of professional societies that may receive partial industry support, meetings governed by ACCME Standards, and the like.

D. Individuals who actively participate in meetings and conferences supported in part or in whole by industry (e.g., by giving a lecture, organizing the meeting) should follow these guidelines:
   1. Financial support by industry is fully disclosed by the meeting sponsor.
   2. The meeting or lecture content is determined by the speaker and not the industrial sponsor.
   3. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
   4. The participant is not required by an industry sponsor to accept advice or services concerning speakers, content, etc., as a condition of the sponsor’s contribution of funds or services.
   5. The lecturer makes clear that content reflects individual views and not the views of Mercer University School of Medicine.
V. Disclosure of Relationships with Industry

A. Faculty, students and trainees must disclose all potential conflicts of interest to the School of Medicine as well as to all trainees and members of the audience.

B. In scholarly publications, individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (http://www.icmje.org/). Individuals are strictly prohibited from publishing articles under their own names that are written in whole or material part by industry employees (ghost writing and honorary authorship).

C. Consultation and advising for scientific purposes or to further the mission of the University may be allowed however no consultation or advising for the purpose of assisting a company with the marketing of a pharmaceutical product or medical device shall be permitted for employees and students. Consultation and advising for marketing purposes is strongly discouraged for all volunteer faculty members and trainees.

D. Employees of the School shall be allowed to participate in promotional speaking relationships, including professional speaker bureaus and presentation at speaking events, only if the presentation is not promotional in nature and if the industry funding the event has no role in determining or approving the content of the presentation. No presentations shall be allowed for the purpose of promoting a pharmaceutical product or medical device.

E. Faculty with supervisory responsibilities for students, residents, trainees or staff should ensure that the faculty’s conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the student, resident, trainee, or staff member.

F. Individuals having a direct role making institutional decisions on equipment or drug procurement must disclose to the purchasing unit, prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Such financial interests could include equity ownership, compensated positions on advisory boards, a paid consultancy, or other forms of compensated relationship. They must also disclose any research or educational interest they or their department have that might substantially benefit from the decision. The purchasing unit will decide whether the individual must refuse him/herself from the purchasing decision.
   1. This provision excludes indirect ownership such as stock held through mutual funds.
   2. The term “immediate family” includes the individual’s spouse or domestic partner or dependent children.

G. For disclosure requirements related to educational activities, see the ACCME Standards for Commercial Support (http://www.accme.org/).
VI. Training of Students, Trainees, & Staff Regarding Potential Conflict of Interest in Interactions with Industry
   A. All students, residents, trainees, and staff shall receive training regarding potential conflicts of interest in interactions with industry. Students are required to participate in COI training in First Year Orientation, Ethics, Third Year Orientation and during the Capstone Course late in the Fourth Year. Curriculum covers the effects of industry marketing on medical education and physician practice, the effects of marketing on the practice of medicine and how it relates to professionalism, and a review of how medical treatments (pharmaceutical and devices) are developed including how efficacy and safety are established.

VII. Enforcement and Sanctions of Policies
   A. All violations of the Conflict of Interest Policy must be reported to the Dean of the School of Medicine who will forward the report to the appropriate entity at the University. Consequences for non-compliance will be determined by the appropriate entity.

*Approved by MUSM Executive Committee, Oct 7, 2008
Approved by MUSM Faculty, April 21, 2009
Updated April 15, 2014*
MUSM - CONFLICT OF INTEREST/COMMITMENT FORM

List below all external institutions, companies, and other organizations for which you provide professional, research, teaching, or consulting activities and indicate the type of activity you provide and the number of days/year you spend working with each entity. (Use the back of this form if additional space is needed.)

______ I have no Conflict of Interest activities to report

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I have reviewed the Conflict of Interest/Commitment Policy of the Mercer University School of Medicine. By signing this form, I am reporting that I believe that my outside consulting activities, external employment, and outside business interests do not represent possible conflicts of interest or commitment.

______________________________  ____________________
(Signature of Faculty Member)    (Date)

I have reviewed the external activities of this faculty member and agree that there is no conflict of interest or commitment with the faculty member’s assigned responsibilities with the School of Medicine.

______________________________  ____________________
(Signature of Department Chair)  (Date)

______________________________  ____________________
(Signature of Dean)              (Date)
Mercer University - Research Financial Conflict of Interest Policy

Effective Date: August 24, 2012

Introduction

I. PURPOSE AND SCOPE
II. DEFINITIONS
III. STATEMENT
IV. DISCLOSURES BY COLLABORATORS
V. REVIEWS AND REPORTING
VI. RECORDS ACCESS AND RETENTION
VII. SANCTIONS
VIII. REFERENCES AND RELATED POLICIES

Introduction

The opportunity for investigators to receive financial or personal rewards from their endeavors is encouraged. Mercer University has policies that influence objectivity, integrity, and professional commitment of an investigator. The policies also promote institutional and personal communication while also establishing the guidelines investigators need to understand the operational boundaries. The objective of this policy is to provide guidelines that minimize the risk of conflict situations while facilitating and encouraging the full professional and personal development of investigators through their research.

I. Purpose and Scope

This Policy implements the 2011 Public Health Services (PHS) regulations on Promoting Objectivity in Research and the Responsible Prospective Contractor. An investigator applying for or receiving NIH funding from a grant or cooperative agreement must be in compliance with the revised regulatory requirements. This policy is applicable to all PHS research with an award issue date of August 24, 2012, or later, and to proposals for research activities submitted to PHS after August 24, 2012. This Policy applies to the Principal Investigator and all other Investigators who are responsible for the design, conduct or reporting of a PHS research activity.

This Policy is applicable to all research activities supported by PHS, NSF, NIH, and by other sponsors and programs that specifically request review consistent with the PHS regulations on objectivity in research.

II. Definitions

For the purposes of this policy, the following terms shall apply:

Investigator: Any individual who shares responsibility for the design, conduct, scientific conduct, technical conduct, fiscal and programmatic administration or reporting of the results of a sponsored project. This includes, but is not limited to Key Personnel named on a proposal budget.

Key Personnel: A PHS research Project Director, Principal Investigator and any other personnel considered essential to work performance and identified as Key Personnel in the contract or grant proposal.
**Designated Official(s):** Campus official(s) designated to solicit and conduct review of disclosures of Significant Financial Interests from each Investigator who is planning to participate in, or is participating in a PHS research activity.

**PHS Research:** Research funded by PHS which include research contracts, research grants, career development awards, center grants, individual fellowship awards, infrastructure awards, institutional training grants, program projects or research resources awards and conference grants. Only Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer Research (STTR) awards programs are excluded.

**Financial Interest (FI):** Anything of monetary value or potential monetary value that reasonably appears to be related to the individual’s duties and responsibilities, including, but not limited to:
- Payment for service (e.g., a consulting fee, lecture payment, or honorarium), except as otherwise excluded by this policy;
- A gift (e.g., money, hospitality, or a physical item);
- An equity interest (e.g., stock, stock option, security, or other ownership interest);
- An intellectual property right (e.g., a patent, copyright, or royalty from such right); and
- Other interests as determined by Mercer. For example, a financial interest may only have potential to be of value, like an option in a non-publicly traded company. Because this potential value may be an economic incentive, a situation like this is considered a financial interest.

**Significant Financial Interest (SFI):** Anything of monetary value that meets the PHS thresholds for reporting received by the Investigator (including the Investigator’s spouse or registered domestic partner, and dependent children for the following categories except travel) that reasonably appears to be related to or is in the same field of expertise as the Investigator’s Institutional Responsibilities. Examples of SFI include:

a) Income or honoraria received for activities such as providing expert testimony or consulting services; serving on a board of directors, scientific advisory board, committee, panel or commission sponsored by a for-profit or non-profit organization, including professional or scholarly societies; acting in an editorial capacity for a professional journal, reviewing journal manuscripts, book manuscripts, or grant or contract proposals for a non-profit or for-profit organization; or salary received outside of Mercer University.

b) Stock or stock options in a company that is developing, manufacturing or selling products or providing services used in an Investigator's clinical practice, teaching, research, administrative or committee responsibilities.

c) Receipt of income from any organization other than the Mercer University for use or sale of patented or copyrighted intellectual property, such as software, textbooks, or other scholarly works for which royalties or licensing fees are received, including income from prior employers and other universities.

d) Travel reimbursements made to, or on behalf of, the investigator, regardless of the amount, by a for-profit or nonprofit entity, excluding a federal, state, or local government, a U.S. institution of higher education or an affiliated medical center/hospital or research institute.
Financial Conflict(s) of Interest (FCOI): A financial interest that could directly and significantly affect the design, conduct or reporting of PHS research activity.

Financial Conflict of Interest Committee (FCIC): A committee of peers who are charged with determining if Significant Financial Interests that are related to the proposed research constitute financial conflicts of interest.

III. Statement

The PHS regulations regarding the Responsibility of Applicants for Promoting Objectivity in Research (revised in August 2011) are designed to promote fairness by forming principles that provide a reasonable expectation that the design, conduct and reporting of PHS Research exclude bias resulting from the investigator’s Financial Conflicts of Interest.

Mercer University, when applying for or receiving research support from PHS, must abide by the regulations through the implementing of procedures that ensure:

1. Investigators complete a training regarding the Financial Conflicts of Interest, the responsibilities to disclose, and the PHS regulations:
   a) Before engaging in PHS Research and at least every four years thereafter while receiving PHS research funding, and
   b) Whenever an Investigator is not in compliance with this Policy or has failed to comply with a Plan, create a plan to manage or alleviate a Financial Conflict of Interest.

2. Investigators must disclose SFI:
   a) Initial disclosures must be made before or congruently when the application for funding is submitted by investigators planning to participate in proposed PHS research.
   b) Mercer investigators who are engaged in PHS research have a responsibility to continuously update their financial disclosures throughout the award period of the PHS support:
      • Within thirty (30) days of acquiring or discovering any new SFI; and
      • Annually
   c) All new investigators must complete a disclosure of SFI before initiating or joining the ongoing PHS research.

3. Investigators disclose to Mercer University SFI that meet the following PHS thresholds:
   a) For a publicly traded entity: Income or other payment for services including salary, and any payment for services not otherwise identified as salary, including but not limited to, consulting payments, honoraria, paid authorship, or any other payments or consideration of value, including payments made to a health sciences compensation plan, received during the prior twelve months and the value of any equity interest (including stock, stock options or other ownership interests, as determined by public prices or other reasonable measure of fair market value) in the entity as of the date of disclosure, which when aggregated, exceeds $5,000.
[Investigators are not required to disclose SFI in mutual funds or other investment vehicles such as retirement funds as long as the Investigator does not directly control the investment decisions made for these investment vehicles]

b) For a non-publicly traded entity: Income or other payment for services including salary, and any payment for services not otherwise identified as salary, including but not limited to, consulting payments, honoraria, paid authorship, any other payments or consideration of value, including payments made to a health sciences compensation plan, received during the prior twelve months that exceeds $5,000, or any equity interest, including, but not limited to stock, stock options, or ownership interest in the entity.

[Investigators are not required to disclose (1) payments made by Mercer University including salary, stipends, royalty payments, honoraria, reimbursement of expenses, or any other remuneration from Mercer University; or (2) income for seminars, lectures, teaching engagements, or service on advisory committees or review panels sponsored by federal, state or local governments, a US institution of higher education, or a research institute, academic medical center or hospital that is affiliated with an institution of higher education]

c) Intellectual property rights and interests: Any income received from each organization that exceeds $5,000 during the twelve months preceding disclosure of such rights and interests. However, SFIs do not include royalties received from Mercer University related to patents or copyrights.

d) Travel: Reimbursements of any amount received during the prior twelve months made to, or the value of travel paid on behalf of, the investigator by a for-profit or non-profit organization.

[Investigators are not required to disclose travel that is reimbursed or sponsored by federal, state or local governments, a US institution of higher education, or a research institute, academic medical center or hospital that is affiliated with an institution of higher education]

IV. Disclosures by Collaborators

Collaborators from other institutions, who share responsibility for the design, conduct or reporting of research results, and who will be conducting research under a subaward from Mercer University are expected to comply with the policies and procedures of Mercer University. Sub-awards issued by Mercer University will indicate that the sub-recipient organization is responsible for reviewing SFI disclosures and, if FCOI are identified, for sending Mercer University notification of their ability to manage, reduce or eliminate the identified conflicts, in accordance with PHS reporting requirements.

Collaborators, who share responsibility for the design, conduct, and reporting of research results, and who will participate in research under an independent consulting agreement issued by Mercer University must be identified as investigators by Mercer’s principal investigator and must complete the Mercer University disclosure forms. If, upon review, Mercer University determines that these SFI could directly and significantly affect the design, conduct, or reporting of the research to be performed under the agreement, these collaborators will be expected to adhere to the vindication plans available to eliminate, reduce, or manage the identified conflicts of interest.
V. Reviews and Reporting

A Designated Institutional Official has been delegated the authority and responsibility for administrating the FCOI Program at Mercer University. The Designated Institutional Official is to solicit and ensure review of disclosures of significant financial interest from each investigator who participates in PHS-funded research. The staff in the Office of Research Compliance will provide administrative support to the disclosure process. A Campus Official will be identified by each Dean at Mercer University. The Campus official(s) to whom a disclosure of significant financial conflict of interest is made, shall review, along with the school’s or college’s Financial Conflict of Interest Committee (FCIC), such disclosures and make a determination as to whether or not a significant financial conflict of interest exists. The information provided will be used by the FCIC to conduct a review in order to reasonably determine whether any of an investigator’s Financial Interests could be affected by the funded research, or is in an entity whose financial interest could be affected by the research. A conflict of interest will exist whenever a determination is made that a significant financial interest exists which could directly and significantly affect the design, conduct or reporting of the research or scholarly activities funded by a sponsor. Should a significant financial conflict of interest exist, the Campus Official and the FCIC shall determine what restrictions, if any, should be imposed by Mercer University to manage, reduce, or eliminate such financial conflict as appropriate and report the results of their determinations to the Designated Institutional Official. The Designated Institutional Official may provide assistance and guidance in the resolution and management of any significant financial conflicts.

a) In accordance with the PHS regulations, plans created to manage the identified FCOI will be monitored for compliance until the completion of the PHS research. Each management plan will indicate the manner in which the monitoring will be accomplished. Also at a minimum the investigator’s name, title, and role with respect to the research project will be made available upon request along with the name of the entity that the Significant Financial Interest (SFI) is held, the type of SFI, and the dollar value of the SFI or a statement that explains whether the value cannot be readily determined through references to public prices or other reasonable measures of fair market value.

b) Initial reports of FCOI must be made to PHS prior to Mercer’s expenditure of any funds provided by PHS. When the identified conflicts of interest are removed before the research funds are expended, Mercer University is not required to submit a report to PHS.

c) All investigators who have disclosed any SFI will be asked to provide additional information about the SFI with each PHS proposal, progress report, incremental funding, or extension application to the Campus Official and the Designated Institutional Official prior to submission to PHS.

PHS reports for FCOI must be submitted:

a) During the lifetime of an award when progress reports are submitted or at the time that an award is extended (through an extension notification or a NIH prior approval request). When during the course of an ongoing PHS Research Activity a FCOI ceases to exist, updated information about the status of that FCOI should be provided with the subsequent progress report.
b) Within sixty (60) days of determining that a FCOI exists based on the disclosure of a newly acquired SFI by an investigator during the course of an ongoing PHS research.

c) Within sixty (60) days of determining that a FCOI exists for an investigator who joins ongoing PHS research.

When during the course of an ongoing PHS research, Mercer University identifies an SFI that was not disclosed in a timely manner by an investigator, or which was not previously reviewed, the Designated Official will charge the respective Campus Official and FCIC to review the SFI within sixty (60) days to determine whether it is related to PHS research and whether a FCOI exists. If a FCOI is identified after the review, a management plan shall be implemented.

Whenever a FCOI is not identified or managed in a timely manner, regardless of whether the investigator did not disclose a SFI that was later determined to be a FCOI, or Mercer University’s failure to review or manage the FCOI, or because the investigator failed to comply with a previously implemented management plan, Mercer University shall within one hundred twenty (120) days of this determination of non-compliance complete a retrospective review of the investigator’s activities. The purpose of this retrospective review is to determine if the ongoing PHS research was biased in its design, conduct, or reporting.

a) Based on the results of the retrospective review, the previously submitted FCOI report must be updated to specify the actions that Mercer University will take to manage the identified FCOI.

b) If bias is found during the retrospective review, Mercer University’s Designated Official will promptly notify PHS and will provide a report that documents the key elements of the retrospective review, describes the impact of the bias on the research, and outlines Mercer’s plans to eliminate or alleviate the effect of the bias.

VI. Records Access and Retention

Mercer University is required to respond within five (5) business days to any request for information about SFIs held by Key Personnel when Mercer University has determined that the disclosed SFIs are related to PHS research and constitute FCOIs.

The records of financial disclosures, the Designated Official’s determinations, FCIC recommendations, and Mercer University’s action(s) regarding the management of a FCOI will be retained for at least three (3) years beyond the date of submission of the award’s final expenditure report, or until the resolution of any actions by PHS involving the records, whichever is longer.

VII. Sanctions

Failure of an investigator to file a complete and open financial disclosure for pending proposals, or when a new interest is obtained, or failure to comply with any conditions or restrictions directed or imposed, will be grounds for discipline pursuant to the University Policy on Faculty Conduct.

Agreements with consultants who either fail to file a complete disclosure or fail to comply with any conditions or restrictions imposed may be terminated for cause.
Agreements with sub-recipient organizations may be terminated for cause if that organization fails to comply with its obligations under the PHS regulations. In addition, federal regulations may require reports to the federal sponsor of any violations of federal regulations and University policy.

VIII. References & Related Policies

ACCME STANDARDS FOR COMMERCIAL SUPPORTSM - Standards to Ensure the Independence of CME Activities

The ACCME Standards for Commercial SupportSM Standards to Ensure Independence in CME Activities

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a ‘commercial interest’ and some exemptions.)
   (a) Identification of CME needs;
   (b) Determination of educational objectives;
   (c) Selection and presentation of content;
   (d) Selection of all persons and organizations that will be in a position to control the content of the CME;
   (e) Selection of educational methods;
   (f) Evaluation of the activity.

1.2 A Commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

STANDARD 2: Resolution of Personal Conflicts of Interest

2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

STANDARD 3: Appropriate Use of Commercial Support

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.
Written agreement documenting terms of support
3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a joint sponsor.
3.5 The written agreement must specify the commercial interest that is the source of commercial support.
3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME
3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider’s written policies and procedures.
3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners
3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.
3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability
3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

STANDARD 4. Appropriate Management of Associated Commercial Promotion
4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.
4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.
• For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.

• For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content

• For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no ‘commercial breaks.’

• For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5. Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. Disclosures Relevant to Potential Commercial Bias Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

• The name of the individual;
• The name of the commercial interest(s);
• The nature of the relationship the person has with each commercial interest.
6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CME activity.
6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is ‘in-kind’ the nature of the support must be disclosed to learners.
6.4 ‘Disclosure’ must never include the use of a trade name or a product-group message.

Timing of disclosure
6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity. •

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6. Administrative Services
(updated 9/2014)

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6.01 Photocopy Services, Printing, Letterhead and Business Cards

- **Photocopy Services:**
  Photocopy machines are strategically placed throughout the Medical School to provide faculty and staff access for business purposes. Photocopy machines that must be shared by more than one department are linked to the University Bearcard system. For photocopy access to the Bearcard system an email request needs to be sent to the Auxiliary Service Department from the responsible budget administrator for the department where the photocopy expense will be charged. The email needs to indicate the name of the individual requiring access, the budget account(s) that they are authorized to charge copies against, and the annual amount, if any, that they are limited to charge against that account.

  **The individual must have a Mercer ID to access the Bearcard system.** This ID will be used with an access code to provide access the departmental copiers. An email will be sent to the individual when the authorization has been completed. Departmental photocopy cards are also available and can be coded for multiple department access on one card.

  To order paper for photocopy machines contact Charles Mize (ext 2951), Mercer University Purchasing Office. Provide your departmental account number.

  IKON Office Solutions is the contracted provider for most of Mercer’s photocopy machines and must be contacted for any photocopy service or for toner supplies since these are provided under our service contract. Machines serviced by Georgia Duplicating have a sticker indicating this service provider and the service office phone number.

  Savannah Campus - A photocopy machine is available for faculty and staff in the Dean’s Suite in the Hoskins Building as well as the Faculty Building. The Administrative Secretary and Administrative Coordinator order paper for their departments respectively.

  Columbus Campus - A printer, scanner, fax will be placed in the Classroom at the Bradley Center with a bearcard reader to accommodate these functions for students/staff.

- **Printing:**
  Mercer University operates a Copy Center through the Auxiliary Services Department (ext. 5323). This department provides pickup and delivery printing services.

- **Letterhead and Business Cards – All campuses:**
  Mercer University has a contract with Staples as the sole provider for approved letterhead, envelopes, and business cards for all Mercer departments. Business cards can be ordered for faculty and professional staff. Business cards are usually not issued for support staff personnel but the responsible budget administrator can make an exception when necessary. Orders are placed directly with Staples and payment can be made by procurement card. [https://www.staplesadvantage.com](https://www.staplesadvantage.com) (log in to the system, click down arrow under “Your Shopping Lists” select “Mercer HSC Medicine Stationery”).

  **Reviewed for accuracy before submitting the order.**
6.02 Information Technology (Faculty and Staff)

Mercer’s Division of Information Technology supports, develops, and maintains the university’s Information Technology environment:

- Email
- Telecommunications
- Security
- New Employees access
- Hardware/Software
- internet/network

All telephone related costs are paid from the departmental budget.

Repairs and changes to basic service must be requested through the department administrator and are a cost to the department.

Long Distance service access is a calling option approved by the responsible budget administrator based upon need. A long distance access code is required before this feature can be used.

Calling cards are available and must be requested by the responsible budget administrator for employees who are required to travel and need to be able to make business related phone calls while they are away from the campus.

All telecommunications services can be ordered at the Information Technology website http://it.mercer.edu/faculty; helpdesk@mercer.edu or extension 2922.

Savannah Campus – All telephones are connected to the Memorial University Medical Center System. Employees are given a long distance code through Memorial.
6.03 Mail Service

Routine outgoing mail service is handled in the following manner at the main campus:

Postal Form Mail Slot: completion of a Postal Form is required for business related mail to be metered. Postal Forms can be obtained from the University Post Office or the Medical School Mail Room.

In-House Mail Slot: includes departments within the medical school, Medical Students at all campuses, off-site buildings (i.e. Internal Medicine, Psychiatry, Human Resources, Medical Center, etc). **Mail to students must have a MUSM box number or campus location on the envelope.**

The U.S. Post Office and the University Post Office deliver mail to the following Mercer University buildings.

<table>
<thead>
<tr>
<th>Internal Medicine</th>
<th>Medical Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>707 Pine Street</td>
<td>790 First Street</td>
</tr>
<tr>
<td>Psychiatry and Behavioral Science</td>
<td>Mercer Medicine Building</td>
</tr>
<tr>
<td>655 First Street</td>
<td>250 Martin Luther King Blvd</td>
</tr>
</tbody>
</table>

A courier service delivers mail to/from the Macon, Columbus and Savannah campuses.

- **Packages:**
  A cost savings can be realized by the use of UPS (fourth-class) mail. The University Physical Plant weighs and meters mail to be delivered by UPS. Call the Shipping/Receiving office for package pickup and specific instructions.

- **Overnight Mail:**
  Overnight and express mail services are sometimes required in unusual circumstances. In the event this is deemed necessary, there is a daily Federal Express pickup in the Medical School Dean’s Suite area. Contact FedEx to schedule pick-up of your package (1-800-463-3339 and provide Medical School Account # 1041-6220-7) FedEx forms are available in the Dean’s Suite area. The departmental budget account number must be provided.
6.04 Physical Plant and Security

- **Physical Plant – (Macon campus):** [http://physical-plant.mercer.edu/](http://physical-plant.mercer.edu/)
  
The Physical Plant provides the maintenance needs for the School of Medicine.
  
The following services are provided:
  - Building Maintenance - Ext 4002
  - Custodial Services – Ext 2783
  - Events/Set-ups/Moves – Ext 2902 (Moves must be scheduled in advance)
  - Shipping and Receiving – Ext 5418 or 2903
  - Submit Work orders – ppmaint@mercer.edu

  The Macon medical school buildings have been divided into areas of responsibility with a building steward responsible for each area. The building steward or their authorized support person needs to be notified of any physical plant issues so they can communicate with the appropriate department for the services needed to remedy the problem.

  **Moves must be scheduled at least two weeks in advance through Shayne Horne** ([teammational@mercer.edu](mailto:teammational@mercer.edu)) and in coordination with the Building Steward.

  Physical Plant work orders **must be submitted by email to the building steward and the back-up person** for the area needing to be serviced. The email needs to include what needs to be done, where and name and phone extension of the contact person, and their phone extension. Prioritize your needs as follows:

  **Priority 1: URGENT:** Call Physical Plant immediately (ext. 4002), then call responsible building steward or backup person. **Examples:** Toilet overflowing, Water leak, tiles falling, ceiling leaks, smoke or odors

  **Priority 2:** Must be done today: Send email and call building steward or backup who will call Physical Plant and forward the email. **Examples:** Toilet that is stopped but not overflowing onto floor, light that is out that effects your ability to work, etc.

  **Priority 3:** Routine-can be done within a few days: Send email. **Examples:** Attaching keyboard drawer, light out that does not affect ability to work, hanging pictures, etc.

  **Priority 4:** Will take time to do but is not pressing - must be scheduled: Send email and discuss with building steward. **Examples:** Patching and painting walls, moving furniture at a certain date/time, large projects which require coordination of many individuals.

  The Building Stewards and their areas of responsibility are as follows:

  **Basic Science and Research Areas (First & Second Floor)**

  Dr. James Thomas
  Ernestine Waters (back-up)

  [Thomas_JL@Mercer.edu](mailto:Thomas_JL@Mercer.edu)
  [Waters_E@Mercer.edu](mailto:Waters_E@Mercer.edu)
Medical School Building – First & Second Floor (excluding Research & Basic Science)

Brenda Dowd  
Karen Bonney (back-up: first floor)  
Terri Walker (back-up: second floor)

Karen Bonney  Bonney_KA@mercer.edu  
Terri Walker  Walker_EA@Mercer.edu

Mercer Medicine facilities

Kristi Hutcheson  Hutcheson_KM@Mercer.edu

707 Pine Street, Internal Medicine building

Lenora Rogers  Rogers_LC@Mercer.edu  
Patricia Daniels (back-up)  Daniels_pe@Mercer.edu

655 First Street, Psychiatry building (academic and patient care areas)

Jane Hardee  Hardee_JN@mercer.edu  
Novetta Reid (back-up)  Reid_NA@mercer.edu

Patterson Building (Community Medicine section)

Kimberly Eanes  Eanes_KD@mercer.edu

790 First Street – Medical Education building

Mary Ann Paul  Paul.Mary@Mccg.org  
Kelli Guy (back-up)  Guy.kelli@mccg.org

The Physical Plant operating budget for the Medical School DOES NOT include costs for special projects or work orders which require overtime to be completed. These costs will be charged directly to any department that requires these services.

- Security:
  Macon Campus - Mercer Police (Ext 2911 - emergencies;  Ext. 4357 or 2970 - routine problems/questions. They are the first point of contact for Fire and Security alarm systems. Handguns and similar items are prohibited from being brought onto the Mercer campus.

  Savannah Campus – Provided by Memorial University Medical Center.

  Columbus Campus – Provided by Columbus Hospital.
6.05 Room Scheduling

Room request for the Medical School Atrium, Auditorium, Lobby, Education Conference Rooms, Room 1-B, Distance Learning Classrooms, Dean’s Conference Rooms (Macon, Columbus and Savannah campuses) are scheduled through the School of Medicine. Check Room Availability using link below before making your reservation request.

Link to room reservations:  [http://medicine.mercer.edu/faculty-staff/roomreservations](http://medicine.mercer.edu/faculty-staff/roomreservations)

In Search Locations box - type: Medicine

Search will default to current date. To change date, Click on date (brings up a calendar).

To view all Medicine rooms, place mouse on dashed bottom border; when you see white double arrow, click and drag dashed bottom border down to resize the grid.
Click: **Availability** tab  (displays which rooms are available)

May need to drag dashed bottom border to see all rooms.  (See instructions above).

On Availability screen - place mouse in green area of meeting to display info about meeting *(takes a few seconds to load info)*
Click: Calendar tab  Click: Load Calendar. *If you need different dates, click on the dates.*

Calendar view example

Link to room reservations and submit request for room(s):

http://medicine.mercer.edu/faculty-staff/roomreservations

Cancel/change meeting, send an e-mail: rooms-l@med.mercer.edu
Room request for **Learning Resource Center** can be scheduled by calling (478) 301-4149

Room request for **Library Conference Rooms** can be scheduled by calling (478) 301-2515

There is a charge for outside organizations to reserve rooms at the Medical School. These activities must be for medical and/or health related meetings.

**Columbus campus** - The Columbus Distance Learning Room (DLR) is solely for the use of MUSM faculty, staff, and students. Scheduling for use of that room will be through the Columbus Coordinator's office.
6.06 Purchasing, Receiving, and Delivery

- **Purchasing:**
  Mercer University School of Medicine provides several basic purchasing methods:
  - CampusVantage financial system - Requisitions and Purchase Orders
  - Procurement card system
  - Request for payment
  - Petty cash (available for occasional purchases that total under $50).

**NOTE:** Under no circumstances will anyone be personally reimbursed for any purchase of goods or services that were not previously authorized in writing as a personal purchase. Only the Dean or the Director of Finance Management can authorize such a purchase. Prior authorization will be based upon either of two criteria:
1. No other means are available for procuring the needed item(s) or
2. A significant savings is realized by individual purchase versus institutional purchase of the item(s).

Please note that a pre-approved travel authorization does permit personal reimbursement for unallowable costs via the completion of a travel expense reimbursement form.

**Purchasing through the CampusVantage** financial system: Persons who have been authorized to spend money on behalf of the Medical School can use the CampusVantage System to obtain a purchase order. The purchase order will be sent to the vendor by the University Purchasing office. Each department has specific procedures for how these transactions are processed within the department so new persons need to check with their department’s administrative support person(s) for specific procedures. This is the only method for purchasing computer hardware and software items which require the pre-approval of the University IT Dept.

**Procurement Cards:** Many departments within the Medical School are issuing University procurement cards to the persons within their departments that are authorized to make purchases for the department. Faculty with grants to administer can request a procurement card for use against that grant account. Training is required before the card can be issued due to the online reconciliation process for monthly transaction reporting. Requests for procurement cards are available from Charles Mize and must be signed by the Department Chair and the Finance Director at the Medical School.

**Request for Payment:** Forms are available from the Accounting website.

**Petty Cash:** Petty Cash forms are available in the Dean’s Office. Reimbursable purchases are limited to $50. This resource is good for occasional use when small items are needed in a hurry and no other means of purchasing is available. The responsible budget person must sign the form before it is accepted for reimbursement in the Dean’s Office.

**Purchasing Computer Hardware and Software:** All purchases of computer hardware and software must be processed using the University CampusVantage purchasing system. No other purchasing method will be accepted for these purchases.
• **Delivery and Receiving:**

Items ordered for delivery to the Medical School need to be sent to 1100 Elm Street; Macon, GA 31207. The name of the person to whom the item needs to be delivered should be clearly placed on the outside of the package. No packages are opened in the Mercer Physical Plant Shipping/Receiving office. If an item is ordered by purchase order then the PO-number should be placed on the outside of the package. Please include these delivery specifications in the instructions to your vendors.

The Mercer Physical Plant Shipping/Receiving Office receives packages for same day delivery to the designated individual. This applies to all Medical School buildings, on and off campus. The person receiving the package must sign a receiving log when the package is delivered. If you are not in your office when the deliveries are made then a note will be left on your door indicating that a package has been received and is available for pick up in the shipping/receiving office. Delivery will be attempted the following day if the package remains unclaimed. Refrigerated or frozen items are delivered immediately or placed in the appropriate storage area until claimed. UPS and FedEx packages are also given priority for delivery. Individual departments have made arrangements for support staff to sign when faculty are not available so check with your departmental administrator to determine the exact procedures for your department.

Items are delivered unopened as long as the package is clearly marked for delivery. It is the responsibility of the receiver to verify that all items are delivered complete and in good order. All receiving documents for items purchased by the Purchase Order method need to be signed as received and sent to the Mercer Physical Plant Shipping/Receiving office as soon as the package is opened. Receiving documents should contain notations for missing or damaged items. **Items that have been purchased through purchasing system must be received within that system before payment(s) will be processed.** There will be a delay in payment if notification of receipt is not made when these items are received. This can be especially critical at the end of the accounting fiscal year (June 30) when items that are not received will be charged to the budget in the following fiscal year.
6.07 Health Services

Mercer Medicine – Macon campus is a multi-specialty physician practice serving the patient community in central Georgia. The School of Medicine faculty physicians provide patient care in the areas of Family Medicine, General Internal Medicine, Cardiology, Geriatrics, Infectious Disease, Nephrology, Pulmonary – Critical Care, Sports Medicine and Psychiatry/Behavioral Health.

Mercer Medicine operates out of 5 clinic locations within the community with access to 3 hospitals, a Rehab facility and a Long term Care hospital. Our physicians participate in most managed care plans including Medicare and Medicaid. Mercer Medicine retains all operational functions such as billing/accounts receivable, provider credentialing, Information Technology, accounting and administration.

Columbus campus: Faculty health care and insurance plans will be established by their employment contract with their representative hospital. Medical student emergency healthcare following occupational exposures will be provided through the hospitals employee health centers and / or the emergency department. Routine medical student healthcare is at the private physician of their choice. Mental health counseling is available through non-affiliated facilities as needed.