



**College of Osteopathic Medicine
Faculty Handbook Supplement**

This Faculty Handbook Supplement, designed specifically for faculty in the College of Osteopathic Medicine (COM), augments the information provided in the University of New England Faculty Handbook

Table of Contents

Chapter 1	5
Mission and Core Values.....	5
Chapter 2	6
History of The College of Osteopathic Medicine	6
Founding	6
New England Foundation of Osteopathic Medicine	6
The College of Osteopathic Medicine.....	6
Expansion	7
Chapter 3	12
Governance of UNE COM	12
The Faculty	12
College of Osteopathic Medicine Faculty Assembly (COMFA)	12
Departments and Divisions of UNE COM.....	17
Educational Affiliations	17
Chapter 4	18
Code of Academic and Professional Ethics.....	18
General Principles and Guidelines	18
Policy for Recusal from Student Assessment for Faculty Providing Health Care Services	19
AOA Code of Ethics	20
Chapter 5	24
Educational Programs.....	24
Undergraduate Medical Education	24
Chapter 6	29
Faculty Development.....	29
COM Peer Mentoring	29

Chapter 7 31

Procedures and Guidelines for Faculty Peer Review Process..... 31

 UNE COM Ranks and Classifications.....31

 Review Criteria for UNE COM32

 UNE COM Specific RPT Considerations.....39

 COM Affiliated Clinical Faculty.....41

Appendix I 56

Faculty Workload 56

Categories of Workload Assessment 57

Appendix II..... 70

Academic Services and Centers of Excellence 70

Appendix III 71

COM Faculty Committee Charters 71

Chapter 1

Mission and Core Values

Mission

The University of New England College of Osteopathic Medicine fosters health care leaders across the continuum in undergraduate, graduate, and continuing medical education, to advance exceptional osteopathic healthcare locally and globally through practice, research, scholarship, education, and community health.

Core Values

- Support the creation and maintenance of outstanding medical practitioners
- Advance our commitment to the heritage and principles of osteopathic medicine
- Facilitate learning, critical thinking, research, and scholarship
- Shape the future creatively while preserving our heritage
- Promote an innovative, interprofessional, and entrepreneurial culture
- Maintain a caring, collegial environment
- Foster integrity and accountability through a strong ethical base
- Utilize evidence-based methods, practice-focused research, scholarship, critical thinking, and a variety of learning modalities to improve health education and healthcare outcomes
- Excel in practice-focused research in health, function, and medical education
- Actively seek internal and external collaboration to further our mission

Chapter 2

History of the College of Osteopathic Medicine

Founding

The University of New England College of Osteopathic Medicine was founded in 1978 by the New England Foundation of Osteopathic Medicine. That year, the College consisted of a newly revamped Stella Maris Hall, 36 first-year students, and 12 faculty members. Today, the UNE COM has some of the best medical education facilities in the nation, over 700 students, and more than 250 faculty members. The UNE COM has been recognized for excellence in primary care, education in geriatrics, and osteopathic manipulative medicine.

New England Foundation of Osteopathic Medicine

In 1972, a group of New England osteopathic physicians met informally to discuss their concerns about the aging population of osteopathic physicians in the New England area and the difficulty of New England students in securing admission to osteopathic colleges. Osteopathic physicians comprised the majority of physicians available in numerous regional rural and urban areas. Failure to replace them would cause not only a marked loss to the profession but, more importantly, to the patients who had come to depend on osteopathic medical care. The group discussed ways of dealing with this problem and moved to establish an osteopathic college in New England.

The New England Foundation for Osteopathic Medicine (NEFOM) was incorporated in 1973 in the Commonwealth of Massachusetts. The purpose of this nonprofit tax-exempt organization was "to operate and maintain a foundation for the promotion of osteopathic medical education, osteopathic medical research, and the improvement of health care in osteopathic medical hospitals and related institutions."

These goals were established as a response to the needs recognized by the profession, which later became documented in studies supported by the Bureau of Health Manpower of the then U.S. Department of Health, Education and Welfare. The establishment of NEFOM, as well as the planning for the creation of a college of osteopathic medicine, was based on regionalism. The development of one osteopathic medical school to serve the six New England states was looked upon as an efficient and economical use of the region's resources.

The College of Osteopathic Medicine

The New England College of Osteopathic Medicine opened its doors in the fall of 1978 with an entering class of 36 students. This momentous achievement was largely due to the financial support and hard work of individual osteopathic physicians, their state societies, the region's osteopathic hospitals, and grateful patients. Following four years of continued effort and financial support from the profession and its friends, the College graduated its first class in June of 1982. In 1987, the New England College of Osteopathic Medicine merged with the University of New England.

Expansion

In 1994, the UNE COM received approval for an increase in its entering class size, from 70 to 115.

In 1996, the Harold Alfond Center for Health Sciences was built to accommodate the first increase in the UNE COM class size. The Alfond Center's well-designed laboratories provide high quality instructional and research spaces that are equipped with a wide range of essential instrumentation and specialized equipment. Its human gross anatomy (Donor's) lab—is a modern facility for cadaveric and fresh tissue study. The building also houses the Sewall Osteopathic Medicine Skills Laboratory, an open lab with 60 Patient tables where COM students practice manipulative medicine and physical examination techniques. The building also holds the Osteopathic Manipulative Medicine (OMM) health care department with four patient exam rooms in which Anatomy/OMM predoctoral fellows and physicians meet with patients and hone their diagnostic and treatment skills.

In 2008, the Pickus Center for Biomedical Research opened as a state-of-the-art biomedical research building that houses research teams of the UNE faculty and student researchers. The 22,000 sq. ft. structure includes six laboratories, twelve faculty offices, two conference rooms, a lab tech office suite, and an animal vivarium. The facility allows COM faculty to dedicate themselves to educating physicians, graduate students and undergraduates while advancing the practice of medicine.

In 2012, the UNE COM received approval for an increase in its entering class size, from 115 to 165 students with 8.0% overage for attrition (178 students), representing an increase of 50 students per entering class; to commence in the Fall 2013.

In 2013, Leonard Hall was built as a state-of-the-art lecture hall to accommodate the increase in class size. It is one of the largest interactive classrooms of its kind in the country, seating up to 285 students. With six movie-size video screens and six ceiling-mounted projectors around the room, along with cameras for video capturing, and 30 group study tables each wired into the room's technology with its own microphone, white boards and computer monitors, the 4,900 square-foot room is beautifully equipped for UNE COM's restructured osteopathic medical curriculum, a curriculum designed to meet our students' needs as tomorrow's medical leaders.

On August 5th, 2013, the UNE COM successfully matriculated 177 students.

Stella Maris Hall now houses COM's Office of the deans, faculty, and administrative offices. The facility was recently renovated to increase the number of faculty research laboratories associated with the UNE's COBREs.

Today we are the only medical school in Maine. Over twenty-five percent of practicing physicians in Maine are alumni of UNE COM. Our graduates practice throughout New England and the Nation, in rural and underserved areas. Sixty-one percent of UNE COM alumni practice in a primary care specialty.





***Harold Alfond Center for Health Sciences
UNE COM***



***Pickus Center for Biomedical Research
UNE COM***



Large Group Learning Activity in Leonard Hall

Chapter 3

Governance of UNE COM

The Faculty

As part of the appropriate shared governance relationship with the COM administration and the University, the COM faculty is responsible for providing leadership and oversight on matters of curricula, pedagogy, academic standards, faculty hiring, and faculty retention. This section of the Handbook describes these responsibilities and the role of the COM Faculty Assembly.

Responsibilities of the COM faculty include, but are not limited to, the following:

- delivering and maintaining the quality of the osteopathic academic program
- developing and upholding the University's and national standards of instruction
- reviewing the quality of the COM education, in consort with clinical and academic deans
- evaluating the performance of faculty applying for reappointment, promotion, or tenure through the appropriate process outlined in Chapter 7
- setting student prerequisites for admission and retention
- reviewing student academic performance and progress toward graduation and recommending students for DO degree
- reviewing applicants, interviewing candidates, and making recommendations to the dean for faculty and administrative positions
- conducting educational, clinical and basic scientific research

College of Osteopathic Medicine Faculty Assembly (COMFA)

The COM Faculty Assembly (COMFA) is a representative body for the faculty of the University of New England College of Osteopathic Medicine, and derives its powers from the authority delegated to the University faculty by the Board of Trustees. COMFA meetings are open to all faculty, and time will be provided for input from the floor.

Purpose

The COMFA is a self-governing body responsible for carrying out the faculty governance responsibilities enumerated below. The Assembly formulates, reviews, and recommends policy regarding faculty and college concerns related to said responsibilities. The Assembly will promote the exchange of information and ideas, encourage discussion of College and University matters, and act on specific faculty issues.

Duties

Duties of the COMFA include, but are not limited to, the following:

- Serve as a forum for faculty discussion of issues relevant to the operation of COM.
- Serve as an advisory body to the dean of COM and, through the dean, to the provost, president, and Board of Trustees.
- Make specific recommendations to the dean of COM in the areas of student admission, evaluation, and promotion.
- Plan, deliver, and evaluate the COM curriculum and participate in academic planning for the College and University.
- Monitor progress toward academic and administrative goals for COM in accordance with the Department of Education guidelines as presented by the American Osteopathic Association's (AOA) Commission on Osteopathic College Accreditation (COCA).
- Contribute to the development of University policies regarding faculty tenure, promotion, salary, service, and scholarship.
- Coordinate college-wide efforts in faculty development.
- Deliberate regarding amendments to the COM Faculty Handbook.

Organization

- the COM Faculty Assembly shall elect a Chairperson and Vice Chairperson from the voting membership of the Assembly to serve two-year terms
- elections shall take place at the first regular meeting of the Assembly every other academic year
- the Chairperson (or Vice-Chairperson if necessary) shall preside over meetings
- the officers of the Assembly shall serve as the Nominating Committee
- the COMFA shall elect from its membership representative faculty and senators to serve on the University Faculty Assembly
- the COMFA Chairperson shall serve as an ex officio member on the University Faculty Assembly

Meetings

- regular meetings of the Assembly shall be held throughout the entire academic year
- a schedule of meetings shall be distributed to all COM faculty and shall be available in the offices of the COM associate deans
- special meetings of the Assembly may be held with 48 hours advanced notice to all voting members
- all meetings shall be open to non-voting members of the COM faculty, except during discussion of a confidential nature regarding individual students or faculty
- all meetings shall include remote access to allow participation of those not physically present, such as clinical faculty and those with faculty appointment at our Affiliated Clinical Campuses
- all meetings shall be conducted in accordance to Robert's Rules of Order

- voting members shall include regular faculty as defined by the University of New England Faculty Handbook, SECTION TWO
- at each meeting, members of the assembly shall approve minutes from the previous meeting, hear reports and take appropriate action or make appropriate recommendations regarding new and old business from:
 - COMFA Chairperson
 - Dean of COM
 - COMFA Committees
 - Associate deans of COM
 - Department Chairs of COM
 - UNE Faculty Assembly (UFA)

Quorum

Quorum shall consist of the voting members present.

COM Faculty Assembly Standing Committees

General Provisions for COM Faculty Assembly Committees

- duties of the COM Faculty Assembly shall be accomplished by Standing Committees that report directly to the faculty at regular meetings of the Assembly
- each committee shall schedule its own meetings and deliver written and/or oral reports to the Assembly in a timely fashion
- committees may establish appropriate subcommittees as necessary, and may appoint non-voting members to these subcommittees to serve in an advisory capacity
- Associate deans of Academic Affairs; Clinical Education; Research and Scholarship; and Recruitment, Student and Alumni Services may serve on committees as ex officio members
- decisions to accept, reject, or act on proposals or recommendations from the various committees shall be made by the Assembly at its regular meetings
- if Committee vacancies occur, the Committee Chair and the COM Faculty Assembly Chair shall choose faculty to fill the vacancies; these assignments shall be ratified by the faculty at the next Assembly meeting
- Committee Chairs will be elected/appointed as per the individual committee's charter
- amendments to an Assembly Committee's charter must be reviewed and approved by COMFA

Description of COMFA Standing Committees

Curriculum Advisory Committee

The Curriculum Advisory Committee (CAC) is tasked with establishing a structured curricular framework for the COM program as a whole and as a continuum including, but not limited to, reviewing and making recommendations for revision of existing curriculum; proposing new curriculum; and drafting procedures, protocols, and policies to which all involved in curriculum development and implementation will be held accountable.

Committee on Faculty Affairs and Development

The Committee on Faculty Affairs and Development (CFAD) is tasked with matters involving the faculty, including, but not limited to, issues of academic freedom, workload, shared governance, and appointment, promotion, and tenure policies and procedures documented in the University Faculty Handbook. In this capacity, CFAD helps formulate COM's programs, policies, and procedures pertaining to the responsibilities of the faculty. As such, CFAD is involved in recommending needs assessment-driven faculty development and assessment programs, to promote COM's mission of faculty excellence in education, scholarship, and service.

Reappointment, Promotion, and Tenure Committee

The Reappointment, Promotion, and Tenure Committee (RPTC) ensures a fair and equitable process of peer evaluation to help inform the University's decision regarding faculty contract renewal, promotion, and tenure. The RPTC is tasked with reviewing candidate portfolios and making recommendations to the University RPTC, advising and assisting CFAD on workshops in mentorship programs for RPT candidates, and recommending changes to CFAD regarding RPTC-related policies, procedures, and expectations outlines in the University Faculty Handbook.

Research and Scholarship Committee

The Research and Scholarship Committee (RSC) works to advance and administer the research and scholarship agenda within COM in collaboration with University initiatives through drafting policies, procedures and/or processes designed to enhance research and scholarship, fostering and facilitating mentoring of faculty and students, and administering and implementing annual research fellowships and forums.

Facilities and Learning Resources Committee

The Facilities and Learning Resources Committee (FLRC) is responsible for developing and conducting a continuous assessment process that reviews all facilities and learning resources of all campus and affiliated teaching sites to allow for delivery of COM's mission and educational objectives.

Information Technology Committee

The Information Technology Committee is tasked with making recommendations for technology solutions for the College including, but not limited to, classroom and communication technology for the various campuses and learning environments of COM's preclinical and clinical curricula.

Committee on Budget and Finance

The Budget and Finance Committee is responsible for being familiar with the COM fiscal policies and procedures so as to attain an understanding of the College's financial capacity to carry out its educational mission, to represent the faculty in those financial and budget decisions related to education and academic advancement, and to review the budget of each new proposed academic program that receives the support of the COMFA.

Standing Committees with Reporting or Appointment Structure Outside The COMFA

Committee on Student Progress

Membership Type: Appointed by the dean of COM; committee chair appointed by the dean

Reports to: Associate Dean for Academic Affairs and Associate Dean for Clinical Education

Description: The Committee on Student Progress (CSP) is responsible for making recommendations regarding student performance, including disciplinary and academic matters, promotion of students to the next class, and to the awarding of the degree of Doctor of Osteopathic Medicine to those who have satisfied all graduation requirements. Policies and procedures of this committee go through COMFA as well as approval of awarding DO degree.

Committee on Admissions

Membership Type: Appointed by the dean of COM

Reports to: Dean of COM

Description: The Committee on Admissions shall participate in the establishment of policy regarding admissions criterion for COM, screen and interview applicants to COM, make recommendations regarding the acceptability of individual applicants directly to the dean of COM, provide summary reports of Committee activities and recommendations regarding policy, and present these reports to the COMFA at its meetings.

Self-Study Committee

Membership Type: Appointed by the dean of COM

Reports to: Dean of COM

Description: The Self-Study Committee shall monitor progress toward academic and administrative requirements and recommendations as outlined by the American Osteopathic Associations (AOA) guidelines.

Ad Hoc Committees

Ad Hoc committees may be formed as need arises, but every attempt shall be made to assign tasks to the appropriate Standing Committee to avoid duplication of effort on the part of the COMFA members.

Departments and Divisions of UNE COM

Each academic department has a chairperson, who is appointed by the dean upon recommendation of a search committee and the department members. The Department Chair reports directly to the dean and is responsible for oversight of operations of the department such that the department meets all the mission of the College. Department chairs maintain their faculty appointment, and may serve on faculty committees. Department chairs are subject to the supervision of the dean, and are responsible to the dean for the management and development of the administrative affairs of their departments. The chair's authority regarding the department includes assignment of space, expenditure of funds, and appointment of academic and nonacademic personnel. The chair's authority related to academic affairs extends to the conduct of educational and research programs and the promotion of the best interests of the faculty in the department.

Educational Affiliations

In order to provide its medical students and resident physicians with the requisite clinical training and experience, UNE COM has established affiliations with various hospitals and healthcare institutions in a variety of geographic areas. Pursuant to these affiliations, medical students and resident physicians participate in clinical experiential learning in various departments with these affiliated healthcare institutions.

Chapter 4

Code of Academic and Professional Ethics

The University of New England College of Osteopathic Medicine (UNE COM) commits to excellence in osteopathic education, research, and service. This Code of Professional Ethics serves as the pledge of faculty, staff, and administration to attain the highest potential in each of these areas with focus on the fundamental principles of equity, accountability, and professional responsibility. This Code establishes a set of general principles and guidelines to which all members of the UNE COM community shall adhere.

General Principles and Guidelines

Interaction of Faculty, Administration, Staff, and Students

The COM faculty, administration, staff, and students are required to maintain the utmost level of ethical and professional conduct in their interactions with each other, including persons of all race, religion, skin color, gender, age, marital status, ancestry, national and ethnic origin, physical or mental disability, sexual orientation, veteran status, or any other basis. Through individual and collective integrity the COM builds equitable relationships through honesty, trust, and altruism thus forming the foundation of an enduring learning community.

Ethical Issues Pertaining to Scholarly Activity/Research

The COM values and promotes the free pursuit of knowledge through research and scholarly activity that identifies new medical and scientific information, current best clinical practices, and effective pedagogical strategies. Administration, faculty, staff, and students at UNE COM engaged in research or scholarly activity must abide by the highest ethical standards. These include:

- An obligation to establish and maintain objectivity in research/scholarly activity by declaring conflicts of interest and recognizing potential bias, and taking consequent actions to eliminate or minimize their effect on the activity
- Maintaining intellectual honesty by not fabricating, falsifying, or plagiarizing prior work, referencing prior contributions by others where appropriate
- Maintaining transparency when communicating results of research/scholarly activity
- Compliance with federal regulations concerning the use of animals in research, including a commitment to replace, reduce, and refine animal usage
- Compliance with federal regulations concerning the ethical treatment of human subjects in research
- Compliance with HIPAA concerning Protected Health Information

Ethical Issues Pertaining to Commercial Relationships

The COM maintains the highest ethical standards regarding administration, faculty, and staff relationships with commercial entities. These standards include:

- Disclosure of all relationships with commercial entities by the administration, faculty, and staff
- Approval of the relationship by the dean or dean's designee on a case by case basis or when such activity may occur within the institution
- Disclosures shall be kept confidential as permitted by law

The UNE COM has adopted the American Osteopathic Association (AOA) Code of Ethics. All physicians employed by UNE COM shall adhere to the guidelines contained in this Code, as detailed on the following pages.

Policy for Recusal from Student Assessment for Faculty Providing Health Care Services

Policy Statement

Medical students learn through experience and are often involved in clinical settings whereby they “treat” a peer under the supervision of a faculty member. This may occur in a student OMM clinic, clinical rotation experience, vaccination clinic, or other entity. The relationships established in these precepted settings are significantly different from those existing between a practitioner-patient in a therapeutic relationship in a health care delivery scenario. “Treatment” undertaken for the purpose of education in such a scenario does not constitute the formation of a true provider-patient relationship and therefore does not require recusal.

Students may seek health care services from faculty members and resident physicians due to proximity, convenience, comfort, confidence, and the size of the local medical community. This applies to students both on-campus and during off-campus. Such services may involve a therapeutic relationship and include provision of sensitive health services.

For the purposes of this policy “provision of health care services” is defined as a licensed clinician assuming clinical responsibility for the evaluation, diagnosis, treatment and/or management of a student. “Therapeutic relationship” is defined as either ongoing provision of healthcare services (more than two interactions) or any health care services involving “sensitive health services”. “Sensitive health services” include but are not limited to: psychiatric/psychological counseling, substance abuse, and sexually transmitted diseases.

If a student elects to establish a therapeutic relationship with a faculty member or resident or seeks to obtain health services which involve sensitive health services, that health care provider is precluded from any evaluation role for that student (irrespective of the wishes of the medical student) because of dual-relationship and conflict of interest issues. Faculty members and resident physicians who provide sensitive health care services to or are engaged in therapeutic relationships with students will not participate in performing academic assessments for grading purposes

nor in decisions regarding promotions for such students, although they may continue to instruct and train such students according to the normal expectations of the curriculum.

Students seeking mental health services are strongly encouraged to make use of University Student Health Services or other University recommended services which are provided by health professionals who are not involved in student education or assessment.

Clinicians are strongly discouraged from entering into therapeutic relationships with students. In instances of pre-existing provider/student relationships, therapeutic relationships or sensitive health care services the clinician must discuss with the student the potential for a dual relationship and inform the student that he/she will recuse him or herself from any situation in which an evaluation is required if the provision of sensitive health services has occurred.

While the focus of this policy relates to conflicts of interest resulting from therapeutic relationships and/or the provision of sensitive health services to medical students, other types of conflicts of interest may exist. In such situations faculty members will also recuse themselves from participating in performing academic assessments for grading purposes and in decisions regarding promotions for such students.

This policy pertains to the COCA requirement of Element 9.10 (Non-Academic Professionals)

Scope (applies to): All faculty and residents.

Procedure

All faculty and residents engaged in an established provider-patient relationship with a student or having other conflicts of interest pertaining to a student must identify themselves and recuse themselves from all summative assessment, grading, or promotional activities concerning that student. Committee on Student Progress, Student Appeals, or other student affairs type meetings will call for declaration of such conflicts of interest and recusal from decision making at the onset of each meeting.

Policy Drafted: August 24, 2017

Approved by legal: September 15, 2017

Approved COMFA: September 21, 2017

The University of New England College of Osteopathic Medicine adopts the American Osteopathic Association's Code of Ethics as principles by which the Clinical Faculty members should be guided in their practice as physicians. A copy of the current AOA Code of Ethics is attached hereto.

AOA Code of Ethics

The American Osteopathic Association (AOA) Code of Ethics is a document that applies to all physicians who practice osteopathically throughout the continuum of their careers, from enrollment in osteopathic medical college/school through post graduate training and the practice of osteopathic medicine. It embodies principles that serve as a guide to the prudent physician. It seeks to transcend the economic, political, and religious biases, when dealing with patients, fellow physicians, and society. It is flexible in nature in order to permit the AOA to consider all circumstances, both anticipated and unanticipated. The physician/patient relationship and the professionalism of the physician are the basis for this document.

The AOA has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self. Further, the AOA has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. In emergencies, a physician should make her/his services available.

Section 4. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5. A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his professional degree in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

SECTION 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

SECTION 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

This document was last updated July 24, 2016. Please see the AOA Website for more information.

Chapter 5

Educational Programs

Academic Calendar

The academic calendar of UNE COM is published annually and is included in the Student Handbook.

Undergraduate Medical Education

The Curriculum

The College offers a four-year program leading to a Doctorate of Osteopathic Medicine (D.O.) degree. Teaching and mentoring our osteopathic medical students to reach this goal is a role shared by all our faculty. Additionally, the College faculty conduct biomedical, clinical, and educational research; clinical faculty may provide patient care at clinical teaching affiliates or at on-campus clinics; and the COM faculty are involved in teaching colleagues (CME and faculty development) and other health professionals (e.g. IPE, GME, etc.).

The curriculum at the UNE COM provides learning opportunities enabling medical students to acquire fundamental knowledge, develop basic skills, and grasp principles relevant to healthcare in the context of community. We strive to foster in each student the life-long desire and expertise of seeking and evaluating new information in the pursuit of the solutions to medical problems, and educating those in need of medical care. Our aim is to enable each student to practice medicine with clinical competence and effectively utilize the osteopathic tenets that we emphasize in our curriculum. We welcome our students into the profession of osteopathic medicine, and our goal throughout the four years of education and training is to facilitate their own professional growth and development.

In recent years, we have incorporated curricular advances to keep pace with the rapid expansion of scientific knowledge and the changes in our healthcare delivery system. These changes seek to integrate the acquisition of core of scientific and factual information and development of osteopathic competencies and entrustable professional activities in interacting with patients, colleagues, and the healthcare system.

Guiding Principles for Curricular Development and Delivery

1. Learner focused, patient centered curriculum throughout the medical education continuum
2. Integration of biomedical and clinical sciences through the lens of osteopathic principles
3. Hands-on, application of knowledge and skills in the pre-clinical and clinical settings
4. Fostering of critical thinking, scholarship and research
5. Community engagement as a mechanism for improving health and healthcare delivery

UNE COM Competencies

The UNE COM has adopted as learning outcomes the following seven core competencies of the American Osteopathic Association:

- i. **Osteopathic Principles and Practice:** The student will understand and apply osteopathic principles to patient care.
- ii. **Patient Care:** The student will have the knowledge, attitudes and skills to provide compassionate, appropriate and effective patient care.
- iii. **Medical Knowledge:** The student will demonstrate knowledge of established biomedical, epidemiological, social and behavioral sciences and their application to patient care.
- iv. **Practice-Based Learning and Improvement:** The student will demonstrate the ability to investigate and evaluate patient care practices using scientific evidence and apply these to patient care.
- v. **Interpersonal and Communication Skills:** The student will demonstrate interpersonal and communication skills that result in effective interactions with patients, families and colleagues.
- vi. **Professional:** The student will demonstrate a commitment to carrying out professional responsibilities in an ethical and sensitive manner.
- vii. **System-Based Practice:** The student will demonstrate an awareness of and responsiveness to the system of health care to provide care that is of optimal value.

Curriculum Phases

Pre-Clerkship Education

The UNE COM students spend the first two years of the program on the UNE campuses in Biddeford and Portland, Maine. The curriculum consists of a series of large and small group learning activities, combined with independent experiential learning in physicians' offices, hospitals, extended care facilities, and health centers. Scheduled facilitated learning sessions include traditional didactic lectures, interactive problem solving sessions, patient case study discussions, hands-on laboratory exercises, panel discussions, demonstrations, and clinically focused encounters with simulators, standardized and real patients, including cadaveric donors. Learning activities are constructed to provide a strong foundation in the basic biomedical and social sciences as well as clinical skills as they apply to the rapidly changing practice of medicine in the 21st century. A thorough grounding in the manual skills, characteristic of Osteopathic Manipulative Medicine (OMM), is provided in the first two years and supplemented, reinforced, and expanded in Years 3 and 4.

Student preparation before class and active participation in class is a consistent element in the learning dynamic throughout the curriculum. An open, free-flowing dialogue between faculty and students is characteristically valued and encouraged. Capitalizing on the University's support of multiple degree programs in the health and allied health professions, including medicine, dentistry, nursing, pharmacy, physician assistant, and social work, the College endorses and promotes InterProfessional Education (IPE) and collaboration.

Clerkship Education

The last two years of pre-doctoral training focuses on experiential learning in a clinical setting to further develop individual and team learning, and to expand clinical acumen, technical skills, and professional behavior. The entire third year curriculum is conducted at one of the Affiliated Clinical Campuses over a twelve-month period.

The UNE COM Affiliated Clinical Campuses form a consortium of community-based education sites, each consisting of one or more training institutions within a specific geographic region that allows coordinated delivery of the core academic training experience. Each campus provides the patient base, didactic, and experiential learning opportunities, supervisory infrastructure and longitudinal evaluation necessary for the accomplishment of the educational goals of core clerkships. The College's Clinical Campuses are located in the New England states, as well as in New York, New Jersey, and Pennsylvania.

Year 3 students are assigned to clerkships in the six Core Disciplines at one of the College's Clinical Campuses. Reflecting its focus on primary care, UNE COM clinical campus training programs are based in community hospitals, private physician offices, and community health centers throughout the northeast that represent environments in which many of UNE COM graduates will eventually practice. Ambulatory care programs train students in office practice and familiarize students with the collaborative roles and skills of non-physician health care providers. While community hospitals form the core of Year 3 and Year 4 clinical rotations, affiliations with specialty-focused facilities allow students to pursue a range of clinical experiences. Many of these hospitals also provide Graduate Medical Education (GME) as members of the Northeast Osteopathic Medical Education Network (NEOMEN) (see below). Year 4 students continue their learning with selective and elective clinical rotations at UNE COM-approved programs of their choice.

Student Promotion

The UNE COM has an obligation, not only to its students, but also to the faculty of the institution, the osteopathic medical profession, and society in general to produce safe, competent, and entrustable D.O.s. As students progress through the College, the Committee on Student Progress (CSP) confirms that students demonstrate competence in osteopathic medical knowledge and skills to move from one level of instruction to another in addition to the appropriate professional and ethical conduct that is crucial to the practice of medicine. Through the CSP, the COM is ensuring that each graduate meets essential requirements for every component included within the program of osteopathic medical education as well as all non-cognitive requisites for advancing in their medical career.

Student Evaluation

Student evaluation is described in the COM Student Handbook Supplement, including the grading system, general policies concerning class attendance, promotion and graduation, approved absence, and failure to meet requirements for graduation by the scheduled time for

commencement. The educational portfolio for each student contains their premedical background; admission test scores; test scores and clinical ratings during medical school; and scores on licensing examinations.

Student Supervision

In its efforts to ensure effective learning and professionalism, UNE COM has developed a policy for supervision of medical students by the faculty of UNE COM. The goal of this policy is to provide guidance for COM students throughout first and second years of osteopathic medical education. The supervisory role of students during the clerkship curriculum is coordinated through the office of Clinical Education by delegation to appropriate faculty, staff, and administration at affiliated training sites.



***UNE COM students examining X-ray films
in the Clinical Performance Center***



***UNE COM students peer-teaching in the
Donor Lab***



UNE COM students practicing osteopathic manipulative techniques in the Osteopathic Manipulative Medicine (OMM) Lab

Chapter 6

Faculty Development

Faculty development sessions are offered continuously across the academic year and feature content across three thematic areas to assist faculty members in their career advancement, effective teaching, building research skills, and leadership and management development. The components of the faculty development program are determined based on an annual needs assessment survey. There is a particular focus on pedagogical, leadership, and research skills. Faculty development sessions are delivered by the UNE COM faculty as well as invited content experts and leaders in their respective fields.

Some workshops and classes are live sessions, typically held on weekday mornings and early afternoons. Session dates are shared with the COM community in advance to give ample registration time. Faculty members in attendance are eligible to earn continuing medical education (CME) credits for live participation. Many of the sessions are recorded and archived to allow those faculty who were unable to attend the ability to view the content remotely, at their convenience.

A series of modules in pedagogy and teaching are also available for faculty for remote access. In addition, the International Association of Medical Science Educators (IAMSE) seasonal faculty development webinars are made available on a weekly basis to our faculty.

COM Peer Mentoring

Purpose

The program will provide mentoring and support regarding the reappointment, promotion, and tenure (RPT) process. All faculty members of the COM undergoing RPT will be mentored by their department chair.

Description of Process

Within the first four months of employment, regular full-time and regular part-time faculty members will receive a formal explanation of the RPT process by their chair. In the first year of employment, the chair and new faculty member should meet at least twice to review the RPT process and guidelines. In subsequent years of employment, mentoring will be offered to the candidate upon request. The chair fulfills an advisory role, and as such, will guide the faculty member through the RPT process.



Students and faculty during a large class activity in Leonard Hall

Chapter 7

Procedures and Guidelines for Faculty Peer Review Process

This chapter specifically addresses the process for the granting of promotion and tenure within the faculty of the College of Osteopathic Medicine (COM). The COM consists of faculty with diverse backgrounds and varied job responsibilities. The purpose of this document is to develop a process which will allow the COM faculty across all disciplines to evaluate their peers in a fair and equitable manner.

UNE COM Ranks and Classifications

COM Ranks

The faculty ranks are set by the University of New England Faculty Handbook and can be found in the Faculty Handbook, Section Two.

COM Faculty Classifications

1. Tenure Track UNE COM Faculty

Tenure positions within the UNE COM adhere to all RPT policies as presented in the UNE Faculty Handbook [Section Two. II] with specific criteria for each area listed in the *REVIEW CRITERIA for COM* section of this UNE COM RPT document. Tenure track is determined at the time of hire. The criteria for teaching, scholarship and service will be reviewed in accordance with the Personal Responsibility Agreements (PRAs) over the course of the review period. The PRA is an annual agreement between the faculty member and the College which delineates the faculty member's percentage effort in teaching, scholarship and service, as well as clinical and administrative if appropriate. It also indicates teaching and committee responsibilities. Tenure-track faculty must be evaluated in all three areas.

2. Non-Tenure Track UNE COM Faculty

- a. Non-tenure track positions within the UNE COM adhere to RPT policies as presented in the UNE Faculty Handbook. Faculty members in these categories are covered by the UNE COM's and the university's formal reappointment and promotion guidelines. Faculty members with regular half- and regular full-time non-tenure lecturer track, clinical track, or research track appointments will be evaluated for reappointment and promotion using procedures as for tenure track faculty members with specific criteria for each area listed in *REVIEW CRITERIA FOR COM* section of this UNE COM RPT chapter.

b. Criteria

- i. Non-tenure track clinical or lecturer faculty are not required to engage in research or scholarship. In these cases, teaching and service will be considered in decisions for reappointment or promotion based on the percent effort as stated in the Personal Responsibility Agreement (PRA).
- ii. Non-tenure track research faculty should negotiate effort through the chair/section head and dean to include any requirements applying to Review and Promotion. In these cases, productivity in scholarship/research will be considered in decisions for reappointment or promotion. The percent effort will be identified on the Personal Responsibility Agreement (PRA).

Review Criteria for UNE COM

The following are the criteria for reappointment, promotion, and tenure that apply equally to faculty members in UNE COM:

Teaching

Faculty carry out the educational mission of the College of Osteopathic Medicine, using a variety of teaching strategies that foster student learning and result in professional knowledge, attitudes, and skills. Teaching excellence is the keystone for review of faculty in academic medicine; however, the teaching load is not universal across all faculty members. Evidence through multiple data sets will determine successful teaching.

Teaching in academic medicine comprises activities from three primary areas: 1. Didactic teaching of students or peers (e.g. lectures, small group facilitation, laboratory instruction, continuing education courses, grand rounds, professional development programs); 2. Clinical teaching and mentorship (e.g. teaching in the clinic or hospital including clinical precepting, bedside teaching, bedside simulations); and 3. Teaching leadership role (e.g. residency or fellowship director, course, or seminar). Process for teaching may include lead 'teacher' role, giving and receiving instructional feedback, staff development, educational research project, capstone course, thesis and/or dissertation direction, role modeling, mentoring, interdisciplinary collaboration, staying current in focused area of teaching expertise, or participating in continuing education offerings.

1. Criteria

Faculty member engages in teaching activities that benefit the College, University, profession, or society. The faculty member should examine the quality, breadth, and quantity of the teaching endeavor:

- a. **Evidence of Quality:** (e.g., success of teaching) include: evidence of excellence through student evaluations; peer observation/review; course director ratings; peer letters of support; outcome indicators (student performance).
- b. **Dimensions of Breadth:** (e.g., diversity of teaching) might include: different levels or types of learners; different courses; different styles/formats of teaching or evaluation; old versus new curriculum; internal versus external teaching.

- c. **Evidence of Quantity:** (e.g., amount of teaching) include: number of hours teaching (duration and frequency of lectures); number of years teaching; number of learners and/or groups taught.

2. Teaching Products or Exhibits

Teaching products exemplify transmission, transformation and extension of **medical competencies**:

- a. Examples of objectives, teaching, and examination materials
- b. Evaluations -- student evaluations; peer evaluations and letters of support; honors or recognitions for teaching contributions
- c. Case vignettes development
- d. Local awards for teaching or mentoring
- e. Senior local leadership role in education
- f. Invited presentation in the field of educational expertise
- g. Invitations to speak and teach locally about education, including outside the candidate's department
- h. Contributions to local professional educational organizations
- i. Selection for participation in limited enrollment training programs for educators
- j. Leadership role in regional, and most often national, courses related to education
- k. Awards for teaching or mentoring from sources other than the candidate's department/institution
- l. Visiting professorships and invitations to speak nationally, and in some cases internationally, on issues related to education
- m. Leadership of national, and in some cases international, courses related to education
- n. Serving as a consultant nationally, and in some cases internationally, on issues related to development of educational programs or on educational methods, policy or assessment
- o. National and/or international awards related to education or educational scholarship

3. Examples of Teaching Expertise Across Ranks

- a. **Assistant Professor:** The Assistant Professor should provide evidence that s/he is performing at a competent level and is working towards excellence in view of future promotions. The assistant professor may be involved in the development and local adoption of educational material in print or other media including items such as syllabi, curricula, web-based training modules or courses, and/or technologies (e.g., simulation); s/he may also include development of educational methods, policy statements, and/or assessment tools.
- b. **Associate Professor:** The candidate for promotion to Associate Professor should provide evidence of excellence in teaching. They should have strong teaching evaluations from students and faculty, with colleagues who request assistance in peer observations and improving instructional effectiveness. The candidate may begin tracking the number and stature of trainees upon whom s/he

had a major influence, including feedback from trainees and publications with trainees. A candidate for promotion to associate professor develops sound teaching methods, curricula, educational policy or assessment tools. These curricular materials could have the opportunity for regional or national adoption. The candidate will examine the success of programs developed or innovations to existing programs.

- c. **Full Professor:** The candidate for Full Professor must show continued excellence in teaching as reflected in student and peer evaluations. A candidate for full professor is teaching/lecturing nationally and/or internationally. Innovation in classroom teaching methods may be adopted nationally and/or internationally. The candidate should show increasing and sustained national and/or international leadership roles in their profession.

Scholarship

Faculty carry out the mission of the College of Osteopathic Medicine to create new knowledge. In recognition of diverse faculty in the COM, the RPT process must take a broad view of scholarship while still demanding excellence in scholarship. The COM recognizes an expanded view of scholarship originally codified by Boyer in 1997. This includes four types of scholarship: discovery, integration, application and the scholarship of teaching.

Evidence of a program of inquiry constituting a credible body of work that is peer-reviewed and disseminated will determine successful scholarship. When considering a faculty member for reappointment, promotion, or tenure, acceptable evidence of scholarship can include but is not limited to the publication of books and articles in peer reviewed journals. However, to qualify as excellence in scholarship, the product of one's professional efforts must be disseminated and must satisfy standards of peer review common to the discipline. Ordinarily, this will entail some form of independent critical scholarly evaluation. Although evaluators will consider submitted documentation of unpublished scholarship (e.g., theses, dissertations, or summaries of work in progress), it is incumbent upon candidates to demonstrate that their endeavors constitute scholarship as defined above.

1. Examples of may include, but are not limited to:
 - a. Basic science research
 - b. Clinical research involving patients, e.g., case reports, case series and clinical trials
 - c. Quantitative and qualitative social science research such as epidemiology, outcomes and health services research, and biostatistics as well as research in social sciences, ethics, bioinformatics and health economics, among others;
 - d. Development/implementation, conduct of studies, data collection and/or analysis of new or existing data; may make intellectual contributions to multicenter studies

- e. Development of new methods/technologies and/or novel applications of existing methods/technologies in basic science, clinical research, education, and social sciences and humanities
2. Evidence of meaningful scholarship might come in the form of:
- a. Invited or competitive scholarly presentations
 - b. Honors or recognitions for scholarly contributions
 - c. Publication in refereed journals or proceedings
 - d. Publication of books or chapters in edited volumes
 - e. Citation of candidate's published work
 - f. Grant/contract awards
 - g. Ongoing research leading toward dissemination and peer review
3. Examples of Scholarship Across Ranks
- a. **Assistant Professor:** The Assistant Professor begins the development of a research program. The Assistant Professor should provide evidence of scholarly work that has or will be disseminated and peer reviewed in view of future promotions. The junior faculty should have protected time for the development of a research program. Work should begin to be disseminated through scholarly presentations to the college and at local and national conferences. The faculty member should be beginning the process of publication in peer reviewed journals. The faculty member should be seeking initial funding through small grants from foundations and national agencies.
 - b. **Associate Professor:** The candidate for Associate Professor should have a program of scholarship that is focused and shows sustained productivity. The candidate should be publishing in peer reviewed journals on a regular basis. They should have regular presentations at national and international meetings within the discipline. The candidate for Associate Professor continues to apply for funding from granting agencies. The research program should begin to broaden and may include collaborations with colleagues.
 - c. **Full Professor:** The candidate for Full Professor must show excellence and leadership in a scholarly program that has shown an increase in depth and breadth relative to the Associate Professor. The scholarship should show a continued strong focus with an increase in the complexity of the research. The candidate will have a national and international reputation as evidenced by presentation at national and international conferences. The candidate is committed to training futures scholars through undergraduate and graduate research programs. The candidate will also be serving as a mentor to junior faculty. These accomplishments are clear from evaluations from peers within the UNE COM faculty as well as from the peers in the faculty's discipline outside of UNE.

Service

Faculty carry out the mission of the College of Osteopathic Medicine through excellence in service to the College, University, the community and the profession. Participation in governance and other civic activities is expected of everyone within the percent time employed. It should be noted that scholarly community service may be captured under teaching, application, integration and discovery scholarship within the educator, researcher, and practitioner roles.

Evidence of the work performed and time spent on conducting committee (or other service) business should be provided. Evaluation should include the academic importance of service roles the faculty member has filled, the effectiveness of the faculty member's work in those roles, and the appropriateness of the service record given the faculty member's career stage. As faculty members advance through the professional ranks, they are expected to exhibit an increasing record of service in their professional area of performance. In summary, significant service need not be continuous, but it should appear in a balanced record over time, generally extending beyond a single review period. Meritorious service on the part of faculty members should include frequent periods of active engagement at all levels, and the score of such service is expected to increase as faculty member proceeds up the academic ladder of the professorate.

1. Examples of Service to the College/University and Profession Include:

- a. Serves on standing committee or academic council, either by election or appointment, in order to conduct School/University business
- b. Serves on college/university ad hoc committee
- c. Participates on a clinical agency committee or task force to develop solutions to patient care problems
- d. Maintains membership or holds office in local, state, national, regional, international professional organization
- e. Serves on community task force or committee to address health policy concerns
- f. Serves as board member for health related local, state, regional, or national organization
- g. Attends business meeting of national professional organization
- h. Attends community meetings of organizations whose purpose is to promote health
- i. Attends COM Faculty Assembly and UNE Faculty Assembly meetings
- j. Review of grant proposals or books

2. Evidence of Service Might Include:

- a. Descriptions of duties and responsibilities on committees
- b. Program and thank you note from a community function where you were leader or speaker
- c. Community, College, or University Presentation/paper on an issue

- d. Testifying (oral or written) regarding a policy change
- e. Organizing a community event
- f. Serving on a community or association Board of Directors (letter, webpage, photo)
- g. Starting a new department (report)
- h. Response to presentation to community organization
- i. Op-Ed piece in community newspaper
- j. Testimony on a specific issue to city council, legislative committee, e.g., health policy change
- k. A creative work illustrating diversity
- l. Honor or recognition for service
- m. Participation and/or Leadership role in community or professional organization

3. Examples of Service across Ranks

- a. **Assistant Professor:** The college and the university benefits from the involvement of its junior level faculty member. An assistant professor is normally expected to provide service at the *local level* of the department or college, for example, by serving as a student advisor, as a member of the admissions committee, or as a member of a faculty search committee. Service at the Faculty Assembly or university level is relatively rare for Assistant Professor, but when it occurs, it is most appropriate for the service to be on university committees that do not have intensive and prolonged time demands.
- b. **Associate Professor:** Candidates for Associate Professor are expected to serve their department, the college and the university, for example, as chairs and directors as well as through membership on standing committees and ad hoc committees. It is also expected that candidates for Associate Professor ranks give time to their profession through service on editorial boards, grant review committees, program and conference program committees. Candidates also serve as elected or appointed officers of professional societies or associations.
- c. **Full Professor:** At the level of Full Professor, the expectations for candidates increase to include all of the categories initiated in the lower ranks of the professorate, including leadership at all levels of service. Service on certain high impact committees requiring senior faculty (e.g. RPT and Faculty Assembly committees) is expected. In addition, a candidate for Full Professor level is expected to serve on university-wide committees when appointed or invited. Candidates are expected to offer *frequent* and *broadly distributed* service to multiple constituencies within the academic community.

Clinical Expertise and Innovation

The College of Osteopathic Medicine also recognizes the activities of the clinical faculty as a separate category from the traditional categories of teaching, scholarship and service. Clinical Expertise and Innovation comprises activities related to health care expertise and innovation. Clinicians

carry out the clinical and administrative missions of the College of Osteopathic Medicine, using professional knowledge, attitudes, and skills to provide direct care or to advance clinical and organizational systems. Clinical Expertise and innovation occurs when a faculty member (educator, researcher/practitioner) builds a reputation as a practitioner, innovator, and mentor in the health care field.

1. Criteria

Faculty engages in clinical care and innovation that benefit the health care facility, the community, the college, the University, and the profession. The faculty member plays a key role in activities that influence the practice and the health care system. As a *Clinician* one might see movement from caring for simple cases and well-persons' health management to management of more complex health problems, from managing individual cases to managing larger client groups, and from influencing one's individual clients to influence on clinical practice policies in specific agencies and social health practice policies.

2. Process or Strategy Examples/Evidence/Products of Clinical Expertise and Innovation

- a. Colleague Review
- b. Quality Service ribbons
- c. CIR (Clinical Improvement Ratings)
- d. OPPE (Ongoing Professional Performance reviews)
- e. FPPE (Focused Professional Performance Reviews)
- f. Lifelong learning
- g. Recognition for expertise -- serving as clinically-oriented task force, consultant
- h. Obtaining certification in area of specialty, receipt of honors/awards/recognition for excellence in specialty (Diplomat/Fellow)
- i. Invitations to speak locally, and in many cases regionally & nationally, on issues related to area of clinical expertise
- j. Role in local professional organizations related to clinical expertise, including participation as a speaker in courses and program development
- k. Invitations to participate locally in the development of guidelines/protocols for quality improvement or management in area of clinical expertise; Service on regional, and most often national, committees developing guidelines and policies for management in area of clinical expertise
- l. Service as peer reviewer for clinical journals; Membership on editorial boards in area of clinical expertise
- m. Peer-reviewed funding to support innovations that influence clinical practice locally; Peer-reviewed funding to support innovations that influence clinical practice regionally, and most often nationally
- n. Local, regional or national awards for contributions and/or innovation in the area of clinical expertise

3. Scholarship in the clinical arena may take varied forms:

- a. Publication of first or second authorship of original research, reviews and/or chapters related to area of clinical expertise; may include publication of research that assesses the effectiveness of innovative approaches to clinical care
- b. Development of guidelines and/or protocols for patient treatment or delivery of care that are adopted locally
- c. Commentary written about the health care field.

4. Examples of Clinical Expertise and Innovation across Ranks

- a. **Assistant Professor:** An assistant professor is normally expected to provide diagnosis, treatment or prevention of disease and may be recognized as a clinical expert who influences the clinical practice. For example, the clinician plays a key role in the development of development or local adoption of innovative health care approaches, applications of technology to clinical care and/or in developing models of care delivery. The individual has a strong local reputation as a clinical expert, may hold local clinical leadership roles. The assistant professor may assist with the creation of a novel interdisciplinary clinical service and play a key role in development and local implementation of practice guidelines for care or to prevent medical errors.
- b. **Associate Professor:** Candidates for Associate Professor are expected to provide continued clinical care. The individual builds strong regional, and most often national, reputation as an independent expert who has influenced a clinical field and should be actively teaching in the clinical field. The candidate participates in the development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care at a regional, and most often national, level. Examples of activities (many others are possible) include the development of: a clinical care model, practice guidelines, or an innovative application of an existing technology.
- c. **Full Professor:** After sustained practice at the associate professor level, an experienced clinician may apply to be promoted to Full Professor. The candidate should have a sustained national, and in many cases international, reputation as a leader and innovator in a clinical field; expertise must be demonstrated through scholarship that impacts the health care profession; must have a significant influence on practice in the clinical field as a result of his/her teaching, scholarship and innovation.

UNE COM Specific RPT Considerations

UNE COM Levels of Review for Promotion and/or Tenure

Note: Each Level of Review states UNE COM specific policies, see the UNE Faculty Handbook RPT Section for more information.

1. Level I Review: UNE COM Sub-College RPT committee (RPTC)

- a. The candidate submits the names of three UNE COM faculty to their department chair for Sub-College RPTC consideration.

- i. The Department Chair will pick two of the three names submitted by the candidate and will pick one additional member to make a Sub-College RPTC of three UNE COM faculty.
 - ii. The Department Chair will inform the candidate of the final composition of the Sub-College RPTC.
 - b. All Sub-College RPTC members must be at the rank of Associate Professor or Professor.
 - c. All Sub-College RPTC members for tenure track faculty must be tenured faculty member.
 - d. All Sub-College RPTC members for candidates in Clinical Departments must be from clinical departments.
 - e. If the Department Chair is unable to meet the criteria for the Team, then the Committee may include faculty from other departments within COM. The committee will follow the procedure outline in SECTION THREE (Reappointment, Promotion, and Tenure Guidelines) and Attachment 2 of the Faculty Handbook.
2. Level II Review: UNE COM Department Chair
As outlined in SECTION THREE and Attachment 2 of the Faculty Handbook
 3. Level III Review: UNE COM RPT Committee
As outlined in SECTION THREE and Attachment 2 of the Faculty Handbook
 4. Level IV Review: UNE COM Dean
As outlined in SECTION THREE and Attachment 2 of the Faculty Handbook

Early Considerations for RPT Process

Petition for early consideration for Promotion and/or Tenure must be approved by the department/program chair and the dean.

Considerations for Promotion in Rank to Associate Professor or Professor

The criteria for promotion to Associate Professor and the granting of tenure are outlined in Section 3, III, A of the UNE Faculty Handbook. The criteria for promotion to Professor are outlined in Section 2, III, B of the UNE Faculty Handbook. Promotion to Professor is the ultimate promotion for faculty at UNE. This rank requires excellence in all areas of teaching, scholarship, and service. There is an expectation that there is an increase in the level and complexity of a faculty member's scholarship and service at the rank of Professor. Thus, faculty in the non-tenure tracks must show accomplishment in all areas to receive this honor.

COM Peer Letters of Recommendation

Each candidate will solicit two letters of recommendation from COM faculty. Faculty on tenure track will ask for letters from tenured faculty; non-tenure track faculty will ask for letters from faculty at an associate professor or professor rank.

External Reviews for Scholarship and Professional Standing

The quality of scholarship for the consideration of promotion and tenure is an important aspect of the review. Given the diverse nature of scholarship within the College it is valuable to seek outside review within the scholar's field. If the candidate's portfolio offers evidence of scholarship, then an external review is required. By June 1, the candidate will submit the names of at least three professionals with the same or higher academic ranks from outside the UNE who would be capable of critically reviewing their scholarship and professional recognition (if applying for the rank of Professor). The candidate should provide a brief description of the reviewers' qualifications and standing in their field. Names of collaborators (including co-authors) within the last three years should not be submitted. The Department Chair will select two of the three and will determine a third reviewer who is qualified to review the candidate's work. By July 1, the dean's Office will be responsible for contacting the reviewers, sending out the appropriate review materials, i.e. candidate's curriculum vitae, the UNE COM RPT protocol. The letters will be sent to the UNE COM dean, who will be responsible for placing the letters confidentially into the candidate's portfolio at the appropriate time.

COM Affiliated Clinical Faculty

Appointment, Review, And Promotion Process for Affiliated Clinical Faculty:

1. Faculty appointments for affiliated clinical faculty are made by the Dean of the College of Osteopathic Medicine upon the recommendation of the Associate Dean of Clinical Education.
2. The rank conferred at the time of initial appointment will depend on the criteria established in this document and/or the rank achieved at another institution. If a faculty member receives a change in designation from the other institution while holding an appointment at UNE COM, the dean may grant this change automatically as well.
3. Nominations for faculty appointment may originate from a current UNE COM faculty member, a Regional Assistant Dean, the ODME of a NEOMEN residency, a COM Department Chair, a COM Associate Dean, or the Dean.
 - a. The nomination letter should include the nominee's teaching role for UNE COM, teaching experience and statement of teaching quality.
4. Each nominee's appointment application should include:
 - a. A letter of nomination addressed to the Office of Clinical Education
 - b. A completed and signed faculty appointment application
 - c. A current CV that includes a specific teaching section
 - d. A copy of a current medical license in the state in which the faculty member is providing a teaching role for UNE COM
5. The nomination and review of a completed appointment application will be processed through the UNE COM Office of Clinical Education.
6. Reappointments are conducted every three (3) years.

7. Affiliate clinical faculty members are not required to engage in research or scholarship, except for those seeking appointment or promotion to Affiliate Clinical Professor. Teaching, service, and patient care criteria (section III) will be considered in decisions for reappointment or promotion.
8. The faculty member may initiate a review for promotion by submitting:
 - a. A cover request letter addressed to the Office of Clinical Education. Letter should include information supporting request for promotion
 - b. A current CV
 - c. A professional portfolio
9. Promotion requests and review will be processed through the Office of Clinical Education.
10. Promotion to Affiliated Clinical Professor (full professor) is reserved for faculty members who have demonstrated their potential for excellence and long-term contributions to the local institution, their profession nationally, and the College of Osteopathic Medicine. This status is not granted automatically for time served or satisfactory performance.
11. For promotion to Affiliated Clinical Professor, the Associate Dean for Clinical Education will initiate a review committee appropriate to the field of the candidate. Each candidate will solicit three or more letters of recommendation from local, college, and/or national faculty. Each candidate will submit a current academic curriculum vitae as well as a professional portfolio in evidence of achievement in teaching, service, patient care, and scholarship. The committee may seek outside review within the scholar's field.

Affiliated Clinical Faculty Rank (not eligible for tenure track)

1. **Affiliate Clinical Instructor:** A faculty member with a doctorate or other appropriate professional degree and/or graduate training that have less than three (3) years of teaching experience in the appropriate field. There is no possibility for promotion to Assistant Clinical Professor in absence of a graduate degree. This rank level shall be given to physicians who are not board certified. A resident PGY-II or greater may hold this position.
2. **Affiliate Assistant Clinical Professor:** a faculty member with a doctorate or other appropriate professional degree engaged in teaching and/or providing a practice or service activity and/or supervising learners in academic, clinical or field settings, and/or providing service with usually more than three (3) years of teaching experience.
3. **Affiliate Associate Clinical Professor:** a faculty member with a doctorate or other appropriate professional degree engaged in teaching; and/or providing a practice or service activity; and/or supervising learners in academic, clinical or field settings; and/or providing service with usually more than nine (9) years of teaching experience. First consideration for promotion to this level ordinarily will occur during the sixth (6th) full year of service as Affiliate Assistant Clinical Professor.

4. **Affiliate Clinical Professor:** a faculty member with a doctorate or other appropriate professional degree engaged in teaching; and/or providing a practice or service activity; and/or supervising students in academic, clinical or field settings; and/or providing service with usually more than twelve (12) years of teaching experience. First opportunity for promotion to this level ordinarily will be in the sixth (6th) full year in rank as Associate Clinical Professor.

Review Criteria for UNE COM Affiliated Clinical Faculty

The following are the criteria for appointment, reappointment, and promotion that apply equally to affiliated faculty members in UNE COM. The criteria areas are Teaching, Service, Patient Care, and Scholarship/Research (needed for full Professor).

Teaching

Affiliated clinical faculty carry out the educational mission of the College of Osteopathic Medicine using a variety of teaching strategies that foster learning and result in professional knowledge, attitudes, and skills. Teaching is the keystone for review of faculty in academic medicine; however, the teaching load is not universal across all faculty members. Teaching excellence should be the hallmark of affiliated clinical faculty engaged in the academic mission.

Teaching in academic medicine comprises activities from three primary areas: 1. Didactic teaching of learners (e.g., lectures, small group facilitation, laboratory instruction, continuing education courses, grand rounds, professional development programs); 2. Clinical teaching and mentorship (e.g., teaching in the clinic or hospital including clinical precepting, bedside teaching, bedside simulations); 3. Teaching leadership role (e.g. residency or fellowship director, course or seminar). The role of teaching may include lead teacher role, giving and receiving instructional feedback, staff development, educational research project, capstone course, role modeling, mentoring, interdisciplinary collaboration, staying current in focused area of teaching expertise, participating in continuing education offerings.

1. **Criteria:** Faculty members engage in teaching activities that benefit the College, University, profession, and/or society. The faculty member should examine the quantity and quality of the teaching endeavor:
 - a. **Evidence of Quality:** (e.g., success of teaching) include summarized learner ratings; peer observation/review; course director ratings; peer letters of support; outcome indicators (learner performance); awards for teaching.
 - b. **Dimensions of Breadth:** (e.g., diversity of teaching) include different levels or types of learners; different courses; different styles/formats of teaching or evaluation; old versus new curriculum; internal versus external teaching.
 - c. **Evidence of Quantity:** (e.g., amount of teaching) include number of hours teaching (duration and frequency of lectures); number of years teaching; number of learners and/or groups taught.

2. Teaching Products or Exhibits: Teaching products or exhibits exemplify the quality, breadth and quantity of teaching experience.
 - a. Examples of syllabi, modules, and lesson plans including objectives/learning outcomes
 - b. Teaching and Examination materials
 - c. Evaluations: Student evaluations summaries; Peer evaluations and letters of support; Honors or recognitions for teaching contributions
 - d. Case vignettes development
 - e. Local and national awards for teaching or mentoring
 - f. Local, national and/or international awards related to medical education or educational scholarship
 - g. Local leadership role in education
 - h. Invited or peer-reviewed presentation in the field of clinical or educational expertise
 - i. Invitations to speak and teach locally about education, including outside the candidate's department
 - j. Contributions to local professional educational organizations
 - k. Selection for participation in limited enrollment training programs for educators
 - l. Leadership role in regional and national courses related to education
 - m. Invitations to speak nationally or internationally on issues related to educational expertise
 - n. Serving as a consultant nationally or internationally on issues related to development of medical educational programs or on educational methods, policy or assessment
3. Examples of Teaching Expertise Across Ranks:
 - a. **Affiliate Clinical Instructor:** The Affiliate Clinical Instructor is an entry-level appointment for those who do not meet the criteria of higher ranks.
 - b. **Affiliate Assistant Clinical Professor:** The Affiliated Assistant Professor, who is a physician, must be board certified in the appropriate specialty and have at least three (3) years of experience in teaching. The assistant professor should provide evidence that s/he is performing at a competent level and is working towards excellence in teaching. The assistant professor may be involved in the development and local adoption of educational material in print or other media including items such as syllabi, curricula, web-based training modules or courses, and/or technologies (e.g., simulation); s/he may also participate in the development of educational methods, policy statements, and/or assessment tools.
 - c. **Affiliate Associate Clinical Professor:** The candidate for appointment or promotion to Associate Professor should provide evidence of excellence in teaching and usually has more than nine (9) years of teaching experience. They should have strong teaching evaluations from students and faculty, with colleagues who request assistance in peer observations and improving

instructional effectiveness. The candidate may begin tracking the number and stature of trainees upon whom s/he had a major influence, including feedback from trainees and publications with trainees. An associate professor with primary responsibility in teaching develops sound teaching methods, curricula, educational policy or assessment tools. These curricular materials could have the opportunity for regional or national adoption. The associate professor will examine the success of programs developed or innovations to existing programs.

- d. **Affiliate Clinical Professor:** The candidate for appointment or promotion to full Affiliated Clinical Professor must show continued excellence in teaching as reflected in student and peer evaluations teaching and usually has more than twelve (12) years of teaching experience. S/he should show capabilities in curriculum development in addition to excellence in teaching. A full professor with primary responsibility in teaching is teaching/lecturing nationally and/or internationally, about issues related to education. Innovation in classroom teaching methods may be adopted nationally, and in some cases, internationally. The Full Professor shows increasing and sustained national and, in some cases, international, leadership role related to education in a professional society.

Service

Affiliated Clinical Faculty members participate in the mission of the College of Osteopathic Medicine through service to the College, University, the community and the profession.

1. **Criteria:** As faculty members advance through the professional ranks, they are expected to exhibit an increasing record of service in their professional area of performance. Meritorious service on the part of faculty members should include frequent periods of active engagement at all levels, and the impact of such service is expected to increase as faculty member moves up in rank.
 - a. **Evidence of Quality:** (e.g., success of service) The effectiveness of the faculty member's work in those roles, the impact of such service and the appropriateness of the service record given the faculty member's career stage
 - b. **Dimensions of Breadth:** (e.g., diversity of service) The service performed including the academic importance of service roles the faculty member has filled
 - c. **Evidence of Quantity:** (e.g., amount of service) The time spent on conducting committee (or other service) business. Significant service need not be continuous, but it should appear in a balanced record over time, generally extending beyond a single review period
2. **Examples of service to the college/University and Profession include:**
 - a. Serves on standing committee or academic council, either by election or appointment, in order to conduct institutional business
 - b. Serves on institutional ad hoc committee
 - c. Participates on a clinical agency committee or task force to develop solutions to patient care problems

- d. Maintains membership or holds office in local, state, national, regional, or international professional organizations
- e. Serves on community task force or committee to address health policy concerns
- f. Serves as board member for health related local, state, regional, or national organization
- g. Attends business meeting of national professional organization
- h. Attends community meetings of organizations whose purpose is to promote health
- i. Attends institutional faculty/staff meetings

3. Evidence of service might include:

- a. Descriptions of duties and responsibilities on committees
- b. Program and thank you note from a community function where you were leader or speaker
- c. Testifying (oral or written) regarding a policy change
- d. Organizing a community event
- e. Serving on a community or association Board of Directors (letter, webpage, photo)
- f. New department proposal (report)
- g. Response to presentation to community organization
- h. Testimony on a specific issue to city council, legislative committee, e.g., health policy change
- i. Honor or recognition for service
- j. Participation and/or leadership role in community or professional organization

4. Examples of Service across Ranks:

- a. **Affiliated Clinical Instructor:** The local institution benefits from the involvement of its affiliated clinical faculty members.
- b. **Affiliated Assistant Clinical Professor:** The college and the home institution benefits from the involvement of its affiliated clinical faculty. An affiliated clinical assistant professor is normally expected to provide service at the local level of the department, for example, by serving as an advisor or as a member of a search or admissions committee. Service at the institutional level is relatively rare for Assistant Professor, but when it occurs, it is most appropriate for the service to be on committees that do not have intensive and prolonged time demands.
- c. **Affiliated Associate Clinical Professor:** Affiliated Associate Clinical Professors are expected to serve their department, the institution and potentially, the college. For example, the affiliated associate professor may serve as chairs and directors as well as through membership on standing committees and ad hoc committees. It is also expected that faculty in the Associate Professor ranks give time to their profession through service at the state, region or national level. Associate Professors often serve as elected or appointed officers of professional societies or associations.

- d. **Affiliated Clinical Professor:** At the level of Affiliated Clinical Professor, the expectations increase to include all of the categories initiated in the lower ranks, including leadership at all levels of service. Full Professors are expected to offer frequent and broadly distributed service to multiple constituencies within the academic community. Service on certain high impact committees requiring senior faculty is expected. In addition, a faculty member at the full Professor level is expected to serve on institutional committees when appointed or invited.

Patient Care: Clinical Expertise and Innovation

Clinical Expertise and Innovation comprises activities related to health care expertise and innovation in patient care. Clinicians carry out the clinical and administrative missions of their institution and the College of Osteopathic Medicine, using professional knowledge, attitudes, and skills to provide direct care or to advance clinical and organizational systems. Clinical Expertise and innovation occurs when faculty (educator, researcher practitioner) builds a reputation as a practitioner, innovator, and mentor in the health care field.

1. Criteria: Faculty engages in clinical care and innovation that benefit the health care facility, the community, the college, the University, and the profession. The faculty member plays a key role in activities that influence the practice and the health care system. As a Clinician, one might see movement from caring for simple cases and well-persons' health management to management of more complex health problems, from managing individual cases to managing larger client groups, and from influencing one's individual clients to influence on clinical practice policies in specific agencies and social health practice policies.
2. Examples/Evidence/Products of Clinical Expertise and Innovation: Clinicians may be recognized through examples such as the following exhibits:
 - a. Colleague Review
 - b. Quality Service ribbons
 - c. Clinical Improvement Ratings (CIR)
 - d. Ongoing Professional Performance reviews (OPPE)
 - e. Focused Professional Performance Reviews (FPPE)
 - f. Recognition for expertise -- serving as clinically-oriented task force, consultant
 - g. Obtaining certification in area of specialty, receipt of honors/awards/recognition for excellence in specialty (Diplomat/Fellow)
 - h. Invitations to speak locally, regionally & nationally on issues related to area of clinical expertise
 - i. Role in local professional organizations related to clinical expertise, including participation as a speaker in courses and program development
 - j. Invitations to participate locally in the development of guidelines/protocols for quality improvement or management in area of clinical expertise

- k. Service on regional and/or national committees developing guidelines and policies for management in area of clinical expertise
- l. Membership on editorial boards in area of clinical expertise
- m. Peer-reviewed funding to support innovations that influence clinical practice locally
- n. Peer-reviewed funding to support innovations that influence clinical practice regionally, and most often nationally
- o. Local, regional or national awards for contributions and/or innovation in the area of clinical expertise

3. Examples of Clinical Expertise and Innovation across Ranks:

- a. **Affiliated Clinical Instructor:** Affiliated clinical instructor is expected to provide continued clinical care and should be actively teaching in the clinical field.
- b. **Affiliated Assistant Clinical Professor:** Affiliated assistant clinical professor is expected to provide continued clinical care, may be recognized as a clinical expert who influences the clinical practice and should be actively teaching in the clinical field. For example, the clinician plays a key role in the development of development or local adoption of innovative health care approaches, applications of technology to clinical care and/or in developing models of care delivery. The individual has a strong local reputation as a clinical expert and may hold local clinical leadership roles. The assistant clinical professor may assist with the creation of a novel interdisciplinary clinical service and play a key role in development and local implementation of practice guidelines for care or to prevent medical errors.
- c. **Affiliated Associate Clinical Professor:** Affiliated associate clinical professor is expected to provide continued clinical care, builds a strong regional and/or national reputation as an independent expert who has influenced a clinical field and should be actively teaching in the clinical field. The associate professor participates in the development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that influence care at a regional, and most often national, level. Examples of activities (many others are possible) include the development of: a clinical care model, practice guidelines, or an innovative application of an existing technology
- d. **Affiliated Clinical Professor:** After sustained practice at the associate clinical professor level in areas of teaching, service and patient care, an experienced clinician may be promoted to full Affiliated Clinical Professor. The full Affiliated Clinical professor should have a sustained national and/or international, reputation as a leader and innovator in a clinical field; expertise must be demonstrated through scholarship that impacts the health care profession; must have a significant influence on practice in the clinical field as a result of his/her teaching, scholarship, and innovation.

Scholarship

Senior affiliated clinical faculty members contribute to the mission of the College of Osteopathic Medicine through their scholarly voice. In recognition of diverse faculty in medical education, COM takes a broad view of scholarship while still demanding excellence. The COM recognizes an expanded view of scholarship originally codified by Boyer in 1997 including four types of scholarship: discovery, integration, application and the scholarship of teaching.

1. **Criteria:** Evidence of a program of inquiry constituting a credible body of work that is peer-reviewed and disseminated will determine successful scholarship. When considering a faculty member for reappointment or promotion, the product of one's professional efforts must be disseminated and must satisfy standards of peer review common to the discipline. Ordinarily, this will entail some form of independent critical scholarly evaluation. Although evaluators will consider submitted documentation of unpublished scholarship (e.g., theses/applied project, dissertations, or summaries of work in progress), it is incumbent upon candidates to demonstrate that their endeavors constitute scholarship as defined above.
 - a. **Evidence of Quality:** (e.g., success of scholarship) include is diversity of peer-reviewed and disseminated scholarly activities/endeavors; awards for scholarly contributions; publication of first or second authorship; citations of published work; and invited or competitive scholarly presentations
 - b. **Dimensions of Breadth:** (e.g., diversity of scholarship) include different levels or types of scholarly activities/endeavors.
 - c. **Evidence of Quantity:** (e.g., amount of scholarship) include number of scholarly activities and endeavors.
2. **Examples of scholarship may include, but are not limited to:**
 - a. Scholarly writing including commentaries, editorials, review of literature, as well as medical literature such as clinical guidelines and summaries
 - b. Review of grant proposals, books, chapters, journal manuscripts, and conference proposals
 - c. Community, College, or University Presentation/paper on an issue
 - d. Basic science and translational research
 - e. Clinical research involving patients, e.g., case reports, case series and clinical trials.
 - f. Quantitative and qualitative social science research such as epidemiology, outcomes and health services research, and biostatistics as well as research in social sciences, ethics, bioinformatics and health economics, among others;
 - g. Quantitative and qualitative research in medical education
 - h. Development/implementation, conduct of studies, data collection and/or analysis of new or existing data; may make intellectual contributions to multicenter studies
 - i. Development of new methods/technologies and/or novel applications of existing methods/technologies in basic science, clinical research, education, and social sciences and humanities
 - j. Development of creative works such as poetry, prose, and original art

3. Evidence of meaningful scholarship might come in the form of:
 - a. Invited or competitive scholarly presentations
 - b. Honors or recognitions for scholarly contributions
 - c. Publication in refereed journals or proceedings
 - d. Publication of books or chapters in edited volumes
 - e. Citation of candidate's published work
 - f. Grant/contract awards
 - g. Ongoing research leading toward dissemination and peer review
 - h. Op-Ed piece in community newspaper
 - i. Published creative works such as poetry, prose, and original art
4. Scholarship in the clinical arena may take varied forms:
 - a. Publication of first or second authorship of original research, reviews and/or chapters related to area of clinical expertise; may include publication of research that assesses the effectiveness of innovative approaches to clinical care
 - b. Development of guidelines and/or protocols for patient treatment or delivery of care that are adopted locally
 - c. Commentary written about the health care field.
5. Examples of Scholarship Across Ranks:
 - a. **Affiliated Clinical Instructor:** Individuals at this rank are not required to have a scholarly record. If the individual plans to seek rank of full professor the following guidelines apply.
 - b. **Affiliated Assistant Clinical Professor:** The Affiliated Assistant Clinical Professor begins the development of a scholarly voice and should provide evidence of scholarly work that has or will be disseminated and peer reviewed. Work should begin to be disseminated through scholarly presentations to the college and at local and national conferences. The faculty member should be beginning the process of publication in peer-reviewed journals. The faculty member may seek initial funding through small grants from foundations and national agencies.
 - c. **Affiliated Associate Clinical Professor:** The Affiliated Associate Clinical Professor may have a program of scholarship that is focused and shows sustained productivity. The faculty member should be publishing in peer-reviewed journals. There should have regular presentations at national and international meetings within the discipline and/or in medical education. The Affiliated Associate Clinical Professor will continue to apply for funding from granting agencies. The scholarly program should begin to broaden and may include collaborations with colleagues.

- d. **Affiliated Clinical Professor:** The Affiliated Clinical Professor must show excellence and leadership in a scholarly program that has shown an increase in depth and breadth. The scholarship should show a continued strong focus with an increase in the complexity of the research. The Full Affiliated Clinical Professor will have a national and international reputation as evidenced by presentation at national and international conferences. This faculty member is committed to training futures scholars through undergraduate and graduate programs and will also be serving as a mentor to junior faculty. These accomplishments are clear from evaluations from peers within the UNE COM faculty as well as from the peers in the faculty's discipline outside of UNE.

Faculty Evaluation

UNE COM department chairs are required to conduct annual performance evaluations of faculty members. Annual performance evaluations should include discussion of the chair's expectations of faculty performance including expectations for the coming year and an assessment for the preceding year. See the annual evaluation form in the Appendix, p 56.

Faculty Recognition

Faculty achievements are recognized through awards in which biomedical and clinical faculty are selected annually by the students in recognition of their excellence in teaching.

COM Phased Retirement Policy

Phased retirement is a departmental issue and thus will be considered by the faculty member, his or her department chair and the dean. Full-time, tenured faculty must submit a written request to begin a phased retirement no less than 1 year prior to the intended date on onset.

The faculty member will receive a contract for a defined period (maximum of three years), during which time the faculty member will work 50% or less time. The faculty member will give up tenure as of the start date of that contract. Contracts may be renegotiated at the department level at the end of contract period for an extension.

During the contracted time, annual review on the faculty member's performance will still be done. The faculty member's phased retirement contract will specify percent effort or actual time to be dedicated to teaching, service, scholarship, etc.

The process of phased retirement is coupled to a tenure-track replacement hire for the semi-vacated position. The salary "saved" from phased retirement faculty will stay within the department budget and defray costs of the tenure track replacement.

Peer Evaluation of Teaching

Goal

The goal of this policy is to provide a routine process for the peer evaluation of teaching for use during the annual review and reappointment, promotion and tenure.

The establishment of this policy mainly aims at creating a community of learners that nurtures collaboration, teamwork, self-improvement and reflection.

Policy

- The policy applies to tenured, tenure-track, and non-tenure track research and clinical full time faculty.
- Adjunct faculty who are appointed less than half-time and Visiting Professors (at any visiting rank) are not covered by this policy.
- Evaluations will be scheduled in the Fall and Spring semesters of each academic year. Faculty covered by this policy (other than those on leave or sabbatical) will be reviewed during either or both semesters.
- Peer evaluation signed by the faculty observer and the faculty under review are due by March 31 (?)
- Each faculty will be observed and peer reviewed by 2 eligible faculty members every academic year, during the Fall or Spring semesters at any teaching modality (large or small group setting).
- Each faculty member is expected to provide at least one peer evaluation per academic year (needs to be in their PRA).
- All reports will be available to department chair for the annual review, to the sub-College RPT Committee, to the College RPT Committee, and to the University's RPT Committee (for tenure-track faculty).
- Unless otherwise specified, reviews can occur in any semester
- A full-year leave will delay a scheduled teaching review until the next year.

Procedure

Nota bene: Reviewers are not eligible to review the same faculty member twice in the same academic year or in two consecutive academic years.

For the faculty observer/evaluator, it is important to:

1. Review a list of representative range of lectures/class activities taught by a faculty member (provided by the faculty member)
2. Review the different modalities used (small group, large group)
3. Review the peer evaluation rubric with the faculty member prior to observation and let them know about the time of their attendance.

4. Provide a post-observation discussion, as soon as practical after the observation to review the peer evaluation rubric and comments with the faculty member.
5. Sign the observation form (together with faculty under peer evaluation).
6. Enter the observation form in his/her portfolio as proof of providing the evaluation. This will be part of the PRA to discuss with the department chair during the annual review.

For the faculty under peer evaluation, it is important to:

1. Provide the chair with the list of lectures/class activities and whether they are in a large or small group format.
2. Recommend one or more lecture/class activity that they believe would be suitable for observation and peer evaluation at the start of each academic year, and these recommendations will be considered when making review assignments.
3. At the start of each academic year, faculty members may provide a list of three eligible reviewers (Eligibility criteria specific to each rank are described below).
 - a. If such a list is provided, the department chair will select one reviewer from that list to provide the peer evaluations. If no list is provided, the department chair will select from among the full set of eligible reviewers.
4. Review the peer evaluation rubric and comments with the faculty evaluator after the observation.
5. Sign the observation form (together with faculty observer).
6. Enter the observation form in his/her portfolio for RPT and discuss it with the chair during the annual review.
7. Candidates for promotion or tenure will make sure they have their signed peer evaluation forms in their portfolios.
8. The department chair will balance these criteria when making reviewing assignments.

Eligibility Criteria for Evaluation

Assistant Professors

- Assistant professors will be peer reviewed once each academic year. The first review will be scheduled in the faculty member's second semester of teaching (Fall or Spring).
- Eligible reviewers are Associate Professors or Professors.
- Sub-College RPT Committees should find at least 2 signed observation forms in the portfolio for candidates for promotion to Associate.

Associate Professors

- Associate Professors will be peer reviewed in the first year at that rank and in every second academic year following.
- Eligible reviewers are Professors.
- Sub-College RPT Committees should find at least 3 signed observation forms in the portfolio for candidates for promotion to Professor.

Professors

- Professors will be evaluated in their first year at that rank and in every fourth subsequent year.
- Eligible reviewers are other Professors.

Communication Regarding Peer Evaluation Process

- Based on the eligibility criteria and the list of reviewers provided by the faculty, at the beginning of the fall semester, the Department Chair will assign to each faculty his/her faculty observer/evaluator. The chair will email the peer evaluation schedule to the faculty.
- In this email, the chair will remind the faculty that they need to communicate regarding the best time to conduct peer evaluation.
- The email should also include a link to the departmental Peer Evaluation Policy document (link) for the guidelines on what to consider in peer evaluations.
- Email reminders to faculty from the Department Chair regarding the peer evaluation due date (mid-March).
- Faculty being reviewed and reviewers are asked to submit a signed copy of the peer evaluation to the Department Chair.

Procedures Pre-Observation Preparation - All faculty will attend the workshop: “How to give and receive peer evaluation of teaching”. This will include reviewing the rubric or observation form outlining issues that merit consideration during a review.



Drs. Frothingham, Mokler, Spicer, and Kazilionis

Appendix I

Faculty Workload

A System for Documenting Faculty Workload at the University of New England College of Osteopathic Medicine

Proposed by the Faculty Development Committee October 5, 2011
Adopted by College of Osteopathic Medicine Faculty Assembly October 12, 2011
Reviewed by the Faculty Affairs and Development Committee September 27, 2016
Re-adopted by College of Osteopathic Medicine Faculty Assembly

I. Mission of the College of Osteopathic Medicine

The University of New England College of Osteopathic Medicine transforms students into health care leaders who advance **patient-centered**, high quality, osteopathic primary care and community health for the people of New England and the nation.

II. Purpose

The Faculty Development Committee has developed the EVU system for the documentation of the workload performed by the faculty so that individual faculty and supervisors can assess their workload and the administration can assess the staffing needs of the College. It is up to faculty supervisors and the promotion and tenure process to evaluate the quality of the work of the faculty. The process needs to be aligned closely with the tenure and promotion process. It needs to be emphasized that the EVU system does not cover the quality of effort that is integral to the tenure and promotion process. The EVU system is not designed to be a measure for payment incentives for COM faculty.

This system is dependent upon a clear agreement between the COM administration and the individual faculty member as to the expectations of percent effort in each area. This should be clearly spelled out in the annual contract.

III. Premise

Faculty at the University of New England College of Osteopathic Medicine are hired with the expectation of working to fulfill the missions of their college and the university. This work falls under the traditional academic categories of teaching, scholarship, service

and administration. The composition of a faculty member's workload may consist of a broad variety of tasks including but not limited to time spent preparing and delivering lectures, mentoring students in small groups, at various care settings and/or in the laboratory. All tenured and tenure-track faculty are also expected to have a scholarship and/or research component to their appointment and to provide service to their college, university, community and profession. Specific examples of these types of activities are provided as part of the supporting documentation.

IV. Educational Value Unit (EVU)

The EVU is a unit that represents one hour of faculty work. Therefore, a full-time faculty member would have an annual EVU total of 1,840 (46 weeks x 40 hours per week). A faculty member with a 50% academic contract (clinical and administrative contracts are not covered here) would then have an EVU load of 920 EVUs.

Categories of Workload Assessment

Teaching

Teaching Activity

EVU^a

Lecture/ Large group activity	8 hrs/lecture
Case development (CBL)	8 hrs/case
Rubric and concept map development	10 hrs/case
Continuing education presentation	8 hrs/lecture
Online additional preparation	
Professional Development	
Reading in our discipline and medical education	5 hrs/week
Professional Development sessions (campus and/or webinars)	10 hrs/year
State, Regional, and National conference attendance	10 days/year
Lab (skill/science) Including OMM, simulation, robotics and standardized patients	
Leader/facilitator	4 hrs/hr
Participant	2 hrs/hr
Group	
Leader/facilitator	2.5 hrs/hr
Participant	1.25 hrs/hr
Panel	
Panel Moderator	2.5 hrs/hr

Panelist	1.25 hrs/hr
Exam Preparation ^b	
Written	
MCQ	1.0 hrs/item ^c
Short Answer/Imaging	0.5 hrs/item
Essay	0.5 hrs/item
Lab	
Practical	8 hrs/exam
Clinical Skills Assessment/OSCE	8 hrs/exam
Exam Administration (Including proctoring, grading, statistical evaluation)	
Written	
MC	0.05 hrs/item
Short Answer	0.05 hrs /item/student
Essay	25 /item/student
Case-based/concept mapping	0.25 /item/group
Lab	
Practical (live & donor)	8 hrs/exam
Clinical Skills Assessment/OSCE	1.5 hrs/student
Competency Assurance Process (CAP) Preparation	
Written – Minor or Major (years 1 & 2)	2 hrs/exam
Lab	
Donor – Minor	10 hrs/exam
Donor – Major	None
Clinical Skills Assessment/OSCE	
Minor	None
Major (year 1)	0.25 hr/CAP (average 30/exam)
Major (year 2)	0.5 hrs/exam
CAP Administration (Including proctoring, grading, statistical evaluation)	
Written	

Year 1	0.25 hr/CAP (average 10/exam)
Year 2	0.25 hr/CAP (average 15/exam)
Lab	
Donor – Minor	3 hrs/exam
Donor – Major	40 hrs/ exam
Clinical Skills Assessment/OSCE	
Minor	None
Major (year 1)	0.75 hr/student
Major Oral, SOAP or Diagnostics (year 2)	0.25 hr/CAP (average 20/exam)
Major Pt Encounter or OMM (year 2)	0.5 hr/CAP (average 25/exam)
Helping students outside of class	1 hr/student
Mentoring (per student)	
Student (in research lab)	0.05 hrs/student ^d
Supervise thesis/honors project	10 hrs/student ^e
Proposal development for fellowships (paid and unpaid)	2 hrs a month/student
Medical Student Advising (generally 10 students per faculty)	3 hrs/student/year
On-line Teaching per course	
Course Design	
Learning Bb system	5 hrs
On-line Course Design/syllabus	10 hrs
Choosing readings/resources	5 hrs
Setting up structure on Bb	20 hrs
Rechecking technology, links, & resources	5 hrs
Presentation Media (PowerPoint) with voice over	
Original Preparation	16 hrs/hr of content
Editing each new delivery	8 hrs/hr of content
Conducting Discussion Forum	
Preparation	2 hrs/week
Participation	2 hr/week
Assignments	
Preparation	4 hrs/week

Review, feedback, grading	0.5/student/weekly; 1 hr/student for final
Individual student communication (email, phone, office)	1-2 hrs/day
Applied Project	15 – 20 hrs/student
Independent Study:	
Design	5 – 7 hrs/student;
Evaluation	2 hrs/student
Course Director/Systems manager:	20 hours + 20 hours per credit

^a For all activities, EVUs are per hour of the activity (preparation and activity time) unless otherwise noted

^b Written exam questions are assigned EVUs per item, practical exam questions are assigned EVUs as a lump sum (based on average set-up time).

^c NBOME suggests 30 minutes for construction of 1MCQ

^d Low weight reflects high number of hours. For example, a professor with a student who spends 20 hr/wk in the lab at a weight of 0.05 would accrue 1 EVU.

^e EVUs not based on hours, but rather is a “lump sum.” Professor can still claim 0.05 EVUs per hour of lab time

On-Line Teaching

Facilitation (CGPS)	
Individual student communication	0.5 hour/day (3.5 hr/wk)
Grading/Admin	0.5 hour/day (3.5 hr/wk)
Discussion board forum	0.5 hour/day (3.5 hr/wk)

Experiential Teaching

in office or hospital:

Participatory medical training	
In personal clinic/hospital practice	
precepting of COM students on their clerkships (year-round)	20% of RVU
precepting of UNE PA students (year-round) – also NP	20% of RVU
In teaching clinic	
precepting of community residents (intermittent)	1 hr = 1 hr
precepting of COM students (year-round)	1 hr = 1 hr

Observational medical training	
precepting of other UNE health professionals - (intermittent)	10% of RVU
precepting of UNE undergrads (intermittent)	10% of RVU

Average 4 RVUs per hour based on primary care

Scholarship

Grant writing	Course development
Grant funded	Invited lectures
Administering grant	Meetings for scholarship
Supervision of laboratory personnel	Drug trials
Abstracts/ Chapters	Translational
Peer reviewed papers	Innovations in teaching
Books	

The committee recommends that each faculty member for which scholarship is expected is guaranteed a percentage of time to devote to scholarship. In addition, the committee recommends that there be in place a salary augmentation program that gives credit to grants and publications on a year by year basis. Multiyear productivity will be assessed and rewarded through the current promotion and tenure process. (See Appendix 2)

Service

Committees

Committee work is part of the service component of the faculty member's academic workload. In general, a standard formula for faculty workload places services at 20% of workload. This should be monitored by faculty on tenure track so that service does not consume too much time and detract from teaching and scholarship.

Special projects

Time values:

Committee: 1.5 hours per hour meeting, 5 hours per hour for chair

Mentoring Faculty: 1 hour/week (unless department or section head)

Special projects: Should be negotiated with supervisor

Professional organizations. EVUs for professional organizations should be given for significant and meaningful contributions to the organization regardless of the type of contribution. Credit should be given based on the time commitment including travel time.

Community service

- Healthcare for the low income and uninsured
- Community healthcare education
- Other community service

EVUs for community service should be given for time spent providing the service.

Administration

Dean

Associate Dean

Chair

Administration is an important component of the work of any institution and credit must be given for time spent on administrative issues. The administrative appointment is not considered academic and hence is not considered in academic tenure and promotion decisions. Administrative appointments should be clearly stated on the faculty member's contract and the percentage efforts should be stated and should also be reasonable. The faculty member's tenure and promotion then is determined by the remaining academic portion of the contract.

Administrative duties are as assigned and should not consume more time than contracted. Administrative duties related to grant administration where the faculty member is the PI or co-PI should be counted under research.

Time values:

Administrative appointment: As stated in contract

Committee on Faculty Development (2019)

Co-Chair: Hwyla Arafat, MD, PhD – Biomedical Science Faculty

Co-Chair: Jodie Hermann, DO – Clinical Faculty

Guy DeFeo, DO- Associate Dean for Clinical Education, ex-officio voting member

Phil Heywood – Executive Director, NEOMEN, ex-officio voting member

Jenifer Van Deusen, MEd – Interprofessional Education Coordinator, ex-officio voting member

Cheryl Doane, DO – Course Director, OCSII, Clinical Faculty

Evelyn Schwalenberg, DO -- Clinical Faculty

Hunter Sharp, DO -- Clinical Faculty

David Johnson, PhD -- Biomedical Science Faculty

Doug Spicer, PhD -- Biomedical Science Faculty

Support Staff: Lisa Bean

Appendix I.A: Establishing Educational Value Units for Pre-Clinical Medical Education (2010)

EVU estimates were determined using the following sources:

1. UNE COM Needs Assessment, created by Jane Carriero for 2010 COCA Self-Study
2. Information provided by Peter Dane, D.O., OUCOM
3. Information provided by Marc Hahn, D.O., formerly of TCOM
4. Nutter, D.O. et al. Measuring Faculty Effort and Contributions in Medical Education; *Acad. Med.* 2000; 75:199-207.
 - a. Provides averages of seven medical schools
 - b. This article was selected over more recent articles, because this article focuses on pre-clinical teaching, whereas the more recent articles focus on clinical teaching.
 - c. See Table 1 in Appendix 1
5. Bardes, C.L. et al. Measuring Teaching: A Relative Value Scale in Teaching; *Teach. Learn. Med.* 1998; 10:40-43.
 - a. This article is from Cornell, which is one of the schools accounted for in the Nutter et al. (2000) article. However, Nutter et al. (2000) did not address research mentoring. Bardes et al. (1998) did address research mentoring. This article was used exclusively for generating an EVU estimate for research mentoring. The EVUs developed by Cornell were not doubled counted.

Notes on calculating EVUs:

1. In this document one EVU equals approximately one hour of effort.
2. EVU estimates were determined by calculating the average of the EVUs from the aforementioned sources.
 - a. Note: not all sources assigned EVUs for each Pre-clinical teaching activity listed below.
3. Due to program specificity, UNE COM reference received more heavily-weighted consideration.
4. When UNE COM estimates were below the national average, the subcommittee erred toward increasing the EVU.
5. Activities for which responsibilities are divided into leader/facilitator and participant roles (e.g. group teaching), participant EVUs were calculated as half of the EVUs assigned to the leader.

Table 1

Relative Value Units (RVUs) per Hour of Direct Faculty Contact in Selected Education Activities at Seven Schools*		
Education Activity	Average RVU/Hour Across All Schools	RVU/Hour Range Across All Schools
Outpatient preceptor	1.5	0.5–3.0
Education committee service	1.75	1.0–3.0
Teaching with clinical procedures	2.0	2.0
Inpatient attending or consult rounds	2.5	1.0–4.0
Clinical conference or morning report	3.0	1.0–4.0
Individual tutor or advisor	3.0	1.5–4.0
Small-group instructor	3.5	1.0–8.0
Lecture	4.0	2.0–10.0
Course director	4.0	1.0–8.0
Grand rounds	12.0	10.0–20.0
<p>*Data from seven U.S. medical schools that have developed relative-value-scale methods for evaluating faculty activity in education. The reported RVUs were calculated using factors such as the time and effort required by a single faculty member to perform each activity and the level of the faculty member's experience and skill; quality of performance was not included. The activities themselves were considered to be of equal value. Not all schools assigned an RVU to every education activity listed in the table. See the text for a fuller explanation of how RVUs are calculated and for definitions of the education activities.</p>		

Acad. Med. 2000; 75:199-207

*Seven schools in article from Academic Medicine 2000: University of Kentucky College of Medicine, Cornell University Joan and Sanford I. Weill Medical College and Graduate School of Medical Sciences, University of Oklahoma College of Medicine, Mayo Medical School, University of Florida College of Medicine, University of Pittsburgh School of Medicine, and Louisiana State University School of Medicine.

Appendix I.B

Research EVUs

A search of the recent literature suggests that an accounting for research productivity is not allotted in terms of hours or percentage efforts. Two forms of measures of productivity were noted. First, receipts of grants and gifts where larger, federal grants were noted. The second measure was publications, where first authorship or book authorship was weight more heavily. Some reports used a hybrid.

Rather than assigning EVUs, research activities were awarded salary augmentations, for each grant or publication salary was augmented in the ranges of 2-10%. For example, a first authorship would translate to 5% of base salary. To translate this to time allotment, 5% a 2000 hour work year = 100 hours – or slightly more than two weeks – or 100 EVUS. Any experienced researcher would immediately recognize that this does not reflect the amount of time that it would take to conceptualize a study, collect the data and write a manuscript. A discussion of the time allotted for these activities was not given in any of the articles reviewed.

The committee discussed the need for protected time to establish and bring to productivity a research or scholarly program. The nature of research is a multiyear endeavor. The committee affirmed that 40% protected time should be the standard but that adjustments for particular faculty would be adjusted on a departmental needs basis as well as the career trajectory of the individual faculty member.

It should be emphasized that the aforementioned reports from the literature show demonstrated increases in research productivity with incentive programs.

Therefore, the committee recommends that each faculty member for which scholarship is expected is guaranteed a percentage of time to devote to research. In addition, the committee recommends that there be in place a salary augmentation program that gives credit to grants and publications on a year by year basis. Multiyear productivity will be assessed and rewarded through the current promotion and tenure process.



Drs. Gugliucci, Ly, Rowe, Thompson, Mokler, May, and Winterson



Drs. Damon, Sendzicki, Phillips, and Reynolds



Drs. Spicer, Thompson, DeFeo, Gugliucci, Pierce, and Kazilionis



Drs. Doane and King



Drs. Mokler, Arafat, and Davidoff



Dr. Daly

Appendix II

Academic Services and Centers of Excellence

Library Services

<http://www.une.edu/library/e-resources>

Center for the Enrichment of Teaching and Learning

<http://www.une.edu/cetl>

Center of Biomedical Research Excellence for the Study of Pain and Sensory Function

<https://www.une.edu/research/cobre>

Center for Excellence in Health Innovation

<http://www.une.edu/academics/centers-institutes/center-excellence-health-innovation>

Center for Excellence in the Neurosciences

<https://www.une.edu/research/cen>

Appendix III

COM Faculty Committee Charters

(on following pages)

COMMITTEE TYPE: Standing

MEETING FREQUENCY: Twice-Monthly and as needed

MEETING TYPE: Open

LAST UPDATE: August 11, 2017 **BY** R Smith

MEETING LENGTH: 120-minutes, or as needed

COMMONLY REFERRED TO AS: CAC or COMCAC

Rationale

The Committee on Educational Progress (CEP) evolved from a more traditional Curriculum Committee as a forum to discuss curriculum and other issues impacting instruction. The previous mandate was broad ranging in its scope and covered areas as diverse as dress code, ethics, student evaluation, curriculum design and instructional delivery.

The creation of the Curriculum Advisory Committee (CAC) will further refine, and focus the work, replacing the CEP with a more workable structure. By creating a common template for reviewing existing curriculum and development of new curriculum, it will ensure consistency and help the University of New England, College of Osteopathic Medicine (UNE COM) move toward its vision of being a leader among colleges of osteopathic medicine. Since it will encompass all curricula within the COM, (Years 1-4), it will become a vital body serving to maximize quality through the development of clear standards using a continuum for learning.

Charge

The Curriculum Advisory Committee (CAC) will:

- Establish a structured curricular framework for the COM program as a whole and as a continuum;
- Review and make recommendations for revision of existing curriculum, including student assessment and evaluation results;
- Propose new curriculum;
- Draft procedures and protocols/policies by which all involved in curriculum development and implementation will be held accountable;
- Develop sub-committees, as needed to address specific issues in a timely manner;
- Make recommendations for approval to the Chief Academic Officer/Dean or his/her designee and the College of Osteopathic Medicine Faculty Assembly (COMFA) for approval.

Resources

Administrative support will be provided by the office of the Associate Dean of Academic Affairs. This person will be responsible for keeping the minutes of the committee's work and working with the Chair on logistical arrangements (see below). Those working on curricular development will have time set aside approved by their Chairs and the Dean.

Composition and Membership

Membership of the body will be appointed by the Dean based on recommendations from the College of Osteopathic Medicine Faculty Assembly (COMFA). The membership of the CAC will consist of regular faculty and *ex-officio* members. The CAC Chair and Vice-Chair will be elected by the members of the CAC. The Vice-Chair will help the Chair of the CAC with his/her duties and take on the Chair's duties in the event that the Chair cannot be at a meeting or is temporarily unable to perform his/her duties. The Chair will be an osteopathic physician, and the Vice-Chair will be a biomedical scientist or a physician.

Voting membership will include a cross-section of faculty representing all aspects of the curriculum including the clinical campuses, plus the Associate Dean for Academic Affairs, the Associate Dean for Clinical Education, the Associate Dean for Students, and the Curriculum Director as *ex-officio* voting members of the CAC due to their

involvement in the curriculum process. This will include four *ex-officio* members, four physicians, four biomedical scientists, and two physician faculty from clinical campuses. One student representative from each year of the COM (or Year's 1-IV) which are the current Chairs of the Student Curriculum Advisory Committees will also be *ex-officio* voting members of the committee with one half vote per student representative or 2 votes collectively as a group. COMFA will nominate faculty and any additional *ex-officio* voting members for approval by the Dean.

Subcommittee Composition

Each sub-committee will be chaired by a voting member of the CAC. Other sub-committee members can be members of the UNE COM community. Terms for the sub-committee will only continue for as long as the sub-committee is in existence. The Chair of the sub-committee will report to the CAC at a time that is designated.

Committee Role Responsibilities

Committee Chair Duties and Responsibilities:

Report to the COMFA on a monthly basis; bring proposals for membership and major curricular changes to the COMFA for approval; provide CAC recommendations to the Chief Academic Officer/Dean and to the COMFA; report regularly to the Academic Affairs Committee of the University Faculty Assembly (the Chair is an *ex officio* voting member of this Committee).

Committee Support Duties and Responsibilities:

Send appointments and maintain committee calendar; schedule/reserve meeting logistics/technology/food services; prepare and disseminate meeting agenda and handouts; assist the Chair in adhering to the time limits set for meetings; assist members in preparing work plans, assessments, communications, etc.; maintain online repository of meeting documents.

Committee Member Duties and Responsibilities:

Maintain the quality of academic programs; develop and uphold the University's standards of instruction; review the quality of all continuing programs, in consort with the appropriate academic dean(s) and Provost; set student prerequisites for admission to, and retention in programs, and in the case of new programs or courses of study: evaluate the need for new programs or courses of study in the New England region, nationally and internationally; review the curricula of proposed programs or courses of study; define the relationship of new programs to existing University programs; prepare recommendations based upon the preceding for review by the appropriate college assembly committee, the dean, the University Faculty Assembly, the Provost and the President; serve on at least one subcommittee.

Operations

Operations will be determined by voting members of the CAC. The Chair will also report to the COMFA on a monthly basis, and bring proposals for membership and major curricular changes from the CAC to the COMFA for a vote of the faculty. The Chair will further deliver CAC recommendations to the Dean for final approval.

Decisions of the CAC will be by consensus; if there is no consensus, then a 2/3 vote of the voting members will be needed to take a proposal to the COMFA for a final vote.

Self-Evaluation

All committees of the COM are required to conduct and submit a performance evaluation annually. This self-evaluation is used to assess the committee's performance and effectiveness, and the adequacy of its charter. It is also designed to enable members to reflect on their role as a committee and consider any areas in which they would like further support or information. A Committee Self-Evaluation form will be distributed annually by the Dean's Office.

COMMITTEE TYPE: Standing

LAST UPDATE: August 11, 2017

Principle Accountabilities

- Develop and conduct a continuous assessment process that reviews all facility and learning resources appropriate to achieve the COM's mission and educational objectives. Review of facility resources should include whether or not the current classroom and laboratory space is adequate for students, staff and faculty to achieve curricular objectives. Review of learning resources should include, but not be limited to: library resources; computer technology to access online databases; use of other media and technology as appropriate.
- The learning resources of all campuses and affiliated teaching sites will be reviewed by this committee and the appropriate other committees and administration to ensure delivery of the curriculum. Identification of specific learning resources necessary for students at each affiliated site will be completed to ensure each site has the necessary space, technology, and other material as identified by COM
- Submit to the Associate Dean for Academic Affairs at the end of the academic year an annual facility and learning resources assessment report. The report will include recommendations for any additional facility and learning resources needed to support students, staff, and faculty in achieving the educational goals. This report will also be made available to other appropriate committees and administration.

Membership

- Appointed by Dean
- Term length: 3 years
- Term limit: none

Composition

- Biomedical Science Faculty Member (Chair)
- Committee Support Staff
- Director of Finance and Administration
- Associate Dean of Clinical Education or designee
- Associate Dean of Recruitment, Student and Alumni Services or designee
- Associate Dean of Academic Affairs or designee
- Director of Clinical Simulation Center
- Technology Integration Manager
- Clinical Faculty Member
- Research Representative
- Student Representative

COMMITTEE TYPE: Standing

MEETING FREQUENCY: Monthly and as needed

MEETING TYPE: Open

LAST UPDATE: August 16, 2017

MEETING LENGTH: 90-120 minutes, or as needed

COMMONLY REFERRED TO AS: CFAD

Rationale

One of the medical school's most important assets is its faculty. The Committee on Faculty Affairs and Development (CFAD) works with the Dean, COM Faculty Assembly and University Faculty Assembly on matters involving the faculty, including but not limited to, issues of academic freedom, shared governance, appointments, and tenure and promotion policies and procedures that are documented in the Faculty handbook. In this capacity, CFAD helps to formulate COM's programs, policies, and procedures pertaining to the responsibilities of the faculty.

Faculty are involved in the University of New England College of Osteopathic Medicine (UNE COM) missions of education, scholarship and service. CFAD is involved in the recommending needs assessment-driven faculty development programs that are implemented by the faculty development office.

Supports College Compliance (COCA standards)

- University Faculty Assembly
- Standard Domain 7:
 - 7.7 Faculty Association
 - 7.6 Faculty Development
- Standard Domain 5:
 - 5.1 Professionalism

Charge

The Committee on Faculty Affairs and Development (CFAD) will:

- Develop and implement policies related to faculty workload;
- Review and make recommendations for updates to the UNE COM Reappointment, Promotion and Tenure (RPT);
- Make recommendations for Faculty Development programs/plans and Faculty Mentoring programs to the Associate Dean of Academic Affairs and Associate Dean for Clinical Education or their designees and the Dean;
- Recommend and assess Faculty Development programs and plans based on best practices;
- Evaluate and advise the design and implementation of faculty assessment;
- Evaluate and advise on best practices of peer faculty assessment and evaluation;
- Develop sub-committees, as needed, to address specific issues in a timely manner, e.g. Subcommittee on Faculty Professionalism and Ethics;
- Make recommendations for approval to the Dean or his/her designee and the College of Osteopathic Medicine Faculty Assembly (COMFA) for approval.

Resources

Administrative support will be provided by the office of the Associate Dean of Clinical Education. This person will be responsible for keeping the minutes of the committee's work and working with the Chair on logistical arrangements (see below).

Accountability and Deliverables

- Monthly reports at scheduled COMFA meetings
- Update the University Faculty Assembly on COM faculty affairs and issues as needed

Annual Committee Goals

- Keep open communication channels between faculty and administration. Work on improving faculty evaluation policies and procedures with the faculty, department chairs and associate deans.

Composition and Membership

Membership of the body will be appointed by the Dean based on recommendations from the College of Osteopathic Medicine Faculty Assembly (COMFA). The membership of the CAC will consist of regular faculty and *ex-officio* members. The CAC Chair and Vice-Chair will be elected by the members of the CAC. The Vice-Chair will help the Chair of the CAC with his/her duties and take on the Chair's duties in the event that the Chair cannot be at a meeting or is temporarily unable to perform his/her duties. The Chair will be an osteopathic physician, and the Vice-Chair will be a biomedical scientist or a physician.

Voting membership will include a cross-section of faculty representing all aspects of the curriculum including the clinical campuses, plus the Associate Dean for Academic Affairs, the Associate Dean for Clinical Education, the Associate Dean for Students, and the Curriculum Director as *ex-officio* voting members of the CAC due to their involvement in the curriculum process. This will include four *ex-officio* members, four physicians, four biomedical scientists, and two physician faculty from clinical campuses. One student representative from each year of the COM (or Year's 1-IV) which are the current Chairs of the Student Curriculum Advisory Committees will also be *ex-officio* voting members of the committee with one half vote per student representative or 2 votes collectively as a group. COMFA will nominate faculty and any additional *ex-officio* voting members for approval by the Dean.

Subcommittee Composition

Each sub-committee will be chaired by a voting member of the CAC. Other sub-committee members can be members of the UNE COM community. Terms for the sub-committee will only continue for as long as the sub-committee is in existence. The Chair of the sub-committee will report to the CAC at a time that is designated.

Committee Role Responsibilities

Committee Chair Duties and Responsibilities

Report to the COMFA on a monthly basis; bring faculty-related proposals for policies and procedures to the COMFA for approval; provide CFAD recommendations to the Chief Academic Officer/Dean and to the COMFA; report regularly to the Faculty Affairs Committee of the University Faculty Assembly (the Chair is an *ex officio* voting member of this Committee).

Committee Support Duties and Responsibilities

Maintain minutes, send appointments and maintain committee calendar; schedule/reserve meeting logistics/technology; prepare and disseminate meeting agenda and handouts; assist the Chair in adhering to the time limits set for meetings; assist members in preparing work plans, assessments, communications, etc.; maintain online repository of meeting documents.

Committee Member Duties and Responsibilities

It is the responsibility of all members to work toward the Committee's common goals. To that end members will: serve as advocates for the committee's charge; maintain regular meeting attendance; prepare in advance for meetings; make relevant and constructive contributions; regard disagreements as problems to be solved rather than battles to be won; focus on committee deliverables; be prepared to 'think outside the box' and develop creative solutions to address the many interests that will be raised throughout the Committee's deliberations; support the Chair and other members.

Operations

Operations will be determined by voting members of the CFAD. The Chair will also report to the COMFA on a monthly basis, and bring proposals for membership and major policy changes from the CFAD to the COMFA for a vote of the faculty. The Chair will further deliver CFAD recommendations to the Dean for final approval.

Decisions of the CFAD will be by consensus; if there is no consensus, then a 2/3 vote of the voting members will be needed to take a proposal to the COMFA for a final vote.

Self-Evaluation

All committees of the COM are required to conduct and submit a performance evaluation annually. This self-evaluation is used to assess the committee's performance and effectiveness, and the adequacy of its charter. It is also designed to enable members to reflect on their role as a committee and consider any areas in which they would like further support or information. A Committee Self-Evaluation form will be distributed annually by the Dean's Office.

COMMITTEE TYPE: Standing

LAST UPDATE: August 3, 2017

MEETING FREQUENCY: Once a month on the 2nd Friday of the month.

MEETING LENGTH: 90 minutes

MEETING TYPE: Members only

COMMONLY REFERRED TO AS: RSC

Rationale

Through the collaborative efforts and creativity of the committee members, our mission is to advance and administer the research and scholarship agenda within the UNE COM to include UNE's Centers of Excellence where appropriate and develop opportunities for research and scholarship education and practice.

Charge

The Research and Scholarship Committee will:

- Assist in formulating recommendations and policies including processes or procedures designed to enhance research and scholarship within UNE COM;
- Develop as appropriate degree/non degree granting research endeavors to advance student training in research.
- Foster and facilitate mentoring of UNE COM students in a variety of research and scholarship endeavors;
- Administer and implement the Peter Morgane Student Research Fellowship Program and Annual UNE COM Research Forum;
- Coordinate web-site content and information related to the functions of this committee.

Resources

- The Coordinator of Research and Scholarship in the Department of Biomedical Sciences, provides the support for this committee – there is a large amount of work that is produced by this committee.
- We have archived all documents and marketing information from prior years as many projects are provided each year. We require funding from the CEN, Biomedical Sciences Dept, and Dean's Office for the Research forum and The Morgane Research Fellows – with additional financial support coming from the UNE VP for Research
- Other than the Committee meetings each month there is a significant amount of time allocated to the COM Research Forum (includes sending out notices, tracking abstract submissions, recruiting and corresponding with judges – committee members are required to be judges, reviewing abstracts, correspondence with students, manage the schedule, order food, get keynote speaker, work with other UNE Staff, print research posters); the MOA Research Forum (includes recruiting and corresponding with judges, tracking submissions, reviewing abstracts, correspondence with students, work with MOA Staff, print research posters), the NEOMEN Research Forum (collaboration, abstract reviews and judging); the Biomedical Research Seminars, and Peter Morgane Student Research Fellowship applications and fellows (sending out notices, tracking application submissions, reviewing applications, correspondence with students and mentors, tracking requirement deadlines and releasing distribution of funds). Additionally, the Chair participates in the Dean's Leadership Team Meeting (90 min. each week), and is responsible for adhering to time lines and the

construction of policies and procedures that often get written and edited during non-committee meeting times.

Accountability and Deliverables

The committee will report to COMFA and the Dean's Leadership Team. It is essential that this committee work with UNE COM students, UNE COM faculty and staff, the UNE Vice President for Research, and the Office of Sponsored Programs. Additionally, the COM Research Lectures that occur each month at Noon time and are part of the student policy to attend a set number of these per semester is organized through this Committee in conjunction with the Biomedical Sciences Dept.

See above... UNECOM Research Forum, MOA Research Forum, NEOMEN Research Forum, Morgane Fellowship, COM Research Web Site, Research Honors work for UNECOM students – Procedures to attain this honor; and Research Policy and Procedures for UNECOM

Delegation

The committee may delegate its responsibilities for organization, scheduling, and administration of marketing, etc to the Coordinator, R&S, Biomedical Sciences at will who coordinates with Office of Research and Scholarship, COM Curriculum Office, Biomedical Sciences Department, Maine Osteopathic Association (MOA), and Northeast Osteopathic Medical Education Network (NEOMEN).

Composition and Membership

The committee shall be comprised of 6 to 9 members with a chair appointed by the Dean and vice-chair elected by the committee members.

Committee Chair:Term: 2 years, Appointment may be renewable by the COM Dean, but prefer to have a new chair appointed by the COM Dean for each 2-year cycle

Committee Role Responsibilities

Committee Chair Duties and Responsibilities:

- The committee chair will sit as a regular member of the Dean's Leadership Team until such time as an Associate Dean for Research & Scholarship position has been filled.

Overall responsibility for execution of the committee's charge; collaborative preparation of agenda; actively facilitate meetings so that they start and end on time; actively facilitate discussions keeping them relevant; champion the work of the committee; assign actions; set timelines and deadlines; follow-up on assignments; exert influence to help the committee obtain information and complete its work; communicate on the committees' progress; formal delivery of results.

Committee Support Duties and Responsibilities:

Send appointments and maintain committee calendar; schedule/reserve meeting logistics/technology/food services; prepare and disseminate meeting agenda and handouts; assist the Chair in adhering to the time limits set for meetings; assist members in preparing work plans, assessments, communications, etc.; maintain online repository of meeting documents.

Committee Member Duties and Responsibilities:

It is the responsibility of all members to work toward the Committee's common goals. To that end members will serve as advocates for the committee's charge; maintain regular meeting attendance; prepare in advance for meetings; make relevant and constructive contributions; regard disagreements as problems to be solved rather than battles to be won; focus on committee deliverables; be prepared to 'think outside the box' and develop creative solutions to address the many interests that will be raised throughout the Committee's deliberations; support the Chair and other members.

Operations

- Decision-making Map**

Who:	Action:
Committee	Discussion
Chair or Co Chair	Decision determined – motions determined by a vote of the committee with the tie-breaker vote the responsibility of the chair
Dean's Leadership Team and/or Department Chair Biomedical Sciences depending on the issue	Present the issues for consideration
Dean if warranted	Ultimate decision

- Communications Map**

Charges:	Action:
From Dean	Bring to committee
From UNE VP for R & S	Bring to committee
From Biomed Department Chair	Bring to committee
From Curriculum Committee	Bring to committee
From RSC members through the chair	Bring to Dean's Leadership Team (in the absence of an Associate Dean for Research and Scholarship) and to COMFA
From RSC Chair	Bring to the RSC members for discussion and decision. Some items may go to CAC or other committees when appropriate – Such as when the agenda item is In conjunction or in collaboration with these other entities.

Quorum

Five members must be present.

Self-Evaluation

All committees of the COM are required to conduct and submit a performance evaluation annually. This self-evaluation is used to assess the committee's performance and effectiveness, and the adequacy of its charter. It is also designed to enable members to reflect on their role as a committee and consider any areas in which they would like further support or information. A Committee Self-Evaluation form will be distributed annually by the Dean's Office.

COMMITTEE TYPE: Standing

MEETING FREQUENCY: Weekly from approximately
September – April depending on applicant response

COMMONLY REFERRED TO AS: COA

LAST UPDATE: November, 2017 **BY** K. Brandt

MEETING LENGTH: 3 hrs. with 3-7 hrs. additional
preparation time per week

Rationale

The Committee on Admissions (COA) sets standards for admission to UNE COM, advises education of interviewers and other participants in the selection process of applicants, and advises the Dean on final admission or rejection of applicants. The goal of this process is to select matriculants to COM who fit criteria designed to meet the mission and vision of the school.

Charge

The Committee on Admissions is charged with selecting candidates with the highest potential to fulfill the mission of UNE COM and recommend their acceptance.

UNE COM Mission: The University of New England College of Osteopathic Medicine fosters health care leaders across the continuum in undergraduate, pre-doctoral, graduate medical and continuing medical education, to advance exceptional osteopathic healthcare locally and globally through practice, scholarship, education and community health.

The Committee values the following in our selection process:

- Academic excellence as demonstrated by a depth and breadth of rigorous preparation
- Knowledge and demonstrated experience in osteopathic medicine and health care in general
- Leadership and collaboration in arenas of responsibility
- Passion and compassion of service and empathy
- Capacity for critical thinking and maturity for problem solving
- Professionalism in thought, word and deed.

Non-discrimination Statements:

- The University of New England does not discriminate in admissions or access to, or treatment in, its programs and activities on the basis of race, ethnicity, national origin, color, gender, sexual orientation, religion, age, veteran status, or disabling conditions in violation of federal or state civil rights laws of Section 504 of the Rehabilitation Act of 1973.
- Underserved Considerations: it is the policy of the COA to not discriminate based on race, socioeconomic status, ethnicity, national origin, color, gender, sexual orientation, religion, age, veteran status, or disabling conditions. UNE COM does not practice formal affirmative action through the use of quotas. However, it is understood by the COA that there are many groups underserved by and under-represented in the medical community, and works with the office of Recruitment, Student, and Alumni Services (RSAS) on pipeline and support programs to mitigate this issue. In addition, the COA understands that some individuals may have less access to resources to engage in typical premedical activities.

Resources

- The COA works closely with UNE's Office of Graduate Admissions and COM's Office of Recruitment Student & Alumni Services (RSAS). Administrative support is primarily through the Office of Graduate Admissions (GADM), supplemented by RSAS.
- The COA requires access to the application materials, admissions documentation and communications to applicants to COM
- Members of the committee commit approximately 6-10 hrs. per week from September through April. This time is incorporated into members' schedules by the appropriate Department Chair.

Accountability & Deliverables

The COA is expected to:

- Set criteria for admission with academically qualified students who fit the mission of the school
- Set procedures to regulate acceptance rate to meet accredited class size
- Review applications after interview and make recommendations to the Dean for admission or rejection
- Review proposals for innovative admission policies such as pipeline programs and undergraduate affiliations
- Develop strategies and processes for evaluation of applications and the structure of the interview process
- The committee reports to the Dean. It also updates the faculty through regular reports at the College of Osteopathic Medicine Faculty Assembly (COMFA)
- COA maintains an annual retreat to review global issues and review policies as relates to admissions

Delegation

The Committee on Admissions develops guidelines and procedures for all stages of the admissions process, which is executed by many faculty and staff:

1. Preliminary evaluation and first line communication is performed by the staff of the Office Of Graduate Admissions
2. Interviews are done by invitation and performed by small groups including biomedical scientists, clinical faculty and students. This involves nearly all the on campus faculty at COM
3. Review of the completed application and interview evaluations are performed by the COA and its recommendations are presented to the Dean of COM for final approval
4. Monitoring and interpretation of application volume and response to offers of acceptance is performed by the Office of Graduate Admission and RSAS. This office then informs and advises the COA on the pace of admissions to meet the accredited class size

Composition and Membership

The Committee on Admissions shall be composed of equal numbers of basic science and clinical faculty. Appointment to the Committee shall be made by the Dean. Committee members shall serve staggered terms as determined by the Dean. The Dean shall appoint the Committee Chairperson. The Associate Dean of RSAS shall also serve as a member of the Committee on Admissions as Vice-Chair. The Assistant Director of Graduate and Professional Admissions (ADGPA) shall provide staff support to the Committee.

Committee Role Responsibilities

Committee Chair Duties:

- Overall responsibility for execution of the committee's charge
- Ongoing development, modification and documentation of policies and procedures to ensure selection of candidates based upon requirements of the curriculum and mission of the institution
- Collaborative preparation of agenda
- Actively facilitate meetings so that they start and end on time
- Actively facilitate discussions keeping them relevant

- Champion the work of the committee
- Assign actions
- Set timelines and deadlines
- Follow-up on assignments
- Exert influence to help the committee obtain information and complete its work
- Communicate on the committees' progress

Committee Vice-Chair Duties:

- Primary liaison to the Dean of UNE COM
- Primary liaison to the Office of Graduate Admissions
- Primary liaison to COM committees as appropriate
- Follow-up on assignments
- Educate interviewers
- Assist support staff in scheduling and organization of interviewers

Committee Support Duties:

- Send appointments and maintain committee calendar.
- Schedule/reserve meeting logistics/technology/food services
- Prepare and disseminate meeting agenda and handouts.
- Assist the Chair in adhering to the time limits set for meetings.
- Prepare and disseminate meeting minutes.
- Assist members in preparing work plans, assessments, communications, etc.
- Maintain repository of committee documents
- Coordinate the engagement and education of interviewers

Committee Member Duties and Responsibilities:

- It is the responsibility of all members to work toward the Committee's common goals. To that end members will:
 - Serve as advocates for the committee's charge, ensuring applicant selection is consistent with the mission of the COM
 - Focus on committee deliverables
 - Maintain regular meeting attendance
 - Prepare in advance for meetings
 - Make relevant and constructive contributions
 - Regard disagreements as problems to be solved rather than battles to be won
 - Develop solutions to address the many interests that will be raised throughout the Committee's deliberations
 - Support the Chair and other members

Operations

COA operates with the principles of Robert's Rules for selecting applicants and consensus building followed by Robert's Rules when deciding policy

Quorum

As per Robert's Rules, a majority of members present is considered a quorum.

Self-Evaluation

All committees of the COM are required to conduct and submit a performance evaluation at least annually. This self-evaluation is used to assess the committee's performance and effectiveness, and the adequacy of its charter. It is also designed to enable members to reflect on their role as a committee and consider any areas in which they

would like further support or information. A Committee Self-Evaluation form will be distributed annually by the Dean's Office.

The performance of the COA is reflected in the quantity and quality of the matriculants and their performance in medical school and beyond. This is tracked by the COA and reflected longitudinally in the minutes of weekly meetings and the annual retreat.

COMMITTEE TYPE: Standing

MEETING FREQUENCY: Monthly and as needed

LAST UPDATE: August 11, 2017 **BY** R Smith

MEETING LENGTH: 120 minutes, or as needed

COMMONLY REFERRED TO AS: CSP

Rationale

The Committee on Student Progress (CSP) is responsible for making recommendations to the Associate Dean for Academic Affairs (ADAA) or the Associate Dean for Clinical Education (ADCE) on matters related to student performance, including disciplinary and academic matters through years 1 and 2 or years 3 and 4 of the student's osteopathic medical school training. Annually, CSP makes recommendations to the Dean on the promotion of students to the next class. Also, each year CSP recommends to the faculty, through the Dean, the awarding of the degree of Doctor of Osteopathic Medicine to those students who have satisfied all graduation requirements.

This committee serves to support NEASC standard 8 and COCA standards 5 (element 5.1) and standard 11 (element 11.2)

NEASC standard 8: Educational Effectiveness

The institution demonstrates its effectiveness by ensuring satisfactory levels of student achievement on mission-appropriate student outcomes. Based on verifiable information, the institution understands what its students have gained as a result of their education and has useful evidence about the success of its recent graduates. This information is used for planning and improvement, resource allocation, and to inform the public about the institution. Student achievement is at a level appropriate for the degree awarded.

COCA standard 5: Learning Environment

Element 5.1: Professionalism: A COM must ensure that the learning environment of its osteopathic medical education program is conducive to the ongoing development of professional behaviors in its osteopathic medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. This should also include exposure to aspects of patient safety, cultural competence, and inter-professional collaborative practice.

COCA standard 11: Program and Student Assessment and Outcomes

Element 11.2: Student Evaluation of Instruction: A COM must have policies and procedures in place to collect and consider confidential student evaluations of their courses, clerkships, faculty, and other relevant student experiences. The COM must demonstrate that these results incorporated into the COM's self-assessment to improve curriculum and address deficiencies in student experiences.

Charge

The Committee on Student Progress reviews student status whenever that student's academic or professional performance is found to be unsatisfactory in terms of acquisition of medical knowledge, or clinical skills, or professional growth. Actionable issues may include, but not be limited to:

- Unexcused absence(s) from class, laboratory, or clinical experience.

- Failure to obtain satisfactory grades in each unit of study
- Failure to obtain satisfactory grade in either the Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX)
- Failure to abide by the Standards for Professional Behavior and Conduct, or to exhibit the behavior, ethics, or professional manner deemed necessary for the continued study and later practice of osteopathic medicine.
- Personal or medical reasons; in assessing personal growth, such factors as morals, emotional stability, integrity, general conduct, reliability, judgment, and rapport with patients are considered.

Resources

Administrative support is provided by the office of the Associate Dean of Recruitment, Student and Alumni Services. This individual will be responsible for recording minutes of the committee's work and working with the Chair on logistical arrangements.

Accountability and Deliverables

The Committee Chair makes recommendations on all actionable decisions directly to the Associate Dean for Academic Affairs (ADAA), or the Associate Dean for Clinical Education (ADCE) as is appropriate. The Committee Chair may also consult with course directors or other administration, faculty, and staff when necessary in order to fulfill the Charge of the Committee.

Composition and Membership

Membership of the body will be appointed by the Dean based on recommendations from the College of Osteopathic Medicine Faculty Assembly (COMFA). Membership on the CSP consists of 3 Biomedical Science Faculty and 3 Clinical Faculty in addition to the Chair of the committee which can either be a Biomedical Science Faculty Member or a Clinical Faculty Member. The Dean identifies the Committee Chair. The Associate Dean for Recruitment, Student and Alumni Services, along with the Coordinator for Clinical Education will be non-voting, ex-officio members of the committee due to their positions within the college.

Committee Role Responsibilities

Committee Chair Duties:

- Overall responsibility for execution of the committee's charge.
- Prepare and disseminate meeting agenda and handouts.
- Actively facilitate meetings so that they start and end on time.
- Actively facilitate discussions keeping them relevant.
- Champion the work of the committee.
- Assign actions.
- Set timelines and deadlines.
- Follow-up on assignments.
- Preparation of minutes for distribution to committee members
- Schedule students for meetings with the committee
- Advise students regarding issues with COMSAE/COMLEX exams
- Preparation of letters of Academic Warning
- Exert influence to help the committee obtain information and complete its work.
- Report regularly to the COM Faculty Assembly
- Formal delivery of recommendations for action by the Associate Dean for Academic Affairs, or the Associate Dean for Clinical Affairs

Committee Support Duties:

- Send appointments and maintain committee calendar.
- Schedule/reserve meeting logistics/technology
- Assist the Chair in adhering to the time limits set for meetings.
- Maintain online repository of meeting documents.

Committee Member Duties and Responsibilities:

It is the responsibility of all members to work toward the Committee's common goals. To that end members will:

- Serve as advocates for the committee's charge.
- Maintain regular meeting attendance.
- Prepare in advance for meetings.
- Make relevant and constructive contributions.
- Regard disagreements as problems to be solved rather than battles to be won.
- Focus on committee deliverables.
- Be prepared to 'think outside the box' and develop creative solutions to address the many interests that will be raised throughout the Committee's deliberations.
- Support the Chair and other members.

Operations

Operations will be determined by voting members of the CSP.

Decision making and Communication: ADAA, ADCE, or course directors may refer a student to the CSP for consideration by contacting the Committee Chair. The Chair communicates with the referred student and convenes the CSP committee. The chair and committee members determine what, if any additional information is needed, and establish a time line for the review process.

The Chair of CSP contacts the student, calls the committee to session and interacts with any other individuals from whom information or data needs to be acquired. Once the committee decides on a recommended course of action, the committee chair communicates that recommendation to either the ADAA or ADCE as is appropriate for the student. The ADAA or ADCE decides whether or not to accept the CSP recommendation and contacts the student with regards to the decision. The ADCA and ADCE may converse with the Chair regarding the specifics of the recommendation.

Quorum

80% of the committee membership.

Self-Evaluation

All committees of the COM are required to conduct and submit a performance evaluation annually. This self-evaluation is used to assess the committee's performance and effectiveness, and the adequacy of its charter. It is also designed to enable members to reflect on their role as a committee and consider any areas in which they would like further support or information. A Committee Self-Evaluation form will be distributed annually by the Dean's Office.

COMMITTEE TYPE: Standing

MEETING FREQUENCY: 1 – 2 times per semester or as needed

MEETING TYPE: Open

LAST UPDATE: June 14, 2017

MEETING LENGTH: 60-90 minutes

COMMONLY REFERRED TO AS: ITC

Rationale

Information technology is an integral resource in modern medical education. IT is involved in all levels of the curriculum in COM. It is important for communication in the college, from the classroom to clinical sites.

Supports College Compliance

- Standard Domain Four- Facilities: Standards 4.2, 4.3
- Standard Domain Six- Curriculum: Standard(s) 6.14
- Standard Domain Nine- Students: Standard(s) 9.4
- Standard Domain Eleven- Program Assessment and Outcomes: Standard(s) 11.2

Charge

The IT Committee will recommend to the COMFA and the Dean's Leadership Team technology solutions for the College. In particular, the Committee will work with IT staff to recommend classroom technology and communication technology for the various campuses and learning environments.

The Committee will consist of faculty and staff that represent the various on and off campus curricula.

Accountability and Deliverables

- Monthly reports at scheduled COMFA meetings
- Update COM Technology Policy as necessary

Annual Committee Goals

Keep open communication channels between faculty, administration, COM Informational Technology staff and University Informational Technology staff / administration.

Composition and Membership

The Committee will be chaired by a faculty member selected by the Committee.

Committee Role Responsibilities

Committee Chair Duties and Responsibilities:

Overall responsibility for execution of the committee's charge; collaborative preparation of agenda; actively facilitate meetings so that they start and end on time; actively facilitate discussions keeping them relevant; champion the work of the committee; assign actions; set timelines and deadlines; follow-up on assignments; exert influence to help the committee obtain information and complete its work; communicate on the committees' progress; formal delivery of results.

Committee Support Duties and Responsibilities:

Send appointments and maintain committee calendar; schedule/reserve meeting logistics/technology/food services; prepare and disseminate meeting agenda and handouts; assist the Chair in adhering to the time limits set for meetings; assist members in preparing work plans, assessments, communications, etc.; maintain online repository of meeting documents.

Committee Member Duties and Responsibilities:

It is the responsibility of all members to work toward the Committee's common goals. To that end members will: serve as advocates for the committee's charge; maintain regular meeting attendance; prepare in advance for meetings; make relevant and constructive contributions; regard disagreements as problems to be solved rather than battles to be won; focus on committee deliverables; be prepared to 'think outside the box' and develop creative solutions to address the many interests that will be raised throughout the Committee's deliberations; support the Chair and other members.

Operations

Robert's Rules for Order

Self-Evaluation

All committees of the COM are required to conduct and submit a performance evaluation annually. This self-evaluation is used to assess the committee's performance and effectiveness, and the adequacy of its charter. It is also designed to enable members to reflect on their role as a committee and consider any areas in which they would like further support or information. A Committee Self-Evaluation form will be distributed annually by the Dean's Office.

COMMITTEE TYPE: Standing

MEETING FREQUENCY: TBD

MEETING TYPE: Closed

Charge

(Reports to COMFA)

The Budget and Finance Committee advises the COM Dean/Dean's Leadership Team in fulfilling its financial oversight responsibilities for the COM including budget priorities, and financial planning.

Principle Responsibilities:

1. The committee will have a general understanding of the budget priorities and department allocations and be responsible for communicating this with other members of the college
2. Discuss changing or new capital needs of the COM and prioritize faculty requests/proposals to the Dean and Director of Finance and Administration
3. Meet with the COM Dean or his/her representative at least one time per semester to review budget planning.
4. Obtain information regarding the budgeting process and administrative budget priorities from the administration and relay this back to COMFA
5. Review new academic programs for financial soundness and report to COMFA and the COM Dean regarding their findings.
6. Act on any other issues related to COM financial issues as charged by the Dean and COMFA Chair.
7. The committee shall provide a report to COMFA each semester.

Composition and Membership

1. Shall be chaired by a faculty member determined by the Committee
2. The committee shall be comprised of four (4) faculty members (including the chair) from biomedical science and clinical departments.
3. Membership shall be appointed by the Dean and COMFA Chair, and ratified by COMFA and should include clinical and biomedical science faculty
4. The Dean and the Director of Finance and Administration will serve ex officio
5. Members shall have 2-year terms, renewable once

Self-Evaluation

All committees of the COM are required to conduct and submit a performance evaluation annually. This self-evaluation is used to assess the committee's performance and effectiveness, and the adequacy of its charter. It is also designed to enable members to reflect on their role as a committee and consider any areas in which they would like further support or information. A Committee Self-Evaluation form will be distributed annually by the Dean's Office.