

Mercer University School of Medicine Faculty Handbook 2022



1 Mission-Values-Vision-Diversity and Recruitment

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1.1 VISION, MISSION, VALUES, GUIDING PRINCIPLES

VISION

The grand challenges of rural health are resolved through education, research, and community engagement.

MISSION

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

VALUES

- Integrity
 - Honesty. Professionalism. Accountability.
- Respect
 - Empathy. Civility. Transparency.
- Excellence
 - Service. Quality. Commitment.
- Diversity
 - Inclusive. Welcoming. Fair.
- Collaboration
 - Three Campuses. One School Community.

GUIDING PRINCIPLES

- Our academic support facilitates student success.
- Service is our mindset and orientation.
- Community impact is our outcome.
- Meeting the health and medical needs of rural and medically underserved Georgia is our purpose.

Approved by Executive Council, March 26, 2019

1.2 DIVERSITY AND RECRUITMENT

1.2.1 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 by Executive Council December 4, 2012 and reaffirmed by Executive Council

November 26, 2019

1.2.2 Faculty, Professional and Staff Recruitment & Selection: Best Practices for Search Committees - (approved 8/4/14)

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 policies established by Human Resources, rather enhance the efforts to recruit, select, and retain a diverse workforce.

FACULTY RECRUITMENT AND SELECTION

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

- 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: <https://medicine.mercer.edu/student-affairs-and-services/diversity-and-inclusion/> (accessed 4-20-20).
- The Committee should review Human Resources Policy and Procedures related to recruitment and selection.
- The Search Committee, together with the hiring manager should:
 - 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.
 - Discuss the knowledge, skills, and abilities required and reach consensus prior to beginning the search.
 - Clarify essential and preferred criteria and reach consensus regarding how qualifications will be weighted.
 - Avoid narrowing the search to one specific research area.
 - Develop a position description and job announcement that accurately represent the responsibilities and expectations associated with the position.

- 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.”
- The Search Committee should ensure that a diverse pool of candidates is recruited:
 - Work with Human Resources to ensure that appropriate outlets are identified in which to place the initial announcement.
 - 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.
 - At least two committee members should screen initial application materials.
 - 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.
 - 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.
- 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.
- 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.
- 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.
- When constructing the visit itinerary, ask the applicant if there are specific individuals with whom they would like to meet.

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

- 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.
- 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: <https://medicine.mercer.edu/student-affairs-and-services/diversity-and-inclusion/> (accessed 4-20-20).
- The Committee should review Human Resources Policy and Procedures related to recruitment and selection.
- The Search Committee, together with the hiring manager, should:
 - 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.
 - Discuss the knowledge, skills, and abilities required and reach consensus prior to beginning the search.
 - Clarify essential and preferred criteria and reach consensus regarding how qualifications will be weighted.
 - Develop a position description and job announcement that accurately represent the responsibilities and expectations associated with the position.
- The job announcement should be critically analyzed to ensure that it is geared toward inclusiveness and will enhance the diversity of the administrative unit.
- The Search Committee should ensure that a diverse pool of candidates is recruited:
 - Work with Human Resources to ensure that appropriate outlets are identified in which to place the initial announcement.

- 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.
- At least two committee members should screen initial application materials.
- 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.
- 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.
- 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.
- 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.
- The University has already developed a number of action-oriented programs targeted to increase appropriately 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.
- 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.
- 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.

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2.0 ACADEMIC ORGANIZATION

2.1 ADMINISTRATIVE ORGANIZATION

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 marriage and family therapy, biomedical science, and preclinical 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 affiliated teaching hospitals: Navicent Health/Atrium and Coliseum Health /HCA in Macon, Memorial University Medical Center/HCA in Savannah, and Columbus Regional Health/Piedmont and St. Francis Hospital/Emory 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 qualified professionals who teach in any of the above-mentioned educational programs. MUSM has entered into a consortium agreement with HCA Southeastern Region that will facilitate placement of students for electives. In addition to Coliseum/HCA and Memorial University Medical Center/HCA, the hospital systems in this consortium include Trident (Charleston), Orange Park (Jacksonville), Memorial Satilla Health (Waycross), and Fairview Park (Dublin).

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, policies and procedures of the University as found in the Mercer University Faculty Handbook (MUFH). The dean and the administrators are appointed by and serve under the authority of the President and the Board of Trustees of the Corporation.

2.2 ADMINISTRATIVE ORGANIZATION OF THE SCHOOL

Mercer University School of Medicine is organized into administrative departments/units 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.

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

The dean is the principal academic officer of MUSM and as the principal academic officer is responsible for all aspects of the School. The dean reports to the Provost of Mercer University.

Other administrative officers are employed to assist the dean in the performance of his/her duties. These persons have titles such as senior associate/associate dean, assistant dean, and Executive Director of Finance and Administration. Their duties are specified by the dean and are subject to change by the dean as circumstances require.

2.3 JOB DESCRIPTIONS

2.3.1 Job Description of the Dean of the School of Medicine

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

- To provide oversight 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.
- To provide for the recruitment and selection of qualified faculty and to foster faculty development.
- 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.
- To preside over the faculty and to assure the effective organization of the faculty.
- To foster faculty collegiality and professionalism in a positive, diverse, and inclusive work environment.
- To assure the development and implementation of a strategic plan for the school which outlines plans for the continued development of the school
- To develop recommendations to the provost and the president regarding the operating budget.
- To provide leadership that encourages the recognition and accreditation of academic programs of the school by external agencies.
- To represent the school in the Mercer University Council of Deans collaborating with administrative officers of the University in the development, refinement, and revision of university policies.
- 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.
- To promote understanding and support of the school among its various constituents.
- To assure the effectiveness of student services and to enhance the well-being and safety of students.

The dean exercises supervision over all school personnel. While the primary responsibility for the selection of new faculty for the school resides with the Dean, the authority to appoint members of the faculty of Mercer University rests with the President, who acts on the authority of the Board of Trustees. 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.

2.3.2 Job Description for Senior Associate Dean of Campus

The responsibilities of the Senior Associate Deans for the Macon, Columbus, and Savannah Campuses include:

- To participate in the planning, development and implementation of the educational program, including basic science, clinical, and interdisciplinary components, on the assigned campus ensuring that offerings to students are of highest quality and comparable on each campus.
- To cultivate and maintain strong working relationships with community, faculty, external partners, clinical affiliate partners, the philanthropic communities and other key stakeholders to further research and education goals
- To collaborate with the Dean and University Advancement Office to initiate and develop potential contributors to the School and University programs.
- To work with the Executive Director of Finance to assure development of and implementation of the campus budget and a system that encourages fiscally responsible requests for travel, supplies, and other resources.
- To collaborate with other Senior Associate Campus Deans to foster and support a “One MUSM” environment by encouraging cross-campus events, outreach opportunities and shared learning experiences for students, faculty, and staff.
- To evaluate workforce needs on the assigned campus and participate in the recruitment and selection process assuring compliance with bylaws
- To assure that faculty development opportunities are available and that these opportunities foster personal growth and development of the faculty and strengthen commitment to the school’s mission in collaboration with the Office of Faculty Affairs and Professional Development.
- To communicate to the Dean the concerns, challenges and needs of faculty, staff and students and propose potential solutions
- To foster and demonstrate faculty collegiality and professionalism.
- To support a climate in which students, faculty and staff value diversity, inclusion and cultural awareness.
- To strongly support and demonstrate commitment to the mission of Mercer University School of Medicine by encouraging students to serve in rural or underserved areas in primary care or other needed specialties.
- To participate in strategic planning and development of the campus and school.
- To support the accreditation efforts and initiatives of the school that will assure that all standards for accreditation are met or exceeded.

- To facilitate a safe environment for the students, faculty and staff on the assigned campus.
- To support the well-being of students, faculty and staff for whom the Senior Associate Dean is responsible.
- To encourage and participate in community engagement and outreach from faculty and students that support the mission of the School of Medicine.
- To attend committees as the Dean's designee to include, but not limited to, Curriculum and Instruction, Admissions, Administrative Leadership Team, Executive Council and any external meetings, if needed.

2.3.3 Job Description for Senior Associate Dean for Clinical Affairs

The Senior Associate Dean for Clinical Affairs assumes responsibility for Clinical Affairs on all MUSM campuses and clerkship locations in Georgia. These responsibilities include:

- Interact with the clinical faculty and department chairs from MUSM and all clinical affiliate institutions including Memorial University Medical Center/HCA, Savannah; Piedmont Columbus Regional, Columbus; St. Francis Hospital/Emory Healthcare, Columbus; Medical Center at Navicent Health/Atrium, Macon; and Coliseum Medical Center/HCA in Macon.
- Collaborate with hospital administration in the clinical affiliate institutions on all matters relating to clinical affairs
- Assist with the development and execution of affiliation agreements with clinical affiliate partners
- Represent MUSM at HCA Graduate Medical Education Committee (GMEC) meetings
- Interact with clerkship directors and students in the clinical years to ensure that MUSM learning objectives are facilitated in clinical settings
- Serve on the Mercer Medicine Board of Directors
- Facilitate communication and serve as an advocate for clinical affiliate faculty
- Serve as a member of the Mercer University School of Medicine Practice Plan Board

2.3.4 Job Description for Senior Associate Dean for Research

The Senior Associate Dean for Research has MUSM-wide responsibility for the research-related activities of MUSM and coordinates these activities with internal and external groups.

- Expand research participation for faculty, staff and students
- Aid in identifying grant-funding opportunities appropriate for the School of Medicine
- Facilitate the development of interdisciplinary research projects (between different departments of the School of Medicine, between different colleges/schools of the University, and between MUSM and external institutions).
- Promote the development of research opportunities for medical students and graduate students
- Facilitate interactions of MUSM research faculty with the Finance Office, Grants and Contracts Office, Office of Research Compliance, and University Provost Office of Research

- Coordinate MUSM research activities with external constituencies such as the Georgia Research Alliance and the Oak Ridge Associated Universities consortium (Mercer University is a member of both organizations)
- Facilitate MUSM faculty and student participation in University research conferences such as BEAR Day, Atlanta campus research conference, Memorial Health Research Conference, and Mercer Health Sciences Research Symposium
- Coordinate the MUSM response to annual NIH/NSF research surveys
- Coordinate the MUSM response regarding research in the annual University report to the Board of Trustees
- Serve in an advisory capacity to the MUSM Research Committee
- Serve on the MUSM Dean's Research Advisory Council, the MUSM Executive Council, and the MUSM Academic Leadership Team

2.3.5 Job Description for Senior Associate Dean for Student Affairs and Admissions

The Senior Associate Dean for Student Affairs and Admissions has MUSM-wide responsibilities. These responsibilities include supervision of Deans/Directors of Student Affairs and Admissions to achieve the following:

Admissions: The Senior Associate Dean for Admissions will collaborate with the Deans/Directors for Admissions on all campuses and the Admissions Committee to ensure that the processes for recruitment of students, interview of candidates, and selection of students are mission-focused and adhere to standards.

- Provides communication with applicants, faculty, alumni, and other interested parties concerning the process of applying to Mercer University School of Medicine
- Administers the functions and projects of the Office of Admissions, including the interview process and recruitment functions
- Engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of Admissions Program's compliance with accreditation standards
- Works closely with pipeline programs
- Serves as an *ex officio* member of the Admissions Committee and Executive Council
- Serves as a member of MUSM Academic Leadership Council and other committees and task forces as appropriate
- Serves as liaison for MUSM to the campuses, communities, and national committees and projects
- Provides marketing and public relations activities to ensure the effective representation of the SOM throughout the community, the state of Georgia, and the academic/medical communities of the United States

Student Affairs: Provides leadership and oversight of the programs that support all students

and enhance their educational experience in the School of Medicine.

- Allocate resources (funds, space, staff and faculty) to MUSM programs, so as to ensure their quality, maintain appropriate accreditation, and be responsive to the needs of all of the students of the School
- Collaborate with the Deans of Students Affairs to manage the development, implementation and evaluation of comprehensive services and programming that support student academic success
- Work with appropriate University and School offices to ensure that the needs of the students are met with regard to student financial planning (financial aid) and registrar functions.
- Foster a safe, healthy, and supporting learning environment for students, including participation in the planning for and monitoring of: Student health services (including compliance with required immunizations); Student counseling and mental health services; Harassment training and support (including intellectual, sexual, gender, racial, etc.); Diversity training; HIPAA training; Training for limiting exposure to infectious agents and environmental hazards; Safety and Security Training, in compliance with state and federal statutes
- Participate in and help coordinate the planning and execution of the recurring cycle of academic events
- Serve as the administrative contact for the student government, the Organization of Student Representatives, student participation on medical school committees, and all other student groups and organizations
- Monitor the academic progress of students, and provide academic and personal counseling with referral to student counseling services as required and necessary
- Develop and implement programs to support the personal and professional development of students
- Provide guidance and direction toward career planning and residency placement of students
- Ensures that the school is in compliance with all LCME standards that relate to medical students
- Engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the Students Affairs program's compliance with accreditation standards
- Serve as advisor on SOM policy and student affairs policies. Works with General Counsel in instances of policy change that may have legal consequences (drug and alcohol policy, etc.)
- Works with the Gold Humanism Honor Society, Phi Kappa Phi and Alpha Omega Alpha in the nomination process. Assists in nominations for Students for scholarships, summer experiences, national committees and other opportunities
- Meets regularly with Academic Affairs Deans and SOM Assistant and/or Associate Deans for Diversity and Inclusion to ensure alignment of goals and priorities

- Serves as an ex officio member of the Student Appraisal and Promotions Committee (serving as a student advocate). Serves as a member of MUSM Academic Leadership Council, the Testing Accommodations Committee, and other committees and task forces as appropriate

2.4 MUSM Deans and Chairs Council

The MUSM Deans and Chairs Council is a special, campus-based 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 on each campus.

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

- The campus dean, who serves as chair
- All associate and assistant deans on each campus
- The department chairs from the respective campuses
- The DIO and/or Chief Medical Officer/Vice Presidents for Medical Affairs/Academics for each major affiliated teaching hospital

Duties and Responsibilities of the Deans and Chairs Council

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

Deans and Chairs Council Meetings

- The Deans and Chairs Council meetings shall be held at least quarterly. Members of the Deans and Chairs Council may request special meetings to conduct business.
- At Deans and Chairs Council meetings, a quorum shall consist of a simple majority of its members.
- Robert's Rules of Order (most current version) shall govern the conduct of all Deans and Chairs Council meetings.

2.5 EVALUATION OF ADMINISTRATION AND FACULTY

2.5.1 Evaluation of the Dean

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

2.5.2 Evaluation of Administrative Deans, Department Chairs, and Unit Directors

Each administrative dean, department chair, and unit director will prepare an annual

Professional Development Plan/Annual Review using Activity Insight. This review will assess progress made during the past calendar year and include an agreed upon plan for the upcoming year. All Professional Development Plans/Annual Reviews will be completed by April of each year.

2.5.3 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 MUSM paid academic and full-time clinical faculty members of the school shall prepare a Professional Development Plan (PDP) and Annual Review using Activity Insight to be submitted to and approved by their unit director, department chair and the dean. This review will assess progress made during the past year and shall include an agreed upon plan for the upcoming year. Faculty will complete Professional Development Plans (PDP)/ Annual Reviews by April of each year. Additionally, each faculty member will complete a signed Conflict of Interest form by April of each year.



Bylaws of the Faculty

(Revised 02/22/22 and approved 04/14/22)

- 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

- 11** 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.
- 12** 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.
- 13** The President and Executive Vice President/Provost of Mercer University are *ex officio* members of the Faculty of the School.

14 Duties and Responsibilities of the Faculty

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

- 14.1 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.
- 14.2 Faculty are expected to subscribe to the highest standards of teaching, research, and service in accordance with policies and procedures in support of the School's academic mission, as well as the highest standards of conduct and ethical behavior.

1.5 Faculty Meetings

- 1.5.1 The Dean shall chair all Faculty meetings of the School.
- 1.5.2 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.
- 1.5.3 Robert's Rules of Order (most current revision) shall govern the conduct of all meetings of the

Faculty.

- 1.5.4 At all Faculty meetings, a quorum shall consist of no fewer than fifty Faculty members.
- 1.5.5 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.
- 1.5.6 At meetings of the Faculty of the School at which a quorum is present, any motion referred from the Executive Council to the Faculty and related to School policy shall require a two-thirds affirmative vote for approval. No fewer than fifty (50) Faculty members shall constitute a quorum for the transaction of business at any meeting.
- 1.5.7 Persons with Visiting and Adjunct appointments may attend Faculty meetings but shall not vote.
- 1.5.8 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.

1.6 Secretary of the Faculty

- 1.6.1 A Secretary of the Faculty shall be elected from the Faculty-at-large through the same process used to elect members of Standing Committees.
- 1.6.2 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.
- 1.6.3 The Secretary of the Faculty shall serve on the Executive Council with vote.

1.7 Duties and Responsibilities of the Secretary of the Faculty shall be as follows:

- 1.7.1 To prepare, in consultation with the Dean and Vice-Chair of the Executive Council, the agendas for all regular Executive Council meetings.
- 1.7.2 To prepare, in consultation with the Dean, the agendas for all Faculty meetings.
- 1.7.3 To distribute notices and agendas of all Executive Council and Faculty meetings.
- 1.7.4 To request faculty input for agendas of Executive Council and Faculty at least 5 days prior to a meeting of either body.
- 1.7.5 To submit approved, non-confidential minutes of Executive Council and Faculty meetings to the School's webmaster and the School's Archives.
- 1.7.6 To inform newly elected Committee Chairs of their administrative responsibilities.

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 or more members must be present to vote on a motion):
 - a. The Dean, who serves as Chair;
 - b. Five Faculty members from clinical departments with at least one member from each 4-year campus;
 - c. Four Faculty members from Biomedical Sciences with at least one member from each 4-year 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, Rules & Bylaws, and Diversity & Inclusion;
 - j. The assistant or associate dean(s) or liaison whose responsibilities most involve academic affairs, admissions, student affairs, faculty affairs, diversity and inclusion, clinical affairs, research, graduate medical education and accreditation, shall be *ex officio* members and shall serve without vote;
 - k. The Executive Director of Finance and the Staff Council representative, as Staff representatives, *ex officio*, without vote;
 - l. A representative from the Executive Committee of the University House of Delegates shall be an *ex officio* member, without vote.
- 2.2.2 Students shall serve one-year terms. All other voting 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 proxy except as outlined in Article 3.14.
- 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 recommend approval of proposed policies on behalf of the Faculty.
- 2.4.2 To receive reports and recommendations from standing and *ad hoc* committees.
- 2.4.3 To act on behalf of the Faculty on all standing and *ad hoc* committee reports. In the event that a report is unacceptable to the Executive Council, it shall be returned to the Standing Committee for

further action.

- 2.4.4 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.
- 2.4.5 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.
- 2.4.6 To review and resolve challenges to the slates of candidates prepared by the Nominating Committee.
- 2.4.7 To perform such other functions as may be delegated to it by the Faculty or the Dean.
- 2.4.8 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 (e.g. volunteer Faculty).

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. 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 begin their annual activities once the newly elected members have taken their office at the beginning of the academic year. The exception is that members of the Student Appraisal and Promotions Committee take office on the first day of September.
- 3.3 All Standing Committee Chairs and Vice Chairs shall be elected from and by the Faculty members of the committee with the advice and consent of the Dean. The elected Chair and Vice Chair shall preferably represent distinct campuses of the School. Committee Chairs shall serve until the committee convenes for the first time the following academic year at which time the Vice Chair becomes Committee Chair and a new Vice Chair shall be elected. However, the Senior Associate Dean of Academic Affairs shall serve as the permanent Chair of the CIC, *ex officio*, without vote.
- 3.4 All Standing Committee Chairs shall report Executive Summaries of their non-confidential, monthly activities to the Executive Council. If a Standing Committee Chair is absent from an Executive Council meeting they shall submit an Executive Summary to the Secretary of the Faculty. 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; 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 Secretary of the Faculty, who shall make them available to the Faculty.
- 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 current academic 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 of an interim appointment to serve on that committee for the remainder of the current academic year.
- 3.13 **Appointment or Election of Members of Standing Committees**
- 3.13.1 Faculty with a full or part time appointment within a department of the School may serve on Standing Committees. Faculty may only represent the department of their primary responsibility with the exception of members elected to serve at-large.
- 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 Dean's appointees may include full-time, part-time, and volunteer Faculty of the School of Medicine. School of Medicine Staff members may also be appointed.
- 3.13.4 The term of office for all Standing Committees, unless otherwise designated, 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.

3.14 Designation of Proxy due to Committee Member Absence

- 3.14.1 Voting committee members who are unable to attend an Executive Council or Standing Committee meeting may request that an *ex officio* committee member serve as proxy and cast their vote(s) in committee meetings. Proxy votes to determine quorum or to vote on pending agenda items are not permitted on Admissions Committee, Promotion and Tenure Committee, Student Appraisal and Promotions Committee, and Grievance Committee.
- 3.14.2 Only *ex officio* committee members without vote may serve as proxies. Prior to any committee meeting, the absent committee member must: (1) Inform the committee chair in writing of his or her intended absence and (2) Inform the committee chair in writing who will serve as his or her proxy.
- 3.14.3 An absent committee member must indicate to his/her proxy how to vote on any pending agenda items. The proxy may use his/her discretion to vote on any motions raised during committee meetings.
- 3.14.4 A proxy may serve in this role for only one committee member in a given meeting.
- 3.14.5 Committee meetings may have a maximum of two seats filled by proxies.

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 each 4-year campus.
 - b. Three members from Biomedical Sciences, with at least one member from each 4-year 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. The Admissions Committee has the responsibility and final authority for selecting individual applicants for admission to each medical school class.

5.2 Membership

5.2.1 The Admissions Committee shall consist of voting members as stipulated below, with a quorum of 50% plus one. A majority of the quorum must be faculty members. *Ex-officio* members of the Admissions Committee serve without vote as stipulated. Voting members are expected to interview applicants regularly, provide evaluative rankings for the entire applicant pool, and participate in meetings regularly during their entire term. All voting members are elected to a three-year term by the faculty unless otherwise specified below.

The Admissions Committee shall be constituted as outlined in 5.2.1a – 5.2.1i:

- a. Clinical Faculty: Three (3) from each 4-year campus and one (1) from each subsequent 2-year clinical campus
- b. Department of Biomedical Sciences Faculty: Three (3) from each 4-year campus.
- c. Department of Community Medicine Faculty: One (1) from each 4-year campus.
- d. Skelton Medical Libraries Faculty: One (1) from the Library.
- e. Faculty, at-large: Three (3) full-time, part-time, or volunteer MUSM Faculty Member.
- f. Faculty/Alumni, at-large: Three (3) members selected from full-time, part-time, or volunteer faculty of the School of Medicine and alumni of the School of Medicine (MD); appointed by the Dean of the School of Medicine to a renewable one-year term.
- g. Staff, at-large: Two (2) Staff members from the School of Medicine; appointed by the Dean of the School of Medicine to a renewable one-year term.
- h. Medical Students: Twelve (12) rising 4th-year Medical Students; selected by the Assistant/Associate Deans of Admissions and confirmed by the Admissions Committee to a 1-year term, beginning in May and extending through April of the admissions cycle concurrent with their fourth year of medical school.
- i. At the appointment of the Dean of the School of Medicine, the Assistant/Associate Deans of

Admissions as well as the Chief Diversity Officers/Assistant/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.

5.3 Duties and Responsibilities of the Admissions Committee

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

- 5.3.1 Determine qualified students and to admit all pre-doctoral students into 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 for changes to admissions criteria 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. The Senior Associate Dean of Academic Affairs shall serve as the permanent Chair of the CIC, *ex officio*, without vote.

6.2 Membership

6.2.1 The Curriculum and Instruction Committee shall consist of the following members (22 voting members with a quorum of 12 members):

- a. Three Elected Faculty members from the Department of Pathology and Clinical Science Education, with at least one member from each preclinical campus.
- b. Four Elected Faculty members from Biomedical Sciences, with at least one member from each preclinical campus.
- c. Four Elected Faculty members from clinical departments excluding the Department of Pathology and Clinical Science Education, with at least one member from each clinical campus.
- d. One Elected Faculty member from the Community Medicine Faculty.
- e. One Elected Faculty member from the Medical Library Faculty.
- f. Year 1/Year 2 Program Directors, one from each 4-year campus, (with one shared vote)
- g. Population Health and Medical Research (PHMR) Co-Chairs (with one shared vote),
- h. One Primary Care-Accelerated Track (PC-ACT) Program Faculty member (with one vote)
- i. The Year 3 Program Director (with one vote). The Year 3 Associate Program Director shall serve *ex officio* without vote, except in the absence of the Year 3 Program Director.
- j. The Year 4 Program Director (with one vote). The Year 4 Associate Program Director shall serve *ex officio* without vote, except in the absence of the Year 4 Program Director.
- k. The Senior Associate Dean of Academic Affairs shall be the permanent Chair of the CIC,

ex officio, without vote;

- l. The Assistant/Associate Deans within the Office of Academic Affairs, *ex officio* without a vote.
- m. The Chief Diversity Officers/Associate Deans of Diversity and Inclusion from all campuses of the School of Medicine shall be *ex officio* members, with one shared vote.
- n. The Associate Dean for Evaluation & Assessment shall be an *ex officio* member without a vote.
- o. Six medical students, two from each campus, elected by the student body. The two students from each campus shall represent the preclinical and the clinical years. The two students shall share one vote, such that one vote is held by each campus for a total of three student votes on the committee.

6.2.2 The Year1/Year 2 Program Directors shall be from each 4-year campus. The Co-Chairs of the PHMR Program shall be from each 4-year campus. The Year 3 and Year 4 Program Directors shall be from the Macon, Savannah, or Columbus campus. When necessary, an Associate Year 3 or Year 4 Program Director may be named from one of the other two campuses. The Associate Program Director shall serve *ex officio* without vote, except in the absence from a CIC meeting of the Program Director.

6.2.3 Students shall have three votes, one vote from each campus.

6.2.4 All other members are voting members.

6.3 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.

- I. 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 8 voting Faculty members with a quorum of 5 members, all of whom should have a doctoral degree. It is intended that there be more physicians than there are nonphysicians as members:

- a. Four clinical faculty members from clinical departments with at least one physician from each 4-year campus.
- b. Three faculty members from Biomedical Sciences with one member from each 4-year campus
- c. One M.D. Faculty member from community-based faculty, appointed by the Dean.

7.1.2 The senior associate or assistant or associate dean(s) or liaison(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. The Dean will convey back to the SAPC committee his/her decision regarding an appeal.
- 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 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 each 4-year campus.
 - b. Three members from Biomedical Sciences, with at least one member from each 4-year 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. See Section 5 of the Faculty Handbook, ***“Procedures and Guidelines for Faculty Appointments, 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 the candidate's application package 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 (23 voting members, 16 total votes, with a quorum of 9 votes) who are actively engaged in research or are facilitating research:
- a. Four Faculty members from clinical departments, with at least one member from each 4-year campus.
 - b. Four Faculty members from Biomedical Sciences, with at least one member from each 4-year campus.
 - c. Four Faculty members from Community Medicine, with at least one member from each 4-year campus.
 - d. One Faculty member from the Medical Library.
 - e. Three student members selected by the MUSM Student Organization for the Advancement of Research and Service (SOARS), with at least one member from each 4-year campus, with one vote shared between them.
 - f. One student member from each graduate program, selected by the program, with one vote shared between them.
 - g. Three staff members as selected by staff council, one from each campus, with at least two departments represented, with one vote shared between them.
 - h. The chairs of each academic department (or a designated department vice chair) shall be *ex officio* members and shall serve without vote.
 - i. The associate dean(s) in the Office of Research and the Director of Student Research shall be *ex officio* members and shall serve 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 (13 voting members with a quorum of 7 members):
 - a. Four Faculty members from clinical departments, with at least one member from each 4-year campus.
 - b. Three members from Biomedical Sciences Faculty, with at least one member from each 4-year campus.
 - c. One member from Community Medicine Faculty.
 - d. One member from the Medical Library Faculty.
 - e. One Faculty-at-Large member elected from any campus who is full-time, part-time, or volunteer Faculty.
 - f. Six medical students, serving a one-year term, two from each campus, elected by the student body. The two students from each campus shall represent the preclinical and the clinical years. The two students shall share one vote, such that one vote is held by each campus for a total of three student votes on the committee.
- 10.1.2 The Director and Associate Director of the Library shall be *ex officio* members 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 campuses of the School and all units of the Medical library and its affiliated Learning Resources Centers.

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 from the respective campus and a third Senior Faculty member from an alternative campus selected by both parties in the appeal or grievance will review petitions from faculty members on each respective campus only.
- b. If the parties of the appeal or grievance are located on two different campuses, then the hearing committee will include one of the elected members from each campus of the aggrieved parties plus one of the elected members from the third campus selected by both parties in the appeal of grievance.
- 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 department chairperson, department vice-chair, or unit administrator, the Committee shall forward its recommendation(s) to all parties concerned and to the Dean of the School.

11.5.3 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, one from each 4-year campus.
- b. Three Faculty members from Biomedical Sciences, with at least one member from each 4-year 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.

12.4 Revision of the Bylaws

12.4.1 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.

12.4.2 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.

12.4.3 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 13. DIVERSITY AND INCLUSION COMMITTEE

13.1 The role of the Mercer University School of Medicine (MUSM) Diversity and Inclusion Committee is to develop, guide, and advance initiatives that build and strengthen the educational, organizational, and institutional diversity, equity, and inclusion climate of MUSM, as outlined in the Diversity Statement of MUSM.

13.2 Membership and Chair

13.2.1 The Diversity and Inclusion Committee shall consist of the following members (27 voting members with a quorum of 14 members):

- a. Three Faculty members elected from clinical departments, one from each campus of the school, each with one vote;
- b. The Directors (or designee) from the four Graduate programs (MFT, MSBMS, MSPCS and PhD in Rural Health Sciences), each with one vote;
- c. One faculty member elected from the Department of Community Medicine with one vote;
- d. One faculty member elected from the Medical Library with one vote;
- e. One faculty member elected from the Department of Biomedical Sciences with one vote;
- f. Three faculty members elected from the Faculty-at-Large, one from each campus each with one vote;
- g. Three Staff representatives, appointed by Staff Council, one from each campus of the School, each with a 1-year term, one vote per campus;
- h. An MD student representative from each campus of the School, representing the Student Council's Diversity and Inclusion Committee Representatives, with one vote per campus ;
- i. A student representative of each graduate program, with one vote per program;
- j. The Dean, the Senior Associate Dean of each campus, one member of the leadership of faculty affairs, one member of the leadership of student affairs and the Director of Diversity and Inclusions and Initiatives for Mercer University shall serve as *ex officio* members without vote.
- k. The Chief Diversity Officer of the School of Medicine and the Directors of Underrepresented in Medicine (URiM) of each campus shall serve as *ex officio* members, each having one vote

(4 total votes). The Vice-chair of the Diversity and Inclusion Committee shall be elected from the voting faculty members of the committee and shall have a vote. The Vice-chair will succeed the Chair the following year. If the immediate past Chair is no longer an elected member of the committee, that individual shall become an *ex officio* member without a vote.

13.3 Duties and Responsibilities of the Diversity and Inclusion Committee

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

13.3.1 To Identify opportunities for school programming and activities to promote and provide advising and guidance on recommendations related to:

- a. Facilitation and periodic assessment of the climate at MUSM
- b. Development of diversity and inclusion content in the MUSM curriculum through pedagogical skill training and support in the various MUSM educational programs
- c. Recruitment, admission, enrollment, retention, and support of a diverse student body at MUSM
- d. Recruitment and retention of a diverse faculty and support staff at MUSM

13.3.2 Engage in opportunities for cross-departmental collaboration with other University colleges engaged in initiatives related to diversity, equity, and inclusion

13.3.3 Facilitate training of faculty, staff, and students to provide a welcoming, inclusive, and equitable climate for all at MUSM

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 revision by EC Aug 13, 2013; revisions approved by Special Called Faculty mtg Sep 9, 2013
recommend for revision by EC Apr 14, 2015; revisions approved by Faculty Apr 21, 2015
recommend for revision by EC Feb 9, 2016; revisions approved by Faculty Apr 26, 2016
recommend for revision by EC Mar 28, 2017; revisions approved by Faculty Apr 25, 2017
recommend for revision by Faculty email Jun 13, 2017; revisions approved by Faculty electronic vote Jul 11, 2017

recommend for revision by EC Mar 27, 2018; revisions approved by Faculty April 24, 2018

recommend for revision by EC Mar 26, 2018; revisions approved by Faculty April 23, 2019

- Completed Article 13 for the creation of the MUSM Diversity and Inclusion Committee
- Revisions were completed for Article 11 (Appeals and Grievances)
- Revisions were completed for Article 16 (Recruitment of Dean)
- Revisions were completed for Article 17 (Recruitment of a Department Chair or Unit Administrator)

revisions December 17, 2019; approved by the Faculty January 16, 2020

revisions approved by Faculty July 23, 2020

- Article 13 (Diversity and Inclusion) was revised
- Old Article 14 (Faculty Meetings) and old Article 15 (Secretary of the Faculty) were appended under Article 1 (The Faculty)
- Old Article 16 (Revision of the Bylaws) was appended under Article 12 (Rules and Bylaws); there are now 13 Articles in the Rules and Bylaws of MUSM
- Article 3 was reviewed and revised by the Rules and Bylaws Committee

revisions approved October 13, 2020; approved by the Faculty October 29, 2020

revisions approved Revised February 22, 2022 and approved by Faculty April 14, 2022.

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3.0 ACADEMIC POLICIES

3.1 LEARNING ENVIRONMENT AND STUDENT MISTREATMENT POLICY

Purpose and Scope

The purposes of this policy are to state Mercer University School of Medicine's commitment to maintaining an environment that is conducive to student learning, to describe actions that are considered to be mistreatment of students, to list the steps for reporting mistreatment, to document the procedure for responding to mistreatment reports, and to describe the plan for dissemination of the Learning Environment and Student Mistreatment Policy to the Mercer University School of Medicine community.

Introduction

Mercer University School of Medicine (MUSM), 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 promotes mutual respect and learning and enables students, faculty, residents and staff to work together in an atmosphere free of all forms of harassment, exploitation, or intimidation. Each member of the MUSM academic community is expected to treat all others, regardless of status, respectfully and courteously. Professional relations should be characterized by civility and, authority will not be abused. Abuse or misuse of authority, even if unintentional, may compromise or damage other members of the community.

More specifically, all members of the MUSM academic community will treat each other with respect and dignity, no matter what station, degree, race, age, sexual orientation, religion, gender identity, disability and/or disease state, and will extend to patients, families, teachers, other health professionals, and other learners with the same degree of respect and dignity as they would expect for themselves.

Commitment to a Positive Learning Environment

Mercer University School of Medicine strives to create a learning environment that is welcoming and safe for learners, staff, faculty, and patients. Additionally, MUSM strives to provide an environment where all members of the academic community are treated with respect and are made to feel that they belong.

A positive learning environment for learners should:

Treat students with respect. Example behaviors include calling each student correctly by name, calling attention to witnessed micro-aggressions as a bystander, and apologizing for lapses in professionalism.

Include students in the team. Example behaviors include assigning meaningful work to each student, listening to students during class discussions, and including students in clinical discussions.

Help students learn. Example behaviors include giving timely feedback, imparting clinical knowledge, and providing learning goals and objectives at the beginning of each session, rotation, or course.

Provide effective and constructive feedback. Example behaviors include giving feedback that is free of demeaning or dehumanizing components, giving feedback that includes examples of student behaviors and performance that support the evaluation, and giving

suggestions for improvement in a timely manner to allow for student improvement prior to the final grade.

Description of Student Mistreatment

Mercer University School of Medicine has a responsibility to foster in all students, postgraduate trainees, faculty, and staff the development of professional and collegial attitudes. To succeed in this responsibility, MUSM must provide models of professional behaviors to build an atmosphere of mutual respect and collegiality among teachers and students. While such an environment is extremely important to the academic mission of the School of Medicine and breeches of the standards of behavior are never acceptable, it is understood that incidents of inappropriate behavior or mistreatment may occur. Such behavior should be reported and corrected. The victims and perpetrators of such behavior might include students, faculty, administrators, fellows, residents, health professionals, and staff.

Specific examples of unprofessional behavior or mistreatment, include, but are not limited to:

- Speaking insultingly or unjustifiably harshly to or about a person.
- Losing personal civility, such as shouting, using obscenities, displaying a temper, or verbally abusing other individuals.
- Speaking in disparaging ways, including attempts at humor that demeans an individual or a group.
- Using language that makes persons feel uncomfortable with respect to age, gender identity, race, religion, ethnicity, sexual orientation, appearance, or any other personal attribute.
- Asking for sexual favors or making sexually suggestive comments.
- Making belittling or humiliating comments.
- Threatening a person with physical harm.
- Physically attacking (e.g. hitting, slapping, kicking, pushing, grabbing, etc.) a person.
- Making unwanted or inappropriate physical contact.
- Requiring a student to perform personal services (e.g. shopping, babysitting)
- Requesting or requiring students to engage in inappropriate or illegal activities or unethical practices.
- Providing unfair advantages to learners (e.g. - revealing exam content to learners).
- Deliberately and repeatedly excluding a student or a group of students from reasonable learning experiences.
- Using assessments, evaluations, or training opportunities in a punitive or retaliatory manner.
- Retaliating against a student for reporting mistreatment.

Communication and Training on the Learning Environment and Student Mistreatment Policy

Education of the medical school community concerning mistreatment serves several purposes. It promotes a positive environment for learning characterized by attitudes of mutual respect and collegiality. It informs persons who have experienced mistreatment that safe avenues for seeking redress are available. It provides awareness of mistreatment and of the School's process of responding to allegations of mistreatment.

Training on the policies and procedures surrounding the learning environment and mistreatment is provided to students, residents, faculty as follows:

- Students are made aware of the policies and procedures at orientation for each academic year and during medical student Bears Prepare sessions. Policies and procedures are accessible in the student handbook on the MUSM website and in

course manuals. The NAVEX Global/EthicsPoint URL for the anonymous reporting of student mistreatment is posted on fliers in classrooms, restrooms, and call rooms along with other important numbers including the MUSM Crisis Line and contact information for the deans of student affairs. Visiting students receive this policy information as part of orientation at their clinical learning site.

- Residents are made aware of policies and procedures through their annual training for teaching provided by the Office of Academic Affairs. Residents are also provided the policies and procedures in the clerkship manuals and on the Resident and Faculty Development Training Hub.
- Faculty are made aware of the policies and procedures at new employee orientation and are provided with updated policy information in the MUSM faculty handbook, which is posted on the MUSM website. Clinical faculty are also provided with policy information on the Resident and Faculty Development Training Hub maintained by Academic Affairs.

Monitoring Learning Environment and Student Mistreatment

The School monitors the learning environment in several ways. In addition to the avenues for reporting individual concerns, the AAMC Graduation Questionnaire shall be reviewed annually and action taken on issues that arise from that survey. Additionally, each course evaluation is reviewed and monitored for issues of abuse and misuse at the conclusion of each course and a thorough survey is completed at the end of the pre-clinical curriculum and the end of the third-year curriculum.

Reporting Mistreatment

Students can report mistreatment through the following mechanisms:

- Directly to the Senior Associate and Associate Deans of Student Affairs, who do not evaluate students in any academic program.
- Directly to the Senior Associate and Associate Deans of Academic Affairs.
- Directly to the confidential online reporting link via NAVEX Global/EthicsPoint. <https://secure.ethicspoint.com/domain/media/en/gui/62627/index.html>
- Directly to the Title IX Coordinator, Sharon Stellato, JD at 478-301-2788 or Stellato_sl@mercer.edu.
- Through course evaluations distributed at the conclusion of each course/clerkship/rotation.

Reports of an emergent nature should not be reported through these mechanisms. Students should call 911 or local law enforcement if in immediate danger. For mental health crisis assistance, students may call the Mercer Crisis Hotline at 1-888-291-5802.

Concerns about the educational facilities or resources or about other concerns not related to the Codes of Conduct can be reported to the Suggestion Line at <https://med.mercer.edu/anon-report/>

The confidential online reporting link via NAVEX Global/ EthicsPoint allows for confidential reporting of concerns related specifically to student mistreatment.

Reports of discrimination or harassment based on race, gender identity, age, ethnicity, national origin, religion, sexual orientation, veteran status or disability and/or reports of physical or sexual harassment or abuse should be reported to the Title IX Coordinator.

Mistreatment Response Protocols

Response to Student Reports

Reports submitted by students through NAVEX Global/EthicsPoint go to the Mercer University Office of Compliance and are then forwarded to the Mercer School of Medicine Office of Student Affairs. Reports that are submitted directly to the Senior Associate and Associate Deans of Academic Affairs or that come through course evaluations are forwarded from the Office of Academic Affairs to the Office of Student Affairs. The Senior Associate Dean or Associate Dean of Student Affairs contacts the student upon receiving a report of mistreatment or of a poor learning environment experience. The student can elect to pursue action immediately or delay action until the completion of the current course. In the case of an anonymous report, action will begin immediately. If the report involves immediate harm or retribution, then the Senior Associate and Associate Deans of Student Affairs reserve the right to move forward with action while maintaining the student's confidentiality.

Incidence Management

The Senior Associate and Associate Deans of Student Affairs in consultation with the Senior Associate and Associate Deans of Academic Affairs, and as appropriate the Dean or the campus deans, will review mistreatment incident reports.

- Concerns not involving immediate student harm will be addressed in a timely manner to mitigate the problem in the learning environment and prevent subsequent poor learning experiences. As appropriate, Department Chairs, MD Program Directors, Graduate Program Directors or Residency Program Directors may be consulted in providing feedback to faculty, staff or residents to influence positive changes in a constructive manner.
- Egregious acts of student mistreatment or repeated patterns of concerning behaviors by faculty, staff, residents or students will trigger a full investigation by the MUSM Dean's Office and may result in notification of the Mercer Department of Human Resources. Based on the findings of the MUSM investigation, a task force will be assembled, including members from Office of Student Affairs and others involved in the academic program (e.g.- Academic Affairs Dean, Graduate Medical Education Dean, Department Chair, Residency Program Director, Graduate Program Director) to develop an intervention to remediate faculty, resident or staff behaviors.
- Complaints concerning discrimination will be reported immediately to the Equal Opportunity/Affirmative Action Officer.
- Complaints concerning issues related to Title IX will be reported immediately to the Title IX Coordinator.
- Feedback to the complainant will be provided through the NAVEX Global/ EthicsPoint website.

3.2 MUSM 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 that 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.

3.3 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.

3.4 ACADEMIC AND PROFESSIONAL RIGHTS AND RESPONSIBILITIES

- A. *Academic Requirements:* The School of Medicine will publish the requirements for the 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, MUSM will publish and make available to students standards of professional behavior. 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.

3.5 ESTABLISHMENT OF REQUIREMENTS, STANDARDS, AND EVALUATION OF MEDICAL EDUCATION PROGRAM:

- A. The Curriculum and Instruction Committee (CIC) of the faculty is vested with the responsibility of establishing academic and professional requirements, standards of curriculum and programs, and evaluation criteria for the medical education program 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 (SAPC), composed of Medical School faculty. The membership of the SAPC 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 SAPC shall be made known to each involved student in written form.

3.6 GRADING AND EVALUATION OF ACADEMIC AND PROFESSIONAL PERFORMANCE:

- A. A 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 course, module, block, unit, the student will have the right to know 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. Medical School faculty shall use written student course evaluation and instructional rating reports to assess the quality of their instruction

3.7 THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

- FERPA is federal legislation that protects students' privacy of **Educational Records**.
FERPA:
 - Permits students to inspect their education records.
 - Limits disclosure to others of personally identifiable information from education records without the student's prior written consent to such disclosure.
 - Provides students the opportunity to seek correction of their education records where appropriate.
- Educational Records are those records directly related to a student and maintained by Mercer University. They may be handwritten or in the form of print, magnetic tape, disks, film, on-line computer access files, or some other medium contained in records, files, documents, and all other data directly related to students. Excluded Categories of Educational Records include:
 - Sole possession notes (1) Not taken in conjunction with any other person and (2) Not shared with another person or placed in an area where they can be viewed by others
 - Law enforcement unit records
 - Records maintained exclusively for individuals in their capacity as employees
 - Doctor-patient privilege records
 - Alumni records
 - Directory Information: As defined each year by the University, 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.

- ❖ EXCEPTION: If a student has filed a request for non-disclosure of the above items with the Office of the Registrar.
- All employees of Mercer University, to include administrators, faculty, staff, and clinical year advisors are required to abide by the policies governing the review and release of student educational records. Access to Educational Records will be granted only to those University employees who have been determined by the nature of their job to have a "legitimate educational interest" also defined as a "need to know"
- If given access to student records it is your responsibility to **never**
 - Disclose your personal password to another individual.
 - Sign onto a computer terminal and let anyone else access data from that terminal.
 - Leave screens (or reports) containing confidential student information in view of others who do not have a legitimate educational interest in the data.
 - Leave the computer terminal unattended (always lock your session whenever you are going to be away from your desk for short periods of time and sign off whenever you are going to be away for an extended period).
 - Improperly store or dispose of printed student record reports.
- An employee of the University must never disclose confidential information (e.g., academic data such as grades, test scores, and class schedules) contained in a student's record to a third party without the written consent of the student.
 - By definition, a "third party" includes parents or guardians, spouse, other students, agencies, organizations, the media, and all other individuals who are not part of the University.
 - Sensitive student data should never be shared with another employee who does not have a legitimate educational "need to know" and is therefore not authorized to receive such information.
- Mercer students may sign a form that authorizes University personnel to release and/or discuss with the student's parents or guardians information contained in the student's academic record. Once signed, the authorization remains in effect until the student submits a request for a change in writing to the Office of the Registrar.
- The only exception to the non-disclosure regulations pertaining to the release of student records is "directory information", as defined and published by the University. Directory information may be released at the discretion of the University without the written consent of the student. However, Mercer does not generally release directory information. Currently enrolled students may request that directory information concerning them not be released.

3.8 POLICY ON ACCESS TO STUDENT 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, Standard 11.5, March 2019*). Therefore, at MUSM the academic records of MUSM students are confidential and generally not accessible to faculty and administrative personnel without the students' consent. 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:

- 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.
- Parents may see the academic records of their sons and/or daughters when the student authorizes the request.
- Teachers or administrators at Mercer University may look at academic records on a "need to know" basis for legitimate educational reasons.

MUSM has defined those with a need to know as:

- The Dean, Campus Deans, Academic Affairs Deans and Student Affairs Deans have a right to view all of an official education record of a student in the course of their duties.
- 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.
- Academic Success Counselors have the right to view all of an advisee's official educational record to monitor student progress and to provide educational guidance.
- 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
 - Monitor student progress toward achieving the academic performance standards
 - Evaluate and make recommendations to the Dean on advancement, retention, or dismissal of students based on student academic performance standards
 - Make recommendations to the Dean for graduation for those students who have satisfied the objectives/competencies of the educational program
- Course directors, Block co-chairs, and clerkship directors have the right to view student performance data following the completion of the course, module or clerkship for the purpose of course and programmatic evaluation.

The Academic Affairs Dean(s) and/or Student Affairs Dean will determine "legitimate educational interest" of other parties. Other than the exceptions 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.

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.

Additional information regarding student records and regulations may be found on the Mercer University Website, <http://registrar.mercer.edu/ferpa/> (accessed 4-21-20).

3.9 STUDENT HANDBOOKS

Copies of student handbooks for the MD Program and for the graduate programs may be accessed at <https://medicine.mercer.edu/student-services/handbook/> (accessed 4-01-2020). These handbooks include: School of Medicine Handbook; Biomedical Sciences, MS Program; Preclinical Sciences, MS Program Manual; and Family Therapy, MFT Program Manual. Pertinent information may also be accessed in the Mercer University Student Handbook, <https://provost.mercer.edu/handbooks/studenthandbook.cfm> (accessed 4-24-2020).

3.10 Calendar, Class Schedule, Attendance, Examination and Grading, Course

The Medical School calendar and medical student class schedules are approved annually by the Curriculum and Instruction Committee and provided to the faculty, students, and staff by the Office of Academic Affairs. The calendar for the graduate programs are published by the University and the individual class schedules determined by the Programs.

Other academically related information related to class schedules, attendance, examination and grading, and course/instructional evaluation information can be accessed in the student handbooks.

3.11 Instructional Support Services

The Skelton Medical Libraries serve Mercer University School of Medicine faculty, students and staff. The libraries have two physical libraries, one in Macon on the campus of Mercer University and one in Savannah on the campus of Memorial University Medical Center. Faculty, staff and students on the Columbus Campus may contact either the Macon or Savannah Libraries by phone or email to arrange library instruction, reference services, or assistance with research projects or literature searches.

The Skelton Medical Libraries are members of NNLM (National Network of Libraries of Medicine) and have consortia memberships for resource sharing with GETSM (Research Libraries of Georgia), CONBLS (Consortium of Biomedical Libraries in the South) and Lyrasis. The Skelton Medical Libraries also share resources with other Mercer University libraries - University Libraries (Macon, Atlanta and the Centers) and the Law Library (Macon).

The Skelton Medical Libraries provide resources and services in support of the School of Medicine including:

- providing information to advance research, scholarship, and education;
- educating faculty, staff, and students in the skills needed to effectively find, evaluate, and manage health and medical information; and
- collaborating with the MUSM community, becoming familiar with their needs and
- providing and promoting resources and services that meet those needs.

Electronic library resources and services are available to MUSM faculty, staff and students 24/7 via the libraries' webpage: <http://med.mercer.edu/library>. Library resources are also available via Canvas, the Mercer University online course delivery and management system. Electronic journals may be accessed via the libraries online full text finder of over 17,000 medical and healthcare related journals, and online journal databases such as Search Everything, ScienceDirect, Wiley Online Library, SpringerLink, Web of Science, PubMed, ClinicalKey, and PsychiatryOnline. Over 4,000 medical and healthcare related electronic books may be accessed via the libraries online full text finder and online databases such as ClinicalKey, AccessMedicine, McGraw-Hill Medicine, and the LWW Health Library. The libraries provide access to over 30 health related databases including:

- Point-of-Care: Cochrane Library, Dynamed Plus, TRIP, Medscape, and National Guideline Clearinghouse
- Differential Diagnosis: VisualDX and Diagnosaurus
- Images/Video: ClinicalKey, MedlinePlus Videos, NEJM Multimedia, and WebPath
- Drug Information: Micromedex, ClinicalKey, AccessMedicine and NLM Drug Portal
- Patient Education: MedlinePlus, ClinicalKey and AccessMedicine

The libraries' combined print collection includes approximately 360 unique journal titles and 113,500 print volumes. Anatomical models are also available in support of the curriculum. Checkout privileges are extended to Mercer University School of Medicine students, staff and faculty. Members of the community are welcome to use resources in-house. Circulation policies are posted on the libraries' webpage. <http://med.mercer.edu/library>.

Materials not owned by the Medical Libraries may be borrowed from other libraries via InterLibrary Loan. Forms for making InterLibrary Loan requests are on the libraries webpage. <https://med.mercer.edu/Library/ill.htm>

Users are encouraged and requested to make recommendations for resources. A “Make a Suggestion” form is available on the libraries’ webpage.

<https://med.mercer.edu/library/makeasuggestion.htm>

The libraries utilize social media such as Facebook and mobile applications. Links to these may be found on the libraries web page.

<https://med.mercer.edu/library/facebook.htm>

A combined staff of six professional librarians and 5 library assistants are available to assist faculty, students, staff and affiliated healthcare providers with their information needs. Library hours are posted on the libraries’ web page. Contact the libraries in person, by phone or email for library instruction, reference services, or assistance with research projects or literature searches. <https://med.mercer.edu/Library/contactus.htm>

The library faculty provides scheduled instruction to students, faculty and staff, 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.

<https://med.mercer.edu/library/libraryinstruction.htm>

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.

<https://med.mercer.edu/Library/libraryliaisons.htm>

3.12 Management of Infectious and Environmental Hazard Exposures Including Policy on Management of Blood Borne Pathogen Exposure (Needle-sticks)

The MUSM Student Handbook contains detailed instructions on the post exposure procedure and guidelines for Faculty, Staff and Students. These guidelines include first aid immediately following the incident and reporting to an approved healthcare provider for medical care and testing. Please refer to the Medical Student Handbook at <https://medicine.mercer.edu/student-services/handbook/> (accessed 4-3-2020) or the Mercer University Environmental, Health & Safety Office (EHSO) <http://ehso.mercer.edu/>

3.13 Graduate Faculty Membership Policy

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. Given that all of the graduate

programs at MUSM are at the graduate professional level, all faculty in MUSM have graduate faculty status. This guideline is consistent with the University's appointment process for full or associate Graduate Faculty as outlined in section 2.3 of the Mercer University Faculty Handbook <http://provost.mercer.edu/www/mu-provost/handbooks/upload/2020-University-wide-Faculty-Handbook-2.pdf> (Accessed 4-20-20).

MUSM graduate programs may be either department-based or interdepartmental. In either case, a committee charged specifically with oversight of the graduate program will administer the graduate program. In the case of a department-based program, the department chair will appoint the committee depending upon approval by the dean. In the case of an interdepartmental program, the dean will appoint and approve the committee.

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 are 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
- History of relevant clinical experience.

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 graduate program oversight committee, the Dean, and the Provost, must approve the overall composition of the thesis committee, including members without appointments to the graduate program faculty.

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

Additional Non-academic Criteria:

- Faculty members are not permitted to serve as either 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 to be awarded.

Record Maintenance:

At the time a graduate committee is formed for the purpose of examination, certification, or direction of graduate-level research, the program should prepare a Memorandum for Record to record the members of the committee and to certify that the members meet the requirements of the medical school. The program should maintain a copy of this Memorandum and also send a copy to the Office of Research who will maintain the Memorandum on behalf of the Dean.

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4.1 ACADEMIC ADVISING PROGRAM

The goal of the Academic Advising Program is to ensure that each student has every opportunity to succeed. The academic success counselors (ASC), the house advisors- preclinical and clinical, and the deans of student affairs coordinate MUSM's Academic Advising Program in a manner that supports the achievement of this goal. There are several components to the Academic Advising Program: the Academic Success Counselors (ASCs), the House Advising Program (preclinical advisors and clinical advisors), and the Individual Career Counseling and Academic Advising Sessions with the Deans of Student Affairs (DSA). All faculty members are encouraged to serve as house advisors and/or as mentors.

4.2 ACADEMIC SUCCESS COUNSELORS

Academic Success Counselors (ASC) provide students with educational support. These counselors are located on all preclinical campuses, and serve students during all four years of their medical school training. Early and frequent education and intervention provides prompt and effective strategies to help ensure academic success. All students, regardless of academic performance should meet with the ASCs to discuss their learning strategies, style and needs. First year students should meet with the ASC in Block 1 to discuss learning styles, curricular challenges, and testing skills.

4.2.1 MUSM Compensatory Assessment System

MUSM's compensatory assessment system frequently identifies markers of success or academic difficulty. In this system, The Office of Academic Records communicates test results to students, the academic success counselors and the deans of student affairs.

For each exam, MUSM identifies performance as:

- **Fail.** Student scores less than the pass score.
- **Low Pass.** Student passes, but scores less than or equal to the pass score plus $\frac{1}{2} \times$ standard error of measurement (SEM).
- **Marginal Pass:** Student passes but scores less than or equal to the pass score plus $1 \leq$ the pass score plus $1 \times$ SEM.

Performance indicators are **NOT** reported on academic records.
Performance indicators merely identify students who need help.

Beginning with the first end-of-module exam (not summative quiz), and for **any** subsequent summative assessment (not formative quizzes), students identified as "Fail" or "Low Pass" are referred to academic success counselors for **required consultation**. Students identified as "Marginal Pass" are **strongly encouraged** to consult with an Academic Success Counselor.

The ASC and student distinguish the singular instance of poor test performance from potentially chronic academic weaknesses or other issues that may affect success.

The ASC will refer students with potential psycho/social or learning disability issues to the Dean of Student Affairs.

After initial consultations, students and ASCs determine academic plans, plans for monitoring compliance, and schedules for follow-up.

Academic Success Counselors will document referral notes including learning plans, plans for monitoring compliance, and schedules for follow-up. Consultations, academic plans, and/or monitoring schedules must not interfere with other curricular obligations.

Academic Success Counselors will systematically communicate with the Deans of Academic Affairs and the Deans of Student Affairs.

Academic Success Counselors will provide faculty development that orients MUSM faculty to the theories of learning support that inform MUSM's Learning Support System. Faculty development will also enumerate specific services rendered and protocols followed.

The Deans of Academic Affairs, Deans of Student Affairs, and Academic Success Counselors meet twice a month to review student cases.

4.2.2 Support for Students Repeating a Preclinical Year

At point of notification, that MUSM will grant a failing student the option to repeat a year, the student is **required** to meet with the Academic Success Counselor (ASC) to draft an academic plan for supporting the student's off-campus preparation for the repeat year.

Repeat-year students are **required** to meet with the ASC at the beginning of the academic year (within the first week of the Block) and to adhere to the plan for monitoring established by the student and the ASC.

- Review difficulties from the previous year
- Review student success/ difficulties in off-campus repeat year preparation.
- Review repeat year rules as they apply to the student.
- Determine an academic plan and any particular strategies to help the student be successful.
- Confirm plans for monitoring compliance and schedules for follow-up.

4.2.3 Failed Shelf Test or Other Component of Clerkship

If a student fails a clerkship or experiences a failure on a shelf test or midterm examination:

- Academic Records notifies ASC and the Associate Deans of Academic Affairs.
- The ASC notifies the deans of student affairs.
- The student should make an appointment with the ASC and the dean of student affairs.
- Student discusses the factors that contributed to the shelf failure with the ASC (i.e. time factors, teaching problems, testing problems, etc.).
- Student discusses the factors that contributed to the shelf failure with the Associate Dean of Student Affairs (i.e. outside distractions, interpersonal issues, etc.).
- The student and the ASC shall formulate an action plan to improve performance.

4.3 HOUSE ADVISING PROGRAM

Students are placed into one of five houses which are led by a clinical faculty member and a preclinical faculty member. There are approximately 12 students in each group; students remain in the same group (house) with their advisors for the first three years of medical school. Students meet with their house faculty advisors regularly as scheduled during the Bears Prepare Student Affairs ½ Day Sessions held each semester of years 1, 2, and 3. The role of the Pre-Clinical Advisor is to facilitate the student's learning and successful progression through the first and second years of the curriculum. They serve as a mentor and assist students in acclimating to the role of medical student. The role of the Clinical House Advisor is to 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. The goals of MUSM's house advising program are to:

- Introduce the concept of learning community into the advising system
- Encourage academic success
- Build relationships with professors and classmates
- Broaden learning experience
- Improve study skills
- Encourage peer-to-peer mentoring across all levels of medical education

4.3.1 Preclinical House Advisors

The Preclinical Faculty Advisors are trained to meet the needs of the pre-clinical student. The role of the Preclinical Advisor is to facilitate the student's learning and successful progression through the first and second years of the curriculum. They will assist students in acclimating to the role of medical student

One of the most important tasks in working with first-year and second-year students is building rapport and providing guidance and referrals to other resources available at MUSM as needed. Rapport can be built with students by establishing the goals and expectations for the advising/mentoring relationship, being available, asking appropriate questions, actively listening, and maintaining confidences.

Students should meet with their advisors during group activities planned during orientation and each semester of the pre-clinical years of medical education. They should also plan a brief one-on-one meeting during the first semester.

At any time that the student requires services beyond the scope of the House Advisors then they should be referred to Student Affairs, to Academic Affairs or other MUSM resources.

4.3.2 Clinical House Advisors

The role of the Clinical House Advisor is to facilitate optimal progress through the clinical curriculum and to support a smooth transition to residency.

Advisors complement the advice of the Associate Deans of Student Affairs in areas such as career decision making and elective planning. They should 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.

The advisor will serve as a resource for information and guidance on issues that may arise during the third and fourth year clinical educational experiences, as well as other issues related to medical education as requested by the student.

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

4.4 DEANS OF STUDENT AFFAIRS

The deans of student affairs meet with each student individually to discuss academic progress, learning styles, testing accommodations, career choice, research opportunities, service opportunities, leadership opportunities, elective choices, specific residency requirements, and realistic expectations based on the individual student's academic history. These meetings are designed to provide individual, specific, detailed advice to students at strategic times throughout their medical school career. A required meeting is scheduled in each academic year and additional sessions are scheduled as needed by the student or as referred by the ASC. Students are free to meet with any DSA on any campus by request.

Individual Career Counseling and Academic Advising Session Timeline:

First Year meetings: Annually meet with students November to January (Block 1)

Second Year meetings: Annually meet with students May to July (Block 4)

Third Year meetings: Annually meet with students August to October (Semester 1 of year 3)

Fourth Year meetings: Annually meet with students February to April (Semester 2 of year 3)

4.5 ACADEMIC ADVISING PROGRAM MEETINGS

Required meetings are scheduled throughout the medical school curriculum and designed to optimize advising in both group and individual sessions.

4.5.1 Orientation Meetings

House Advisors Meeting in Freshman Orientation (group meeting)

The Advisors will meet with all of the members of the house in a group session to establish rapport and to reflect on expectations for medical school. The group session allows the advisors

and other students to become acquainted, and learn personal information, previous study habits, and hopes/fears.

4.5.2 Block 1 Meetings

Academic Success Counselor Meeting in Block 1 (individual meeting)

The Academic Success Counselor will meet with all of the first year students in an individual session to discuss personal study skills, test taking skills, and unique academic challenges.

House Advisors Meeting in Block 1 (group meeting)

The Advisors will meet with all of the members of the house in a group session to reflect on how the semester has been going.

- a. Suggested coaching conversations/ prompts for reflection:
 - On a scale of 1-10, with 10 being the best you have ever done, how do you feel you are doing in the Block? 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)
 - Reflect on successes and struggles with the PBL group process.
 - Reflect on successes and struggles with time management.
 - Reflect on successes and struggles with learning how to study effectively.
 - Does the student feel confident about the material?
 - Does the student stay on a reading schedule?
 - Does the student read material more than once?
 - Is the student comfortable with the idea of seeking out discipline faculty members when needing help? Is he/she doing so?
 - Does the student show early signs of emotional fragility?
 - Is the student socially isolated? Is this problematic?
 - How much time is student spending with family? Too much or too little?
 - Is the student involved in study groups? Does he/she want to be?
 - One scale of 1-10 again ask student to share where he/she is in terms of balance. Make notes and follow up accordingly.
 - What are some of the challenges you faced during your start of Medical School?
 - Reflecting on your test performance, what concepts or skills do you need to improve upon?
 - What have you learned about dealing with stress in medical school?
- b. Discuss other concerns such as life-school balance and wellness, as desired by the advisee.

Dean of Student Affairs Meeting in Block 1 (individual meeting)

The Dean of Student Affairs will meet with each student individually to discuss academic advising and career counseling. The DSA will explore areas in student's premedical curriculum that may be weak and make appropriate recommendations.

- Did the student take only the bare minimum of pre-medical science courses? If so, are there proactive that should be recommended so that the student can compensate for this?
- Are there areas in the student's undergraduate coursework in which 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?)
- Discuss career goals and competitiveness for chosen specialty.
- Encourage the student to maintain balance (physical, mental, and spiritual life). (Identify university and community resources if needed)

4.5.3 Block 2 Meetings

House Advisors Meeting in Block 2 (group meeting)

The Advisors will meet with all of the members of the house in a group session to reflect on how the semester has been going.

- What worked in Block 1?
- Did anything go wrong in Block 1?
- What would you do differently in Block 2?
- Suggested coaching conversations/ prompts for reflection:
 - Reflect on your successes and struggles with the PBL group process.
 - Reflect on your successes and struggles with time management.
 - Reflecting on your test performance, what concepts or skills do you need to improve upon?
 - What have you learned about learning from both positive and negative feedback?
 - With regard to professionalism, what ways can you continue to grow and develop?
 - What did you learn from anatomy lab that may be of most value in your medical career?
 - Discuss other concerns such as life-school balance and wellness, as desired by the advisee

4.5.4 Block 3 Meetings

House Advisors Meeting in Block 3 (group meeting)

The Advisors will meet with all of the members of the house in a group session to reflect on how the semester has been going.

- What worked in Block 2?
- Did anything go wrong in Block 2?
- What would you do differently in Block 2?
- Suggested coaching conversations/ prompts for reflection:
- What have you learned about balancing the requirements of medical school with your personal life?

- What did you learn from scholarly project or service learning experience that may be of most value?
- What are your strengths in Clinical Skills? What can you improve upon?
- What have you learned about yourself with regard to collaborating with other people?
- Discuss other concerns such as life-school balance and wellness, as desired by the advisee.

4.5.5 Block 4 Meetings

House Advisors Meeting in Block 4 (group meeting)

The Advisors will meet with all of the members of the house in a group session to reflect on how the semester has been going.

- What worked in Block 3?
- Did anything go wrong in Block 3?
- What would you do differently in Block 3?
- Suggested coaching conversations/ prompts for reflection:
 - What concepts do feel most and least prepared for with regard to the Step 1 exam?
 - What did you learn from your Community Medicine visit that may be of value in your medical career?
 - Reflect upon your emerging professional identity. Are you on track to be the physician you want to be?
- Discuss other concerns such as life-school balance and wellness, as desired by the advisee.

Dean of Student Affairs Meeting in Block 4 (individual meeting)

The Dean of Student Affairs will meet with each student individually to discuss academic advising and career counseling.

- Discuss Step 1
- Suggested coaching conversations/ prompts for reflection:
 - How do you cope with burnout?
 - As relates to your career goals, what do you hope to learn from your clerkship experiences?
 - What are your feelings about practicing medicine in rural Georgia, other medically underserved areas, or for medically underserved populations not living in rural Georgia?
- Discuss other concerns such as life-school balance and wellness, as desired by the advisee.
- Discuss the transition to Clerkships.
- Discuss specialty choice and competitiveness for specialty.
- Discuss research experience, service experience, and leadership experience

4.5.6 Year 3 Semester 1 Meetings

House Advisors Meeting in Semester 1 of Year 3 (group meeting)

The Advisors will meet with all of the members of the house in a group session to reflect on how the semester has been going.

- Reflect on clinical rotations and any concerns the student may have. Discuss positive and negative experiences on the wards and any difficulty in adjusting to the clinical rotations.

Individual Session with Dean of Student Affairs in Semester 1 of Year 3

The Dean of Student Affairs will meet with each student individually to discuss academic advising and career counseling.

- Encourage the student to maintain balance (physical, mental, and spiritual life). Identify university and community resources if needed.
- Detailed discussion on specialty choice and preparedness for residency application.
- Discuss elective choices, research experience, service experience, leadership experience, and competitiveness for residency.

4.5.7 Year 3 Semester 2 Meetings

House Advisors Meeting in Semester 2 of Year 3 (group meeting)

The Advisors will meet with all of the members of the house in a group session to reflect on how the semester has been going.

- Reflect on clinical rotations and any concerns the student may have. Discuss positive and negative experiences on the wards.
- Discuss readiness for the fourth year, the application process, and interview readiness.
- Discuss CV and personal statement preparation.

Individual Session with Dean of Student Affairs in Semester 2 of Year 3

The Dean of Student Affairs will meet with each student individually to discuss academic advising and career counseling.

- Review residency specialty selection and provide feedback (realistic expectations, necessary advice, career guidance, etc.).
- Discuss NRMP and ERAS.
- Explore student confidence, concerns, and perceptions with regard to the clinical experience.
- Discuss self-care practices and the importance of professional/personal life balance.
- Refer for advice from specialty specific faculty (i.e. mentors) as needed.
- Review curriculum vitae and personal statement and provide feedback.
- Discuss preparation of the Medical Student Performance Letter (Dean's Letter).

4.5.8 Additional Meetings

Additional meetings may be required for students who fail a PBL test, a clerkship, a shelf test, or require repeated remediation. In such cases, the student will be expected to meet with his/her Clinical House Advisor to review any issues.

Additional meetings may be scheduled at the students' request at any time, and with any frequency.

4.6 THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA) AND POLICY ON ACCESS TO STUDENT EDUCATIONAL RECORDS

Please refer to Section 3 Academic Policies, items 3.7 and 3.8 for a detailed explanation of FERPA and Access to Student Educational Records.

5 PROCEDURES, GUIDELINES, AND TIMELINES FOR FACULTY APPOINTMENT, PROMOTION, AND TENURE

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5 PROCEDURES, GUIDELINES, AND TIMELINES FOR FACULTY APPOINTMENT, PROMOTION, AND TENURE

5.1 INTRODUCTION

Section 5 sets forth the Procedures, Guidelines, and Timelines for Faculty Appointment, Promotion, and Tenure. Supporting this section are definitions of Faculty, Ranks, and Titles. This section also provides guidelines for requesting a change of promotion track and a change in professional distribution of effort.

The appointment, promotion, and tenure of Faculty are guided by standards established by the faculty. It is the faculty member's responsibility to provide evidence in support of an application for promotion or tenure using the standards as a guide.

Individual departments within the School of Medicine may develop additional policies, criteria, and procedures for promotion and tenure, however these shall not conflict with those specified in this section or with those specified in the Mercer University Faculty Handbook. Faculty should carefully examine these departmental policies, criteria, and procedures before initiating an application.

5.2 FACULTY APPOINTMENT

5.2.1 Appointment to the Medical School Faculty

As described below, Faculty are appointed as full-time, part-time, or volunteer faculty. A faculty appointment is distinct from employment status. The President makes all faculty appointment offers on the recommendation of the Dean and the Provost. The Dean requests the initial appointment to the Faculty to fulfill specific goals and objectives of the medical school and an individual department or section of the medical school.

Full-time faculty

Full-time faculty members are those contributing 0.5 or more full-time-equivalents (FTE) in support of the School's mission, including teaching, scholarship, clinical practice, administration, and service. These faculty are expected to provide evidence in applications for promotion, tenure, or both, of effective teaching, scholarship, clinical practice (if applicable), administrative service, and responsible, active contributions to the school as part of institutional and academic service. An expectation for scholarship varies among the promotion tracks.

Full-time faculty may be salaried or non-salaried. Salaried faculty are those who are MUSM employees. Full-time salaried faculty may be appointed to a tenure track or to a non-tenure track. Non-salaried full-time faculty are those with faculty appointments but who are not MUSM employees. Full-time non-salaried faculty are appointed to a non-tenure track and are therefore not eligible for tenure. Full-time, non-salaried faculty members include those faculty associated with clinical affiliates of MUSM (e.g., Coliseum/HCA, Navicent/Atrium, Memorial/HCA, Columbus Regional/Piedmont and St. Francis/Emory) who contribute to the educational mission of the medical school by teaching medical students, graduate students, residents, and/or fellows. Initial appointment of full-time, non-salaried faculty may be at the request of a department chair and the Dean. The President grants initial faculty appointments on the authority of the Board of Trustees.

Part-time faculty

Part-time faculty members are those who contribute less than 0.5 FTE in support of the School's mission, including research, teaching, clinical practice, administration, and service. These faculty usually provide a variety of individualized services or skills to MUSM that are primarily teaching and service. Part-time faculty may be paid by MUSM or a clinical affiliate for their services. Part-time faculty are appointed to a non-tenure track and are not eligible for tenure at MUSM.

Volunteer faculty

Volunteer faculty provide a variety of individualized services or skills to MUSM. These services are primarily teaching and service to a department, program, the school, or a clinical affiliate. Volunteer faculty receive no pay from MUSM or the clinical affiliate. Volunteer faculty are appointed to a non-tenure track and are not eligible for tenure at MUSM.

Adjunct Faculty

Adjunct faculty are those who hold a primary appointment in another educational institution and a secondary appointment within MUSM. These appointments are made by the Dean at the request of the chair of the secondary department or school. Full faculty privileges are retained for the primary appointment. Adjunct faculty may not advance in rank at MUSM and are appointed to a non-tenure track and are not eligible for tenure at MUSM.

Joint Faculty

Joint faculty are those with a primary appointment in a department within MUSM who also hold an appointment in another MUSM department (i.e., a joint appointment in a secondary department). These appointments are made by the Dean and at the request of the chair of the secondary department with approval from the chair of the primary department.

Visiting Faculty

Visiting faculty are those with a full-time appointment at another institution who are temporarily assigned responsibilities at the School of Medicine. The faculty member will retain the faculty rank of the parent institution. Such appointments are short-term, generally one year or less. Visiting faculty may not advance in rank at MUSM and are appointed to a non-tenure track and are not eligible for tenure at MUSM.

Emeritus/Emerita Faculty

Retiring full-time faculty at the rank of either Associate Professor or Professor (tenured or non-tenured) who demonstrate outstanding credentials, a record of noteworthy contributions, and at least ten continuous years of service to the school upon retirement may be nominated for Emeritus/Emerita status. The application may be considered after announcing a retirement, but the title may not be received until after retiring from MUSM. The nomination should be submitted to the Dean. The Promotion and Tenure Committee will review the application and make a recommendation to the Dean. If the Dean and Provost support the nomination, the request is submitted to the President and then the Board of Trustees for confirmation.

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

Emeritus/Emerita faculty employed by Mercer University are entitled to the benefits and privileges as determined by Section 2.4.4 in the Mercer University Faculty Handbook and by the Dean.

Emeritus/Emerita faculty who are employed by a clinical affiliate partner of Mercer University School of Medicine may maintain access to the MUSM library, may continue to be eligible to teach or perform research as needed, may be eligible to serve on committees, and may be eligible for other privileges as determined by the Dean.

5.2.2 Medical School Faculty Appointment Procedures

At the time of appointment, reappointment, or salary notification, the faculty member will receive a letter that indicates the faculty title, nature, duration, tenure status, and salary (if applicable) of their appointment. All faculty are appointed to a promotion track that reflects the general scope of their contributions. The general expectations for appointment on each promotion track are outlined in Section 5.4 Standards for Faculty Appointment and Promotion in the Mercer University School of Medicine Handbook. The Dean, at the request of the department chair, requests the initial Medical School Faculty appointment from the Provost and the President. At the time of initial appointment, the department chair should recommend the following:

- Faculty promotion track
- Faculty rank
- Full-time, part-time, or volunteer faculty status
- Adjunct, joint, or visiting status if appropriate

Overview of promotion 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 in consideration of each faculty member's career goals, faculty are appointed to one of eight promotion tracks:

- **Tenure Track:**
This track recognizes faculty members who make critical contributions to 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:**
This track recognizes clinical and non-clinical faculty 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. Faculty in this track will be expected to achieve and sustain accomplishments in medical education. Some scholarship will be required for promotion on this track. Faculty on this track are not eligible for tenure.

- **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 are usually core residency faculty and/or faculty who 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, teaching, and supervising medical students, residents, and fellows. Some demonstration of scholarship will be required for promotion on this track. Faculty on this track are not eligible for tenure.
- **Clinical Scholar Track:**
 This track recognizes faculty with a commitment to active participation in the education of medical students and residents/fellows. These faculty are expected to maintain a clinical practice, disseminate clinical knowledge and techniques through scholarly publications and professional communications, and to generate extramural funding. Faculty on this track are not eligible for tenure.
- **Clinical Faculty Track:**
 This track recognizes faculty who are involved in clinical practice with minor contributions to the undergraduate and/or graduate program. These faculty are typically community physicians in private practice settings who support the programs and educational mission of the school as a volunteer or for a small stipend. Faculty on this track are not eligible for tenure.
- **Administrator Track:**
 This track recognizes the faculty with substantial assignments of effort (> 50%) in administration. 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. A faculty member on the Tenure Track who is granted tenure may be subsequently appointed to the Administrator Track if their professional development effort in administration has increased; the faculty member maintains tenure status. Once an individual is assigned to the administrator track, then the promotion requirements of the administrator track would be followed.
- **Research Track:**
 This track recognizes faculty who primarily support the research mission of the school and contribute less than 0.3 FTE to the academic program. A faculty member on the research track must have demonstrated potential for, or achieved, independence and excellence in the initiation, direction, and completion of research projects. These faculty are expected to generate extramural funding sufficient to support at least 70% of their 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. Faculty on this track are not eligible for tenure.
- **Library Track:**
 This track recognizes faculty who provide a full range of library services to the medical school, clinical affiliate faculty and campuses, and community-based physicians who support the educational programs and mission of the school and the public. Faculty on this track are not eligible for tenure.

5.2.3 Changes in Faculty Promotion Track and Distribution of Professional Effort:

A request to move from one track to another track may be initiated when it becomes apparent that circumstances will substantially affect readiness for promotion and/or tenure. While a faculty member may at any time request a change from one promotion track to another promotion track, a request to move from the tenure track should be initiated no earlier than three years and no later than four years on the tenure track. The request to change faculty track should be faculty-initiated and represent a change in personal career goals and expectations. Any decision to change track or to change the distribution of professional effort 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 and/or distribution of professional effort. If approved by the department chair, the request is taken under consideration by the Dean, and if approved, is subsequently considered by the Provost, who makes the final decision. If the request to change tracks is approved, the faculty member should expect to remain in the new track for three years before seeking promotion. This allows the faculty member to demonstrate that their contributions are in accordance with the qualitative and quantitative expectations for promotion in the track.

To initiate a change in track or distribution of professional effort:

- Discuss the change with the department chair.
- Submit a letter to the department chair outlining the following: Date of Appointment, date of terminal tenure year, if applicable, and reason(s) for requesting the change in track or distribution of professional effort.
- The department chair submits the faculty member's letter and a letter of support to the Dean.
- If approved by the Dean, the request is subsequently considered by the Provost.
- If denied prior to reaching the Provost, the faculty member may appeal directly to the Provost.

5.3 FACULTY ACADEMIC RANK AND TITLE

5.3.1 Faculty Academic Rank

In addition to appointment to a promotional track, all faculty are assigned to one of four academic ranks at the initial appointment:

- Instructor
- Assistant Professor
- Associate Professor
- Professor

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 who possesses the potential for continued professional growth and should possess the promise of continued service and teaching to 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.
 - A minimum of 3 years of relevant experience.
- An individual with a doctoral degree and without post-degree training may be appointed to rank of Assistant Professor upon the recommendation of the department chair and approval by the Dean.
- A librarian with a master's degree may be appointed to the rank of Assistant Professor with the approval of the Dean.

Associate Professor

- A faculty member who 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.
 - 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 as an Associate Professor 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 who 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 who has demonstrated extended and exemplary service and teaching.
- Faculty members who reach the rank of professor are recognized for sustained contributions to the school.

5.3.2 Faculty Title

Faculty on the Tenure Track, Medical Educator Track, Clinical Educator Track, Clinical Scholar Track, Administrative Track, and Library Track shall refer to the rank and to the department in which they are 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).

Within the Clinical Faculty 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).

5.4 STANDARDS FOR FACULTY APPOINTMENT AND PROMOTION

5.4.1 Standards for Faculty Appointment

The President makes all faculty appointment offers on the recommendation of the Dean and the Provost. 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, academic service, and productivity.

5.4.2 Standards for Faculty Promotion

Faculty may seek promotion through the Promotion and Tenure Committee. A full application, including a letter of request from the department chair addressed to the Dean and a complete *curriculum vitae* of the faculty member, should be submitted to the Office of Faculty Affairs following review by the faculty member’s department. The Office of Faculty Affairs forwards the application and supporting documentation to the Dean and to the Chair of the Promotion and Tenure Committee. Each year the Promotion and Tenure Committee will post an application template and detailed instructions regarding the process. The application package should thoroughly address the Standards for Faculty Promotion, 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 academic service, as applicable.

5.4.3 Promotion Track Requirements for Appointment and Promotion

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 may be demonstrated and promotion may be awarded without the candidate having fulfilled every single criterion specific to the track. In the tables below, it is expected that higher ranks will meet criteria cited for lower ranks. Section 5.5.3, Qualitative Determination by Domains of Accomplishment, provides more detailed examples of accomplishments.

TENURE TRACK

This track recognizes faculty members who make critical contributions to 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 1. Track Requirements For Appointment Or Promotion On The Tenure Track

	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
Teaching	Demonstrated teaching aptitude through experience or training	Demonstrated teaching excellence	Demonstrated sustained teaching excellence
Scholarship	Demonstrated potential for developing scholarship through experience or training	<ul style="list-style-type: none"> • Demonstrated scholarship validated through peer-review • Demonstrated initial success in obtaining funding 	<ul style="list-style-type: none"> • Demonstrated sustained scholarship validated through peer-review • Expectation of sustained extramural funding
Clinical Practice	Little or none	Little or none	Little or none
Administration	Little or none	Little or none	Little or none
Institutional and Academic Service	Demonstrated initial/limited service interest in service to/for school, college, university, and/or hospital	Demonstrated service to/for school, college, university, and/or hospital	Demonstration of sustained service to the department/division, school, university and/or hospital
Reputation	Local	Regional/National <ul style="list-style-type: none"> • Established area of expertise in one’s field • Validation of teaching, scholarship and service at a regional or national level 	National/International <ul style="list-style-type: none"> • Sustained excellence and focal expertise • Demonstration of expertise in one’s field at a national or international level

MEDICAL EDUCATOR TRACK

This track recognizes clinical and non-clinical faculty 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. Faculty in this track will be expected to achieve and sustain accomplishments in medical education. Some scholarship will be required for promotion on this track. Faculty on this track are not eligible for tenure.

Domain	INSTRUCTOR	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
Teaching	Previous experience or potential aptitude and willingness to develop capability in teaching	Demonstrated teaching aptitude through experience or training	<ul style="list-style-type: none"> • Demonstrated teaching commitment and expertise as evidenced by: • Consistent effective teaching, development of curriculum, methods, or assessment materials • Mentor/adviser to colleagues, residents, students 	<ul style="list-style-type: none"> • Demonstrated sustained teaching excellence • Distinguished record as demonstrated by teaching awards
Scholarship	Demonstrated capacity for scholarship	Demonstrated potential for developing scholarship through experience or training	<ul style="list-style-type: none"> • Evidence of publication success • Presentation of scholarly work at regional conferences or professional meetings 	<ul style="list-style-type: none"> • Record of peer reviewed publications • Presentation of scholarly work at national conferences or professional meetings
Clinical Practice	Little or None	Little or None	Little or None	Little or None
Administration	None	Little or none	Little or none	Little or none
Institutional and Academic Service	Demonstrated initial/limited service to/for school, university, and/or hospital	Demonstrated initial/limited service to/for school, university, and/or hospital	Demonstration of service contributions to/for school, university, and/or hospital	Demonstration of sustained service to department/division, school, university and/or hospital
Reputation	Local	Local	Local/Regional <ul style="list-style-type: none"> • Established expertise in teaching 	National and/or international <ul style="list-style-type: none"> • Recognized expertise at 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 are usually core residency faculty and/or faculty who 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, teaching, and supervising medical students, residents, and fellows. Some demonstration of scholarship will be required for promotion on this track. Faculty on this track are not eligible for tenure.

	INSTRUCTOR	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
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
Scholarship	Little or none	<ul style="list-style-type: none"> Evidence of initial publication success Participation in QI-Patient Safety Initiatives 	<ul style="list-style-type: none"> Demonstrated success in scholarship Leadership role in QI-Patient Safety Initiatives 	Publication and presentation of peer reviewed scholarly work
Clinical Practice	Aptitude in patient care	<ul style="list-style-type: none"> Demonstrated competence in clinical, diagnostic, procedural or other professional work Considered a very good clinician or professional by students, residents, fellows and faculty 	<ul style="list-style-type: none"> Demonstrated expertise in specialty area Consistently favorable reports on such measures as peer assessment, patient satisfaction, outcomes assessments, productivity and efficiency 	<ul style="list-style-type: none"> Demonstrated expertise in developing, implementing, and directing clinical or professional programs and patient care activities Develops new techniques, therapies, or health care delivery systems
Administration	None	Little or none	Serves in a position that involves significant time in administrative activities such as a dean, department chair	<ul style="list-style-type: none"> 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

Institutional and Academic Service		<ul style="list-style-type: none"> • Serves on committees in the department, school, university and/or hospital • Participates in local professional society 	<ul style="list-style-type: none"> • Demonstrated service to/for school, university, and/or hospital and the profession • Leader and advocate for improving patient care services 	<ul style="list-style-type: none"> • Demonstrated sustained service to the department /division, school, university and/or hospital and the profession • Advocate to improve patient care services regionally/statewide
Reputation	Local	Local	State/Regional <ul style="list-style-type: none"> • Established expert in one's field • Validation of teaching, scholarship and clinical practice at a local, state, or regional level 	Regional/National <ul style="list-style-type: none"> • 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. These faculty are expected to maintain a clinical practice, disseminate clinical knowledge and techniques through scholarly publications and professional communications, and to generate extramural funding. Faculty on this track are not eligible for tenure.

	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
Teaching	Previous experience or potential for effectively educating medical students or residents/fellows.	<ul style="list-style-type: none"> • Effective teacher • Mentor/advisor to colleagues, residents, graduate and/or medical students • Supervise or coordinate teaching by others • Develop educational and assessment materials 	<ul style="list-style-type: none"> • 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
Scholarship	<ul style="list-style-type: none"> • Focused, investigator-initiated area of scholarship • Evidence of potential to function independently as a scholar 	<ul style="list-style-type: none"> • Disseminate results of scholarship, typically as peer-reviewed publications • Leadership role in QI-Patient Safety Initiatives 	<ul style="list-style-type: none"> • Sustained scholarship validated through peer review • Extramurally funded research
Clinical Practice	Appropriate clinical training and potential for excellence in clinical practice	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
Administration			<ul style="list-style-type: none"> • Leadership role in hospital/practice setting

Institutional and Academic Service	Serves on local institutional committees	<ul style="list-style-type: none"> • Serves on local medical school and hospital committees • Leadership role or committee service in professional society • Healthcare advocate for improving patient care services locally or regionally • Leadership role in dealing with health issues at local level 	<ul style="list-style-type: none"> • Leadership role in medical school and hospital committees • Leadership role or committee service at the national level • Organizes a major national or international scientific meeting or symposium
Reputation	Local	Regional/National <ul style="list-style-type: none"> • Established expert in one's field • Validation of teaching, scholarship and clinical practice at a local, state, or regional level 	National/International <ul style="list-style-type: none"> • Recognized expert in one's field at a national or international level • Source of referral for expert opinion

CLINICAL TRACK

This track recognizes faculty who are involved in clinical practice with minor contributions to the undergraduate and/or graduate program. These faculty are typically community physicians in private practice settings who support the programs and educational mission of the school as a volunteer or for a small stipend. Faculty on this track are not eligible for tenure.

Table 6. Criteria for Appointment or Promotion on the Clinical Track				
	INSTRUCTOR	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
Teaching	Previous experience or potential aptitude for competently educating medical students, residents/fellows, or graduate students	Previous experience or potential aptitude for competently educating medical students, graduate students or residents/fellows	<ul style="list-style-type: none"> Effectively supervises trainees in an ambulatory care setting, inpatient service, and procedural skills facilities Mentors/advises colleagues, students, and residents 	<ul style="list-style-type: none"> Demonstrates sustained teaching excellence Effective role model and mentor for students, trainees and colleagues
Scholarship	Little or none	<ul style="list-style-type: none"> Involved in scholarly activity Participation in QI-Patient Safety Initiatives 	<ul style="list-style-type: none"> Evidence of initial scholarship success Leads QI-Patient Safety Initiatives 	<ul style="list-style-type: none"> Publication of peer reviewed scholarly work Presentation of peer reviewed scholarly work
Clinical Practice	Aptitude in patient care	<ul style="list-style-type: none"> Demonstrates competence in clinical, diagnostic, procedural or other professional work Considered a very good clinician or professional by students, residents, fellows and faculty 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Directs clinical or professional programs and patient care activities Leadership role in hospital/ practice setting
Administration	None	Little or none	Little or none	Little or none

Institutional and Academic Service			<ul style="list-style-type: none"> • Active member of professional society • Advocate for improving patient care services locally • Provides meaningful service contributions to MUSM as a volunteer preceptor or to the community 	<ul style="list-style-type: none"> • Leadership role in professional society • Advocate for improving patient care services regionally/statewide
Reputation	Local	Local	Local/Regional <ul style="list-style-type: none"> • Established area of expertise in one’s field • Validation of practice at a local, state, or regional level 	State/National <ul style="list-style-type: none"> • Evidence of regional and/or national recognition • Recognized expertise in one’s field at a regional, national, or international level

ADMINISTRATOR TRACK

This track recognizes the faculty with substantial assignments of effort (> 50%) in administration. 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. A faculty member on the Tenure Track who is granted tenure may be subsequently appointed to the Administrator Track if their professional development effort in administration has increased; the faculty member maintains tenure status.

Table 5. Track Requirements For Appointment Or Promotion On The Administrator Track

	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
Teaching	Previous experience or potential aptitude for competently educating medical students, residents/fellows, or graduate students	<ul style="list-style-type: none"> • Consistently demonstrates effective teaching ability • Participation in medical school curriculum (lectures, tutorials, courses, dissertation committees) • Mentors/advises colleagues, residents, and medical students • Develops curricular and assessment materials • Supervises or coordinates teaching by other faculty, fellows, or residents 	<ul style="list-style-type: none"> • Demonstrated sustained teaching competence • Participation in regional/national educational activities • Develops educational and assessment materials which are used regionally or nationally • Organizes a training program that has a regional or national audience
Scholarship	Evidence of potential to function independently as a scholar	Demonstrated scholarly productivity	Demonstration of continued scholarship
Clinical Practice	Appropriate clinical training and potential for excellence in clinical practice.	<ul style="list-style-type: none"> • Consistently favorable reports on such measures as peer assessment, patient satisfaction, compliance with care guidelines, outcomes assessments, productivity and efficiency • Demonstrates expertise in specialty area 	<ul style="list-style-type: none"> • Directs clinical or professional programs and patient care activities • Leadership role in hospital/practice setting • Develops new techniques, therapies, or health care delivery systems that improve the health of the population served
Administration		<ul style="list-style-type: none"> • Serves as an assistant or associate dean or other administrative appointment, e.g. chair, vice or associate chair of a department • Evidence of effectiveness in major role through completed projects • Evidence of effective leadership in department/ school/hospital projects, committees, task forces 	<ul style="list-style-type: none"> • Evidence of effectiveness in major role through completed projects • Evidence of effective leadership in projects, committees, task forces

Institutional and Academic Service		<ul style="list-style-type: none"> • Serves on medical school and hospital committees • Leadership role or committee service in professional society • Board membership in health-related organizations or agencies • Participates in relevant state, regional/national professional societies • Advocate for improving patient care services locally or regionally 	<ul style="list-style-type: none"> • Sustained service to the department/division, school, university and/or hospital • Leadership role in national professional society or advocacy organizations • Regular or ad hoc member of a national research committee, clinical review committee, editorial boards, study sections
Reputation	Local	Regional/National <ul style="list-style-type: none"> • Established expert in one's field • Validation of teaching, scholarship and administrative practice at a local, state, or regional level 	National/International <ul style="list-style-type: none"> • Recognized expert in one's field at a regional, national, or international level • Evidence of regional and/or national recognition

RESEARCH TRACK

This track recognizes faculty who primarily support the research mission of the school and contribute less than 0.3 FTE to the academic program. A faculty member on the research track must have demonstrated potential for, or achieved, independence and excellence in the initiation, direction, and completion of research projects. These faculty are expected to generate extramural funding sufficient to support at least 70% of their 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. Faculty on this track are not eligible for tenure.

Table 7. Track Requirements For Appointment/Promotion to the Research Track

	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
Teaching	Previous experience or potential aptitude for competently educating medical students, residents/fellows, or graduate students	<ul style="list-style-type: none"> • Participation in medical school curriculum • Demonstrates effective teaching ability • Supervises students in the laboratory • Mentors/advises students, colleagues, residents 	<ul style="list-style-type: none"> • Demonstrated competence in teaching • Continued participation in mentoring/advising activities
Scholarship	Demonstrated potential for developing scholarship/ research activity	<ul style="list-style-type: none"> • Demonstrated scholarship/ research activity • Initial publication success in peer reviewed publications • Success in securing extramural funding • Evidence of independent research 	<ul style="list-style-type: none"> • Demonstration of sustained scholarship/ research activity • Demonstration of expertise in one's field at the national and/or international levels • Sustained extramural funding
Clinical Practice	Little or none	Little or none	Little or none
Administration	Little or none	Little or none	Little or none
Institutional and Academic Service	Interest in service	<ul style="list-style-type: none"> • Active member of professional society • Peer review of submitted manuscripts, grants, and/or service on study section • Service on university, school, or departmental/ divisional committees 	<ul style="list-style-type: none"> • Leadership role in professional society • Demonstration of service to the department/ division, school and/or university • Peer reviewer of submitted grants for an extramural funding agency • Service on a national committee
Reputation	Local	Regional/National <ul style="list-style-type: none"> • Established area of expertise in one's field • Validation of practice at a local or state level 	National/International <ul style="list-style-type: none"> • Evidence of regional and/or national recognition • Recognized expertise in one's field at a regional, national, or international level

LIBRARY TRACK

This track recognizes faculty who provide a full range of library services to the medical school, clinical affiliate faculty and campuses, and community-based physicians who support the educational programs and mission of the school and the public. Faculty on this track are not eligible for tenure.

	INSTRUCTOR	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR
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: <ul style="list-style-type: none"> • Consistent effective teaching, development of curriculum, methods, or assessment materials • Mentors/ advises colleagues, residents, students 	<ul style="list-style-type: none"> • Demonstrated sustained teaching excellence • Distinguished record as demonstrated by teaching awards
Scholarship	Capacity for scholarship	Demonstrated potential for developing scholarship through experience or training	<ul style="list-style-type: none"> • Evidence of publication success • Presentation of scholarly work at regional conferences or professional meetings 	<ul style="list-style-type: none"> • Record of peer reviewed publications • Presentation of scholarly work at national conferences or professional meetings
Clinical Practice	Little or None	Little or None	Little or None	Little or None
Administration	None	Little or none	Little or none	Little or none
Institutional and Academic 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
Reputation	Local	Local	Local/Regional <ul style="list-style-type: none"> • Established expertise in teaching 	National <ul style="list-style-type: none"> • Recognized expertise at regional, national, or international level
Experience Requirements		3 years of service or equivalent experience	Completion of 5 years of service at the rank of Assistant Professor at the time of application	Minimum of 10 years as an assistant and/or Associate Professor

5.4.4 Statement on Scholarship

Definition of Scholarship

Faculty members are expected to apply a **scholarly approach** to their academic endeavors, meaning that they applying a thoughtful, structured, informed, and systematic methodology to an undertaking.

Glassick and colleagues have defined six criteria for assessing scholarly work ¹. A systematic, scholarly approach requires:

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

Scholarship is distinct from scholarly work. 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. In other words, the work is made public, is peer-reviewed, and is a platform upon which others can build.

Dr. Ernest Boyer’s monograph “Scholarship Reconsidered” ³ provides a broad definition of scholarship recognizing that legitimate scholarly and creative pursuits span four domains: Teaching, Discovery, Application, and Integration. Scholarship, regardless of the domain in which it falls, should meet Glassick’s criteria for a scholarly approach (described above).

Boyer’s four domains of academic endeavors:

1. Scholarship of Teaching
The Scholarship of Teaching is the systematic study of teaching and learning processes. It 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 that advance knowledge.
3. Scholarship of Application
The Scholarship of Application bridges theory and practice as well as the intersection of service and clinical activities. This area includes the translation of new knowledge in practical interventions that solve problems or improve the difficulties experienced by individuals and society. 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 involves synthesis across disciplines, across topics within a discipline, or across time. It places the research findings in a larger context, views data in a 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.

References

1. Glassick CD, Huber MR, Maeroff GI. *Scholarship Assessed: Evaluation of the Professoriate* 1997. San Francisco, CA: Jossey-Bass.
2. Simpson D, Yaris LM, Carek PJ. Defining the scholarly and scholarship common program requirements. *J Grad Med Ed.* 2013;5(12):539-540.
3. Boyer EL. *Scholarship Reconsidered, Priorities of the Professoriate.* The Carnegie Foundation for the Advancement of Teaching, Princeton University Press. Lawrenceville, NJ, 1990.

Importance of Scholarship

To advance in rank in any of the faculty promotion tracks, faculty should regularly communicate new findings 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.

In addition, publication of invited, peer-reviewed articles, books, book chapters and invited or peer-reviewed presentations at national and international symposia or colloquia are typically strong indicators of the quality of a faculty member's scholarship, research, and creative endeavors.

Funding derived from competitive grants, contracts, and other external funding programs is one measure of scholarship, particularly when such funding leads to the publication of high-quality research in reputable peer-reviewed journals.

Faculty should be aware of predatory journals and opportunities to disseminate their work via these journals as well as opportunities to serve on their Editorial Boards. If questions arise, faculty should consult the Skelton Medical Library staff. Publishing or presenting in these predatory venues can damage your reputation and/or weaken your portfolio for promotion/tenure and also has the potential to damage the reputation of Mercer University. This link provides tips for identifying scholarly publications for submitting work to and for opportunities to serve on the Editorial Board:

https://med.mercer.edu/library/identifying_scholarly_publications.htm (accessed 4-13-20)

Examples of Scholarship

Faculty should not interpret the lists provided below to mean that all items on the list are expected from any single applicant. Please note that the lists are not comprehensive; there are 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. Examples of scholarship may include but are not limited to:

1. Publications:
 - Peer-reviewed publications in area of expertise
 - Published abstracts of presentations
 - Teaching/curricular materials published in peer-reviewed repositories, such as MedEd Portal
 - Books and/or book chapters
 - Development and adoption of new library pathfinders, such as webpage content, online videos and mobile apps.

2. Presentations:
 - Presentation of peer-reviewed or juried papers
 - Invited presentations at other institutions (note that intramural presentations, Grand Rounds, case conferences should be included in the instruction section of the educator's portfolio)
 - Invitations to speak at scientific meetings

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

Examples of Scholarly Activity

- Development and adoption of a new clinical pathway or clinical guidelines
- Quality assurance project that measurably affects patient outcomes
- Computer assisted instruction and other technology-based instruction
- Unfunded, scored grants
- Unfunded, unscored grants

Evidence of a Faculty Member's Reputation as a Scholar

- 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 and original investigator (e.g., letters of support)
- Participation on editorial boards and/or as editor

5.5 GUIDELINES AND PROCEDURES FOR FACULTY PROMOTION

Careful review of the Standards for Appointment and Promotion (Section 5.4) will indicate areas of expectation for a faculty member with a MUSM faculty appointment.

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 a contribution each year in the areas of teaching, scholarship, clinical practice, administrative service, and institutional and academic service, as applicable. Early development of personal goals and documentation of accomplishments will facilitate the promotion process. Faculty members should take advantage of faculty development opportunities and mentoring to direct their careers.

The recommendation to promote a faculty member will be made by the University after thoughtful consideration of qualitative and quantitative information provided by the applicant and his/her department chair, colleagues, referees, the MUSM Promotion and Tenure Committee, and the Dean.

5.5.1 Promotion of Full-time Faculty

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

The achievements and contributions documented in applications will be supported by information in the CV, faculty portfolio, 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 5.5.2. Candidates are expected to show progressive accomplishment in their academic career as they advance from Assistant Professor (or Instructor) to Professor. The examples provided in the supporting tables are offered only as guidelines and are not intended to serve as the only activities acceptable for demonstrating accomplishment in a domain or the variety of activities that might support promotion. Multiple activities supporting each domain 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 in the table. As faculty progress from Assistant Professor to Professor, the criteria are cumulative, and faculty will continue to meet the guidelines for lower ranks. Minimum quantitative guidelines support the qualitative evaluation of each applicant. The minimum guidelines for each track and rank are noted in Section 5.5.4.

The Promotion and Tenure Committee will consider both qualitative and quantitative elements in the recommendations that they make to the Dean. It is important to note that **meeting the quantitative guidelines will not assure promotion as the Promotion and Tenure Committee, the Dean, and Mercer University will evaluate the applicant on qualitative factors as well.**

5.5.2. Qualitative Guidelines for Promotion

The following outline provides a general overview of the areas in which applicants are expected to document contributions. Depending upon the specific promotion track, the applicant will complete only those areas that are applicable. **Candidates should seek guidance from the Office of Faculty Affairs and follow the detailed instructions provided by the Promotion and Tenure Committee that are posted on the MUSM website.**

1. **COMPLETE CURRICULUM VITAE** (use the MUSM CV template)
2. **MATERIAL ESSENTIAL FOR EVALUATION.**

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.

Research/Scholarship/Creative Endeavors: Demonstration of peer-reviewed scholarship (Associate Professor) or sustained excellence (Professor) should be provided.

Clinical Practice: Clinical service responsibilities including dates of service, evaluation of clinical service abilities, and other accomplishments in clinical practice.

Administrative Service: Goals of administrative service, philosophy and goals of administrative service, leadership/administrative service responsibilities including dates of service, and outcomes and accomplishments of administrative service.

Institutional and Academic Service: Goals of service, description of specific contributions/accomplishments to/for the school, university, hospital or profession, dates of service if not continuous, and outcomes and accomplishments of administrative service.

3. REFEREES

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. The MUSM website provides a guide to the required letters of recommendation.

4. VALIDATION AND SUSTAINED EXCELLENCE

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

5.5.3 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. As stated above, 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. As faculty progress from Assistant Professor to Professor, the criteria are cumulative.

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 evidence-based teaching strategies into their instruction, embrace the evaluation process as a means of assessing learning, enhance education skills by participating in professional development opportunities, and assist students in translating knowledge into practice in a variety of settings including the classroom, tutorial groups, and 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. Faculty members, however, are not necessarily expected to demonstrate contributions in all five spheres.

TABLE 9. CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE TEACHING DOMAIN			
TEACHING	Expected of Assistant Professor Locally Recognized	Expected of Associate Professor Locally/Regionally Recognized	Expected of Professor Regionally/Nationally Recognized
Instruction	<ul style="list-style-type: none"> • Active participation in teaching or supervision of medical students, graduate students, and residents/ fellows (lectures, tutoring, resourcing, TBL, teaching rounds, grand rounds, etc.) • Receives satisfactory evaluations from learners • Instructs in laboratory sessions • Supervises trainees in outpatient or inpatient clinical services • Participates in postgraduate or continuing education course which serves a local audience • Participates in activities related to professional development in teaching 	<ul style="list-style-type: none"> • Demonstrates meritorious, consistent teaching ability • Invited lecturer at other institutions of higher education, research and development facilities, or institutes at state or regional level • Develops and participates in the teaching of major portions of a graduate course • Receives local teaching award • Favorable performance data for students or residents, where these can be attributed largely to the individual faculty member • Develops and implements innovative approaches to improving student/ resident learning and enhancement of learning experiences 	<ul style="list-style-type: none"> • Demonstrates sustained teaching excellence • Invited to be a visiting professor at another institution • Invited to organize and participate in a symposium or plenary session at a regional or national educational meeting • Invited presenter at professional meetings • Outstanding performance data for students or residents, where these can be attributed largely to the individual faculty member • Teaching awards from students or peers (regional, national level) • Acknowledgement from accrediting bodies such as LCME, SACS, ACGME as demonstrating “Best Practices”

Curriculum Development		<ul style="list-style-type: none"> • Prepares curricular material (new course/cores, syllabus materials, cases) • Develops innovative curriculum which improves student/resident learning and enhances learning experiences • Favorable evaluations of courses and curricula, as part of a systematic evaluation program • Develops/directs a postgraduate or continuing education course which serves a regional audience • Incorporates/implements a new instructional format • Develops special teaching materials such as video tapes, computer programs and web sites 	<ul style="list-style-type: none"> • Develops a course, curricular component, software, or evaluation materials which are used regionally or nationally • Supervises a training program which has a regional or national audience • Outstanding evaluations of courses and curricula, as part of a systematic evaluation program
Learner Assessment	<ul style="list-style-type: none"> • Participates in developing assessments such as OSCES, SOCA's, and MDE questions • Serves as an OSCE/MPRA reviewer 	<ul style="list-style-type: none"> • Develops/ implements a new evaluation tool/process • Leadership role in developing assessments such as OSCEs SOCA's, MPRA's and MDE questions 	Develops evaluation tools/ processes used outside the institution
Mentoring/ Advising	<ul style="list-style-type: none"> • Serves as an advisor to medical students, graduate students, and/or residents • Summer scholar sponsor 	<ul style="list-style-type: none"> • Serves as advisor/mentor/ role model for learners • Serves as project mentor for MD students or residents/fellows, graduate students • Membership on graduate student theses/dissertation committees • Favorable evaluation by faculty mentored by the candidate 	Sustained effort in mentoring and advising
Leadership/ Administration		Supervises or coordinates teaching by other faculty, fellows, residents, or graduate students (course director, phase coordinator,	Supervises or coordinates teaching by other faculty, fellows, residents, or graduate students

		unit director, clerkship director, program director)	
Professional Development	Demonstrates commitment to enhancing educational skills by participating in activities related to professional development in teaching	Demonstrates commitment to enhancing educational skills by participating in activities related to professional development in teaching	Demonstrates commitment to enhancing educational skills by participating in activities related to professional development in teaching

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 10. CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE SCHOLARSHIP DOMAIN

SCHOLARSHIP	Expected of Assistant Professor Locally Recognized	Expected of Associate Professor Locally/Regionally Recognized	Expected of Professor Regionally/Nationally Recognized
Discovery	<ul style="list-style-type: none"> Evidence of ability to function independently as a researcher Initial success in obtaining extramural funding Evidence of initial publication success Supports MUSM scholarly activities through literature searches and research consultations Presents results of scholarship at regional/national meetings 	<ul style="list-style-type: none"> Evidence of a portfolio of high quality, peer-reviewed and other publications, the number and forum appropriate to the field of study Publishes abstracts and presents results of scholarship at national and international professional meetings Presents scholarly work at professional meetings/conferences Authorship in peer reviewed papers regardless of author rank (greater significance to first and/or senior authored papers) Coauthor of review articles in peer-reviewed journals Participates in multi-center trials PI or Co-Investigator on peer-reviewed intramural grants 	<ul style="list-style-type: none"> Continuous evidence of a significant portfolio of high quality, peer-reviewed and other publications, the number and forum appropriate to the field of study Publishes review articles in peer-reviewed journals either as first or senior author Substantial record of peer reviewed first and/or senior authored publications Continued, consistent success in obtaining extramural, NIH-defined peer-reviewed grant or contract funds Continued consistent success in obtaining investigator-initiated grants or contracts with

		<ul style="list-style-type: none"> • Success in obtaining extramural, NIH-defined peer-reviewed grants or contracts • Success in obtaining investigator-initiated grants or contracts with pharmaceutical, instrumental or other commercial enterprises • Inventions, licensed patents issued • Independently develops or directs a major program/project/research laboratory • Invited scholarly talks, both intramural and extramurally • Supervision of postdocs 	<p>pharmaceutical, instrumental or other commercial enterprises</p> <ul style="list-style-type: none"> • PI or Co-investigator on peer-reviewed grants, especially extramural, and federally sponsored studies • Acquires FDA approvals; invention has a major impact on state-of-the-art; invention generates resources • Leadership of multi-institutional collaborative research projects • Director of scholarly activity of other faculty or post-doctoral appointees • Presents at national and international meetings • Oversees a major research project as principal investigator, which involves management of personnel and finance • 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
Integration		<ul style="list-style-type: none"> • Writes a textbook for use in multiple disciplines • Collaborates with colleagues to design and deliver a core course • Writes comprehensive literature review/ review articles 	Author of book chapters and/or textbooks

		<ul style="list-style-type: none"> • Develops and/or maintains systems and interfaces that provide access to resources for scholarly activity 	
Teaching	Develops library products such as pathfinders, web pages, and subject guides	<ul style="list-style-type: none"> • Publication of articles on education • publication of teaching materials in peer-reviewed repositories (MedEd Portal) • Develops and tests instructional materials • Advances learning theory through research • Designs and implements program assessment system 	National/international use of teaching materials
Application	<ul style="list-style-type: none"> • Develops guidelines, protocols or standards for clinical care • Participates in initiatives related to patient safety, quality improvement, and process/practice improvement 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Consults at the national level • Initiatives related to patient safety, quality improvement, and process/practice improvement are adopted by other institutions/facilities • Resources that support scholarship initiatives adopted by other institutions

Contributions Demonstrating Accomplishments in the Clinical Practice Domain

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 undergraduate and graduate 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 11. CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE CLINICAL PRACTICE DOMAIN			
CLINICAL PRACTICE	Expected of Assistant Professor Locally Recognized	Expected of Associate Professor Locally/Regionally Recognized	Expected of Professor Regionally/Nationally Recognized
Patient care	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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		<ul style="list-style-type: none"> • Serves as a section chief, director or leader of a clinical area • Directs clinical or professional programs • Directs patient care activities in clinical settings 	<ul style="list-style-type: none"> • Develops a unique or essential clinical program • Invited to participate in practice guideline committees, external program reviews
Quality initiatives	Participates in initiatives related to patient safety, quality improvement, and process/practice improvement	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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

		guidelines, device etc.) or procedure <ul style="list-style-type: none"> • Creative, active participation in the evaluation of the effectiveness (e.g. quality, utilization, access, cost) of the care provided. • Initiatives related to patient safety, quality improvement, and process/practice improvement are adopted by other institutions/facilities 	health care delivery systems that have improved the health of the population served
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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, accreditation, etc. The administration, management, and direction of residency programs, clerkships, and major medical school academic programs should be assessed as part of educational leadership in the teaching domain.

TABLE 12. CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE ADMINISTRATIVE SERVICES DOMAIN

ADMINISTRATIVE SERVICE	Expected of Assistant Professor Locally Recognized	Expected of Associate Professor Locally/Regionally Recognized	Expected of Professor Regionally/Nationally Recognized
	Demonstrates skills in managing activities or programs	<ul style="list-style-type: none"> • Serves as an assistant or associate dean or other administrative appointment, e.g. chair, vice or associate chair of a department, unit director • Oversees, directs and interprets tests, procedures or data handling in support of a clinical or service laboratory • Independently develops and/ or directs major program or project for the organization • Demonstrates leadership role in projects/ committees/task forces 	<ul style="list-style-type: none"> • Special consultant appointments and/or lectureships • Provides major leadership of hospital or institution such as chief of staff, or CMO • Administrative initiatives adopted by other institutions

		<ul style="list-style-type: none"> Leads Initiatives related to improvement of administrative processes or practices 	
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Contributions Demonstrating Accomplishments in the Institutional and Academic Service Domain

Institutional and academic 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 contribute to improvement of higher education. Service may reflect the responsibility and citizenship of a faculty member to participate in functions essential to the school, University or hospital. These activities may include service on an institutional or academic committee, or contribution to the community through activities representing the school (e.g., local committees or volunteering that reflect the mission and goals of the school), or activities that extend beyond the community to state, regional, national, or international 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 roles in various committees and organizations.

TABLE 13. CONTRIBUTIONS DEMONSTRATING ACCOMPLISHMENTS IN THE INSTITUTIONAL AND ACADEMIC SERVICES DOMAIN			
	Expected of Assistant Professor Locally Recognized	Expected of Associate Professor Locally/Regionally Recognized	Expected of Professor Regionally/Nationally Recognized
Institutional	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Speaks to lay groups from perspective of professional area of expertise Judges science fairs Volunteers, especially with students, at 	<ul style="list-style-type: none"> Represents MUSM on mission trips Recruiting trips on behalf of MUSM Provides professional assistance to 	Represents MUSM to the public

	MUSM sponsored community events	committees, agencies, or institutions • Represents MUSM to the public	
Professional		<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
Librarianship Service- Librarianship in the areas of Archives/Digital Initiatives; Collection Services; Public Service/Outreach; Technical Services and Library Systems	<ul style="list-style-type: none"> • Exhibits increased understanding of library operations and how they relate to the institution • Demonstrates increasing knowledge, understanding and skill in library functions • Develops expertise in new areas of library operations 	<ul style="list-style-type: none"> • Assumes responsibility for supervision of library staff or other librarians • Demonstrates leadership in implementing initiatives that enhance the library services • Develops new or innovative approaches to problem-solving in specific areas of librarianship • Continued professional development in librarianship 	<ul style="list-style-type: none"> • Contributes to high-level decision-making and strategic planning within or beyond the department • Sustained, exceptional accomplishments that are recognized at the national and/or international level • Incorporates current trends and developments in the library profession to enhance MUSM library services

5.5.4 Minimum Quantitative Guidelines for Promotion

The minimum quantitative guidelines described below are for guidance purposes only and should not be used or interpreted by members of the faculty or the Promotion 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 guidelines should be used only in conjunction with the detailed qualitative guidelines in Section 5.5.2. In addition, the faculty member's accomplishments should be sustained, as outlined in the qualitative guidelines for promotion.

IT IS IMPORTANT TO NOTE THAT MEETING THE QUANTITATIVE GUIDELINES WILL NOT ASSURE THAT A FACULTY MEMBER IS PROMOTED AS THIS IS ONLY ONE COMPONENT OF THE EVALUATION. AT THE SAME TIME, A FACULTY MEMBER WHO DOES NOT MEET THE MINIMUM GUIDLEINE IN AN AREA MAY BE PROMOTED BASED ON THE QUALITY OF CONTRIBUTIONS REFLECTED IN OTHER DIMENISONS 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 of 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 within the promotion application materials.
2. In the Scholarship Domain, MUSM ascribes to an expanded definition of scholarship. Case reports, books, book chapters, and other examples of scholarly works, will be counted as scholarly works; these are described in Section 5.4.4 Statement on Scholarship. Scholarship, however, requires that work is made public, peer-reviewed, and can serve as a platform for others to build upon.
3. For those tracks in which funding is expected, the source may be competitive funding from any source external to MUSM or MUSM clinical affiliate hospitals, e.g., 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 that are investigator-initiated.
4. Faculty on the tenure track should note that while the minimum quantitative guidelines do not reflect a requirement for external funding in the scholarship domain for promotion to associate professor, faculty with a large percentage of their professional effort allocated to research are expected to be productive in securing external/extramural funding.
5. 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.
6. In the Administrative Domain, effectiveness in the role, description of accomplishments and outcomes must be documented according to guidelines provided within the promotion application materials.
7. A number of the contributions in the Institutional and Academic Service Domain can be documented in the candidate's CV. For example, a 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.
8. There are several other considerations that may not be captured in the quantitative guidelines. Thus, interpretation of faculty performance in an area should 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 nonetheless be considered effective if

he/she has outstanding peer evaluations and other teaching-related accomplishments as per the qualitative guidelines for promotion.

	TENURE TRACK		MEDICAL EDUCATOR TRACK			CLINICAL EDUCATOR	
	Assistant to Associate Professor	Associate to Full Cumulative	+Instructor to Assistant Professor	Assistant to Associate Professor	Associate to Full Cumulative	Assistant to Associate Professor	Associate to Full Cumulative
TEACHING DOMAIN							
Teaching evaluations	Consistently Effective	Consistently Excellent	Consistently Effective	Consistently Effective	Consistently Excellent	Consistently Effective	Consistently Excellent
Curricular products developed/improved	1	2	1	2	4	1	2
SCHOLARSHIP DOMAIN							
Scholarly works*	7	20	2	4	9	2	7
Peer reviewed publications	3	12	1	2	5		3
Invited or peer reviewed external presentations to state/regional/national audiences	4	7	1	2	4	1	2
Externally funded grants/contracts/ clinical trials		1					
Active role in QI-Patient Safety initiatives						1	2
CLINICAL PRACTICE DOMAIN							
Meets hospital/practice productivity, effectiveness, satisfaction etc. measures						Consistently	Consistently
Demonstrates clinical excellence						Consistently	Consistently
ADMINISTRATIVE DOMAIN							
Effective completed or adopted initiatives							
Productive leadership role in projects/committees/task forces							
INSTITUTION/ACADEMIC SERVICE							
School/ Department/ College/Hospital Committees or task forces	2	7	1	2	5	2	3
University/State/National/ Professional Committees		2			1		1
Leadership and/or service in professional organizations, study groups, external review panels, peer review	2	4			2		1

process, editorial board, etc.							
Outreach (e.g., presentation of health information to public, science fair judge, recruiting trips, mission trips, represent MUSM)		2		1	3	2	3

	ADMINISTRATOR		CLINICIAN TRACK		CLINICIAN SCHOLAR	
	Assistant to Associate Professor	Associate to Full Cumulative	Assistant to Associate Professor	Associate to Full Cumulative	Assistant to Associate Professor	Associate to Full Cumulative
Teaching evaluations	Consistently Effective	Consistently Excellent	Consistently Effective	Consistently Excellent	Consistently Effective	Consistently Excellent
Curricular products developed/improved	1	3				
Scholarly works	5	9	1	2	5	12
Peer reviewed publications	3	5			2	6
Invited/Peer reviewed presentations at state/regional/national meetings	2	4		1	2	3
Externally funded grants/contracts/ clinical trials						1
Active participation in QI-Patient Safety initiatives				1	1	2
Meets hospital/practice productivity, Effectiveness, satisfaction etc. measures	Consistently	Consistently	Consistently	Consistently	Consistently	Consistently
Demonstrates clinical excellence	Consistently	Consistently	Consistently	Consistently	Consistently	Consistently
Effectiveness in major role through completed or adopted initiatives, products, projects	1 per year+	1 per year+				
Leadership role in projects/committees/task forces	1 per year+	1 per year+				
Demonstrates leadership skills such as communication, mentoring, judgment, positive attitude, commitment	Consistently	Consistently				
School/ Department/ College/Hospital Committees	2	8			2	4
University/State/National/Professional Committees		2			1	1
Leadership and/or service in professional organizations, study groups, external review panels, peer review process, editorial board, etc.	1	4			1	2
Volunteer service contribution to MUSM and/or community			80 hours/year, most years	80 hours/year, most years		
Outreach (e.g., presentation of health information to public, science fair judge, recruiting trips, mission trips, representing MUSM to the public)	5	8	3	5	2	4

	LIBRARY TRACK			RESEARCH TRACK	
	Instructor to Assistant Professor	Assistant to Associate Professor	Associate to Full Cumulative	Assistant to Associate Professor	Associate to Full Cumulative
TEACHING DOMAIN					
Teaching evaluations	Consistently Effective	Consistently Effective	Consistently Excellent	Consistently Effective	Consistently Excellent
Curricular products developed/improved	1	2	4		
SCHOLARSHIP DOMAIN					
Scholarly works*	2	4	9	8	23
Peer reviewed publications	1	2	5	3	12
Invited or peer reviewed external presentations to state/regional/national audiences	1	2	4	4	7
Externally funded grants/contracts/ clinical trials				1	4
Active role in QI-Patient Safety initiatives					
Library Products (e.g. pathfinders, subject guides, etc.) Library Products may substitute for publications or presentations; minimum totals should equal total scholarly works.	1	2	4		
CLINICAL PRACTICE DOMAIN					
ADMINISTRATIVE DOMAIN					
Effective completed or adopted initiatives					
Productive leadership role in projects/committees/task forces					
INSTITUTION/ ACADEMIC RELATED SERVICE					
School/ Department/ College/Hospital Committees or task forces	1	2	5		3
University/State/National/ Professional Committees			1		
Leadership and/or service in professional organizations, study groups, external review panels, peer review process, editorial board, etc. ***			2	1	4
Outreach (e.g., presentation of health information to public, science fair judge, recruiting trips, mission trips, representing MUSM to the public) (does not apply to Librarians-see below)		1	3		
Librarianship 1 project/contribution from any of the following four areas each year					
Archives/Digital Initiatives					
Collection Services (selection and deselection of materials)					

Public Service/Outreach (e.g. research consultations)					
Technical Service and Library Systems (e.g. maintaining functionality of electronic resources, database management, etc.)					

5.5.5 Promotion of Part-time and Volunteer Faculty

Part-time and volunteer 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 (e.g., administrative service, clinical practice service, or community-based service). 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.

5.6 FACULTY TENURE

5.6.1 Purpose of Tenure

Tenure is the privilege of full-time faculty to continuous full-time appointment without reduction in academic rank until retirement or dismissal with the rights specified in the Mercer 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 extramural 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 regards to future expectations. The decision to grant a faculty member tenure 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 Promotion and Tenure Committee. Following review by the faculty member's department, along with supporting documentation, the faculty member submits an application to the Office of Faculty Affairs, which is forwarded to the Dean and the Chair of the Promotion and Tenure Committee.

The Promotion and Tenure Committee reviews individuals eligible for tenure before the end of their probationary period. Probationary periods include experience gained only during the initial appointment at the rank of Assistant Professor, Associate Professor, or Professor. **The probationary period for attaining tenure for Assistant Professors is six years while 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 gained prior to their appointment 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.

Mercer University bases tenure on merit and tenure is determined by the aggregate consideration of:

- Quality of teaching and attention given to students
- 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 to the school and community.

A faculty member at the Assistant Professor rank with a probationary period of six years should seek promotion and tenure at the end of the fifth year. A faculty member at the Associate Professor or Professor rank will normally have a probationary period of four years before seeking tenure and would seek tenure at the end of the third year. If a faculty member's original appointment at MUSM comes with tenure relevant experience, the probationary period may be reduced. The appointment letter will state the length of the probationary period and the latest date that the faculty member may seek promotion and tenure (Assistant Professor) or tenure (Associate Professor or Professor). An Assistant Professor may apply for promotion and tenure only once and an Associate Professor or Professor may apply for tenure only once, therefore faculty should consider carefully the decision to seek promotion and/or tenure prior to the end of the probationary period.

In the event tenure is not granted by the expiration of the probationary period, or following an unsuccessful early application for tenure, a faculty member will receive a non-renewable, one-year contract. 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.

For examples of these timelines, see Charts 1 and 2 - Dates of Importance for Tenure Applications.

5.6.2. 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 as outlined in Section 5.2.3. A faculty member may also request to change from a non-tenure track appointment to a tenure track appointment. These changes require the approval of the Dean and the Provost. For faculty members transferring to the tenure track, a probationary period beginning on July 1 of the academic year following the change is four years for Associate Professors and Professors and six years for Assistant Professors. These decisions 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 consideration by the Dean and the Provost and the President's approval. 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. Certain individuals of exceptional merit who already have already achieved tenure while employed at other universities may warrant tenure as a condition of employment or following a brief probationary period.

5.6.3 Delay in Tenure Review

There may be occasions when a faculty member encounters certain circumstances that may justify a delay in the scheduled tenure review process. Requesting an extension must occur prior to submitting an application for tenure. To be considered for an extension, the faculty member must make a written request to the department chair documenting that his or her ability to demonstrate readiness for applying for 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 faculty member should provide the following information:

1. Date of MUSM faculty appointment
2. Terminal tenure year
3. Reason for requesting an extension
4. Date of the event(s) affecting readiness for tenure
5. Explanation of how the nature of the event(s) substantially burdened (or will burden) progress toward tenure
6. Outline of the specific work for which progress has been (or will be) hampered

If approved by the department chair, the Dean considers the request, and if approved, the recommendation is subsequently considered by 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

5.6.4 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.

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

As noted earlier, appointment to the Tenure Track generally includes a probationary period. Tenure is requested by submission of an application to the department chair. The application is forwarded to the Office of Faculty Affairs, which forwards the application to the Chair of the Promotion and Tenure Committee for review. After review, the Promotion and Tenure Committee makes a recommendation to the Dean. Tenure is awarded by the President upon the authority of the Board of Trustees.

The latest date for initiating application for tenure is 12 months prior to the expiration of the probationary period. Upon formal request, the Promotion and Tenure Committee will provide confirmation of the latest date for initiating application for tenure on request to any tenure track faculty member.

CHART 1: Six Year Probationary Period: Example Dates of Importance for Tenure Applications

The tenure clock begins with the first July 1st after the date of the candidate’s initial MUSM faculty appointment. For example, if the employment date was in September, the tenure clock would not begin until July of the next year. Important dates for tenure applicants are shown. Chart 1 shows a typical tenure timeline for an **Assistant Professor**.

Six-Year Probationary Period Example

Begin tenure clock 07/01/17	07/01/18	07/01/19	07/01/20	07/01/21	07/01/22	Six Year Probation Ends 2023	07/01/23
First July 1	2 nd 7/1	3 rd 7/1	4 th 7/1	5 th 7/1	6 th 7/1	June 30 th	7 th 7/1
Years Complete	1	2	3	4	5	6	
					Submit letter of intent to department chair and dean. Prepare Application for October review	Tenure Approved	Tenure begins
						Tenure Denied	1-year non-renewable contract
EARLY APPLICATION PERIOD							

CHART 2: Four Year Probationary Period: Example Dates of Importance for Tenure Applications

Some applicants join MUSM at a rank higher than Assistant Professor. These Faculty members may have a four-year probationary period prior to seeking tenure. The tenure clock begins with the first July 1st after the date of the candidate’s initial MUSM faculty appointment. For example, if the employment date was in 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.

Begin tenure clock 07/01/2017	07/01/2018	07/01/2019	07/01/2020	Four Year Probation Ends 2021	7/01/2021
First July 1	2 nd 7/1	3 rd 7/1	4 th 7/1	June 30 th	5 th 7/1
Years Complete	1	2	3	4	
			Submit letter of intent to department chair and dean. Prepare application for October review	Tenure Approved	Tenure begins
				Tenure Denied	1-year non-renewable contract
EARLY APPLICATION PERIOD					

5.6.5 Promotion and Tenure Checklist and Important Dates

DEADLINES	ACTION ITEMS	RESPONSIBLE PERSONS
Prior to July	<ul style="list-style-type: none"> • 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 identify any additional requirements and due dates. • Attend a Promotion and Tenure Workshop (recommended). 	Candidate and Chair
July 1	<ul style="list-style-type: none"> • Submit a letter of intent (including nominations for Emeritus Faculty) to department chair and submit a copy via email to the Associate Dean for Faculty Affairs – Bonny Dickinson, PhD, MS-HPed, Dickinson_BL@mercer.edu • All requests shall be in writing and initiated by the faculty member. 	Candidate
July 1	<ul style="list-style-type: none"> • The candidate will receive notice from the Office of Faculty Affairs indicating receipt of the letter of intent. • The Office of Faculty Affairs forwards all letters of intent to the Chair of the MUSM Faculty Promotion and Tenure Committee. 	Office of Faculty Affairs
Ongoing-October 1	<ul style="list-style-type: none"> • Compile and submit the information required for the review process. The purpose of the application is to assess the contributions of the candidate to MUSM. Therefore, the goal of the candidate should be to present his/her credentials as positively as possible but honestly. Applications are designed to reflect the Standards for Advancement and the Standards for Tenure. 	Candidate
Mid-August	<ul style="list-style-type: none"> • Candidate and department chair identify internal and external referees and prepare materials to submit to referees. The referee’s academic rank should be higher than the current rank of the candidate. • Contact each referee and provide them with a copy of the CV and supporting material as well as MUSM promotion and/or tenure standards. Request that letters be sent electronically by September 15 to the Associate Dean for Faculty Affairs – Bonny Dickinson, PhD, MS-HPed, Dickinson_BL@mercer.edu 	Candidate and Chair
September 15	<ul style="list-style-type: none"> • Internal and external referee letters are due to the Office of Faculty Affairs. Letters should be addressed to the dean and sent directly from referees electronically to the Associate Dean for Faculty Affairs – Bonny Dickinson, PhD, MS-HPed, Dickinson_BL@mercer.edu 	Candidate and Chair
September 1-September 30	<ul style="list-style-type: none"> • September 1, or in accordance with departmental policy and procedures, complete an application for promotion/tenure and submit for review by the department chair and department review committee. • Candidate’s department chair and department committee evaluate the application and forward it with letters of recommendation to the Dean’s office. These letters should address the value the candidate provides the school, department, University, and/or national/international organizations. • Make changes to application based on department and department chair feedback. 	Department Chair, Candidate, Department Review Committee
October 1	<ul style="list-style-type: none"> • By 5:00 p.m. on the first business day in October, submit the application and supporting material electronically using the instructions provided at the end of this document. 	Candidate

October 1	<ul style="list-style-type: none"> • The department chair submits his/her recommendation electronically to the Office of Faculty Affairs- – Bonny Dickinson, PhD, MS-HPed, Dickinson_BL@mercer.edu • It is the responsibility of the department chair to initiate the review and evaluation of the Request for Promotion/Tenure within the department. Supporting documentation should include a letter from the department chair and/or the Department Promotion and Tenure Committee addressing: <ul style="list-style-type: none"> ○ Value the candidate provides to the school, department, University, and/or national/international organizations; ○ Results of the review and evaluation process from the department ○ A recommendation regarding the candidate. 	Department Chair, Department Review Committee
October 1	• The Office of Faculty Affairs forwards all application materials to the Chair of the MUSM Faculty Promotion and Tenure Committee.	Office of Faculty Affairs
Oct – Dec	• MUSM Faculty Promotion and Tenure Committee convenes and begins its review of the applications. Committee deliberations and recommendations are conducted in executive session and are confidential.	P&T Committee
3rd Friday in December	• The Promotion and Tenure Committee forwards its recommendations, along with supporting documents, to the Dean for consideration.	P&T Committee
3rd Friday in January	• Dean considers the recommendations of the department chair/unit director, department review committee, and the Promotion and Tenure Committee before making a recommendation to the Mercer University Provost. The action taken by the Dean, and all subsequent applicable notification and review procedures, shall be in accordance with the Mercer University Faculty Handbook and follow the prescribed timelines.	Dean
Mid-April	<ul style="list-style-type: none"> • The Provost’s Office makes recommendations to the Board of Trustees at the April meeting. The Dean notifies candidates of Board of Trustees’ actions. • Note: Candidates will neither be informed of the Promotion and Tenure Committee recommendation to the Dean nor of the Dean’s recommendation to the Provost. 	Provost, Dean, Board of Trustees

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 Provost.

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
 - May 2015 Major revisions made to P&T document. Approved by faculty through electronic voting in May 2015
 - August 2017 Library Track reinstated on recommendation of P&T Committee and approval by the Executive Council through an electronic vote. Document updated by M. Dent.
 - June 2020 Moving tracks and remaining in track for 3 years prior to seeking promotion. Document updated by B. Dickinson and M. Dent and formatted by K. Meeks.

6 RESEARCH POLICIES

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6.0 RESEARCH POLICIES

6.1 UNIVERSITY SUPPORT OF RESEARCH ACTIVITIES

All faculty are encouraged to engage in scholarly pursuits. The School provides a modest budget for supportive services and for maintenance of major equipment. MUSM also has start-up funds available to aid new investigators and to initiate research projects.

6.2 OPENNESS OF RESEARCH

MUSM places no restraints on the publication of research results that faculty and students conduct in a scholarly manner. All research conducted at MUSM is public or non-classified unless otherwise officially designated. In special instances, Faculty members may 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.

6.3 INVENTIONS, PATENTS AND LICENSING

Mercer University is dedicated to teaching, research, and the expansion of knowledge. Although the University does not undertake research or developmental work principally for the purpose of developing patents and commercial applications, patentable inventions sometimes result from the research activities carried out wholly or in part with University funds and facilities. It is the policy of the University to assure the utilization of such inventions for the common good and, where appropriate, to pursue patents and licenses to encourage their development and marketing.

Mercer University has established policies and procedures with respect to inventions, patents, and licensing in order to:

- A. promote the University's academic policy of encouraging research and scholarship;
- B. serve the public interest by providing an organizational structure and procedures through which inventions that arise in the course of University research may be made available to the public through established channels of commerce;
- C. encourage, assist, and provide tangible rewards to members of the University community who make inventions processed under this policy;
- D. establish principles and uniform procedures for determining the rights and obligations of the University, inventors, and research sponsors;
- E. enable the University to retain title to inventions resulting from federally-sponsored research; and
- F. produce funds for further investigation and research and for the overall needs of the University.

For further information on Mercer University's Policy on Inventions, Patents and Licensing, including allocations of income to the inventor, the School and the University, see the Mercer University Faculty Handbook, Section 3.3: <http://provost.mercer.edu/www/mu-provost/handbooks/upload/2020-University-wide-Faculty-Handbook-2.pdf> (Accessed 4-21-20)

6.4 RESEARCH ON HUMAN SUBJECTS

The University has established an Institutional Review Board for Human Subject Research 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 is responsible for assuring its compliance with applicable laws and regulations. Before a faculty member undertakes any project or activity involving human subjects, the investigator must submit sufficient information to the Board to enable determination of 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.

Investigators can obtain further information, copies of the IRB Policy, application forms, and examples of consent forms from the Office of Research Compliance <https://orc.mercer.edu/> (accessed 3-31-2020) and the Mercer University Faculty Handbook, <http://provost.mercer.edu/www/mu-provost/handbooks/upload/2020-University-wide-Faculty-Handbook-2.pdf> (accessed 5-7-20)

MUSM has an internal routing and approval procedure that must be followed prior to submission of grants, contracts, IRBs, and IACUCs to the University. Details on this procedure can be found on the MUSM Office of Research website at <https://medicine.mercer.edu/research/office-of-research/proposal-preparation-and-routing-information/> (accessed 5-7-20)

6.5 USE OF ANIMALS IN RESEARCH

In compliance with applicable laws and regulations, Mercer University has an Institutional Animal Care and Use Committee (IACUC) 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.

Faculty can obtain further information, copies of the relevant guidelines and policies, and application forms from the Office of Research Compliance. <https://orc.mercer.edu/> (accessed 3-31-2020)

MUSM has an internal routing and approval procedure that must be followed prior to submission of grants, contracts, IRBs, and IACUCs to the University. Details on this procedure can be found on the MUSM Office of Research website at <https://medicine.mercer.edu/research/office-of-research/proposal-preparation-and-routing-information/> (accessed 5-7-20)

6.6 ENVIRONMENTAL SAFETY

Mercer University has provided formal assurance to the Department of Health and Human Services (DHHS) and the Department of Natural Resources of the State of Georgia that it will follow procedures which will assure the protection of all individuals involved with research

projects. This assurance applies to research conducted on the premises of Mercer University by faculty, students, staff, or other representatives of the University whether or not the research is sponsored by DHHS. This assurance also applies to research licensed by the State of Georgia and approved by the University for conduct not on University premises by employees of the University.

In order to comply with this assurance, Mercer University has established an institutional committee qualified to review research and instructional projects that involve potentially hazardous infectious agents and/or recombinant DNA. This committee has been designated as the Institutional Biosafety Committee (IBC). In addition, Mercer University has established an institutional committee qualified to review research and instructional projects that involve radioactive agents. This committee has been designated as the Institutional Radiation Safety Committee (IRSC).

The primary function of the IBC is to assist the investigator in the protection of individuals and the environment from potential contamination. All projects that involve the use of these agents are to be conducted under these guidelines.

The primary function of the IRSC is to assist the investigator in the protection of individuals and the environment from potential contamination. All projects that involve the use of these substances and/or devices are to be conducted under these guidelines.

The full text of the Policy and Procedures for Institutional Biosafety Committee are located for faculty/staff reference in the Environmental, Health and Safety Office and on Mercer's web site at: <http://www.mercer.edu/ehso/>

The full text of the policy and procedures of the Institutional Radiation Safety Committee is located for faculty reference in the Environmental, Health and Safety Office, in the offices of the local Radiation Safety Officers, and on Mercer's web site at: <http://www.mercer.edu/ehso/>

The University also operates a formal Hazard Communication Program, a Chemical Hygiene Plan, and an Exposure Control Plan. Details on these programs and plans can be found on the Environmental, Health and Safety Office and on Mercer's web site at: <http://www.mercer.edu/ehso/>

6.7 FRAUD AND/OR MISCONDUCT IN RESEARCH

Mercer University has adopted a policy on fraud and/or misconduct in research. This policy addresses the commitment of fraud in research; the willful or intentional violation of Mercer University's research policy; and the condoning of fraud in research or violations of University research policy. Faculty can access details of the policy in the Mercer University Faculty Handbook -- Section 3.5. <http://provost.mercer.edu/www/mu-provost/handbooks/upload/2020-University-wide-Faculty-Handbook-2.pdf> (accessed 4-21-20)

6.8 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.

- PI writes a grant proposal using Navicent Health Foundation Research and Education Grants format (www.navicenthealth.org/foundation/grants) (accessed 3-31-2020) including budget for the entire project. Indirect costs will be calculated at the current NIH F&A rate and added to budget.
- Include a list of two 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).
- Follow the usual MUSM routing of the proposal for approval, i.e. Chair's signature, signature of Associate Dean for Research, Finance Office, and University Research Office.
- PI transmits proposal to reviewers and has their reviews returned directly and in confidence to office of Associate Dean for Research within 1 month.
- The Dean of MUSM either approves or disallows the project.
- If approved, PI deposits first year budget with University.
- PI is responsible for maintaining budget balance to make certain account remains solvent.
- PI deposits a one-year budget annually for the approved life of the grant.
- The PI submits annual progress reports to the department Chair, the Dean's Office, and the Associate Dean for Research.

Mercer University Research Financial Conflict of Interest Policy (See Section 7 for COI policies)

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7.0 CONFLICT OF INTEREST

7.1 GENERAL POLICY ON CONFLICT OF INTEREST

7.1.1 Introduction

This MUSM policy is based on the University “Policy on Conflict of Interest and Commitment” 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.

7.1.2 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: provide the individual employee with experience and knowledge valuable to teaching, research or scholarship, involve suitable research or scholarship through which the individual may make a worthy contribution to knowledge, or constitute a public service.

These activities should 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.

7.1.3 Basic Principles

Full-time members of the faculty and professional and administrative staff owe their primary professional responsibility to MUSM; 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.

MUSM salaried faculty and staff are not permitted to retain full-time employment at another establishment.

No outside activities should result in any conflict of interest with or compromise of commitment to the individual’s responsibilities to MUSM.

MUSM resources (including space, facilities, equipment, and support staff) may not be used for outside activities without prior approval and appropriate payment to MUSM.

The School's name may not be used in outside activities without prior approval.

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.

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.

7.1.4 Annual Disclosure

In order to prevent conflicts of interest and commitment, it is the policy of Mercer University School of Medicine that each year each faculty member will complete a "Disclosure of Outside Activities and Financial Interests Form". The Disclosure will accompany the yearly contract letter; both documents must be signed and returned to the Dean's Office.

7.2 SPECIFIC POLICY ON OUTSIDE ACTIVITIES AND FINANCIAL CONFLICTS OF INTEREST

7.2.1 Definitions

Conflict of Interest means a significant outside interest of a university employee or one of the employee's immediate family members that could directly or significantly affect the employee's performance of his or her institutional responsibilities. The proper discharge of an employee's university responsibilities could be directly or significantly affected if the employment, service, activity or interest: (1) might tend to influence the way the employee performs his or her university responsibilities, or the employee knows or should know the interest is or has been offered with the intent to influence the employee's conduct or decisions; (2) could reasonably be expected to impair the employee's judgment in performing his or her university responsibilities; or (3) might require or induce the employee to disclose confidential or proprietary information acquired through the performance of university responsibilities.

Conflict of Commitment means a state in which the time or effort that a university employee devotes to an outside activity directly or significantly interferes with the employee's fulfillment of university responsibilities, or when the employee uses state property without authority in connection with the employee's outside employment, board service or other activity

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).

Other support includes all resources made available to a researcher in support of and/or related

to all of their research endeavors, regardless of whether or not they have monetary value and regardless of whether they are based at the institution the researcher identifies for the current grant. This includes resource and/or financial support from all foreign and domestic entities, including but not limited to, financial support for laboratory personnel, and provision of high-value materials that are not freely available (e.g., biologics, chemical, model systems, technology, etc.).

Foreign Components means the existence of any “significant scientific element or segment of a project” outside of the United States, as defined by: 1. Performance of work by a researcher or recipient in a foreign location, whether or not grant funds are expended and/or 2. Performance of work by a researcher in a foreign location employed or paid for by a foreign organization, whether or not grant funds are expended.

7.2.2 Required Outside Activity and Financial Disclosures

Each investigator must disclose to the Dean all of his or her significant outside activities and financial interests. In addition, any “Other support” must be disclosed (including those of the investigator’s spouse and dependent children):
that would reasonably appear to be affected by the consulting, research, educational or other professional activities by any source within or outside the University or
in those entities whose time or financial interests would reasonably appear to be affected by such activities.

The outside activity and financial disclosures required above must be provided prior to the initiation of the activity. Such financial disclosures either must be updated during the period of the award, on an annual basis, or as new reportable outside activity or significant financial interests are obtained.

7.2.3 Required Foreign Component Disclosures

An investigator must disclose if a portion of their project will be conducted outside of the U.S. After which it will be determined if the activities are considered significant. If both criteria are met, then there is a foreign component. To aide with what may be considered significant, click on the FAQ link below. The addition of a foreign component to an ongoing NIH grant continues to require NIH prior approval, as outlined in the NIHGPS, Section 8.1.2, Prior Approval Requirements.

In addition, any travel to foreign countries related to research, business, recruitment or education and any regular or routine travel outside of the U.S. must be disclosed.

If an activity does not meet the definition of foreign component because all research is being conducted within the United States, but there is a non-U.S. resource that supports the research of an investigator and/or researcher, it must be disclosed and reported as other support.

For example, if a PD/PI of an NIH-funded grant has a collaborator outside of the U.S. who performs experiments in support of the PD/PI’s NIH-funded project, this would constitute a foreign component, regardless of whether the foreign collaborator receives funding from the

PD/PI's grant. Additional funding from a foreign source for the NIH-supported research of a PD/PI at a U.S. institution would not constitute a foreign component but would necessitate reporting as other support.

<https://grants.nih.gov/faqs#/other-support-and-foreign-components.htm>

7.2.4 Determination and Management of Conflicts of Interest

The Dean will review the disclosures, will determine whether a conflict of interest exists, and will determine what conditions or restrictions, if any, MUSM will impose to manage, reduce or eliminate such conflict of interest. A conflict of interest exists when the Dean reasonably determines that an outside activity or significant financial interest could directly and significantly affect the design, conduct, or reporting of consulting, research, educational, or other professional activities within or outside the University.

Examples of conditions or restrictions that might be imposed to manage, reduce or eliminate conflicts of interest include, but are not limited to:

- public disclosure of outside activity or significant financial interests;
- monitoring of consulting, research, educational, or other professional activities by independent reviewers;
- modification of the consulting, research, educational, or other proposed plan;
- disqualification from participation in the portion of the sponsored consulting, research, education, or other professional activity that would be affected by the outside activity or significant financial interests;
- divestiture of significant financial interests; or
- severance of relationships that create conflicts.

If the Dean determines that a conflict of interest cannot be satisfactorily managed, the Dean will promptly notify the University's Office of Research Compliance, who will assure that the funding agency is kept appropriately informed in accordance with the applicable regulations.

Any investigator who disagrees with any determination made by the Dean under this policy may appeal to the Provost, whose decision shall be final.

7.2.5 Certification of Compliance

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 applications.

Disclosure of outside activities and significant financial interests shall be by completion of the University “Significant Financial Interest Disclosure Form” (Disclosure Form) found on the Office of Research Compliance website. This Disclosure Form must accompany all proposals for acquiring financial support for projects. Furthermore, an investigator must complete and submit a Disclosure Form whenever a potential conflict of interest arises.

The University is required to certify in proposals for funding made to certain governmental agencies, including NIH, NSF, and PHS that:

the University has implemented a written and enforced conflict of interest policy that is consistent with applicable requirements imposed by the agency;
to the best of its knowledge all outside activities and financial disclosures required by that conflict of interest policy have been made and 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.
upon request, the Institution agrees to make information available to HHS regarding all conflicting interests and how those interests have been managed, reduced, or eliminated.

The University will rely on the investigators’ certifications in making its certifications to the governmental agencies.

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 Non-faculty Employees, or other applicable disciplinary policies and procedures.

Records

Records of all outside activities and 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.

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.

7.3 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”).

7.3.1 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.

7.3.2 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.

7.3.3 Scope of Policy

This policy incorporates the following types of interactions with industry:

7.3.3.1 Gifts, Meals and Compensation

Personal gifts from industry may not be accepted anywhere at the Mercer University School of Medicine. 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 subscribed to by the AMA or specialty societies.

Individuals may not accept gifts, meals or compensation for listening to a sales talk by an industry representative.

Individuals may not accept gifts, meals or compensation for prescribing or changing a patient's prescription.

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.

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).

7.3.3.2 Site Access by Pharmaceutical Sales and Medical Device Marketing Representatives

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.

Sales and marketing representatives are permitted in non-patient care areas by appointment only.

Appointments will normally be made for such purposes as:

In-service training of hospital personnel for research or clinical equipment or devices already purchased.

Evaluation of new purchases of equipment, devices, or related items.

Appointments may be made on a per visit basis or as a standing appointment for a specified period, 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.

7.3.3.3 Provision of Scholarships & Other Educational Funds to Students & Trainees

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:

The School of Medicine department, program or division selects the student or trainee.

The funds are provided to the department, program, or division and not directly to student or trainee.

The department, program or division has determined that the funded conference or program has educational merit. The recipient is not subject to any implicit or explicit expectation of providing something in return for the support.

This provision may not apply to national or regional merit-based awards, which are considered on a case-by-case basis.

7.3.3.4 Support for Educational and Other Professional Activities

Individuals should be aware of the Accreditation Council for Continuing Medical Education (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 may be found at the ACCME website (accessed 3-30-2020): <https://www.accme.org/accreditation-rules/standards-for-commercial-support>

The ACCME Standards include criteria to ensure that:

CME providers and their programs are free of commercial control

Providers are free of personal conflicts of interest

Any commercial support was conducted appropriately with regard to learners and providers

Product promotion material or product specific advertisement is prohibited

Content and format of the CME activity is presented without commercial bias

Individuals disclose relationships relevant to potential commercial bias.

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.

Because of the high potential for perceived or real conflict of interest, 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. 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.

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:

The meeting sponsor fully discloses any financial support by industry.

The speaker determines meeting or lecture content, not the industrial sponsor.

The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.

The industry sponsor does not require the participant to accept advice or services concerning speakers, content, etc., as a condition of the sponsor's contribution of funds or services.

The lecturer makes clear that content reflects individual views and not the views of Mercer University School of Medicine.

7.3.3.5 Disclosure of Relationships with Industry

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.

In scholarly publications, individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors <http://www.icmje.org> (accessed 3-30-2020). 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).

Consultation and advising for scientific purposes or to further the mission of the University may be allowed however, no consultation or advising for 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.

MUSM allows employees of the School to participate in speaking relationships, including professional speaker bureaus and presentations 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 promoting a pharmaceutical product or medical device.

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.

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 recuse him/herself from the purchasing decision.

This provision excludes indirect ownership such as stock held through mutual funds.

The term "immediate family" includes the individual's spouse or domestic partner or dependent children.

7.3.3.6 Training of Students, Trainees, & Staff Regarding Potential Conflict of Interest in Interactions with Industry

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.

7.3.3.7 Enforcement and Sanctions of Policies

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
Updated September 2017
Updated January 2020- EC approval February 2020

7.4 Instructions for Completing the Disclosure of Outside Activities and Financial Interests Form

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. These activities should 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. Whenever a question, or appearance of conflict, arises between the employee's obligation to the University and any activity or financial interest, the employee is expected to report the situation and, if required as set forth below, to provide a report disclosing the information prior to engaging in the activity or obtaining the financial interest. University officials are responsible for reviewing each disclosure to determine if the activity or interest is permitted, not permitted, or if there are conditions necessary to manage, reduce or eliminate the conflicts or potential conflicts before the activity or interest can be permitted.

An annual disclosure must be submitted at the beginning of each academic year or other annual appointment for each existing outside activity or financial interest. A new disclosure must be submitted if there is a significant change in an activity or financial interest (nature, extent, funding, etc.) or before a new outside activity or financial interest is undertaken. These reporting provisions shall apply to activities performed, or interests held, while an employee is in pay status, or is on a compensated leave, including a professional development leave, but shall not apply to activities performed wholly during a period in which the employee has no appointment with the University.

An employee's failure to report activities or financial interests under the University's regulation or to follow any conditions imposed pursuant to the University's approval of such activities or interests may be grounds for disciplinary action. Such actions may include, but are not limited to: reprimand, fine, reduction in salary, change of assignment, prohibition of outside activities, suspension without pay, and termination for cause.

Reporting Requirements

The following activities and financial interests must be reported and approved prior to engaging in the activity:

- A. Outside activities in which there is more than an incidental use of university facilities, equipment, and/or services.
- B. Outside activities in which a university student or university employee is directly or indirectly supervised by the employee if the employee in any way supervises or evaluates the student or the employee at the University.
- C. Management, employment, consulting, and contractual activities with, or ownership interests in, a

- business entity that does business or is proposing to do business with or competes with the University.
- D. Candidacy, election or appointment to a public office.
 - E. Required use of books, supplies, equipment, or other instructional resources at the University when they are created or published by the employee or by an entity in which the employee has a financial interest.
 - F. Professional compensated activities, including but not limited to, activities for which travel expenses, travel support, and honoraria are paid, teaching at another institution, or employment as an expert witness.
 - G. Business activities, including service on the board of directors or other management interests or position, with regard to a business entity in the same discipline or field in which the faculty or staff member is employed.
 - H. Any employment, contractual relationship, or financial interests of the employee that may create a continuing or recurring conflict between the employee's interests and the performance of the employee's public responsibilities and obligations, including time commitments. This includes any outside activity in which the employee is required to waive rights to intellectual property.
 - I. Outside activities and financial interests required to be reported under certain federal contract and grant regulations. Such disclosures may also need to be made at the time of the submission of the proposal.
 - J. Outside activities (employment, consulting, management and other contractual activities) and financial interests in an entity (domestic or foreign), that supports the employee's research or training activities in any way.
 - K. Outside activities (employment, consulting, management and other contractual activities) and financial interests in an entity (domestic or foreign), that licenses technology invented by the employee.
 - L. Any "other support" including all resources made available in support of and/or related to all of their research endeavors, regardless of whether or not they have monetary value and regardless of whether they are based at the institution the researcher identifies for the current research. This includes resource and/or financial support from all foreign and domestic entities, including but not limited to, financial support for laboratory personnel, and provision of high-value materials that are not freely available (e.g., biologics, chemical, model systems, technology, etc.).
 - M. Any activities that include a foreign component, defined as the existence of any "significant scientific element or segment of a project" outside of the United States. This includes performance of work by a researcher or recipient in a foreign location, whether or not grant funds are expended and/or performance of work by a researcher in a foreign location employed or paid for by a foreign organization, whether or not grant funds are expended.
 - N. Any other employment outside the University.
 - O. Any other outside activity or financial interest required to be disclosed under MUSM's updated conflict of interest policy.
 - P. Any travel to foreign countries related to research, business, recruitment or education and any regular or routine travel outside of the U.S.

The signature on the completed disclosure form affirms and certifies an understanding of and compliance with the University's policies on conflict of interest, outside activities and financial interests as well as the completeness and accuracy of the responses. Additional information on the University's guidelines and procedures may be obtained from Sections 3.1 and 3.2 in the Mercer University Faculty Handbook at <http://provost.mercer.edu/www/mu-provost/handbooks/upload/2020-University-wide-Faculty-Handbook-2.pdf>

(Accessed 4-14-2020)

7.5

Disclosure of Outside Activities and Financial Interests

Disclosure Period: July 1, _____ to June 30, _____

Name _____
Title/Rank _____
Phone number _____
Email _____
% FTE _____

MUID _____
Department or Unit _____
College or Division _____
University Contract Period
_____ 9 month 10 month _____ 12 month

1. In accordance with Mercer University regulations, I report the following outside activity or financial interest. Please check the category or categories of the activity or financial interest as described in the Instructions to this form:

- checkbox B. checkbox C. checkbox D. checkbox E. checkbox F. checkbox G. checkbox H. checkbox I. checkbox J. checkbox K. checkbox L. checkbox M. checkbox N. checkbox O

checkbox P checkbox I have nothing to disclose checkbox

2. Please provide the requested information on the activity or financial interest performed/proposed during the University contract period as identified above. Please use additional pages if necessary. All activities and financial interests for one entity should be disclosed on one form. Additional activities and financial interests should each be reported on separate forms.

(a) Name and address of entity (or person) with which the activity is to be conducted, or name and address of entity in which the financial interest is held, and nature of its business:

Is the entity a for-profit entity? _____ Or a not-for-profit entity? _____

Is the entity or parent, subsidiary or affiliated organization of the entity located outside the United States? Yes _____ No _____ If yes, please provide the complete address of all foreign-based entities.

Does the entity or parent, subsidiary or affiliated organization of the entity sponsor your research at Mercer or license technology from Mercer that you invented? Yes _____ No _____

(b) Description of activity or financial interest. Please check all that apply.

- checkbox Consultant
checkbox Director
checkbox Officer
checkbox Employee
checkbox Honorarium
checkbox Royalty recipient
checkbox Ownership interest

Percentage of ownership: _____

Value of ownership: _____

Type of ownership interest:

Stock (not publicly traded) ownership

- Stock (publicly traded) ownership
- LLC ownership
- Partner
- Sole proprietor
- Other Describe _____

- Stock option or other Option Agreement
- Other Describe _____

(c) Source of and type of compensation: (e.g., company/organization/client and cash/expense reimbursement; in the case of legal representation or service as an expert witness, all parties and addresses to the matter must also be identified.):

Source of compensation _____

Type of compensation _____

Amount or value of compensation _____

(d) Location and anticipated dates of activity: _____

(e) Is this a one time or continuing activity? One time Continuing

If one time, estimated number of total hours, including travel time _____ hours

If continuing activity, estimated number of hours per week spent on the reported activity, including travel time: _____

If you earn vacation leave, indicate number of hours per week that will be taken _____. If none, explain why no vacation is to be taken. _____

Will Mercer University employees and/or students be involved in connection with the outside activity? No ____ Yes ____ (Explain) _____

(f) Will University equipment, facilities or services be used in connection with the outside activity?

No ____ Yes ____ (If yes, please attach a completed Request to Use University Equipment, Facilities and Services in connection with Non-University Activity form.)

Are you required, as a condition of the employment/activity, to waive any rights you or the Mercer University might have to intellectual property you develop, including copyrights or patent rights? No ____ Yes ____ (If yes, the Office of Research must review and act on the employment/activity.)

Has the activity been reported before? No ____ Yes ____

Total number of outside activity and financial interest reports submitted during this contractual period including this report. _____

Estimated total number of hours spent per week during this contractual period on all outside activities including this activity. _____

3. I understand that the activity and/or interests identified in the Instructions to this form must be reviewed and acted upon by the appropriate university officials as set forth below. For each activity or financial interest disclosed, other information may also be requested in order to review completely the activity or interest if there are potential conflicts involved.
4. I understand that if I (or my spouse, domestic partner, child or other relative) have a material financial interest or a managerial interest in an entity, or an employment or other contractual relationship with an entity that proposes to do business with, or does business with, the University, I will submit a copy of this form to the University's Purchasing Services (with the purchase requisition if a purchase requisition is required) or the contracting authority at the university prior to the purchase being made or the University's entering into the contract with the entity. I understand that if I am involved in the procurement or contractual process for the entity or for the University (including but not limited to making recommendations) I must inform the University office making the procurement or entering into the contract of my financial interest prior to the procurement or the signing of the contract in order that determination may be made whether the procurement and/or contract is allowable under Georgia law and University regulations.
5. I have read the University's Regulations and I understand my obligations under the regulation.
6. I have read the MUSM Conflict of Interest Policy and I understand my obligations under the policy.
7. In the past four years I have completed the online web-based training found at <https://www.citiprogram.org>
8. I hereby certify that the information reported here is accurate and complete. Further, I understand that my engaging in a non-university activity must not create a conflict of interest, unless such conflict is allowable under the law and University regulations, or interfere with the full and faithful performance of my University professional responsibilities or other University obligations.

Employee's Signature

Date

REVIEWER	REVIEWER'S SIGNATURE	APPROVED	DISAPPROVED	DATE
Chair or Supervisor (Printed Name)				
Dean, Director or other Appropriate Administrator (Printed Name)				
Office of Research (if applicable) (Printed Name)				
Purchasing Services or other Contracting Authority(if applicable) (Printed Name)				

9. Was conference held to discuss this disclosure? No ___ Yes ___

If yes, please write a brief summary of acti _____

10. The form should be returned to the employee and others noted below whether the activity is authorized as presented, authorized with conditions or not authorized. The returned copy should include all appropriate signatures. A copy of the form must be sent to Purchasing Services or other applicable Contracting Authority if the disclosure is made under c (and as further described under item 4 above).

Copies of completed forms must be sent to: (1) Office of Human Resource Services (2) dean or director, (3) department chairperson or other appropriate administrator, (4) employee, and (5) Office of Research, if applicable; (6) Division of Purchasing or other contracting unit (if applicable)

7.6 ADMISSIONS CONFLICT OF INTEREST POLICIES AND DISCLOSURE

Please read the information in this document, sign it, and return it to the Office of Admissions. This signed document may be returned by email to: musmadmissions@mercer.edu

7.6.1 STATEMENT OF UNDERSTANDING OF MERCER UNIVERSITY SCHOOL OF MEDICINE (MUSM) MISSION, MUSM DIVERSITY STATEMENT, MERCER UNIVERSITY'S NONDISCRIMINATION STATEMENT

Mission of Mercer University School of Medicine. To educate physicians and health professionals to meet the primary care and health care needs of rural and medically underserved areas of Georgia. The Applicant Review and Admissions Process is guided by our mission.

Mercer University School of Medicine Statement on Diversity. Mercer University School of Medicine is privileged to be located in Georgia, a state with a diverse and evolving culture. Our mission is to prepare physicians and other healthcare professionals to meet the healthcare needs of our rural and medically underserved populations. Given this calling, the School of Medicine recruits medical students with rural backgrounds and those from groups that are underrepresented in medicine who have demonstrated a commitment to the medically underserved communities across the State of Georgia.

Nondiscrimination Statement. Mercer University is committed to providing equal educational programs or activities, and equal employment opportunities to all qualified students, employees, and applicants without discrimination on the basis of race, color, national or ethnic origin, disability, veteran status, sex, sexual orientation, age, or religion, as a matter of University policy and as required by applicable state and federal laws, including Title IX. Inquiries concerning this policy may be directed to:

Equal Opportunity/Affirmative Action Officer/Title IX Coordinator, Office of Audit and Compliance, 1501 Mercer University Drive, Macon, Georgia 31207.

7.6.2 AGREEMENT TO MAINTAIN CONFIDENTIALITY OF APPLICANT RECORDS AND OTHER TRANSACTIONS AND ACTIVITIES PERTAINING TO MD ADMISSIONS PROCESSES

In conducting the **Admissions Process** at Mercer University School of Medicine MD Program, **Participants in the Admissions Process** include: Admissions Committee members (the "Committee"), Admissions staff members, and MUSM staff or faculty who conduct interviews but do not serve on the Admissions Committee (Non-Committee Interviewers). Participants in the Admissions Process are granted access to confidential information regarding prospective applicants or applicants ("Applicants") to current or previous years to the MUSM MD Program or other programs. This **confidential information** may include but is not limited to information contained in the Primary and Secondary AMCAS application, Letters of Evaluation or Recommendation, updates submitted by applicants, evaluations (and scores) of candidates by the Committee or Non-committee interviewers, Rank (or Score) Lists, the Committee's ranking of applicants, the Committee's deliberations, documents circulated during Admissions meetings (such as but not limited to applicant's files, scores, rank lists), and other information related to or contained in applicants' files. Confidential information may be contained in e-mails sent from

MUSM Admissions Office, applicant management portals used by the MD Admissions process (such as AMP®), and in printed copies of documents circulated at the time of Committee meetings.

Participants in the Admissions Process are responsible for maintaining the security of the e-mail accounts at which they receive correspondence related to the Admissions Process, as well as the security of their access to the Application Management Portal (AMP). If a user believes his/her AMP account has been compromised, the Associate Dean of Admissions should be notified immediately. **MUSM is responsible for maintaining and protecting the confidentiality of applicant records; no information may be released to third parties without the applicant's written consent.** Access to Confidential Information is granted to Admissions Committee members, faculty, staff, and MUSM students who conduct interviews as non-Committee members, and faculty and staff directly involved in the conduct or evaluation of the Admissions Process to assist the Participants in the Admissions Process and the Committee in conducting its role.

Under no circumstance should Participants in the Admissions Process disclose any Confidential Information to an individual who is not a designated Participant in the Admissions Process. Participants in the Admissions Process must not transmit Confidential Information to others not participating in the Admissions Process, or make unauthorized copies of (whether in print or electronic medium) or use Confidential Information in any capacity unrelated to the functions of the Admissions Committee. This requirement to maintain confidentiality of this information exists in perpetuity, after one is no longer an active Participant in the Admissions Process.

Users of Confidential Information should take all reasonable security steps including but not limited to those recommended by Mercer University's IT department and published at http://it.mercer.edu/faculty/security/security_best_practices.htm (accessed 4-21-20) to prevent unauthorized use or disclosure of this information. Members who violate the confidentiality of Applicants' records may be subject to disciplinary action, up to and including a professionalism investigation and dismissal as a Participant.

7.6.3 POLICY ON CONFLICT OF INTEREST FOR THOSE INVOLVED IN THE ADMISSIONS PROCESS

If an interviewer or a Committee member has a current or previous personal, or a supervisory/teaching, relationship with an applicant, he/she must recuse him/herself from interviewing, voting on, or discussing this applicant at any time. Recusal will include absenting the Committee member in conflict from any meeting, formal or otherwise, in which the applicant is discussed. It is not necessary for the Committee member in conflict to absent him/herself from a Committee meeting when the applicant is included in a Rank List up for approval by majority vote, but the Committee member in conflict cannot vote on that Rank List. In such cases the Committee, except for the member(s) with the conflict, should vote on the applicant(s) in question separately. The Committee member(s) in conflict shall not discuss the applicant with any other Participant(s) in the Admissions Process. Committee members may write letters of evaluation for these applicants through the American Medical College Application Service (AMCAS).

Any applicant participating in a School of Medicine based program should be interviewed by faculty members outside of that program. If the relationship meets any one of the following criteria, it constitutes a potential conflict of interest (COI) for the Committee member:

- It creates the perception of, or actual potential for, bias.
- It potentially compromises the objectivity of the member's voting.
- It potentially helps or harms an applicant in the Admissions Process.

This COI policy follows Mercer University guidelines but is specifically adapted for the functions of Mercer University School of Medicine Admissions Committee. The Associate Dean of Admissions, who reports directly to the Dean of the School of Medicine, is charged with overseeing disclosure processes and managing potential COI in the Admissions Committee of MUSM. This COI policy requires self-disclosure and operates on the honor system. Committee members who do not comply with this policy may have their Admissions Committee voting privileges revoked.

By signing below, I **(enter full name)** _____ certify that I have read and understood MUSM's mission, position on diversity, and the Mercer University Nondiscrimination Statement. I agree to maintain confidentiality of applicant records and transactions of the MD Admissions Process that may be confidential. I agree to abide by the policy on conflict of interest in the MD Admissions Process.

Signature

Date (mm/dd/yy)

Approved by Executive Council on 27 August 2019.

7.7 PROMOTION AND TENURE PROCESS CONFLICT OF INTEREST POLICY

Mercer University School of Medicine expects the Faculty to uphold the highest standards of professional integrity and practice as they carry out their responsibilities. Any individual with a conflict of interest that biases their objectivity in the process of promotion and tenure, whether intrinsic or incidental, should identify these conflicts and recuse themselves from participation in the review and recommendation. ***For these purposes, a conflict of interest will be considered as a set of circumstances that creates the potential that the committee member's professional judgment, or actions regarding a primary interest (i.e., Mercer University), will be unduly influenced by a secondary interest (i.e., their relationship with the candidate).***

Each year, when applicants for promotion and tenure are known, all members of the Promotion and Tenure Committee shall identify their potential conflicts of interest. A conflict should be considered when the committee member's objectivity and judgement as a representative for Mercer University will be compromised by a previous or ongoing relationship between the committee member and the candidate, whether direct or indirect in nature. Such conflicting relationships include but are not limited to spousal, familial, administrative, and those arising from fiduciary dependencies. If the relationship meets any of the following criteria, it constitutes a potential conflict of interest for Committee member:

1. It creates the perception of, or actual potential for, bias.
2. It potentially compromises the objectivity of the member's voting.
3. It potentially helps or harms an applicant in the Promotion and Tenure review process.

All Committee members will sign the Promotion and Tenure Conflict of Interest Disclosure, acknowledge all known conflicts of interest, and submit the Disclosure to the Chair of the Promotion and Tenure Committee. This acknowledgement should occur prior or within the initial committee meeting once the identity of the candidates are formally known. The committee shall then review potential membership conflicts that may actually conflict with the primary interests of the University. If the committee and conflicted committee member(s) determine the relationship with the candidate as real and unmanageable, the conflicted committee member(s) will be asked to recuse themselves(s) during the conflicted reviews. The action of recusal shall be accomplished when the conflicted member has left the meeting room. The recused committee member will, throughout their term on the committee, be considered incommunicado regarding the conflicted candidate's application. A Committee member who has recused him/herself will not participate in the recommendation vote. Recusal will not be revealed beyond the committee's proceedings and the Committee will hold its basis in the strictest confidence.

PROMOTION AND TENURE CONFLICT OF INTEREST DISCLOSURE

NAME: _____

I understand that as part of my service on the Promotion and Tenure Committee, Mercer University School of Medicine, I must disclose at the earliest time, any situation that may be viewed as a conflict of interest. I have read the Promotion and Tenure Conflict of Interest Policy with regards to what may determine a conflict of interest. I acknowledge that the Promotion and Committee will have the authority to determine if an association is a conflict of interest.

I have no conflict to disclose_____.

I have a potential conflict as described below:

Signature

Date

Approved by Promotion and Tenure Council on 22 August 2019

7.8 CONFLICT OF INTEREST POLICY – STUDENT APPRAISAL AND PROMOTION COMMITTEE (SAPC)

Mercer University School of Medicine (MUSM) expects the Faculty to uphold the highest standards of professional integrity and practice as they carry out their responsibilities. Any individual with a conflict of interest that biases their objectivity in the process of reviewing students for decisions pertaining to their academic future, whether intrinsic or incidental, should identify these conflicts and recuse themselves from participation in the review and recommendation processes. For these purposes, a conflict of interest will be considered as a set of circumstances that creates the potential that the Committee Member's professional judgment, or actions regarding a primary interest (i.e., Mercer University) and/or fairness to the student, will be unduly influenced by a secondary interest (i.e., their relationship with the student).

When students appeal decisions of the Senior Associate Dean for Academic Affairs (i.e., they request the SAPC to suspend the academic standard), all Members of the Student Appraisal and Promotion Committee shall identify their potential conflicts of interest vis-à-vis each individual student in writing, submitting a signed Conflict of Interest Disclosure document to the Chair. If the Chair has a potential conflict of interest, the Chair submits a signed Conflict of Interest Disclosure document to the Vice Chair. This acknowledgement should occur prior to or during the initial Committee meeting once the student (whose case is being considered) is formally identified.

A potential conflict shall be reported when the Committee Member's objectivity and judgement as a representative for Mercer University might be compromised by a previous or ongoing relationship between the Committee Member and the student, whether direct or indirect in nature. Such conflicting relationships include but are not limited to spousal, familial, administrative, and those arising from fiduciary dependencies (e.g., advisor – advisee, mentor – mentee relationship), subjective evaluations (individualized grading, narrative assessment e.g., the student's tutorial or clerkship performance), or if the Committee Member is close friends with the student's family.

If the relationship meets any of the following criteria, it constitutes a potential conflict of interest for disclosure by the Committee Member:

1. It creates the perception of, or actual potential for, bias.
2. It potentially compromises the objectivity of the Committee Member's vote.
3. It potentially helps or harms a student in the review process and Committee decision.

The Committee shall review the Conflict of Interest Disclosure and decide by a simple majority vote whether the Member should recuse himself (or herself). The Member in question does not vote regarding his/her own recusal. An evenly split vote shall be deemed as a decision for recusal.

In the following situations, the Committee Member shall submit a signed Conflict of Interest Disclosure document, and will be automatically recused from the proceedings:

If the Committee Member

1. has ever served as an advisor or mentor to the student;
2. has ever taken care of the student as a patient (prior and/or ongoing physician-patient relationship);
3. has ever served as an evaluator of the student in which he/she assigned an individual, subjective failing grade and/or narrative opinion in any part of the academic program (e.g., small group tutor, attending physician supervising the student as a clerk).

If the Committee decides so or when the policy calls for automatic recusal, the conflicted Committee Member will recuse himself/herself during the reviews and the voting of the student in whose case a conflict has been identified. The action of recusal shall be accomplished by the Committee Member leaving the meeting room. A Committee Member who has recused him/herself will not participate in the deliberations and the recommendation vote. The Committee will not reveal recusal beyond the Committee's proceedings and the Committee will hold its basis in the strictest confidence.

Approved by Student Appraisal and Promotion Committee, April 15, 2020

**STUDENT APPRAISAL AND PROMOTION COMMITTEE CONFLICT OF INTEREST DISCLOSURE
FORM**

NAME OF SAPC MEMBER:

I understand that as part of my service on the Student Appraisal and Promotion Committee, Mercer University School of Medicine, I must disclose at the earliest time, any situation that may be viewed as a conflict of interest. I have read the Student Appraisal and Promotion Committee's Conflict of Interest Policy concerning what may constitute a conflict of interest. I acknowledge that the Student Appraisal and Promotion Committee will have the authority to determine if an association that I identify is a conflict of interest.

Disclosure:

Signature

Date

7.9 POLICY TO ADDRESS POTENTIAL STUDENT/FACULTY CONFLICT OF INTEREST

7.9.1 Providers of Sensitive Health Services

Whenever possible, faculty members should avoid providing medical care or personal or psychological counseling to 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.

7.9.2 Providers of Sensitive Health Services Policy

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.

7.9.3 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 familial relationship between the faculty member and the student, a close friendship between the faculty member and the family of the student, if the faculty member has (or had) a therapeutic relationship with the student, or a prior social relationship. To address these concerns, MUSM has established the following policy:

Potential conflicts of interest will be evaluated by the Office of Academic Affairs in collaboration with the Office of Student Affairs and necessary actions taken to resolve the concern with the best interest of the learner in mind.

7.9.4 Procedure(s)

Student Rights:

- 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. This form will be available on Canvas course for each class of medical students.
- Students will be asked to complete a conflict of interest form stating only that a conflict exists and requesting a change of faculty.
- The Office of Academic Affairs will facilitate the necessary change.

Faculty Responsibilities:

- 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.
- Faculty will be asked annually to read MUSM's conflict of interest policy and fill out the COI acknowledgement form, via the One45 system.
- Faculty who serve as preceptors during the community medicine/population health courses will be required to fill out the Preceptor Conflict of Interest Form for each student assigned to them. This form will be sent via the One45 system.
- Faculty who participate in the tutorial program, the clerkship program, or the year 4 courses will be required to submit the Faculty Initiated Conflict of Interest form only when they discover the presence of a potential conflict of interest.
- The Office of Academic Affairs will facilitate the necessary change.

CIC Approval: March 20, 2020

Executive Council Approval: March 25, 2020

7.9.5 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 Course _____

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

7.9.6 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 Course _____

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

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8.1 ELIGIBILITY TO WORK

All employees, or potential employees, must show eligibility to work in the United States on or before their first day. Faculty, or hiring managers, should refer all issues related to work eligibility, including immigration issues, to the Mercer University Department of Human Resources. Consult with Candace Whaley, Director of Human Resources, 478-301-5121 or visit the Department of Human Resources website <https://hr.mercer.edu/contact/>

8.2 SABBATICAL LEAVE AND LEAVES OF ABSENCE

Mercer University Faculty Handbook (Revised March 2020, Section 2.17, p. 53)

<https://provost.mercer.edu/www/mu-provost/handbooks/upload/2020-University-wide-Faculty-Handbook-2.pdf>

1. Purpose

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.

2. 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.

3. 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 for enhancing the applicant's professional effectiveness and future service to the institution.

Notification of those selected for sabbatical leaves along with the specific terms of the leave shall occur no later than two weeks after formal approval by the Board of Trustees.

4. 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.

5. 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.

6. 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.

**MERCER UNIVERSITY SCHOOL OF MEDICINE
PRE-SABBATICAL REQUEST FORM**

Name of Applicant:	
Department:	
Proposed Dates for Sabbatical:	

PROPOSAL

Title of Sabbatical:	
Sabbatical Institution:	
Contact Information of Primary Mentor:	

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.

4. Coverage of responsibilities during leave.

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

Approved April 2020

**POST-SABBATICAL LEAVE REPORT
MERCER UNIVERSITY SCHOOL OF MEDICINE**

Name of Recipient:	
Department:	
Dates of Sabbatical:	
<i>The request for a final sabbatical report is contained within the Mercer University Faculty Handbook.</i>	

Title of Sabbatical:	
Sabbatical Institution:	
Contact Information of Primary Mentor:	

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

APPROVAL SIGNATURES

_____ Applicant's Signature	_____ Date
_____ Department Chair's Signature	_____ Date
_____ Dean's Signature	_____ Date
_____ Associate Dean for Faculty Affairs	_____ Date

Approved April 2020

8.3 FACULTY ABSENCES

The School of Medicine follows the Faculty absence policies, sick leave policies, FMLA, and leaves of absence policies of the University as described in the Mercer University Faculty Handbook: <http://provost.mercer.edu/www/mu-provost/handbooks/upload/2020-University-wide-Faculty-Handbook-2.pdf> (Revised March 2020, Section 2.17, pp 55-56) (accessed 4-22-20).

This information is also available at the Benefits and Payroll website <https://benefitspayroll.mercer.edu/www/mu-benefitspayroll/benefits/upload/LeavePolicy.pdf> (Revised December 12, 2019) (accessed 4-21-20).

Requesting Leave

Each department chair/unit director is responsible for maintaining leave records on his/her individual faculty members. The faculty member submits the Leave Request to the department chair/unit director. Prior to planned absences, the faculty member should complete and submit for approval the "Department Leave Request/Approval Form for Faculty". Leave requests also require that the faculty member indicate arrangements for coverage during his/her absence. Faculty may access the form on the Finance Office web page at: <https://medicine.mercer.edu/wp-content/uploads/sites/7/2020/01/MUSM-Faculty-Leave-Request.pdf> (accessed 4-21-20).

Reporting Time Off

While each department chair/unit director is responsible for maintaining leave records on his/her individual faculty members, the school has created a new system for reporting time off using the **MUSM Faculty Bear Time** sheet. A monthly sheet is forwarded to each (non-Dean title) faculty member at the end of each month for reporting any time off during the previous month. This excel worksheet is designed specifically for exempt MUSM faculty members. The excel report should be completed, saved, and then emailed to MUSMFacultyBearTime@mercer.edu even if the faculty member used no leave during the monthly pay period. Time is recorded in hours. These balances are kept in a summary sheet and forwarded to the Chair of each department for review each month.

**Department Leave Request/Approval Form for Faculty
Mercer University School of Medicine**

Leave Request must be submitted to Department Chair 10 working days in advance.

(If Faculty Member practices for Mercer Medicine, please obtain covering physician signatures and notify Mercer Medicine prior to submission to Department Chair. Leave is not approved until signed by Department Chair.)

Faculty Name: _____

Request for Leave (Please indicate type):

Vacation Date(s): _____

Sick Date(s): _____

Please indicate type of sick leave below:

 ___ Faculty Sick Leave – (If more than 3 consecutive days, must contact Human Resources.)

 ___ Workers' Comp Leave

 ___ Family Medical Leave – (Must be approved by Human Resources.)

Unpaid Leave Date(s): _____

 Purpose of unpaid leave: _____

 (Must be approved by Chairman, Dean of MUSM, and HR.)

Conference Date(s): _____

 (Includes seminars, workshops, off-site training courses, educational conferences, etc.)

NOTE: Separate pre-authorization required for conference reimbursement.

Jury Duty Date(s): _____

Military Leave Date(s): _____ (Must provide copy of orders to HR.)

Presentation/Talk Date(s): _____

 Time out of office: _____

Other Leave: Date(s): _____

 Please describe: _____

Physician(s) Providing Coverage (clinical faculty) – *have covering physician initial & date:*

Name: _____ Acknowledgement: _____ Date: _____

Name: _____ Acknowledgement: _____ Date: _____

Employee's Signature: _____ Date: _____

Mercer Medicine Notified: _____ Date: _____

Sufficient leave available: _____ Logged to master calendar: _____

Department Chair's Approval: _____ Date: _____

MUSM Dean's Approval (if necessary): _____ Date: _____

HR Approval (if necessary): _____ Date: _____

8.4 FACULTY GOVERNANCE

Faculty are encouraged to participate in the faculty governance process through service on the Executive Council and/or Standing Committees. During early spring, the Nominating Committee will solicit nominations for vacant and/or expiring positions. The bylaws dictate the distribution of committee

positions across constituencies and campuses: https://medicine.mercer.edu/wp-content/uploads/sites/7/2020/08/Official-Faculty-Bylaws_7_16_2020.pdf (accessed 8-7-20)

A description of the committees, their responsibilities, meeting schedules, and meeting minutes are available at <https://medicine.mercer.edu/faculty-and-staff-resources/standing-committees/> (accessed 8-7-20)

8.5 MUSM POLICIES AND PROCEDURES REGARDING EQUIPMENT LEAVING CAMPUS

(Policy effective May 23, 2006, reviewed September 2017, April 2020)

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. No equipment purchased with grant funds may be removed from Mercer University Campus.

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 for which he/she is responsible. 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 policies and procedures which include but are not limited to:
 - 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.

- 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 any time.
- 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; reviewed September 2017; reviewed April 2020)

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:
 - 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.
 - 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 any time.
- 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.

Signature

Date

Department Chair

Associate Dean for Research

Dean, Mercer University School of Medicine

8.6 PROFESSIONAL TRAVEL

The policy of the Mercer University School of Medicine (MUSM) is to reimburse employees who travel on approved University related business based on 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.

Travel supported by MUSM requires a Travel Authorization Form that the faculty or staff member completes prior to travel. A copy of this form is available on the Website of the Finance Office at https://medicine.mercer.edu/wp-content/uploads/sites/7/2020/02/travelauthorization_no-logo.pdf (accessed 4-21-20). It is required that this form be completed and submitted to the department chair and Finance Office two weeks prior to travel unless there are extenuating circumstances.

Within two weeks of completing travel, the faculty member must complete a Travel Expense Reconciliation, including original receipts, in order to request reimbursement of travel expenses. The MUSM Travel Reimbursement Policy (reproduced below) provides additional details related to reimbursement of travel expenses.

Mercer University Travel Reimbursement Policy: <https://accounting.mercer.edu/www/mu-accounting/policies-and-procedures/upload/Travel-Policy-09-27-19.pdf> (accessed 4-21-20).

MUSM Travel Policy: https://medicine.mercer.edu/wp-content/uploads/sites/7/2020/01/MUSM-Travel-Policy-UPDATED-12_13_2017.pdf

Mercer University School of Medicine Travel Reimbursement Policy (Updated December 13, 2017)

Overview

The Mercer University Travel Reimbursement Policy must be adhered to unless restricted further by the following MUSM Travel Reimbursement Policy. MUSM will only reimburse travelers for necessary and reasonable expenses incurred for properly pre-authorized MUSM business travel. Travel reimbursement is limited to the individual traveling for MUSM business and not for those accompanying that individual.

Based on the requirements of IRS ruling (Revenue Ruling 2006-56), Accounts Payable must ensure that Mercer University School of Medicine's employee accountable plan requires the following:

- There must be a business connection and the expense is reasonable.
- There must be an adequate accounting for the expense within two weeks of the completion of the travel. If a complete and accurate Travel Expense Reconciliation Form is not turned in to MUSM Finance Office within this timeframe, the expense is subject to not being reimbursed.
- All excess reimbursements must be repaid within two weeks of the completion of the travel. Traveler Responsibility

Individuals traveling on behalf of MUSM should:

- Obtain pre-authorization for travel at least two weeks prior to initial travel date by filling out the MUSM Travel Authorization Form. https://medicine.mercer.edu/wp-content/uploads/sites/7/2020/02/travelauthorization_no-logo.pdf Travel Authorization Forms should include original signatures of person requesting travel and direct supervisor and then forwarded to the MUSM Finance Office for final approval. Do not make any travel arrangements until final approval is obtained.
- Exercise good judgment when incurring travel expenses.
- Travelers are responsible for ensuring that incurred expenses comply with all applicable policies and authorizations and are supported with valid detailed receipts and other documentation as required.
- The traveler's original signature on the Travel Expense Reconciliation Form affirms that these responsibilities have been met. Mercer does not reimburse expenses for spousal/dependent travel. The form may be found at <https://medicine.mercer.edu/faculty-and-staff-resources/finance-office/> (accessed 4-21-20).

Documentation

The traveler is responsible for maintaining complete and accurate records and submitting receipts and/or other documentation for expenses incurred as listed below.

- Original detailed receipts.
- No sales tax has been paid (if applicable). MUSM is exempt from sales tax purchases in the State of Georgia, Florida, Tennessee, and Ohio. For specific questions regarding the payment of sales tax, please contact Charles Mize, Director of Purchasing or Becky Cauley, Director of Accounts Payable and Fixed Assets.
- The account charged has available funding/budget (This can vary based on expected funding for donor accounts.).
- The purchase was an allowable expense by University policies.
- The reimbursement form (Travel/Request for Payment/Travel Advance) is approved by the appropriate person (This approval provides assurance that there is a business connection and the expense was required.).
- The Travel form has proper documentation for mileage and other reimbursement in accordance with IRS guidelines for accountable plans.

In the case where an original receipt is lost or destroyed, the employee must make an effort to obtain a duplicate receipt. If the employee is unable to obtain a duplicate receipt, the employee must submit the completed Lost or Stolen Receipt Affidavit Form.

Transportation

Travelers should use the most economical mode of available transportation during MUSM approved trips. MUSM will reimburse the traveler at the IRS approved mileage rate for use of a personal automobile. The University has a preferred pricing agreement with Enterprise Rental. To take advantage of preferred pricing and maximize the cost savings, travelers are encouraged

to make rental car arrangements with the preferred pricing vendor, Enterprise. The traveler should make airfare arrangements at least three weeks prior to travel to obtain the lowest fare possible.

Air travel will be reimbursed using the most economical airfare available. Any exceptions to the most economical airfare (medical reasons) should be documented and approved. The traveler is responsible for any expense incurred as a result of lost tickets or change in itinerary due to personal reasons. Expenses incurred due to lost tickets or change in itinerary for business reasons must be documented.

Lodging

MUSM will reimburse the traveler for the actual costs of the accommodations within a reasonable level. All lodging receipts must be itemized. There may be separate or additional travel requirements for some grants or contracts.

Meals

MUSM does not pay per diem meal expenses. MUSM will reimburse the traveler for actual cost of meals within reasonable limits, not to exceed \$10.00 for breakfast, \$20.00 for lunch, and \$30.00 for dinner. Tips in excess of 20% will not be reimbursed. Alcoholic beverages are not an allowable expenditure. There may be separate or additional requirements for meals by some grants or contracts.

Other Travel Expenses

Other reimbursable incurred expenses are registration fees, internet access, parking fees, and expenses for baggage handling. Please retain any detailed documentation to support these expenses. Non-reimbursable expenses include parking tickets, lost or stolen property, and expenses not related to the approved travel assignment (movies, gym fees, etc.). Any tips outside of meals must be within reasonable limits.

Travel Advances

Travel Advance Forms and the Travel Expense Reconciliation Forms related to a travel advance are submitted to the Systems Accountant to approve and process. Travel Advances should be requested no more than 30 days prior to the trip and must be reconciled within 30 days of the end of travel. There can only be one outstanding travel advance per employee.

Additional Transportation information

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 may claim reimbursement. **For extended travel by private automobile, reimbursements will be limited to round-trip coach airfare.** Submit documentation 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.

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 approved by the University during the period in which 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). Tolls and parking fees are reimbursable with original receipts.

University Owned Vehicles and Rental Cars

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**. Enterprise maintains Mercer's policy numbers on file. Original receipts are required for reimbursement. 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. For information on becoming an approved driver please see the Approved Driver Application Form at <https://benefitspayroll.mercer.edu/benefits/approved-drivers.cfm> (accessed 4-21-20). Mercer University WILL NOT reimburse employees for additional insurance coverage on rental vehicles.

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

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.

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.

8.7 OFFICE OF MARKETING COMMUNICATIONS

MUSM offers a poster printing service for faculty, staff and students. The Office requests a two-week lead-time for all poster print requests. The request form, poster templates, and poster basics are available on the MUSM website at <https://medicine.mercer.edu/research/poster-printing-service/> (accessed 4-21-20).

8.8 PURCHASING

The Purchasing Office policies may be accessed at: <https://purchasing.mercer.edu/> (accessed 4-21-20).

Mercer University School of Medicine provides several basic purchasing methods:

- **CampusVantage** financial system - Requisitions and Purchase Orders
- Procurement card system
- **Request for payment**

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 Executive Director of Finance can authorize such a purchase. Prior authorization will be based upon either of two criteria:

- No other means are available for procuring the needed item(s) or
- MUSM achieves a significant savings by individual purchase versus institutional purchase of the item(s).

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 issue University procurement

Availability and submit a reservation <http://medicine.mercer.edu/faculty-staff/roomreservations> (accessed 4-21-20).

8.11 HEALTH SERVICES

Macon Campus

Mercer Medicine at the 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 five clinic locations within the community with access to three hospitals, a Rehab facility and a Long-term Care hospital. 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.

Faculty are encouraged to take advantage of these health care services.

8.12 GRIEVANCE PROCEDURES AND POLICIES

A faculty member has the right to file a grievance against another faculty member or administrator. There are several avenues to file a grievance depending on the nature of the complaint.

8.12.1 Allegations of Inadequate Consideration

If a faculty member alleges that the decision against reappointment, promotion, or tenure was based on inadequate consideration, he/she may petition for **review of the procedure** followed in reaching the decision. The petition is filed within 30 days with the Provost, who refers the complaint to an appropriate faculty review committee in the School of Medicine.

Note: the complaint is not filed to dispute the decision, but whether due process was followed by those reaching the decision. The procedure is outlined in Section 2.9 of the Mercer University Faculty Handbook. <http://provost.mercer.edu/www/mu-provost/handbooks/upload/2020-University-wide-Faculty-Handbook-2.pdf>.

8.12.2 Grievance Procedure for Faculty (Discrimination, Employment Actions, Academic Freedom, Workplace Safety)

The University has designed the grievance procedure for use only after full consultation and informal negotiation or mediation has failed to produce an acceptable resolution of the complaint. Employees who believe they have been discriminated against in violation of the University's policy of equal employment opportunity (<http://hr.mercer.edu/policies/upload/EEO.pdf>) should contact the Equal Opportunity Officer (see Section 2.15 of the Mercer University Faculty Handbook). The Equal Opportunity Officer will

discuss the matter with the employee's supervisor and/or with the supervisor's supervisor, as deemed appropriate, in an attempt to resolve the matter informally. More details related to this process may be found in Section 2.10 of the Mercer University Faculty Handbook.

<http://provost.mercer.edu/www/mu-provost/handbooks/upload/2020-University-wide-Faculty-Handbook-2.pdf>

8.12.3 Mercer University School of Medicine Appeal/Grievance Procedure

If the parties cannot reach an informal resolution, then the grievance procedure in the medical school can be activated. The Bylaws of the School of Medicine establish three Appeals and Grievances Committee, one on each campus. The bylaws also prescribe how hearings should be conducted and how appeals and grievances should be routed. See Article 11. Appeals and Grievances Committee for additional details. The bylaws may be accessed in the MUSM Faculty Handbook or the Faculty Bylaws (<https://medicine.mercer.edu/faculty-and-staff/resources/>

8.12.4 Student Appeals/Grievances against a Faculty Member

A student has the right to bring grievances against a faculty member or an administrator and to appeal decisions concerning academic matters. The process a student would follow is described in both the Mercer University Student Handbook:

(<http://provost.mercer.edu/handbooks/studenthandbook.cfm>) and in the School of Medicine Handbook (<https://medicine.mercer.edu/student-affairs-and-services/student-handbook-and-policies/>).

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9.0 CONTINUOUS QUALITY IMPROVEMENT (CQI)

9.1 INTRODUCTION

The LCME has emphasized the importance of continuous quality improvement through its inclusion in the LCME accreditation standard, 1.1:

A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

Continuous Quality Improvement (CQI) is a structured, systematic approach to evaluating the performance of systems and processes in an organization, then determining needed improvements in both functional and operational areas, evaluating the outcomes of the changes, and revising where necessary. CQI stresses the need for teamwork among all levels of employees and maintains that all employees are valuable members of the team. Assuming that employees are doing the day-to-day work that keeps the organization running, they are better equipped to suggest changes than perhaps the leaders are, who often are dealing with more bureaucratic matters. As such, employees are encouraged to analyze their work processes and make suggestions as to how to improve them for the good of the company.

On January 14, 2020, the Executive Council reaffirmed MUSM's commitment to continuous quality improvement (CQI) and updated the school's process for providing centralized oversight and guidance for CQI. Significantly, the Executive Council clarified expectations for reporting across academic, service, and administrative units.

9.2 CQI FRAMEWORK

9.2.1 Continuous involves the frequency of monitoring an item such as survey scores, passrates, frequency of occurrences, etc. This requires a metric of some sort to both establish a baseline for comparison to a standard and for setting a goal.

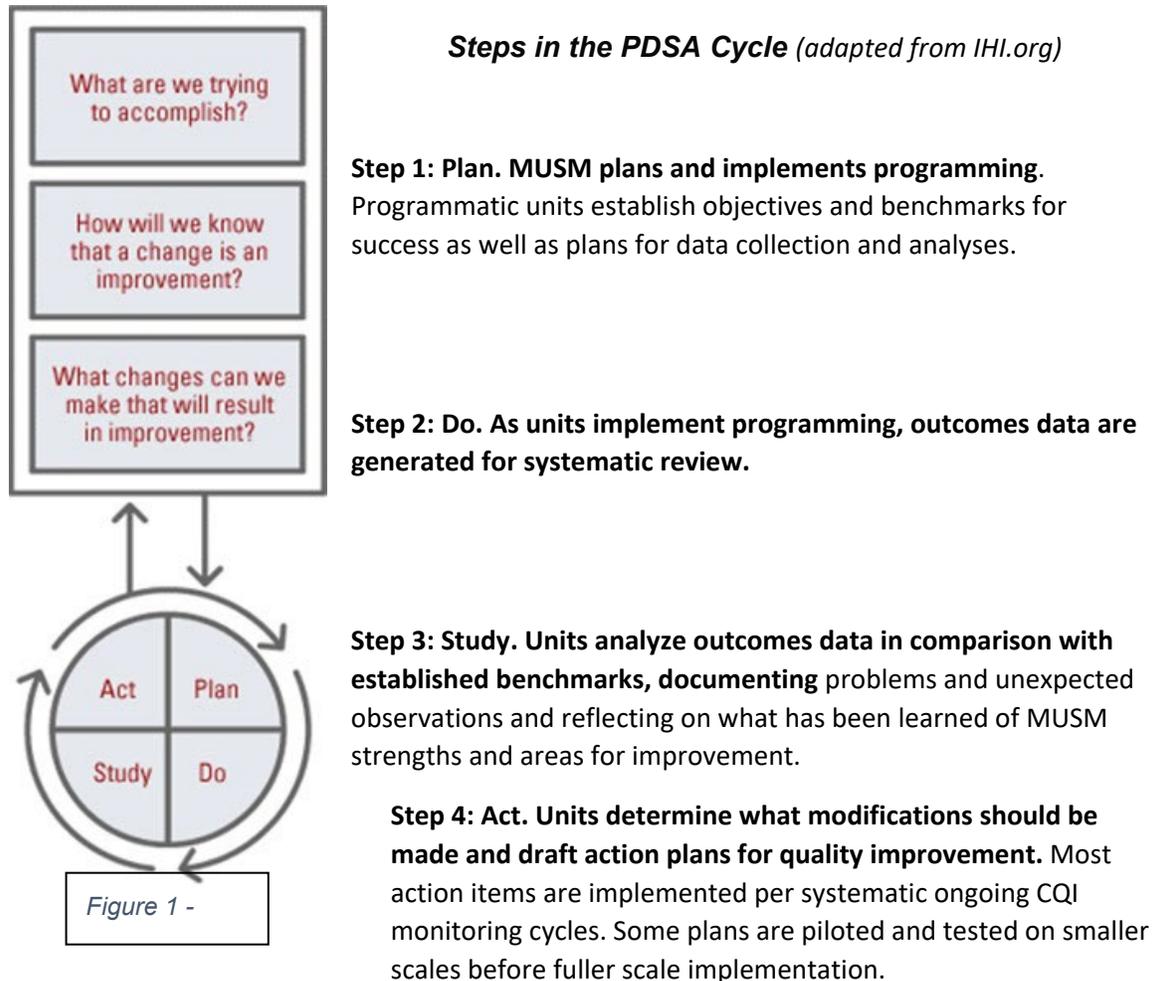
9.2.2 Quality points us towards what we value and our mission. If our mission is to train providers for rural and underserved Georgia, then anything that impacts that mission should be in scope. This also includes items that may seem more ancillary such as human resources and financial metrics within the medical school.

9.2.3 Improvement means we are working towards not only making the process or number better, but also include reanalyzing and trying again if the first action fails.

9.3 MUSM'S PROCESS FOR CONTINUOUS QUALITY IMPROVEMENT (CQIP)

Utilizing evidence-based methods for assessment, evaluation, and effective change, the Mercer University School of Medicine (MUSM) *Continuous Quality Improvement Process* (CQIP) serves a vital role in promoting high standards for excellence in academic programming, research,

student services, faculty affairs, and administrative functions. Integral for advancing MUSM’s mission, vision, and strategic planning goals, this *Plan* prompts the ongoing transformational review of practices aimed at improving existing systems, achieving better outcomes, and promoting a more robust culture of respect, compassion and diversity. MUSM’s CQIP adapts the four key components of the Plan, Do, Study, Act (PDSA) quality improvement model to establish a quality improvement feedback loop.^{1, 2, 3, 4}



9.3.1 General Operating Structure

MUSM’s Continuous Quality Improvement Plan (CQIP) is implemented across program units: Academic Affairs, Faculty Affairs, Student Affairs, Finance & Administration, and other units such as Research and Mercer Medicine.

- MUSM’s Executive Council empowers CQI and monitors outcomes.

- Per the PDSA cycle, MUSM’s extant units plan and implement programming, establish benchmarks, analyze outcomes data, reflect on process, draft action plans for quality improvement, and implement new programming.
- MUSM’s Continuous Quality Improvement Council (CQIC) supports and monitors process and outcomes. In addition to the CQI that occurs across extant programmatic units, Ad-Hoc QI Teams may be appointed to address “hot topic” concerns. Further, the CQIC appoints CQI Audit Teams to affirm processes and outcomes.

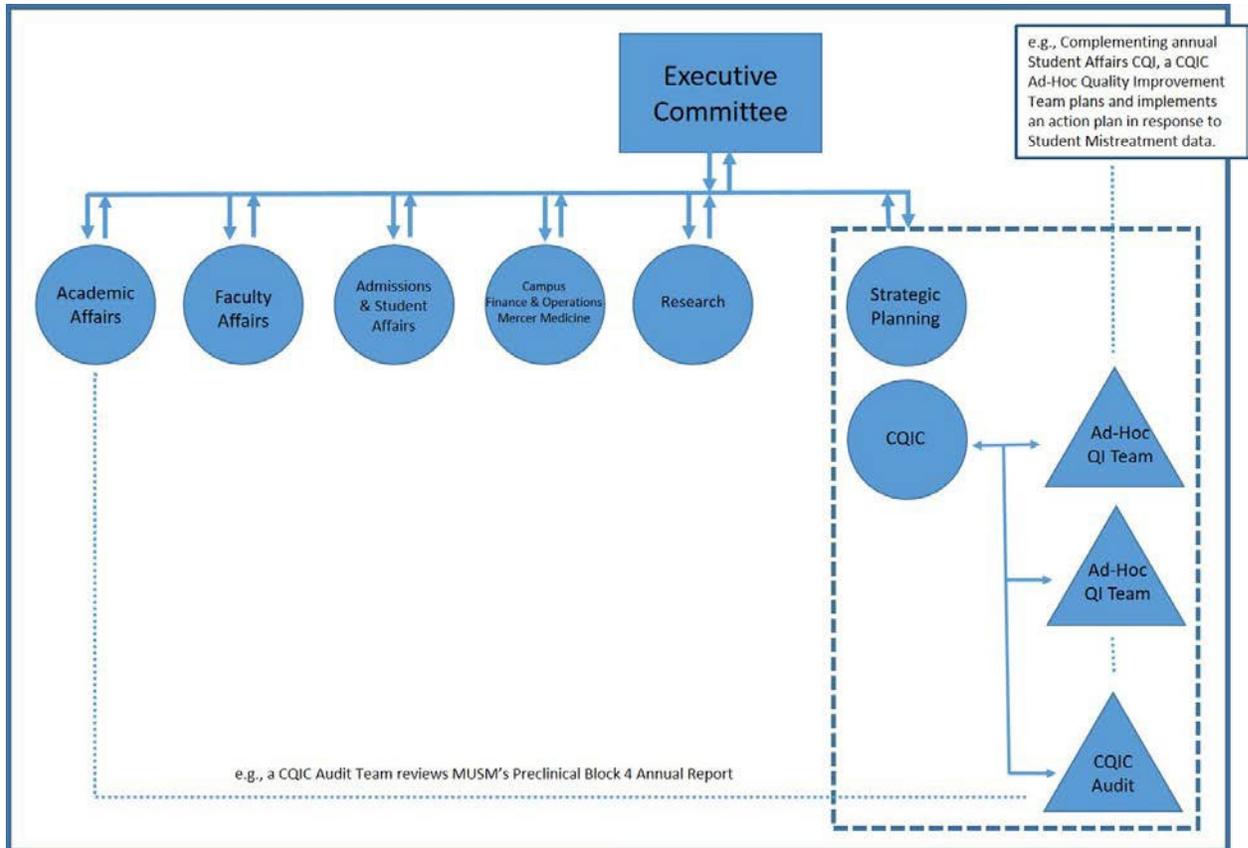


Figure 2: General CQIP Interactions

9.3.2 Continuous Quality Improvement Council (CQIC)

The CQIC supports and manages MUSM’s Continuous Quality Improvement Plan (CQIP). MUSM’s Dean appoints the CQIC Chair and members of the Council which includes at least two members from each of the following groups: Directors, General Staff and/or Faculty), and Data Specialists. In collaboration with extant program units, including the MUSM Student Council, CQIC responsibilities include:

- Advocate for CQI and MUSM’s culture of quality improvement.
- Establish benchmarks for review
- Plan schedules for data analyses, review, and reporting.
- Provide general CQI expertise and guidance for the support of CQI activities.

- Support data collection and analyses.
- Support action planning.
- Champion the implementation of changes proposed through the CQI process.
- Monitor progress of CQI projects in achieving set goals; identify impact of improvement efforts.
- Validate MUSM’s CQI systems and processes; review and affirm CQI reports of completed and on-going projects; submit an annual summative report of CQI activities to MUSM’s Executive Council.

The CQIC will meet each month to discuss progress of CQI projects and review new CQI initiatives.

Quorum for the meeting will be 50% +1 of the members with at least one person represented from each of the groups. Each council member may identify one alternate to attend meetings and vote as necessary when the member is absent. The CQIC Chair manages meeting schedules and agendas and is charged with voting responsibilities.

Due to the nature of the topics, which may be discussed within the CQIC, students will not serve as members; however, Student Council may identify projects for CQI Review, be invited to participate in meetings as deemed appropriate by the CQIC chair and may participate on Quality Improvement Teams when appropriate.

9.3.3 Quality Improvement Teams

Complementing the CQI that occurs across established program units, CQIC charges ad-hoc Quality Improvement Teams to evaluate “hot-topic” issues. Quality Improvement Teams are comprised of members from program units and supported by CQIC members or appointees who are not directly responsible for ongoing program delivery. Specific responsibilities include:

- Identifying problems.
- Drafting data-informed action plans.
- Implementing and monitor plans.
- Evaluating the efficacy of hot-topic improvement efforts.

9.3.4 Annual Reporting and Communication

Communication is critical to the successful adoption of a CQI culture. MUSM faculty and staff will receive ongoing communication regarding quality improvement. Communication media include:

- **Column in the MUSM Faculty and Staff Newsletter.** This electronic publications features quality improvement success stories (as well as challenges), lessons learned, and celebrations of MUSM’s culture of quality.
- **CQIC Canvas.** MUSM’s online learning management **system** is a repository for quality improvement training materials, reference materials, reporting templates, data, and archives for action planning and closing the loop.
- **CQIC Annual Institutional Report.** CQIC monitors annual CQI reports for each MUSM unit. Annual reporting (for each unit) features the review of benchmarks, data analyses, reflection of strengths and weaknesses, action planning, and the evaluation of previous

improvement efforts. CQIC charges internal audit teams to review selected unit reports for quality improvement of improvement processes.

CQIC submits its Annual Institutional Report to MUSM's Executive Council for review and acceptance before sharing with the medical school at large. The Annual Institutional Report includes:

- Executive summary
- Council membership
- CQI projects and outcomes
- Focus areas for the next academic year

9.3.5 Training

In support of MUSM's culture of quality, and to assure a baseline understanding of MUSM's new Continuous Quality Improvement Plan, the CQIC will provide introductory training to senior leadership, faculty, and staff. CQIC will provide additional coaching as necessary to optimize the CQI efforts of program units and Quality Improvement Teams.

9.3.6 References

¹ Barbara Barzansky, Dan Hunt, Geneviève Moineau, Ducksun Ahn, Chi-Wan Lai, Holly Humphrey & Linda Peterson (2015) Continuous quality improvement in an accreditation system for undergraduate medical education: Benefits and challenges, *Medical Teacher* 2015; 37(11), 1032-1038.

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For further details regarding MUSM's CQI process, please refer to the MUSM Website