



**BAPTIST HEALTH
SCIENCES UNIVERSITY**



**COLLEGE OF
OSTEOPATHIC MEDICINE**

**Baptist Health Sciences University
College of Osteopathic Medicine**

Faculty Handbook

Addendum to BHSU Faculty and Employee Handbook

2024-2025

The BUCOM Faculty Handbook Addendum does not supersede or take the place of the BHSU Faculty Handbook and Bylaws of the University; nor does it limit in any way the authority of the Board of Directors. As circumstances warrant, the University reserves the right to make changes from time to time; however, final approval of all policies represented in this handbook resides with the Board of Directors. The Faculty Handbook can be found on the internal website Paw Prints and provides access to detailed information that is essential to sustaining the integrity of the academic programs of the BUCOM and BHSU.

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GREETING FROM THE BUCOM DEAN



Welcome to Baptist University College of Osteopathic Medicine. Our faculty, staff, and students welcome all those who possess a servant's heart, an owner's mind, a scientist's curiosity, and the desire to improve the lives of others through the practice of osteopathic medicine.

The faculty, staff, and administration of Baptist University College of Osteopathic Medicine are committed to honoring and advancing the culture of Baptist Health Sciences University as a faith-based institution as well as the philosophy and heritage of the osteopathic profession. We believe in the body's inherent ability for wellness, a patient-centered approach to the practice of medicine, and a philosophy of medical care that embraces the body, mind, and spirit. Our primary goal is to train physicians who exhibit the compassion, devotion and excellence that we feel is best personified by the Great Physician, Jesus Christ.

As educators and medical professionals, we strive to advance medical knowledge, the practice of medicine, the health and wellness of our patients, equitable access to quality medical care by all individuals, and the promotion of health policy that advances healthcare in our nation and throughout the world. We strive to train physicians who will emphasize preventive medicine, wellness, primary care, and community-based practice, but who will be prepared to succeed in any discipline or graduate medical education program. We designed our curriculum to provide our students with the skills required to remain lifelong learners, the desire to contribute to the advancement of medical knowledge, and the passion to serve their patients throughout their professional careers.

Recognizing the needs of underserved populations in the Mid-South region, the United States and around the globe, we recruit students who put the patient first and then design local outreach events and international medical opportunities to kindle a passion for disadvantaged patients and give them the experience of reaching these people with needed medical care.

The task of becoming an osteopathic physician is educationally and personally demanding. At your core, if you have a servant's heart, if you possess a strong commitment and passion to enhance the lives of others, and if you have the motivation, work ethic, and personal responsibility that the curriculum and profession demand, the personal and professional rewards that you experience will far exceed the cost. If you share the qualities that we seek, you will find kindred spirits and lifelong partners here at Baptist University College of Osteopathic Medicine.

Peter A. Bell, DO, MBA, HPF, FACOEP-dist, FACEP
Vice-Provost and Dean

Chapter 1: Introduction

1.1 General Information

1.1.1 Terms and Definitions for the Faculty Handbook

1. The terms “student” or “learner” refer to a person enrolled in any course offered by BUCOM.
2. The terms “professor”, “faculty”, or “instructor” refer to any person authorized by the University to hold and teach a BUCOM-sponsored class or precept a student during either on- or off-campus clinical practice experiences.
3. As used in this Handbook, the term “University” means “Baptist Health Sciences University (BHSU)”. The term “College” refers to the Baptist University School of Osteopathic Medicine (BUCOM).
4. The word “day(s)” refers to official school/business days not inclusive of holidays or weekends. The exception to this is about days identified in the policies regarding Leave of Absence, Withdrawal, Suspension, and Grievance in which case “days” refer to calendar days, not school/business days. This distinction is clarified in the corresponding sections by utilizing the term “calendar” days.

1.1.2 Handbook Changes and Revisions / Reservation of Power

This Handbook is not intended to represent a contract or part of any contractual agreement between BUCOM and faculty. This Handbook is available online at <https://pawprionts.baptistu.edu/Policies/Pages>. The University or College administration may make changes in the content of the University and/ or BUCOM Handbook at any time. Wherever possible, notice of anticipated changes will be given to the faculty in advance of implementation. Each new addition of the Handbook supersedes all previous versions, documents, and directives where they may be in conflict. Neglecting to read the Handbook and to be familiar with the rules, policies, and procedures contained within does not excuse faculty from complying with established guidelines.

BUCOM reserves the rights to amend, modify, add to, or delete from its rules, policies and procedures without notice, affecting its institutional relationship with faculty as deemed necessary by the administration without such change being considered a violation of the relationship between the University or College and faculty. Changes include, but are not limited to, changes in tuition and/or fees, academic requirements, curriculum or faculty responsibilities.

1.1.3 Building Hours

Access to the BUCOM facility is available on the following schedule:

Monday through Sunday: 6:00AM to midnight

The facility is closed on designated holidays. Official hours for other campus building can be found on the BHSU website (<https://www.baptistu.edu/campus-life/campus-safety-security/parking-facilities>).

1.1.4 Health Sciences Library

BUCOM maintains an on-site medical school library on the second floor of the BUCOM building. This provides both librarian support and online resources in addition to space for individual and group study. A

variety of online resources are available as well as commonly used textbooks and journals.

The main BSHU Health Sciences Library (Library) is located on the main campus of Baptist University and supports both general education and professional studies in about 7,000 sq. ft. of space. Students, faculty and staff have access to a full range of library services, including 33 desktop computers equipped with internet access, Microsoft Windows and Microsoft Office 2013 software. Additional support services include access to iPads, printers, copy machines, individual and group study rooms, and a makerspace equipped with two 3D printers. Individual and group study rooms feature computers, white boards, television screens, and space designed for a variety of study practices.

The catalog of library holdings is available online to provide access on and off campus. These resources are available via links posted on the library website and the student portal, *MyCampus*. Baptist University determines adequacy and relevancy of library and learning resources to support its educational needs, through a variety of methods.

1.1.5 Report Of Unusual Incidents¹

Employee incidents are reported to the VP of Administrative Services and coordinated with BMHCC Employee health. The College reports internally to Risk management, all unusual occurrences involving visitors, students, property, and other incidents that do not involve employees. The OSCAR (Occurrences, Safety, Claims, Accreditation, and Regulatory) report is to be completed by the person that is the most knowledgeable about the event. The incident must be reported to the employee's immediate supervisor. The form can be found on PawPrints. Once the electronic OSCAR report is submitted, it will be automatically forwarded to Baptist Employee Health.

1.1.6 Accidents and Incidents on the Job

Get first aid or medical treatment right away if you need it. You can be treated at the Emergency Room at Baptist Memphis or a local Baptist Minor Medical Facility. Report the occurrence to your supervisor immediately.

If you are involved in a "Near Miss" incident on the job, please report this to your supervisor. The supervisor will make sure that the employee goes for medical evaluation. If there is any suspicion of injury, fill out the OSCAR Employee Event. Employee Health Services will be contacted and coordinate medical care with the employee. The supervisor will also investigate the incident to determine what, why and how it happened. All other types of incidents involving visitors, students, and property will be documented on the OSCAR Electronic Report of Event/Occurrence. The VP of Administrative Services will review and report additional information, if needed, to BMHCC Risk Management.

1.2 Vision Statement

The vision of BUCOM is to be distinguished regionally, nationally, and globally for excellence and innovation in osteopathic medical health education, which prepares graduates to transform health care through exceptional patient-centered care.

¹ BHSU GEN. 2063

1.3 Mission Statement²

The Mission of the Baptist Health Sciences University College of Osteopathic Medicine (BUCOM) is to provide an exemplary model of education that prepares physicians who integrate the art and science of healing with their faith, calling, and pursuit of excellence.

BUCOM prepares future physicians and scientists who are committed to improving the health of the diverse populations in the Mid-South Region of Tennessee, Arkansas, and Mississippi with special emphasis on primary care in urban, underserved, and rural areas. To advance our mission, BUCOM develops clinically skilled, compassionate, and culturally competent physicians from diverse backgrounds who are grounded in osteopathic philosophy and practices, and who are ready to meet the future healthcare workforce needs. BUCOM advances research, innovation, and discovery to improve health, and solve the medical challenges of today and the future.

1.4 BHSU / BUCOM Values

- Integrity
- Professionalism
- Service as an expression of Christian values
- Continuous Improvement

(BUCOM mission, vision, values approved March 15, 2022)

1.5 BUCOM Goals³

1. Goal A. Develop clinically skillful, compassionate and culturally competent physicians who are grounded in osteopathic philosophy and ready to meet future healthcare workforce needs.

1.5.1 Initiative 1: Build an academically successful and diverse student body that is committed to the mission of BUCOM and the values of osteopathic medicine.

1.5.2 Initiative 2: Leverage BMHCC's extensive network of hospitals, clinics, residency and fellowship programs and care settings to provide exceptional clinical rotations and unique opportunities to prepare BUCOM students to excel in graduate medical education.

1.5.3 Initiative 3: Support existing graduate medical education programs and expand the graduate medical education pipeline to better meet community needs within our defined service area.

1.5.4 Initiative 4: Assist interested graduate medical education programs in meeting the requirements of osteopathic recognition.

² COCA Standard 1: Mission and Governance

³ COCA Standard 1, Element 1.1 Program Mission, Vision, Values, and Goals

2. **Goal B. Train physicians to provide exceptional patient-centered care with an emphasis on primary care and inter-professional team-based care that addresses the needs of the community, especially underserved and underrepresented populations.**
 - 2.5.1 **Initiative 1:** Recruit medical school applicants from areas of pervasive disparities in health care, especially in underserved urban and rural communities impacted by sociodemographic inequities.
 - 2.5.2 **Initiative 2:** Expand BUCOM's presence across Arkansas, Mississippi, and West Tennessee, with a focus on increasing access to care in these communities, particularly primary care for underserved and underrepresented patient populations.
 - 2.5.3 **Initiative 3:** Leverage relationships with existing BHSU graduate and undergraduate health care programs to provide innovative longitudinal inter-professional simulation and learning experiences throughout the curriculum.
3. **Goal C. Invest in the people, systems and infrastructure required to achieve institutional excellence, support future growth, and create a culture of wellness and engagement for the BUCOM community.**
 - 3.5.1 **Initiative 1:** Attract and retain well-qualified faculty to support future growth in medical education, research and quality clinical care.
 - 3.5.2 **Initiative 2:** Develop systems and processes to facilitate effective operations, communication and stewardship of resources.
 - 3.5.3 **Initiative 3:** Build a state-of-the-art facility around best practices in medical education.
4. **Goal D. Advance research, innovation and scholarly activity to improve health and wellness for all.**
 - 4.5.1 **Initiative 1:** In partnership with BCRI, conduct multidisciplinary research that advances basic and clinical science, including osteopathic manipulative medicine and osteopathic principles and practices.
 - 4.5.2 **Initiative 2:** Identify pathways to provide students the knowledge and skills needed to embrace research and scholarly pursuits.
 - 4.5.3 **Initiative 3:** Create a research environment that supports and sustains excellence.
 - 4.5.4 **Initiative 4:** Collaborate with like-minded partners for biomedical, clinical, osteopathic manipulative medicine, osteopathic principles and practices and educational research in the Mid-South region.
 - 4.5.5 **Initiative 5:** Establish an osteopathic neuromuscular medicine clinic in which faculty and students can care for patients and conduct osteopathic clinical research.

1.6 Academic Freedom⁴

The University has established policy with respect to professional security and academic freedom that subscribes to the 1940 Statement of Principles on Academic Freedom of the American Association of University Professors. (The policy location is [Baptist Health Sciences University Faculty and Staff Handbook](#) Section VIII page 41.)

1.7 Baptist Health Sciences University Faculty and Staff Handbook

Baptist Health Sciences University College of Osteopathic Medicine faculty are subject to the policies and procedures of Baptist Health Sciences University unless specifically noted for exception.

Chapter 2: Ethical Conduct and Behavior Guidelines⁵

All faculty and employees are expected to follow acceptable business and professional principles in matters of business and personal conduct as Baptist Health Sciences University employees, to accept responsibility for the appropriateness of the own conduct, and to exhibit a high degree of personal and professional integrity at all times. It is impossible to list all forms of conduct that might be considered inappropriate. Certain behaviors (such as theft, fighting, threats of violence, violation of the alcohol and drug policy, insubordination, falsification of records) are clearly unacceptable at any time in the workplace. Other forms of conduct (such as failure to cooperate with other employees, harassing or intimidating others, rudeness), while often more subtle, are also unacceptable.

The University expects all employees to adhere to the following general principles:

- Observe the highest standard of professionalism at all times.
- Perform responsibilities in a manner consistent with LU values and ethical standards.
- Comply with all laws, policies and regulations applicable to the University.
- Treat others, including students, vendors and employees, with dignity and respect.
- Perform job responsibilities at a satisfactory level.

Unsatisfactory performance, work habits, overall attitude, conduct or demeanor; violation of University policies, procedures, or guidelines; or any other behavior or conduct deemed inappropriate by the University might lead to disciplinary action, up to and including dismissal of employment.

2.1 Responsibilities to Students

As educators, scholars, professionals, counselors, mentors, and friends, University faculty and administrators can profoundly influence students' attitudes concerning professional competence and responsibility. University and College faculty and administrators should assist students to recognize their responsibility to advance knowledge, practice, and justice. Because of their inevitable function as role models, college faculty and administrators should be guided by the most sensitive ethical and

⁴ COCA Standard 1 Mission and Governance, Element 1.4 Governance and program Policies

⁵ COCA Standard 5: Learning Environment, Element 5.1 Professionalism

professional standards.

College faculty and administrators should aspire to excellence in teaching and administration and to mastery of their subjects and responsibilities. They should prepare conscientiously for class and employ teaching methods appropriate for the subject matters and objectives of their courses. The objectives and requirements of their courses, including applicable attendance and grading rules, should be clearly stated. Classes should meet as scheduled; or when this is impracticable, classes should be rescheduled at a time reasonably convenient for students, or alternative means of instruction should be provided.

College faculty and administrators have an obligation to treat students with civility and respect, and to foster a stimulating and productive learning environment in which the pros and cons of debatable issues are fairly acknowledged. College and University faculty and administrators should nurture and protect intellectual freedom for their students and colleagues.

Evaluation of student work is one of the fundamental obligations of college faculty and administrators. Examinations and assignments should be conscientiously designed, and all student work should be evaluated with impartiality. Grading should be done in a timely fashion, and should be consistent with standards recognized as legitimate within the College and the professions. A student, who so requests, should be given an explanation of the grade assigned.

All college faculty and administrators should be reasonably available to counsel students about academic matters, career choices, and professional interests. In performing this function, college faculty and administrators should make every reasonable effort to ensure that the information they transmit is timely and accurate. When in the course of counseling a faculty member or administrator receives information that the student may reasonably expect to be confidential, the faculty or administrator should not disclose that information, unless required to do so by University rule or applicable law. Faculty and administrators should inform students concerning the possibility of such disclosure.

College and University faculty and administrators should be as fair and complete as possible when communicating evaluative recommendations for students, and should not permit invidious or irrelevant considerations to infect these recommendations. If information disclosed in confidence by the student to the University faculty and administrators makes it impossible for them to write fair and complete recommendations without revealing the information, the University faculty and administrators should so inform the student, and refuse to provide the recommendation unless the student consents to full disclosure. (The policy location is [Baptist Health Sciences University Faculty and Staff HB](#) Section VIII page 42.)

2.1.1 Student Grading⁶

Timelines with grade reporting for medical students is important for tracking and maintaining students' progress as future physicians. Timely submission of grades is important also in monitoring progress towards graduation, for evaluations in the Medical Student Performance Evaluation (MSPE), and on transcripts required for residency applications.

For additional information on course grading and evaluation responsibilities, reference [Baptist Health](#)

⁶ COCA Standard 9: Students, Element 9.2a Academic Standards – Grading

[Sciences University Faculty and Staff HB](#), Section VIII page 43.

Performance is graded with letter A, B, C and F, linked with the numeric values 4, 3, 2, and 0, used for calculating the grade point average (GPA). Other letter grades are used to designate student status in specific situations described below.

Faculty or clinicians who provide health services, including psychiatric/psychological counseling, to students or who have a familial, personal, or financial relationship with a student, may not participate in the assessment or promotion of that student.

Pre-clinical course directors are charged with assigning grades in the first and second years. Grades should be submitted via the official grading portal to the registrar by the established deadline listed in the Academic Calendar. The cumulative GPA is calculated to two decimal places of the points earned to the points possible. Scores are not rounded up.

The deadline for grade submission for rotations in years 3 and 4 is six (6) weeks after the rotation ends (and preferably earlier). Students may appeal a final grade if they feel it was assigned inappropriately and not in accordance with the course syllabus or rotation statement of policy.

2.1.2 OMS-1 and OMS-2 Course Director Responsibilities

The course director will list the total points available as well as how points will be allotted. This will be listed in the course syllabus and discussed with the class at orientation at the beginning of each semester. All concerns regarding evaluation criteria, examination questions, event scores, or final grades should be directed to the course director for that course.

Changes for total points available to calculate grades may be made at the discretion of the course director, but changes must be communicated to the class via in writing/by email at the time the adjustment occurs.

Integrated, computer graded examinations using multiple-choice questions are given at set intervals during the first and second years. Students are expected to take examinations as scheduled. If a student is unable to take an exam due to acute illness or other emergency, they must notify by email and then call the Assistant Dean for OMS 1 and 2. The Senior Associate Dean for Academic Affairs should be copied on the email. Course directors are responsible for reporting the names of any students who receive <70% on an integrated assessment to the Assistant Dean of OMS 1 and 2 so that academic resources can be offered early for that learner.

Laboratory practicals, laboratory performance, team-based learning scores, participation in small groups, special projects, or other scores may be assigned depending on the course and course director.

Scores are recorded in the learning management system (LMS) gradebook in order that students have ready access to gauging their performance. Final, official grades are submitted via the grading portal by the established deadline per the BUCOM academic calendar.

2.1.3 OMS-3 and OMS-4 Course Director Responsibilities

Student grades may be based on COMAT testing in the clerkships or other suitable activities, including but not limited to, history and physical exam skills, patient progress notes or oral presentations, fund of

knowledge, problem solving, clinical application, professionalism, improvement, adaptability, and interpersonal interactions.

All students receive formative written and oral feedback at the midpoint in a rotation. The form must be signed by the attending/resident and student and returned to the rotation coordinator to enter into the student record. Students must complete all clinical experiences, including submission of work hour logs, by the end of the rotation. Students will be notified of any delinquencies by the rotation coordinator.

Failure to complete all clinical experiences and submit work hour logs by the end of the rotation will result in an automatic one (1)-letter grade reduction for the rotation. If a student fails to complete all requirements by 6 weeks, the student will be assigned an “F”. If the student is unable to complete the rotation for reasons other than failure to complete required clinical experiences or procedure logs, an “I - Incomplete” is assigned until the deficits are made up. Any “I” not converted to a final grade within 8 weeks of incomplete received will automatically revert to an “F”.

Students who fail the COMAT but otherwise pass the clinical portion of a core clerkship will be assigned a grade of “NR” and attempt the exam once. The repeat exam should be taken either during winter break (if “NR” occurred from July to December) or during an elective block (if “NR” was earned from December to June). Students with two (2) “NR” grades during the third and fourth year will step out of rotations and use elective rotation time until both “NRs” are remediated. A second failing score or not taking the repeat exam at the scheduled time results in a grade of “F” and having to retake the specific rotation again. The highest grade possible when remediating an “NR” is a grade of “C”, regardless of performance on the repeat test.

A student may appeal a final grade if they feel it was assigned incorrectly or not in accordance with the course syllabus or clerkship policy (Please see BUCOM policy on filing of grievances and appeals).

2.2 Non-Discrimination⁷

It is the policy of the University to maintain an academic and work environment free of discrimination, including harassment. Discrimination, harassment and retaliation based on race, color, national origin, ethnicity, sex, sexual orientation, gender, gender identity, disability, religion or age are prohibited in the University’s programs and activities. If you believe, you are a victim of discrimination, harassment and/or retaliation you may contact Dr. Adonna Caldwell, Vice President of Administrative Services, Room 201-A, Collaboration Building, (901-572-2592 or Adonna.caldwell@BaptistU.edu) and/or file a complaint using the University’s grievance procedures. Information on the grievance procedures can be found in the Student Handbook, Faculty & Staff Handbook, and on the University website at <https://www.baptistu.edu/campus-life/student-policies>

2.3 Faculty and Student Relationship⁸

BUCOM is committed to ensuring the fair and impartial supervision and evaluation of students. BUCOM faculty will not provide medical treatment of or medical advice to, BUCOM students except in

⁷ COCA Standard 1: Mission and Governance, Element 1.5b Non-Discrimination for Faith-Based Institutions

⁸ COCA Standard 9: Students, Element 9.10.1 Policies on Recusal from Student Assessment and Promotion for Health Professionals Providing Services to Students

emergencies while awaiting emergency response. Faculty who previously provided or are currently providing health care services to a BUCOM student cannot participate in the assessment or supervision of that student's performance in any venue, including, but not limited to, a course, clerkship, or performance committee. If a student has ever received any type of healthcare by a faculty member, that faculty member must recuse himself or herself from any role in the subsequent assessment or supervision of that student and cannot be involved in any promotion decisions concerning the student. Students may not be supervised or evaluated by residents, faculty members, or by anyone with whom they have had or have a close personal or intimate relationship.

Faculty who recognize the existence of a conflict of interest with a student (as defined above), are required to report the conflict to the course or clerkship director who will reassign the student or faculty member. Faculty members involved in committees where progression decisions are made must recuse themselves from any involvement in decisions concerning promotion or progression of students with whom they have had or have a conflict of interest. Students who recognize the existence of a conflict of interest (as defined above) with any faculty or residents are required to report the conflict to the Associate Director of Student Affairs who will work with the appropriate curricular personnel to reassign the student.

2.4 Research⁹

Please refer to the Baptist Health Sciences University (BHSU) Faculty Handbook and website for additional information concerning university research policy. Information about Baptist's Institutional Review Board (IRB), Office of Sponsored Programs, and Research Ethics policies found on the Baptist Clinical Research Institute (BCRI) website. [Baptist Clinical Research Institute | Baptist Memorial Health Care \(baptistonline.org\)](#); [Baptist College of Health Sciences \(baptistu.edu\)](#), Section VIII page 48.

2.4.1 Grant Applications

BUCOM faculty are encouraged to participate in research and scholarly activity as part of their academic assignments. Faculty who wish to pursue intramural or extramural funding through grant applications should take advantage of the many avenues in the Baptist Health Care System.

Faculty interested in pursuing grant funding should meet with their department chair to discuss the research plan, timeline, and requirements for a project. The chair, together with the faculty member, will assess how the proposed project would affect the faculty member's duties in teaching, service, administration, and other scholarly endeavors. The chair ensures that the proposed project is feasible and can be accomplished with the resources and infrastructure of the University and BUCOM. The chair also ensures that the proposed project is consistent with the mission of the University and BUCOM and will not compromise any current or ongoing processes. In the case where the department chair is the primary investigator, this initial meeting should happen with the Associate Dean of Research. If the idea is considered feasible, the faculty member writes a brief research proposal, which is discussed with the Associate Dean for Research. The Associate Dean for Research will work with the faculty member and Baptist Clinical Research Institute to explore options for the proposed submission. The timeline should include adequate time for BCRI Institution Review Board submission and review.

⁹ COCA Standard 8: Research and Scholarly Activity

2.4.2 Medical Education Research

Medical education research may involve use of data, which is sensitive, such as faculty teaching or course evaluations, academic metrics or student outcomes, and curricula. Due to this, medical education-related topics require review and approval through the Senior Associate Deans for Academic Affairs and Clinical Affairs working in tandem with the Associate Dean for Research. Faculty members desiring to pursue a medical education-related research project should meet with the Associate Dean for Research to discuss their proposed project. Feasibility of the study will be assessed based on available resources within BUCOM, BCRI, and other areas that may be part of the study (e.g., Registrar's Office). The Associate Dean for Research will ensure the faculty's chair and appropriate senior associate dean are consulted. If the project is deemed favorable, the faculty prepares a written 1-2 page summary of the proposed project along with plans for research dissemination. This summary will be reviewed and approved, at which time plans may proceed, or deemed needing revision. All research projects should be reviewed by the BCRI Institutional Review Board to determine whether they are exempt.

2.4.3 Outside Entities/Research Partners

Requests from non-BUCOM/BHSU entities or researchers to collect data from BUCOM faculty, staff students, outcomes, or operational activity will be brought to the Associate Dean for Research for review. This policy does not apply to reporting related to accreditation or inquiries regarding BUCOM Institutional Effectiveness.

2.4.3.1 Faculty Mentors

Both faculty members at BUCOM (DO, MD and PhD) and Baptist Memorial Medical Education community faculty are available to work with students on a variety of research and scholarly projects.

2.4.3.2 Facilities

Bench research facilities are available on the 4th Floor of the Dudley Building, including four (4) basic science labs. Animal lab facilities are available at the Vivarium. BUCOM maintains annual funds in the budget to support approved student research projects.

2.4.3.3 Statistical and Design Support and Grant Writing

The Baptist Clinical Research Institute (BCRI) works closely with BUCOM to provide research assistance, including experts in study design, power determinations, statistical design, grant writing and an institutional review board (IRB) through Baptist Memorial Healthcare. These resources are available to all BUCOM students and faculty.

2.4.3.4 Time

Students will be provided time during their first and second year to plan out their research or scholarly project working in tandem with a BUCOM/BCRI research mentor.

2.4.3.5 Financial Support for Dissemination of Scholarly Work

Students whose research is accepted for a regional, national or international conference who are personally either defending a poster or giving a podium presentation may apply for financial support from BUCOM to help defray costs for travel and accommodations. These funds are appropriated annually and the amount available varies annually based on student interest.

Instruction in basic research design, statistics, and epidemiology is provided in years 1 and through longitudinal threads interspersed with classwork. Students will complete the online Belmont course and complete CITI training during their fall OMS1 term. In the spring OMS1 term, students will complete paperwork indicating their research interests; these will be used to assign each learner to a research mentor either at BUCOM or in conjunction with BCRI researchers with interests in that area.

Students will meet in the spring OMS1 year to tease out a preliminary research plan. Students will write a preliminary proposal and develop a project timeline. The faculty mentor will review and sign the proposal, along with a form agreeing to work with the student on the project. Fall OMS2 students will meet with research advisor to discuss project needs based on type of research; Institutional Research Board (IRB) applications will be submitted through BRCI for projects where this is required.

Students must complete their projects and present research of scholarly activity at a local, regional, or international conference. Students may also present a poster at one of the BRCI quarterly research symposiums. Students whose work is accepted at a conference will be excused from class to permit them to present at the conference. This will include one day for travel and one day to present. Students will not be excused for the entirety of a conference. Absence must be discussed in advance with the Senior Dean for Academic Affairs. Students must meet with the course directors of any class they will miss and get signatures from these faculty regarding permission to attend and plans for make-up work.

BUCOM has a set pool of funding per academic year to help assist with conference attendance. All travel and lodging arrangements must be made through the approved Baptist Memorial ~~Medical Education~~ Healthcare Corporation travel agency. All costs must be preapproved by the Dean a minimum of three months prior to the conference. Travel to present research is available only if the student is presenting their own original research (i.e., cannot attend unless student is personally giving an oral podium presentation or orally defending their poster). The student's name and presentation must be formally listed in the conference agenda or proceedings. Students who are provided financial assistance for research must provide all receipts including a hotel statement showing a zero balance to the administrator for the dean. Flights should be coach class and the lowest possible fee through the travel agent. No rental cars will be reimbursed. Hotel reimbursement will only be done for the conference hotel at the specified conference rate.

2.5 Statement of Professional Ethics¹⁰

2.5.1 AOA Code of Ethics

Doctors of Osteopathic Medicine (DO) are required to sign the [AOA Code of Ethics](#) each academic year.

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 and allopathic 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. [View further interpretation.](#)

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.

¹⁰ COCA Standard 1: Mission and Governance, element 1.4e AOA Code of Ethics

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. [View further interpretation.](#)

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 she/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 osteopathic or allopathic credentials 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. [View further interpretation.](#)

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. [View further interpretation.](#)

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.

Source: American Osteopathic Association. Code of Ethics; website: <https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/> Accessed December 2022.

2.6 Social Media

BUCOM recognizes that the information, comments and opinions placed on social media sites and blogs shapes the way the public views our treatment to patients, visitors, and team members. While social media has become an ever-evolving means for communication, it is also an arena for communication pitfalls.

Faculty who publish or post content on blogs, social-networking sites, wikis and other user-generated internet media should exercise good judgment and follow Baptist's Guidelines Related to Use of Social Media for Business Purposes Policy as well as comply with all applicable University and Baptist policies. The policy relates both to use of social media as part of one's work as well as social media activity outside of work. Faculty must take caution to make sure that any personal opinions they might express are not construed as representing those of BUCOM or the University.

2.7 Communication with News Media

The Corporate Communications staff handle all communication with members of the news media for the University and BUCOM. Any contact with the news media, whether proactive or reactive, is to be coordinated through the Corporate Communications department. This includes contact made to news organizations' social media sites. A representative from Corporate Communications accompanies members of the news media at all times while they are at the College. Any news media use of "Hidden" devices to audiotape, videotape, or video-image and/or photograph inside the college is expressly forbidden as it compromises privacy and confidentiality. Corporate Communications staff cooperates in every way possible to facilitate

news media access to information when appropriate to see that information is reported accurately and timely. Corporate Communications staff upholds the integrity of the College during all communications with members of the news media.

If a BUCOM faculty or staff member receives a media inquiry, one should:

1. Write down the name, media outlet/affiliation, number where inquirer can be reached, and deadline. Answer no questions but politely state, "All news media calls are taken through our Corporate Communications office." Contact Security if necessary to detain news media representative until a Corporate Communications staff member arrives.
2. Instruct inquirer that inquiry will be referred to Corporate Communications staffer, who contacts them to respond.
3. Contact Corporate Communications staff immediately. The staff is on call 24 hours a day, seven days a week and phone numbers are available through Baptist University operator. If no response at above numbers, contact the University President.

2.8 Code of Conduct for a Safe and Productive Workplace¹¹

BUCOM seeks to foster a culture of safety and quality through the promotion of teamwork, open communication, and a collaborative working environment. This includes prohibiting any disruptive/inappropriate and/or intimidating conduct that creates a hostile work environment and/or adversely impacts or has the potential to adversely impact work performance, to immediately address any conduct that poses a threat of any sort to the safety and well-being of staff, patients, and/or others, and to devise a mechanism that ensures that disruptive/inappropriate or intimidating behavior can be reported and thoroughly investigated and that employees are not retaliated against for making such complaints. BUCOM employees are expected to follow the BHSU and Baptist Code of Conduct for a Safe and Productive Workplace.

Baptist is committed to promoting a culture of safety and quality through teamwork, open communication, and collaboration. All Baptist employees are accountable for conducting themselves in a professional manner and treating others with dignity, respect and fairness regardless of their position in the organization. Baptist prohibits any bullying or overt or passive conduct that is harassing, disruptive, intimidating, or physically/verbally abusive/violent. This policy defines disruptive/inappropriate and/or intimidating conduct and provides a process for addressing such conduct as described below.

2.8.1 Disruptive/Inappropriate and/or Intimidating Behavior (includes but is not limited to):

Disruptive/inappropriate and/or intimidating behavior is described as a style of interaction with co-workers, patients, physicians, guests/visitors, volunteers, students, customers, and business associates that:

1. Interferes with one's ability to provide care or to perform work

¹¹ COCA Standard 4: Facilities, Element 4.2 Security and Public Safety
BHSU GEN.2012

2. Causes distress among other staff
3. Affects overall morale within the work environment
4. Diminishes teamwork, trust and collaborative working relationships
5. Undermines a safe and productive workplace
6. Creates an unprofessional and/or hostile work environment
7. Has the potential to lead to staff turnover or ineffective or substandard care/work

2.8.2 Disruptive/Inappropriate and/or Intimidating Conduct/Behavior may include, but is not limited to:

1. Profane, disrespectful, or threatening language or other forms of verbal abuse;
2. Harassing, demeaning or degrading behavior, such as name-calling, insults, rolling eyes/heavy sighing, slurs, stereotyping or conduct that shows hostility/aversion toward any individual or individuals;
3. Inappropriate physical contact that is threatening or intimidating to another individual such as pushing/shoving, hitting, slapping, finger pointing, pinching, bumping into or up against an individual, etc.;
4. Outbursts of anger, yelling, bullying;
5. Throwing objects, etc.;
6. Criticizing others in the presence of patients, family members, visitors, customers or staff or making comments that undermine an employee's self-confidence in the performance of work;
7. Intimidating behavior that has the effect of suppressing input by other members of the work team;
8. Deliberately withholding information, giving an individual the "silent" treatment, refusal to answer questions or failing to assist a specific member of the work team when needed; hanging up the phone prior to the completion of the conversation;
9. Making unreasonable, unpleasant or unfavorable work assignments on a routine basis;
10. Retaliation against any member of the team who has reported an instance of inappropriate conduct or Harassing behavior or who has participated in investigation of such an incident, regardless of the perceived reality of the report.

It is the responsibility of all leaders to pro-actively promote a safe and productive work environment and to reinforce that disruptive/inappropriate and/or intimidating conduct will not be tolerated by any Baptist employee regardless of his/her position within the organization or by patients, physicians, guests/visitors, volunteers, students, customers, business associates, etc. Like workplace harassment or discrimination (refer to Baptist's Harassment Policy), managers are expected to encourage employees who have knowledge of disruptive/inappropriate and/or intimidating conduct to immediately report the behavior/activity to a member of the management team or to human resources. Managers are also accountable for addressing any issues relative to disruptive/inappropriate and/or intimidating behavior as soon as they are brought to their attention.

2.8.3 Reporting Alleged Complaints

Baptist strongly encourages all employees and others who have experienced, witnessed, or have knowledge of any form of disruptive/inappropriate and/or intimidating behavior by anyone, including employees, managers, supervisors, patients, physicians, guests/visitors, volunteers, students, customers, business associates, etc. to report such conduct/activity immediately. All employees have an obligation to report any alleged disruptive/inappropriate and/or intimidating conduct regardless of the source of the complaint (i.e., another employee, patient, physician, visitor/guest, volunteer, student, business associate, etc.) even if the employee has not personally witnessed the incident. An employee should report these allegations to his/her immediate supervisor, another member of the management team, and/or human resources. Non-Baptist employees (i.e., patients, physicians, visitors/guests, volunteers, students, business associates, etc.) who are subject to inappropriate conduct by a Baptist employee, are encouraged to report such conduct/actions to their caregiver or a member of the management/administrative team. Any alleged complaints of disruptive/inappropriate and/or intimidating behavior/conduct may also be reported to the Baptist Hot Line at 1-800-BMH-TIPS. All calls pertaining to such conduct will be investigated upon receipt and the caller may remain anonymous if desired.

2.8.4 Reporting Violent Conduct

Baptist strictly prohibits any conduct on its property that is or has the appearance of being violent. In such cases, the Security Department should be contacted. However, in the event of a situation that poses immediate danger, employees and/or others should call 911.

2.8.5 Investigation/Documentation

During the investigation, the individual who has made a complaint may be asked to document in writing specific details relating to the complaint. Any complaint should specifically state the details of the offending behavior. The investigation will be fair and impartial to all parties involved. Complaints concerning disruptive/inappropriate and/or intimidating behavior will be handled with as much confidentiality as possible. Baptist will seek to limit disclosure to the extent necessary to conduct a complete and thorough investigation or as may be necessary to take appropriate corrective action.

Investigation of a complaint against an employee: Human resources is responsible for conducting a prompt, thorough internal investigation for any alleged complaint directed toward any Baptist

employee. Complaints of this nature will be reviewed up to the appropriate administrative staff member.

Investigation of a complaint against a non-Baptist employee: A complaint against a non-Baptist employee will be addressed as soon as it is brought to the attention of management. Once an allegation has been reported, the designated Baptist leader (i.e.) unit manager or member of the management team, risk manager, and/or CEO/designee) will conduct a swift and thorough investigation of the incident/conduct to determine the merit of the alleged complaint and/or the appropriate corrective action. Alleged complaints for disruptive/inappropriate conduct of a physician will follow the procedures set forth in the Medical Staff Code of Conduct Policy. Alleged complaints for disruptive, inappropriate student conduct will follow the procedures set forth in the Student Code of Conduct policy.

2.8.6 Retaliation

Baptist will not tolerate retaliation against any individual who reports a claim of disruptive/inappropriate and/or intimidating conduct in good faith or against any individual who provides information as a witness to the infraction. Any retaliation by a Baptist employee will result in disciplinary action up to and including termination of employment. Baptist will not tolerate retaliation by a non-Baptist employee and will take appropriate action to address the retaliation.

2.8.7 Policy Violations

If an investigation confirms that a violation of policy has occurred, Baptist will take corrective action to effectively end the conduct. Depending on the circumstances, such action may include a reprimand, termination of employment or privileges, or other appropriate action.

2.8.8 On-Going Monitoring and Reporting

As necessary, Baptist may monitor any incidence of disruptive/inappropriate and/or intimidating conduct to ensure the offending behavior has stopped. In all cases, Baptist will follow up as necessary to ensure no retaliation has occurred for making a complaint or cooperating with an investigation. All reports of disruptive/inappropriate behavior should be documented and submitted on the *Electronic Occurrence Report Form* (OSCAR form) so that such complaints can be monitored and tracked. Reports can be generated to determine trending data and outcomes.

Chapter 3: Faculty Rank and Assignment¹²

3.1 Academic Rank

Hiring of faculty at BHSU is based on the personnel requirements of the academic programs and on identified human resources needs to successfully achieve the mission of BHSU. For BUCOM,

¹² COCA Standard 7: Faculty and Staff, Element 7.8 Faculty Appointment and Advancement

faculty positions are categorized as either core BUCOM faculty or non-core faculty. Professional growth may be evidenced through meaningful contributions to a discipline, as appropriate in the form of conference presentations, papers, and publications, active participation in learned and professional associations, curriculum development, research projects, workshops, creative works, and involvement in civic and community affairs.

3.2 Definitions

3.2.1 Core faculty

Faculty who are employed through BUCOM and spend the majority of their assigned time in primary teaching, education, administrative, or clinical roles directly supervising medical students.

3.2.2 Non-core clinical faculty

Faculty who are not employed through BUCOM who may work with BUCOM students in a clinical or preceptor role through Baptist Memorial Healthcare system or outside clinical entities. Faculty are referred to as “faculty of clinical practice”.

3.3 Academic Rank Core Faculty

3.3.1 Ranked (Core Faculty)

For ranked faculty positions, BUCOM recognizes four traditional academic ranks. Certain minimal requirements are needed for appointment or promotion to each. The minimum requirement for holding traditional academic rank is teaching ability at the university level. Effective university-level teaching, to which this university is dedicated, requires professional proficiency and continued professional growth, to which the college is equally dedicated. Professional growth involves meaningful contributions to a discipline, as appropriate, in the form of conference presentations, papers, and publications, active participation in learned and professional associations, curriculum development, research projects, workshops, creative works, and involvement in civic and community affairs. BUCOM honors work and academic contributions from prior accredited institutions. Previous scholarly and professional activities are considered at the time of the initial appointment process.

Faculty rank, including initial appointment to faculty rank and any promotion to a higher rank, is awarded by the university. General eligibility requirements are described below:

3.3.2 Instructor

Appointment or promotion to the rank of instructor requires completion of an earned master’s degree (or equivalent) in the area of the teaching assignment and evidence of favorable personal qualities. Instructors are appointed to one-year appointments.

3.3.3 Assistant Professor

Appointment or promotion to the rank of assistant professor requires completion of an earned doctoral degree or a terminal master’s degree from an accredited institution in an area relevant to the faculty members’ teaching area or a professional certificate.

American Osteopathic Association (AOA) or American Board of Medical Specialties (ABMS) member board certification or board eligibility is required for physicians and other clinicians as appropriate. The faculty member should have at least two (2) years of successful teaching experience at the college or university level or five (5) years of significant work experience in a professional area relevant to the faculty member's teaching assignment. The candidate also should demonstrate the clear promise of a successful career in teaching, scholarship, and service.

3.3.4 Associate Professor:

Appointment or promotion to the rank of associate professor requires an earned doctoral degree from an accredited institution in an area relevant to the faculty member's area of teaching, a terminal professional master's degree, or evidence of outstanding contributions in the faculty member's professional or academic field. A record of scholarly contributions to the college, higher education, or one's academic area(s) of specialization that has received peer recognition both inside and outside of the college is also required. AOA or ABMS member board certification is required for physicians and other clinicians as appropriate. At a minimum, five (5) years of record of substantial success in teaching, scholarship, and service to the university is required at the rank of assistant professor prior to promotion. Appointment or promotion to the rank of associate professor also requires a record of accomplishment in two of the areas (teaching, scholarly activity, service, clinical care, and research) and strength in the other applicable areas.

3.3.5 Professor

Appointment or promotion to the rank of professor requires an earned doctoral degree from an accredited institution in an area relevant to the faculty member's area of teaching, a terminal professional master's degree, or evidence of outstanding contributions in the faculty member's professional or academic field. A record of distinguished and sustained scholarly contributions to the college, higher education, or one's academic area(s) of specialization that has been recognized as substantial by peers both inside and outside of the college at a level notably above the expected standards and contributions established for Associate Professor is required. AOA or ABMS member board certification is required for physicians and other clinicians as appropriate. At a minimum, seven (7) years of record of substantial success in teaching, scholarship, and service to the university is required at the rank of associate professor prior to promotion. Appointment or promotion to the rank of professor also requires a record of elevated and sustained accomplishment in at least two of the areas (teaching, scholarly activity, service, clinical care, and research) and strength in the other applicable areas.

3.4 Appointment of Non-Core Clinical Faculty

3.4.1 Non-Core Clinical Faculty

Clinical faculty (non-core) ranked positions include: Instructor, Assistant Professor, Associate Professor, and Professor. Appointment to academic rank is based upon the minimum qualifications for the rank as stated in the official job description and the Promotion in Rank Rubric.

3.4.2 Instructor

Appointment to the rank of instructor requires completion of an earned master's degree (or equivalent) in the area of the teaching assignment and evidence of favorable personal qualities. Instructors are appointed to one-year appointment. Physicians enrolled in a formal post graduate residency training program (residents) and/or residency-trained physicians enrolled in a formal or informal specialty training program (fellowship) approved by their program director, chair and Designated Institutional Official (DIO) may serve in an instructor role at BUCOM.

3.4.3 Assistant Professor

Appointment to the rank of Assistant Professor is based upon demonstrated excellence in clinical practice (in clinical settings), student instruction, scholarly activities, professional leadership, practice or service. Appointment at the level of Assistant Professor requires completion of residency training and demonstration of promise as both a clinician and teacher. The candidate must be AOA or ABMS member board certified or board eligible. The candidate should show evidence of a high level of competence within a clinical specialty, commitment to educational mission, demonstrate progress toward excellence in practice and instruction, and embrace the BHSU mission and vision.

3.4.4 Associate Professor

Appointment to the rank of Associate Professor is based upon documented excellence and effectiveness in clinical practice, learner instruction, scholarly activities, professional leadership, practice and/or service. The candidate must be AOA or ABMS member board certified.

3.4.5 Professor

Appointment to the rank of Professor is based on a demonstrated pattern over time of excellence and impact in clinical education as well as a pattern over time of excellence in either the area of clinical practice, service to the University and/or national professional organizations or the area of research/scholarly activities. This would include a sustained pattern of excellence and impact in clinical education as well as effectiveness over time of in clinical practice, service to the University and/or national professional organizations or the area of research/scholarly activities. The candidate must be AOA or ABMS member board certified.

3.5 Academic Administration

3.5.1 Academic Administration¹³

Administrators in the Baptist University College of Osteopathic Medicine bear the primary responsibility for guaranteeing the integrity of BUCOM's academic programs and services and supervising, evaluating and mentoring healthcare professionals who teach at the school. Academic administrators may be granted rank at BUCOM as well as retain prior professorial ranks or titles bestowed by BUCOM or another regionally accredited College of Medicine.

Individuals holding core faculty rank may be released from some or all of their teaching/research/service/clinical duties to do administrative duties for BUCOM's administration. This faculty maintain their rank and faculty contract and may return to their original faculty position at any time. Faculty who serve primarily (>50%) in an administrative role will be evaluated using the administrator track. Academic administrators who continue teaching duties should demonstrate high standards for teaching excellence and will be annually reviewed using the BUCOM standard review process.

Academic administrators with some teaching responsibilities are expected to demonstrate excellence in the area of teaching. They will be regularly reviewed according to BHSU and the COM's process for evaluating instruction to ensure that they, like other faculty, meet the same high standards for teaching excellence as core faculty.

3.5.2 Department Chairs¹⁴

3.5.2a *Minimum Qualifications:*

1. Terminal degree (Doctor of Osteopathic Medicine, Medical Doctor, Ed. D., or Ph.D.) with current board certification in appropriate area of specialization if applicable
2. A minimum of five (5) years' experience in teaching and academic leadership in a medical education setting
3. Demonstrated leadership and productivity in the areas of clinical or professional service, scholarly activity, medical research or education
4. Good standing with regulatory and governmental boards and agencies
5. Eligible for coverage by college's malpractice insurer if applicable
6. Physicians must have an active medical license and current board certification through the American Osteopathic Association (AOA) or American Board of Medical Specialties (ABMS)

3.5.2b *Preferred Qualifications:*

Seven (7) years academic experience as a full-time faculty member at a College of Osteopathic Medicine or seven (7) years' experience as a full-time faculty member in a Graduate Medical Education program.

¹³ COCA Standard 2: Leadership and Administration, Element 2.3 academic and Administrative Leadership

¹⁴ COCA Standard 7: Faculty and Staff, Element 7.3 Department Chair Qualifications

3.5.2c Clinical Department Chairs¹⁵

1. Clinical department chairs must hold an active medical license and current board certification in the discipline in which they serve as chair.
2. The primary care department chair must be a DO with an active medical license and current board certification in Family Medicine, or Internal Medicine or Pediatrics.
3. The Osteopathic Manipulative Medicine (OMM) department chair must be a DO with an active medical license and current board certification from the American Osteopathic Association or the American Board of Medical Specialties as required by the COCA standards. Preferred qualifications include board certification from the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) or a Certificate of Special Proficiency in OMM (C-SPOMM).

3.5.3 Course Directors

1. Pre-clinical course directors work under the direction of the Assistant Dean OMS-1 and OMS-2 to assure that first and second year Osteopathic medical students receive comprehensive, evidence-based instruction in areas that will set them up for success both on clerkships and on the COMLEX-USA Level 1 exam. The course directors for all OMS-1 and 2 courses will work together during monthly Pre-Clinical Curriculum Committee meetings to assure horizontal and vertical integration of the curriculum along with proper monitoring of the curricular map.
2. Clerkship (OMS-3) and OMS-4 level course directors work under the direction of the Senior Associate Dean for Clinical Affairs to ensure adequate oversight of all clinical rotations provided at BUCOM. The Clinical Curriculum Committee is responsible for assuring integration throughout both the OMS-3 and -4 years.

3.6 Faculty Salary and Promotion¹⁶

Baptist Health Sciences University Board of Directors holds the authority to grant promotion in rank and to assure that processes and procedures were followed in accordance with BHSU policy. BUCOM exists to educate holistically-trained osteopathic physicians in a Christian environment. Excellent and effective university-level teaching provides the platform and foundational requirement for those desiring career advancement and for professional growth. Promotion in rank is based on demonstrated meritorious service in the classroom, to the university, and to the university community. Promotion in rank is not granted in acknowledgment of adequate teaching skills or years of service. A faculty member may meet the minimal criteria and not be recommended for or granted promotion.

Before a faculty member may be considered for promotion, the following requirements must have been met prior to the beginning of the academic year in which promotion is sought (i.e., the current academic year will not count in determining service). The faculty member must:

1. Have completed three years of employment at the University in a ranked position even if other qualifications in the Job Description of the desired rank are met.

¹⁵ COCA Standard 7: Faculty and Staff, Element 7.4 Primary Care Leadership, Element 7.5 OMM/OPP Leadership

¹⁶ COCA Standard 7: Faculty and Staff, Element 7.8 Faculty Appointment and Advancement

2. Have completed the years of experience listed under the "Minimum Qualifications" on the Job Description of the desired rank, and hold the appropriate degrees and certifications required.
3. Have completed the appropriate time in rank at the College before seeking promotion to the next rank; i.e., three years at the level of Instructor, four years at the level of Assistant Professor, and five years at the level of Associate Professor. The Provost and President can make exceptions to this service rule.
4. Have participated in portfolio preparation.

Faculty members are evaluated systematically based on BUCOM and university policies and requirements. Reappointment, promotion, merit salary increases, and award/renewal of contracts are based on these reviews. The BUCOM annual academic review process is used in part, as consideration for continued employment, promotion, faculty rank and merit increases (if available). The annual review process may include, but is not limited to, a faculty portfolio tool; a faculty goal sheet; student evaluations; peer evaluations; recommendations from the department chair, immediate supervisor and appropriate senior associate dean; and requirements delineated in the Faculty Development section of the Faculty Handbook.

There are five designated foci for advancement in academic rank, which provide pathways for promotion in an area of interest and excellence.

1. Medical education
2. Clinical care and education
3. Administrative leadership
4. Research
5. Service

Faculty foci for promotion in academic rank for faculty are designed to promote excellence in teaching and advancement of osteopathic medical education. Conducting research and creating peer-reviewed and publicly disseminated articles, the discovery of new knowledge, new technologies, methods, materials and employing new knowledge leading to new understandings about osteopathic medicine are additional goals. A faculty member's focus is determined by the predominant activities in their designated and chosen role at BUCOM. Changes in career goals and college assignments are likely and full consideration for advancement is given for accomplishments attained while in one focus if other career goals are pursued. Specific requirements and timelines for promotion apply to all who pursue advancement in academic rank. In reviewing a faculty member for promotion, emphasis will be placed upon recognition of potential for continued professional growth and development. Activities and achievements considered sufficient for contract renewal or continuation are not necessarily sufficient for promotion. Common to each of the tracks for advancement are the following:

1. Past and current service to BHSU, BUCOM, and community with progression through increasing levels of teaching and academic performance, scholarly achievement, selfless service, and servant leadership and application of the healing arts as related to osteopathic medicine is the basis for advancement;
2. A distinguished and sustained record for the advancement of the BUCOM mission which includes past and current sustained documented development, participation, and oversight in pre-doctoral and or postgraduate programs, college or university governance, committee work, assisting in the recruitment and development of new faculty, developing and implementing new

programs, involvement in student activities; and other distinctive contributions to college and university life;

3. Teaching experience and teaching effectiveness including student evaluations and favorable results of the peer review process;
4. Development of osteopathic physicians who dedicate themselves to excellence in osteopathic medicine through service toward their fellow man, lifelong learning and the advancement of medical knowledge;

Indicators of Faculty Effectiveness and Excellence

The College recognizes that there are multiple indicators of performance levels. Comparison with peers with similar practice responsibilities should form part of the evidence base. As indicated above, clinical practice includes both direct patient centered activity and indirect patient centered activity (practice management/administration, lifelong learning, etc.). Clinical Track faculty members are diverse in terms of areas of expertise and training and their clinical practice should relate directly to expectations articulated in their written position description. Objective evaluation of clinical practice is difficult, but essential. Evaluation by other health care providers and peer recognition may provide insight into the quality of care. Clinical skills may be assessed by using many types of surrogate measures. The evaluation processes are likely to include a combination of clinical and administrative measures.

Potential sources of documentation of clinical practice excellence may include, but are not limited to:

1. Best practices recognitions
2. Certification and re-certification by specialty boards
3. Completion of additional academic course work which directly impacts clinical practice; Completion of practice development programs (e.g., traineeships).
4. Designation as a 'fellow' or other similar practice achievement recognition
5. Development of innovative clinical practice models that improve patient care and/or move toward value-based payments
6. Direct assessment of practice management by systems administrators, managers and clinic directors
7. Documentation of patient care activities
8. General recognition of clinical practice performance by faculty not in direct collaboration
9. Grants or contracts, received, to support clinical practice expansion or enrichment
10. In-services/presentations provided to health care workers at the clinical practice site
11. Opinions of referring/consulting physicians.
12. Participation in clinical practice-site committees (e.g. Quality Assurance committee, Peer Review Committee)

13. Patient case loads
14. Practice related publications and presentations (e.g. platform or poster presentations)
15. Written observations from nurses, physicians, resident physicians, or medical students documenting specific practice initiatives and outcomes

3.6.1 Academic Medical Education Focus

For faculty pursuing the academic medical education focus, special consideration is given to the following:

1. Publication of original scholarly work in peer-reviewed professional journals including journals focusing on scientific, academic and clinical topics or contributing to books or book chapters;
2. Progressive involvement in the BUCOM and BHSU academics as well as state, national and international discipline-related activities;
3. Development of quality pedagogical materials, textbook chapters, teaching materials and products, especially as related to osteopathic medicine;
4. Leadership and/or service roles in national organizations promoting the education or professional development of physicians;
5. Mentoring and promotion of learners who dedicate themselves to the Baptist mission of healing, preaching and teaching.

3.6.2 Clinical Care and Education Focus

For faculty pursuing the clinical care and education focus, special consideration is given to the following:

1. Excellence in clinical sciences teaching and incorporation of osteopathic principles and practice;
2. Evidence of professional recognition in clinical excellence;
3. Performance in the delivery of clinical practices consistent or above the standards and expectations established by the specialty;
4. Participation or preceptorship in the clinical education of Third Year, Fourth Year Osteopathic Medical Students, or the post-doctoral (GME, Residency, Fellowship) level typically with multiple students or residents;
5. Development and/or coordination of Continuing Medical Education (CME) conferences;
6. Presentation of clinically related research or scholarly data at state, national, or international meetings;
7. Participation as a key note or special invited presenter, national or international symposia;
8. Publication of scholarly works in peer-reviewed professional journals especially clinical topics related to osteopathic medicine;

9. Record of service to BUCOM in leadership roles of committees, symposia, and conferences;
10. Initiation or development of spiritual care programs or outreach medical care;
11. Contributions to continuing quality improvement in clinical care;
12. Mentoring and promotion of learners who dedicate themselves to the Baptist mission of healing, preaching and teaching;

3.6.3 Administrative Leadership Focus

For faculty pursuing the clinical care and education focus, special consideration is given to the following:

1. Teaching, superintending, and administrating aspects of education which require dedication to establishing, promoting, monitoring, and measuring essentials of medical training;
2. Publication of original scholarly work in peer-reviewed professional journals including journals focusing on academic topics especially related to BUCOM's mission of training physicians in Christian values and dedication to patient-centered osteopathic care;
3. Serving as an assistant or associate dean supervising physicians who will provide ethical, compassionate, competent and patient-centered osteopathic medical care;
4. Oversight and development of new courses and curricula; curricular innovations, including uses of instructional technologies. Advancement of the quality of the faculty member's direction of student scholarly activities, the quality of pedagogical material published; and of teaching materials;
5. Participation in national organizations promoting the education or professional development of physicians;
6. Mentoring and promotion of learners who dedicate themselves to the Baptist mission of healing, preaching and teaching.

3.6.4 Research Focus

For faculty pursuing a research focus, special consideration is given to the following:

1. Excellence in scientific research, original publications, and manuscripts that are peer reviewed and publicly disseminated which results from the discovery of new knowledge, new technologies, methods, materials and employing new knowledge leading to new understandings focusing on medicine including osteopathic medicine;
2. Scientific endeavors involving discoveries of foundations for health and disease, clinical outcome studies, research into educational advancement;
3. Mentoring and promotion of learners who dedicate themselves to the Baptist mission of healing, preaching and teaching;
4. Regular publication of original scholarly work in peer-reviewed professional journals;

5. Regular presentation of research/scholarly data at professional meetings;
6. Obtaining new or maintaining previously awarded intramural and/or extramural research funding.

On an annual basis, the dean will work with faculty to designate anticipated work assignments in the domains of teaching, research & scholarly activity, service, administration, and clinical practice as appropriate.

3.6.5 Application Timeline

The promotion process begins no later than the second Friday in January. Promotion takes effect in August of the following academic year. At least 3 years prior to application for promotion, the faculty candidate begins to document the case for promotion, drawing on the annual performance management process. The candidate should make use of semi-annual performance management meetings with his/her Academic Dean to identify significant contributions, areas for growth, and to assess progress. The candidate should become familiar with the "minimum" and "desired" qualifications of the job description for the rank to which the candidate aspires. During these years, the candidate should begin to assume responsibilities and leadership commensurate with the aspired rank. The faculty candidate draws on the annual performance management documentation to compose a narrative with supporting artifacts that documents significant contributions to the University and professional growth.

3.6.5a Materials Submitted to the Appointment and Promotions Committee

1. Beyond the basic requirements, criteria for promotion in rank include demonstration of: noteworthy achievement in: (a) teaching; (b) scholarship & professionalism; (c) service to University and department; and (d) Christian mission and community service. Each criterion must be thoroughly supported by documentation covering the previous three academic years and, in the case of noteworthy achievement in teaching, include scores from the most recent student evaluation of instruction.
2. Organization of the documentation should reflect the four basic criteria and provide a comprehensive analysis of each. Appropriate narrative should accompany discussion of each criterion, highlighting significant accomplishments and calling attention to growth, development, and contribution to the organization.
3. The nature of the supporting documentation may vary, and may include artifacts from performance management documentation. The supporting documentation should demonstrate progressive professional development and the individual's contribution to outcomes achieved from the University and the department. Applicants should carefully document their contributions. When possible, the narrative should be supported by appropriate artifacts. All artifacts included for review must be discussed within the narrative. Portfolios should include no orphaned artifacts. Applicants for promotion are responsible for composing a narrative that "connects the dots" for the peer reviewers. When possible, applicants should track trends or patterns (e.g. illustrating how one's later work demonstrated qualitative improvement over earlier efforts).
4. Applicants should select documentation carefully. Quality and impact are far more important than mere quantity. Better artifacts show what value the applicant's efforts added to the classroom, division or University. For example, rather than documenting mere committee membership,

artifacts should clarify the applicant's contributions as a team member who accomplished something valuable. Applicants should give special attention to documenting expectations at the appropriate level. The candidate must present clear evidence of beginning to perform at the level expected of the rank to which the candidate aspires. Demonstrating that one performs well at the current level of responsibility is inadequate justification for promotion in rank for higher ranks. Coursework completed as a requirement for the appropriate degree listed under “Minimum Qualifications” on the Job Description of the desired rank may not be counted as independent evidence of the applicant’s scholarship.

5. The differing relative weights of two criteria (teaching and service to University and department) reflect the distinct responsibilities of ranked faculty and ranked administrative faculty. The definition of ranked faculty and administrative faculty is further discussed in the “Definition of Faculty” Board Policy.
6. Teaching (40% for faculty, 20% for administrative faculty).
 - i. General criteria:
 1. Creates a positive learning environment which encourages active learning and critical thinking.
 2. Delivers content with attention to learners' diverse learning styles and to the opportunities of different learning environments (for example, traditional classroom or on-line).
 3. Provides timely and helpful feedback in classroom and clinical situations.
 4. When appropriate, encourages student research and scholarship.
 - ii. Rank-specific criteria:
 1. Assistant Professor: Exhibits competency in teaching; demonstrates a growing faculty role as an effective team member.
 2. Associate Professor: Shows evidence of excellence in teaching; assumes a mentoring role for other faculty and/or leads in curricular planning (for example, by chairing committees or task forces).
 3. Professor: Demonstrates sustained excellence in teaching; serves as a pedagogical resource for other faculty; is recognized as an expert.
- b. Scholarship & Professionalism (25%)
 - i. General criteria:
 1. Remains current with trends, issues and practices within the discipline.
 2. Participates in and/ or assumes leadership in professional organizations at level appropriate for desired rank.
 3. Models professional development and lifelong learning to students.
 - ii. Rank-specific criteria:
 1. Assistant Professor: Shows beginnings of scholarly achievement; participates actively in appropriate professional organizations or development activities.
 2. Associate Professor: Demonstrates academic maturity through leadership in local, and/ or state professional organizations and/ or leadership in professional development activities for junior faculty; demonstrates

achievement through Scholarship of Integration or Scholarship of Discovery, through Unpublished Scholarly

3. Professor: Demonstrates sustained excellence in scholarly or creative works; assumes formal leadership in local, state, and/ or national professional organizations; serves as a resource in trends or practices, as appropriate; serves as research mentor for junior faculty; demonstrates achievement through Scholarship of Integration or Scholarship of Discovery, through Unpublished Scholarly Outcomes or Publications.

c. Service to University and Department (20% for faculty ; 40% for administrative faculty)

i. General criteria:

1. Contributes to the departmental objectives and instructional strategic initiatives and goals through collaborative participation and/ or leadership.
2. Advises students as assigned and/ or assumes leadership for advising function.
3. Participates and/ or demonstrates leadership in University committees.
4. Participates and/ or leads in faculty governance, peer review activities, and campus activities.

ii. Rank-specific criteria:

1. Assistant Professor: Participates in University committees through timely, thoughtful completion of assignments, assists in process to maintain accreditation status of program and/ or University.
2. Associate Professor: Demonstrates initiative; produces beneficial results on important projects; provides leadership for department and/ or University committees or project teams.
3. Professor: Produces excellent results on important service projects; mentors junior faculty in service roles; demonstrates leadership in process of maintaining accreditation status of program and/ or University.

d. Christian Mission and Community Service (15%)

i. General criteria:

1. Support of the University's Christian Mission: Participates in University events which help students to understand health care professions as vocations and spirituality as an aspect of healing; integrates spirituality/ faith into coursework as appropriate to discipline; models principles and teachings of the Christian faith; supports students in developing Christian ethics and values.
2. Community Service: Promotes the philosophy and mission of the University through active participation in community and healthcare system events and/ or projects; as appropriate, incorporates community service and service learning into course requirements; documents community service to assist the University in maintaining its mission.

- ii. Rank-specific criteria:
1. Assistant Professor: Participates in campus-wide and community activities.
 2. Associate and Full Professor: Provides leadership in campus-wide and community activities.

3.6.6 Process for Applying for Advancement in Rank¹⁷

Responsible Party	Steps
Faculty member/candidate	Begins to document the case for promotion, drawing on the annual performance management portfolios from (at least) 2 years prior. The candidate should make use of semi-annual performance management meetings with his/her dean or chair to identify significant contributions, areas for growth, and to assess progress. The candidate should become familiar with the "minimum" and "desired" qualifications of the job description for the rank to which the candidate aspires. During these years, the candidate should begin to assume responsibilities and leadership commensurate with the aspired rank.
Faculty member/candidate	Completes the required years of Baptist College employment, years in current rank and appropriate educational level for desired rank.
Faculty member/candidate	Carefully reviews the "Minimum" and "Desired" Qualifications of the job description for the ranked position to which the candidate aspires. Only degrees awarded by December 31 prior to application for promotion may be used to meet qualification requirements for the desired rank.
Faculty member/candidate	By September prior to application for promotion, the faculty candidate participates in portfolio preparation. Candidates for promotion may participate in this preparation during any of the years the candidate is building the case for promotion, though in order to be eligible to apply for promotion in rank, the candidate must show proof of having participated at the start of the academic year in which the request will be made.
Faculty member/candidate	By second week in January, the faculty candidate requests written validation of eligibility for promotion from Vice-President of Administrative Services.
Vice-President of Administrative Services	Determines candidate's eligibility to apply for promotion in rank. Prepares documentation of the candidate's educational level, years of Baptist College employment, and years in current rank. In addition, with assistance from the BUCOM Senior Associate Dean of Academic or Clinical Affairs, validates the candidate's number of years of college teaching required for the rank sought. This is completed by the first Monday in February.
Faculty member/candidate	By the second Monday in February, the faculty candidate submits a letter of intent to seek promotion along with a thorough portfolio of documentation to the Senior Associate Dean of Academic or Clinical

¹⁷ BHSU BOD.1022

SACSCOC Standard 6.1 – 6.3

COCA Standard 7: Faculty and Staff, Element 7.8 Faculty Appointment and Advancement

Affairs. Applicants should submit portfolios that contain copies rather than original documents. Categories to be used will be based on teaching, scholarship, service to college and university, community service and support for Baptist's mission, and specific criteria based on selected career focus.

Beyond the basic requirements, criteria for promotion in rank include demonstration of: noteworthy achievement in: (a) teaching; (b) scholarship & professionalism; (c) service to university and department; and (d) Christian mission and community service; and (e) clinical practice. Each criterion must be thoroughly supported by documentation covering the previous three academic years and, in the case of noteworthy achievement in teaching, include scores from the most recent student evaluation of instruction as well (that is, include the term preceding the application).

Organization of the documentation should reflect the five basic criteria and provide a comprehensive analysis of each. Appropriate narrative should accompany discussion of each criterion, highlighting significant accomplishments and calling attention to growth, development, and contribution to the organization.

The nature of the supporting documentation may vary, and may include documentation from performance management evaluations. The supporting documentation should demonstrate progressive professional development and the individual's contribution to outcomes achieved from the university and the department. Applicants should carefully document their contributions. When possible, the narrative should be supported by appropriate documentation. All documents included for review must be discussed within the narrative. Portfolios should include no orphaned artifacts. Applicants for promotion are responsible for composing a narrative that lays out a clear, definitive career path for peer reviewers. When possible, applicants should track trends or patterns (e.g. illustrating how one's later work demonstrated qualitative improvement over earlier efforts).

Applicants should select documentation carefully. Quality and impact are far more important than mere quantity. Better supporting materials show what value the applicant's efforts added to the classroom, department or university. For example, rather than documenting mere committee membership, documentation should clarify the applicant's specific contributions as a team member in accomplishing something valuable. Applicants should give special attention to documenting expectations at the appropriate level. The candidate must present clear evidence of beginning to perform at the level expected of the rank to which he or she aspires. Demonstrating that one performs well as at the current level of responsibility is inadequate justification for promotion in rank for higher ranks, coursework completed as a requirement for the appropriate degree listed under "Minimum Qualifications" on the Job Description of the desired rank may not be counted as independent evidence of the applicant's scholarship.

BUCOM Dean	<p>Dean - Following the deadline for portfolio submission, the Senior Associate Dean for Academic or Clinical Affairs informs the Provost of the name(s) of the faculty requesting promotion. The dean evaluates the promotion portfolio using the appropriate rubric and forwards the completed scoring rubric and a letter recommending or opposing promotion and the portfolio to the provost no later than the last Monday in February. If not recommending promotion, the dean conveys this information to the faculty and offers appropriate coaching. If the faculty member is not in agreement with such decision, the dean directs the faculty member to the Promotion in Rank Appeal Policy for further action.</p> <p>Provost - In early March, the provost convenes a peer review committee with a minimum of three faculty members holding the rank of professor and appoints a chair. Typically one or two members of the peer review committee are responsible for close-reading de novo review of portfolios and for walking other members of the committee through each portfolio.</p>
Peer Review Committee	Reviews all submitted documentation de novo and forwards recommendations to the Provost by Mar 31* (If this is a Saturday or Sunday, it will be due the following Monday). Deans are recused from voting on promotion of any faculty in his/her division.
Provost	In early April, the provost reviews promotion portfolio along with recommendations from the dean and Peer Review Committee.
Provost	In mid-April, the Provost presents recommendations and evaluation of promotion portfolio to the Academic & Enrollment Committee of the Board of Directors.
Academic & Enrollment Committee, Board of Directors	Reviews all recommendations and summary to assure that all criteria have been evaluated and that the policy and procedures for promotion in rank have been followed. If so, recommends promotion in rank to the Board of Directors.
University Board of Directors	At the summer meeting, the University Board of Directors acts on recommendation of the Academic & Enrollment Committee and directs the Provost to notify the candidate of their decision.
Provost and BUCOM Dean	<p>The provost, along with the appropriate dean, meets with each of the candidates to inform them of the Board's decision. Each candidate is provided feedback concerning areas for improvement. If the promotion is granted, it takes effect at the start of the next academic year. If the promotion is denied, the candidate may reapply for promotion during the next applicable cycle. The candidate reviews the provost's feedback with the appropriate dean during the Performance Management process. The dean and applicant discuss areas for improvement and plan for better description and documentation of the applicant's contributions and growth. The candidate may reapply for promotion in January of the next academic year.</p> <p>If the faculty member does not agree with the Board's decision, he/she can appeal this decision to the College President (Refer to the Promotion in Rank Appeal Policy). An exception related to this deadline may occur when handling an appeal.</p>

3.7 Employee Annual Review¹⁸

All BUCOM faculty, staff and employees are on a common performance review cycle which means all colleagues receive an annual performance appraisal in December following the conclusion of the University's fiscal/academic year. This process provides managers with an opportunity to discuss each employee's individual performance from the preceding 12 month performance cycle. Coupled with an employee's individual performance, outcome based performance indicators are used to assess team performance. A common review cycle is a much more effective way to promote and recognize both individual and team performance.

Merit increases are awarded, if applicable, based upon the performance appraisal/review overall rating which is determined by individual and team performance. Merit awards are then calculated based upon the employee's current base salary within his/her assigned salary range. Employee at the top of their salary range or who are in designated positions which fall into special pay categories/classifications are usually not eligible for an annual merit increase although they are required to receive a performance appraisal/review annually. Human Resources calculates performance awards and disseminates information to management for communication back to direct reports.

3.7.1 Annual Performance Review Process

Managers are expected to review or discuss performance appraisal ratings with the Dean, Senior Associate Deans, or appropriate Assistant Dean to ensure consensus/approval in advance particularly if there are colleagues exceeding expectations and/or failing to meet expectations. The supervisor/manager is then responsible for scheduling and conducting a meeting with each employee to discuss his/her performance review. This meeting provides the manager/supervisor and colleague an opportunity to have a discussion regarding the past year, obtain employee feedback and begin planning for the upcoming year. The employee may also add his/her comments. Once the manager/supervisor and the employee have met, the employee acknowledges receipt of the performance review, and it is submitted to HR. In the event that the employee declines to acknowledge the performance review, the supervisor/manager contacts Human Resources so that the review can be submitted for processing.

For full-time and part-time employees including core faculty, completion of performance management review document is mandatory.

Non-core faculty who serve as clinical preceptors will not undergo a performance management review through BUCOM, but any who are employed through Baptist Health Care Corporation will undergo review through their primary department. This group will receive feedback from the Senior Associate Dean of Clinical Affairs regarding student evaluation of their teaching. The Senior Associate Dean of Academic Affairs or his/her designee will submit a summary table of performance reviews of any non-core clinical faculty who have taught in an in the first and second year curriculum to the office of the Provost at the end of the academic year.

If performance warrants improvement, this should be clearly documented in narrative format on the annual performance review. For full-time and part-time employees, a colleague who does not meet acceptable performance/conduct/attendance standards as sustained by the overall performance review score is typically placed in an appropriate corrective action plan in accordance with the Performance and Conduct Expectation Policy. In such cases, managers are expected to consult with Human Resources to discuss next steps. Such corrective action includes specific goals and timelines for correction. Failure to bring performance/competencies, conduct and/or attendance up to acceptable standards will lead to

¹⁸ COCA Standard 7: Faculty and Staff, Element 7.8e Performance Evaluation

disciplinary action up to termination of employment.

All employees hired during the year will receive a December review placing the new employee on the common review cycle. However, for the employee hired during the year, the merit award will be prorated the first year based on the employee's actual date of hire. For example, an employee hired in March, will receive a prorated merit award of 9/12 (April-December) during the common review cycle. For new hires with less than a month of service prior to the common review, they will receive a performance review the following December.

Leave of absence: Medical Leave Act (FMLA) or Tennessee Maternity Leave Act (TMLA) at the time of the common review cycle, leadership will complete the performance review so that the employee receives his/her merit increase, if applicable. BUCOM leadership are expected to review such performance reviews with their employees upon their return to work.

Late reviews are monitored by Administration to ensure there is not an adverse impact on employees who are entitled to an annual review and merit award. The purpose of this policy is to provide basic information and general guidance regarding the Performance Management Guide for University employees. This policy cannot anticipate every situation or answer every question about Performance Management Guide, therefore in order to retain the necessary flexibility to administer the policy, the University reserves the right to modify, change, suspend or cancel at any time with or without written notice any or all of this policy as circumstances may require.

3.7.2 Performance Correction Plan (REMEDIATION)¹⁹

In order to assure consistency in the application of this formal disciplinary measure, the following information should be communicated to the employee (faculty) and subsequently documented in Performance Correction Plan document.

1. The employee's name, title, department and division.
2. The name and title of the member of management taking the action.
3. The duration of the focused improvement period (e.g. 30, 45, 60, or 90 days)
4. Problem area(s) or action(s) necessitating the need for improvement with associated timeliness, as well as previous coaching/counseling and/or formal disciplinary measures, if any.
5. Action steps the employee will have to improve in the specified area in order to avoid further discipline.
6. That failure to correct the problem area(s) and sustain correction will result in further disciplinary action, up to and including discharge.
7. Signature line for employee and member of management.

3.7.3 Record Keeping

Relevant comments made by the employee during the counseling interview and statements of any witness(s) should be attached to the original document when placed in the personnel file. Employees placed into a Performance Correction Plan may be given a copy of the document provided he/she signs the document acknowledging that the action was taken. Employees may not have copies of any

¹⁹ COCA Standard 7: Faculty and Staff, element 7.8.13 Performance Evaluation and Remediation

supporting investigative notes or statements. Should an employee refuse to sign the document, their refusal must be noted and a management witness should be obtained who can verify that the contents of the plan were covered with the employee and he/she refused to sign it. In such cases, both the manager and the management witness, sign and date the document.

The purpose of this policy is to provide basic information and general guidance regarding Performance Correction Plans. This policy cannot anticipate every situation or answer every question. Therefore, in order to retain the necessary flexibility to administer this policy, the University reserves the right to modify, change, suspend or cancel at any time, with or without written notice, any or all of this policy as circumstances may require. Exceptions to this policy must be documented and communicated in advance and be approved by the university president and the Vice President of Administrative Services or designee.

3.7.4 Due Process²⁰

Reference Baptist Health Sciences University Faculty and Staff Handbook
[Baptist College of Health Sciences \(baptistu.edu\)](http://baptistu.edu), Section III, page 19

3.7.5 Faculty Privileges and Benefits²¹

Reference Baptist Health Sciences University Faculty / Staff Handbook, [Baptist Health Sciences University \(baptistu.edu\)](http://baptistu.edu), Section IV, page 20

Both full and part-time faculty are eligible for benefits as detailed in the annual Baptist Memorial Hospital Benefit Guide. Faculty who work with BUCOM in the “Clinical Practice” or preceptor roles are not eligible for benefits through BUCOM/BHSU, but may be eligible for BMHCC benefits as part of their full or part-time work in the Baptist Memorial Hospital clinical enterprise.

3.7.6 Policy on Practice Earnings²²

Core faculty in the BUCOM may provide medical care within specified BMHCC or Baptist Medical Group (BMG) facilities as part of their routine clinical duties. Remuneration for these services will be paid from BMHCC or BMG directly to BUCOM to offset the percentage time for which the faculty is working in that practice/clinical setting. In cases where physician revenue exceeds that budgeted in terms of percent effort for the medical school, the faculty member may receive merit pay based on superior clinical production. Non-core (community preceptors or faculty not directly employed through BUCOM) are not eligible for either merit pay for exceeding clinical production nor BUCOM salary or merit pay.

The Dean of BUCOM or the Dean’s designee will negotiate annually with the BMHCC Chief Executive Officer, Chief Medical Officer, or Chief Financial Officer or their designee. The BUCOM Dean or the Dean’s designee will provide information regarding the percent effort for each core physician faculty who is working within the BMHCC or BMG setting. BMHCC administration will negotiate with the BUCOM dean or the Dean’s designee regarding compensation for each physician’s percent effort, including RVU and other necessary benchmarks for productivity. Productivity benchmarks will be shared with each

²⁰ COCA Standard 7: Faculty and Staff, Element 7.8g Due Process

²¹ COCA Standard 7: Faculty and Staff, Element 7.8d Privileges and Benefits

²² COCA Standard 7: Faculty and Staff, Element 7.8h Policy on Practice Earnings

faculty at their annual performance review. Physicians who exceed their expected production basis will be compensated for their efforts in excess of their established benchmark.

Chapter 4: Faculty Responsibilities²³

BUCOM's goal is to train competent, compassionate osteopathic physicians in a holistic and Christian environment. BUCOM is committed to developing and maintaining a process for rigorous scientific training by which open discourse from variety of thoughts and viewpoints is welcomed. BUCOM is committed to evaluating each learner on individual ability and performance as well as the ability to function within a healthcare team. Our goal is for learners to pursue their education in an atmosphere that is respectful, open, and engaging, realizing that medical education, by its nature, is rigorous and often stressful. Deliberate mistreatment of any individual, medical student, resident, faculty, or staff is antithetical to this free exchange of ideas and is not tolerated at BUCOM.

4.1 Faculty Duties

Supporting the BUCOM, Baptist Health Sciences University (BHSU) and Baptist Memorial Health Care Corporation (BMHCC) mission and vision of healing, preaching and teaching is an essential part of who we are at Baptist. Primary faculty duties involve teaching, service, scholarly activity, clinical practice, and research as assigned, both within the university and through local, regional, national or international service.

Priorities include fair and honest evaluation of learners, peers, and colleagues, contributing to the university community, and mentoring, counseling, advising and instructing learners in BUCOM. Other important goals include nurturing an environment that permits faculty to meet this mission and vision, advancing medical science, enhancing public wellbeing, and professional development. BUCOM is committed to provide both support and faculty development to help faculty succeed in these duties.

4.1.1 Delineation of Faculty Duties

Each faculty member's job expectations in terms of teaching, administration, service, research, clinical practice or other activities are defined by BUCOM and communicated annually by means of an appointment letter. Both the job description and BUCOM administration ensure that faculty are provided a clear description of these duties. Duties may change as needs arise with determinations made by the dean, senior associate deans or chairs when reassignments/revisions of duties are needed. Faculty members are then notified of these changes. The annual performance review period serves as a time to discuss individual faculty time allocations between education, service, administration, research, clinical practice and scholarly activity.

4.2 Participation in Governance and Decision Making²⁴

4.2.1 Participation in program review/accreditation, curriculum development/quality improvement, institutional effectiveness and strategic planning needs

²³ COCA Standard 7: Faculty and Staff, Element 7.8b Responsibilities

²⁴ COCA Standard 7: Faculty and Staff, Element 7.7 Faculty Association

Faculty participate in outcome evaluations of BUCOM and/or the University's educational, service, and research programs as requested. Reported outcomes are used for quality improvement process development regarding, but not limited to, curriculum, service, admission standards, and budget and resource allocation. Each department, division, or area provides recommendations as to improving the quality of BUCOM's efforts using input from students, staff, faculty, and community partners directly to the Dean annually.

4.2.2 Participation in BUCOM/BHSU Governance and Decision Making Processes

Both BUCOM and BHSU have established traditions of faculty governance in relation to academic matters. BUCOM faculty and administration are jointly responsible for evaluating and developing curricula, academic policy, program planning, and other governance functions as appropriate. Faculty are expected to participate in faculty governance through active and engaged involvement in assigned committees, faculty meetings, or BUCOM Faculty Council. Faculty may also be elected to serve in the BHSU Faculty Senate or other university committees.

BUCOM faculty work collaboratively with the dean and administration towards developing the curriculum, academic policies and procedures, program development, and serving in other governance functions. Faculty members participate in BUCOM and university governance through their involvement in BUCOM and BHSU committees, BUCOM Faculty Council, BHSU Faculty Senate, and departmental faculty meetings. Faculty elect representatives to Faculty Senate who serve as a venue for relaying information from the university to BUCOM

4.2.3 Public and Community Service Involvement

Service to others is an important component of Baptist's mission. Every faculty member makes contributions to the university beyond teaching, administrative, or research responsibilities. Contributions include a wide variety of options, including, but not limited to, participating in BUCOM/BHSU committees, student activities, inter-professional events, service projects, or events that enhance the cultural or intellectual environment of the institution. Some faculty may serve through participation with professional organizations or giving back to the community on a local, regional, national or international basis through mission trips.

While faculty are individuals who possess political rights of citizenship, action, association and speech, these rights may not be exercised in the name of BUCOM, BHSU, BMHCC or any subsidiaries of the Baptist Memorial Healthcare system. This includes use of university resources such as facilities, forms, official stationary, vehicles, postage, or others. Faculty must avoid any activities that risk associating BUCOM or BHSU with partisan political activities or controversial topics unless express, advance, written permission is obtained from the Dean, Provost and University President.

4.2.3 BUCOM and BHSU Committees

The ability for committees to exercise power is delegated by the dean. Committee actions serve as recommendations to the dean and /or Dean's Council Committee. These recommendations are not considered in effect until formally adopted by the faculty and dean. Committee chairs and members are appointed by the dean. Each committee must have no fewer than three (3) voting members. Committee chairs will schedule all meetings, develop meeting agendas, and notify members of time and location. Committees should generally meet no less than twice per semester. Minutes should be kept and saved in the appropriate folder on PawPrints.

Unless a meeting is designated as closed, any faculty member may attend to express opinions, but cannot vote unless they are a formal committee member. If a faculty member acts in a manner determined to be disruptive by the chair, the faculty member may be requested to leave the meeting by the committee chair. Student membership on committees is appointed by the dean considering recommendations from the BUCOM Student Government Association. A list of committees and a description of their responsibilities is available in the BUCOM Faculty Handbook.

4.2.4 Lines of Communication²⁵

4.2.4a Responsibilities of Directors and Administrators

BUCOM Directors, Chairs, and Administrators are expected to be available in person, by telephone, or by email, so that faculty and employees have ample opportunities to ask questions, seek clarification, offer feedback, or report issues. BUCOM administration is responsible for ensuring all employees receive standards of conduct training and other certification on an annual basis as a condition of continued employment. In keeping with the three-fold ministry of Christ- teaching, preaching, and healing- and BUCOM's commitment to Service First and ethical practices, all faculty and employees are responsible for communicating in a manner which is consistent with Baptist's values. Professional communication is an expectation for all BUCOM employees.

BUCOM leadership use a variety of communication methods to communicate with faculty and employees, including but not limited to email, phone call, memo, letter, or small or large group meetings. Email sent to the faculty's official Baptist account is considered the official means for BUCOM communication. Faculty and employees are expected to respond to emails and other requests in a timely fashion, ideally within one business day unless the faculty or employee are taking vacation or leave.

Faculty and employees are responsible for requesting time off in advance and communicating any absence to others using email automatic replies or other organizational tools. Time off must be scheduled so as not to interfere with either academic or clinical responsibilities. If a faculty or employee is ill, that faculty or employee must speak directly with their immediate supervisor (i.e., no texts or emails).

4.2.4b Chain of Command

Faculty and employees are generally encouraged to discuss any problems or concerns directly with their immediate supervisor. If the issue cannot be resolved at that level, involving the immediate supervisor's supervisor is appropriate. Directly engaging the dean, senior associate deans, or chairs is an option in cases of extreme or immediate risk, but this should occur rarely and ideally after other lines of discussion with immediate supervisors have failed. In situations involving imminent danger to BUCOM faculty, employees, or students, Baptist Health Sciences University (BHSU) security should be contacted immediately.

4.3 Faculty Duties

BUCOM aims for its' faculty to excel in teaching, scholarly activity, research, and service both inside and outside the university. Student assessment, course evaluation, mentorship, and student counseling are important faculty roles. Contributing to the university community and its mission and vision are encouraged.

²⁵ COCA Standard 7: Faculty and Staff, Element 7.8c Lines of Communication

Supporting faculty development to helping faculty find success is important to the BUCOM administration. Providing appropriate resources in an environment that allows faculty to meet our mission and vision, advance medical knowledge, grow professionally, and contribute to the community health are BUCOM's primary goals.

4.3.1 Arrangement of Faculty Work Duties

Each faculty member has specific assignments as part of their job description or faculty agreement. Division of service is generally between teaching, service, research, administration or other areas. Faculty members are provided a delineation of this breakdown during their initial hiring process and annual review with their immediate supervisor. Obligations may change based both on the needs of BUCOM as well as faculty needs and/or interests when possible.

4.3.2 Attendance at Professional Meetings / Conferences

Faculty and professional staff who will be absent because of attendance at professional workshops or conferences should consider this absence as they plan their class or work schedules. Although faculty are encouraged to attend professional meetings/conferences, course responsibilities have a higher priority. Therefore, the faculty member must make necessary arrangements for his/her absence.

4.3.3 Workload

The total faculty workload is comprised of teaching responsibilities in combination with other duties required to support BUCOM's mission and good academic citizenship. The workload is based on, but not limited to, the following components of a full-time faculty member's role: teaching load (classroom, clinical, laboratory assignments), student advisement, tutoring and student activities, committee assignments, clinical practice (where applicable), research and scholarly activities, and community service.

4.3.4 Faculty Council²⁶

Faculty Council meetings are scheduled quarterly and as needed for more urgent situations. The BUCOM Dean serves as ex officio at all meetings. The Faculty Council Executive Committee regularly reports to the dean at a minimum of after each council meeting. The council makes written recommendations to the dean, including but not limited to, faculty committee appointments, faculty or facilities resources, curriculum revision, and/or issues that affect the welfare of faculty and staff. The Chair of the Faculty Council or their designee are a member of the Dean's Council. The Faculty Council Bylaws are available for review on Pawprints.

4.3.5 Faculty Participation in Institutional Effectiveness, Curriculum Development and Review, Program Review and Accreditation, and Participation in Strategic Planning²⁷

²⁶ COCA Standard 7: Faculty and Staff, Element 7.7 Faculty Association

²⁷ COCA Standard 7.6: Faculty Development, COCA Standard 9.2: Academic Standards, COCA Standard 1.2: Strategic Plan

BUCOM faculty actively participate in outcomes assessment of educational, service, and research program in order to improve processes. Faculty input is used to help steer quality improvement with areas such as the curriculum, admissions standards, resource allocation, service, and finances, including others. BUCOM uses multiple touchpoints for information about how to best improve the quality of our educational program, health and wellness of our faculty and students, and service to our community. Information is forwarded to the BUCOM Dean at least annually, but ideally real-time to allow for greater cohesiveness between student, faculty, and administration.

4.3.7 Conflicts Of Interest

All Baptist employees, students and health care providers are to interact with patients, families, customers, suppliers, or other business representatives in a professional and ethical manner. The University expects all employees to interact with students, customers, suppliers, or other business representatives in a professional and ethical manner. The organization therefore prohibits any professional or business conduct which is or has the potential for being a conflict of interest. This includes, but is not limited to, transacting business with a patient/student who is actively under the care of the individual, currently enrolled in the University, or his immediate family member/authorized representative. Individuals performing functions on behalf of Baptist are not to solicit, accept, offer or give any gifts, favors, cash or cash equivalents or hospitality that might influence their entity-related decisions or actions or that of a vendor. This includes instances where individuals representing Baptist are serving with community organizations in a fund raising capacity. All Baptist employees are to act in the best interest of Baptist at all times. All acts of the President, administrative staff members, managers, and other personnel entrusted with administrative functions and duties shall be made for the best interest of the organization. Purchasing of materials, supplies, and services is under the direction of the Vice President, Business Services. Business affiliations and/or decisions shall typically preclude any business organization in which members of the administrative staff, managers, and Board of Directors or their immediate families have a substantial interest.

4.3.8 Conflict Of Interest Due To Circumstances

Conflicts of interest may arise under circumstances that include, but are not limited to:

1. Employees who hold either directly or indirectly a position or a material financial interest in any firm from which the Baptist employee believes the entity secures goods or services or that is in competition with the entity.
2. The rendering of director, officer, managerial, or consultative services by employees or health care providers performing functions on behalf of Baptist to any firm that does business with, or competes with, the services of the entity unless the individual is acting on behalf of Baptist.
3. Employees must disclose any financial interest they or their immediate family have with any organization that does business with the University or competes with the University. Employees are prohibited from acting as an advisor, broker or consultant to any business organization that either does business with or competes with the University unless the employee is acting on behalf of the University with written permission of the President of the University.
4. The acceptance of gifts, excessive entertainment, or other favors is not allowed from any outside concern that does, or is seeking to do, business with, or is a competitor of, the University. Such

conduct may be inferred as being intended to influence the employee in the performance of his/her duties.

5. The disclosure or using of information relating to the organization for the personal profit or advantage of the employee or his/her immediate family.
6. Having any family or other personal or financial relationships that might influence the Baptist employee to make decisions that are not in the best interest of Baptist.

4.3.9 Faculty Political Opinions or Public Statements

Individuals possess personal rights of speech, association and action and the political rights of citizenship. Faculty may not exercise these political rights in the name of BUCOM, through the use of BHSU resources, facilities, supplies or staff, or in any way that might draw BUCOM or BHSU into partisan political activity.

Every faculty member will make contributions to the university community beyond his or her teaching and administrative duties and beyond his or her research efforts for the college. Contribution to the community may include such services as: participation on college and university committees, involvement in student activities, involvement in outreach and mission activities of the college or university, effectiveness and cooperation in departmental and inter-departmental programs, active and effective participation in the cultural and intellectual life of the university, service to professional organizations, and service in the outside community that is beneficial to the university or that enhances the quality of life in the community outside the university.

4.4 BUCOM Committees

The BUCOM Dean appoints committee members and chairs based on recommendations from the Faculty Council and interests of individual of faculty members, when possible. Each committee must have no less than three (3) voting members. The dean or their designee may serve in an ex-officio function. Recommendations are put in effect only after adoption by the faculty and dean.

Student membership on committees will be appointed by the dean considering recommendations from the Student Government Association for BUCOM. Committee meetings will have a portion of each meeting designated as faculty-only in addition to time for student representatives to participate.

Committee chairs are responsible for scheduling all meetings, establishing the agendas, and notifying all members of the time and location. Meeting minutes are maintained for all meetings with copies provided to the Office of the Dean. Unless otherwise noted, the committees shall meet at least once per semester.

Faculty may attend committee meetings for which they do not belong with written permission from the chair. These faculty members may attend the committee meeting with voice but not vote, provided their presence is not determined to be disruptive by the chair of the committee. If a faculty is deemed disruptive, the chair has the authority to require the faculty member to leave the meeting.

4.4.3 Admissions Committee²⁸

The purpose of this committee is to:

1. Supervises the interview and admission process for students applying to the COM
2. Recommends candidates for acceptance or rejection to the dean
3. Reviews outcome of matriculants regarding success in the College, success on board examinations, and residency specialist distribution
4. Reviews admission policies on the college's ability to meet its mission and vision.
5. Makes recommendations for changes in admissions standards to the dean.
6. Meets at least once annually with the Curriculum Committees and the Student Progress Committee to examine student outcomes and make recommendations for modifications in policy, mission and vision, budget, etc. to the dean.

4.4.4 Community Medical Outreach Committee

The purpose of this committee is to:

1. Develop, evaluate, coordinate, and oversees medical outreach events of the COM, including health fairs and philanthropic events performed by students or student organizations, international and local medical outreach events, medical mission events and rotations, community and public educational events conducted in the region, state, nation and internationally.
2. Charged with developing, modifying, and overseeing the policy and procedures that govern such events, establishing the standards and requirements for participation, and supervising the implementation and operations of the events.
3. Cooperatively works with the Office of Clinical Education to develop and supervise any shared activities.

4.4.5 Curricular Committees²⁹

4.4.5.1 Pre-Clinical Clerkship Curriculum Committee

The purpose of this committee is to:

1. Directs the OMS-I and OMS-II curriculum (development and implementation) that is holistic in focus
2. Enhances cohesive, interrelated, and outcomes-oriented curriculum.
3. Incorporates student input and viewpoints through participation of student committee members

²⁸ COCA Standard 9: Students, Element 9.1 Admissions Policy

²⁹ COCA Standard 6: Curriculum, Element 6.1.1 Curriculum Design and Management

and class liaisons.

4.4.5.2 Clinical Curriculum Committee

The purpose of this committee is to:

1. Directs the OMS-III and OMS-IV curriculum (development and implementation) to meet or exceed accreditation standards
2. Focuses on student clinical competency and preparation for GME in primary care and other specialties.
3. Incorporates student input and viewpoints through participation of student committee members and class liaisons.

4.4.5.3 Assessment, Outcomes and Evaluation Curriculum Committee (AOE)³⁰

The purpose of this committee is to:

1. Provides evidence-based medical education (EBME) outcomes orientation for the UME curriculum.
2. Defines, measures, and reports student outcomes.
3. Provides suggestions for improving learning outcomes.

4.4.5.4 Executive Curriculum Committee

The purpose of this committee is to:

1. Oversees the entirety of the undergraduate medical education (UME) curriculum.
2. Guides overall curricular development and implementation between pre-clinical and clinical years.
3. Guards against redundancy and gaps in curriculum.

The Senior Associate Dean for Academic Affairs chairs the Pre-Clinical Curriculum Committee and serves as an ex-officio member of the Clinical Curriculum to ensure adequate communication between the pre-clinical and clinical curricula. The Senior Associate Dean for Clinical Affairs, similarly, serves Ex-officio in the Pre-Clinical Curriculum Committee. The curriculum at BUCOM is centrally administered through this committee structure.

4.4.5.5 Dean's Council³¹

The purpose of the Dean's Council is to:

1. Reviews academic programs, administrative, financial, faculty, student, and procedural policies.
2. Evaluates the strategic and operational plans of the college and the budget planning for the COM;
3. Advises the dean about all policy, faculty, and student activities.

³⁰ COCA Standard 11: Program and Student Assessment and Outcomes, Element 11.1 Program Assessment

³¹ COCA Standard 2: Leadership and Administration, Element 2.3 Academic and Administrative Leadership

4. Provides oversight for the self-study process for the COM.
5. Committee is appointed by the dean and includes, but is not limited to, the Chair/designee of Faculty Council, the Senior Associate Dean for Academic and Clinical Affairs, the Assistant Dean for Academic Affairs, the Associate Dean for research, Assistant Deans for Biomedical and Clinical Affairs (third and fourth year), Assistant Dean of Graduate Medical Education, the Director for Administration and Finance, the Assistant Director for admissions, and no less than two faculty members appointed by the dean.

4.4.5.6 Diversity, Equity and Inclusion Committee³²

The purpose of this committee is to work in conjunction with BMHC DEI Strategic Initiatives:

1. Promotes diversity within BUCOM's academic and professional communities.
2. Provides training, support, and community-building opportunities for faculty, staff, and students. Increases student engagement and retention and leadership awareness and responsiveness of issues related to diversity.

4.4.5.7 Facility and Safety Committee³³

The purpose of this committee is to:

1. Develops, periodically reviews, and makes recommendations on policies and procedures regarding the prevention and appropriate treatment of faculty and staff members and students who may have been exposed to or contacted contagious/infectious diseases.
2. Prepares disaster and epidemic plans for the college and makes recommendations for immunization and other preventive measures for students, faculty, and staff.
3. Makes recommendations regarding the overall safety and preparedness for BUCOM faculty, staff, and students.
4. Supports the ongoing, continuous assessment of the COM. The committee is tasked with assessing the resources and needs of the COM faculty and staff.

4.4.5.8 Faculty Development, CME Oversight and Planning Committee³⁴

The purpose of this committee is to:

1. Design, delivery, and evaluation to enhance faculty development and implement programs.
2. Charged with prioritizing the needs of the faculty in terms of educational and faculty development programs.
3. Reviews continuing medical education (CME) applications to ensure that each activity meets the American Council of Continuing Medical Education (ACCME) criteria and BUCOM's CME mission. The committee makes recommendations on improvements for the activity and ultimately approves or rejects applications.

³² COCA Standard 5: Learning Environment, Element 5.2 Diversity

³³ COCA Standard 5: Learning Environment, Element 5.3 Safety, Health, and Wellness

³⁴ COCA Standard 7: Faculty and Staff, Element 7.6 Faculty Development

4. Holistically reviews the CME program by reviewing progress and whether performance targets are achieved.
5. Works to strengthen overall CME programs and ensure adequate CME planning and organization.
6. Identifies the professional practice gap to develop and shape the development of needed learning events.

4.4.5.9 Faculty Appointment and Promotion Committee³⁵

The purpose of this committee is to:

1. Reviews and authenticates faculty credentials in order to make recommendations to the dean regarding faculty appointment.
2. Charged with developing and reviewing policies and procedures for appointment.
3. Recommends promotion or demotion in faculty rank to the dean after review to ensure that the faculty meet university and college standards.
4. The dean makes final recommendations to the Provost for approvals.
5. The chair and the majority of the committee need to hold the rank of professor.

4.4.5.10 Library and Technology, and Equipment Committee³⁶

The purpose of this committee is to:

1. Provides oversight of the learning and research resources and makes recommendations for additions and deletions, facility changes or updates, and operational policies and procedures.
2. Consults with the head research librarian concerning acquisitions for the collection, physical needs, procurement of equipment and technology, policies and procedures.
3. Consults with the directors of informational technology (IT) regarding additions or modifications of technology for the education of the students and residents of the COM.
4. Supports the faculty, staff and administration and makes recommendations to the dean and the dean's advisory council no less than annually to aid in preparation of the budget.

4.4.5.11 Policy, Procedure, and Document Committee³⁷

The purpose of this committee is to:

1. Serves as the centralized submission body for all revisions, deletions, and additions of policy for the COM.
2. Oversees all policy change requests and submits them for approval to the Dean's Council.

³⁵ COCA Standard 7: Faculty and Staff, Element 7.8 Faculty Appointment and Advancement

³⁶ COCA Standard 4: Facilities, Element 4.3 Information Technology

³⁷ COCA Standard 1: Mission and Governance. Element 1.4 Governance and program Policies

4.4.5.12 Research Committee³⁸

The purpose of this committee is to:

1. Encourages and supports student and faculty participation in biomedical, educational, population health, clinical research, and quality improvement.
2. Makes recommendations regarding intramural funding and extramural funding for research, scholarly activity, utilization of research space, and acquisition of equipment necessary for approved research.
3. Serves as a resource to individual faculty members by reviewing proposed research projects, abstracts, manuscripts, and grants prior to submission.

4.4.5.13 Scholarships, Honors, and Awards Committee

The purpose of this committee is to:

1. Makes recommendations to the dean regarding the recipients of scholarships, honors, and awards for the COM.
2. Evaluates recommendations and other materials to arrive at such recommendations.

4.4.5.14 Student Progress Committee (SPC)³⁹

The purpose of this committee is to:

1. Reviews student eligibility, verifies that students fulfill academic requirements, evaluates students for continuation in the program or appropriate remedial actions, recommends appropriate disciplinary action to the dean, and deals with matters of academic or behavioral nature.
2. Possesses the nonexclusive responsibility and authority to deal with matters of academic, professional, or behavioral nature, including, but not limited to, the nonexclusive authority to evaluate student charges of misconduct, whether academic, moral, professional, or ethical.
3. May be directed matters related to student sexual harassment or misconduct.
4. The 9 member committee includes clerkship and pre-clerkship representation.
5. The chair shall be appointed by the BUCOM Dean.
6. Ex officio (nonvoting) members may be appointed by the Dean and shall include but are not limited to the Registrar.
7. The committee membership includes both faculty and a chair appointed by the BUCOM Dean. The committee consists of voting, and ex officio (nonvoting) members.

4.4.5.15 Professionalism Committee

The Professionalism Committee functions as a subcommittee and is comprised of ex officio (nonvoting)

³⁸ COCA Standard 8: Research and Scholarly Activity

³⁹ COCA Standard 9: Students, Element 9.2 Academic Standards

members. The Professionalism Committee Chair is appointed by the Dean and reports and provides information to the Chair of SPC.

Provide the proposed membership of the committee that will address issues of professionalism and ethics.

The Professionalism Committee consists of student and faculty representatives, dedicated to creating and supporting a solid foundation of professional conduct, starting with OMS I Orientation. Dealing with conflict and diversity effectively and maturely is one of the key skills a physician must learn. The Professionalism Committee is seen as a steppingstone and resource along that path. Committee Membership will include a minimum of five (5) individuals: at least two (2) faculty members, at least one (1) member of BUCOM administration (assistant dean or above), at least one (1) student services professional, and at least one (1) student.

The Professionalism Committee of the Baptist Health Science University College of Osteopathic Medicine (BUCOM) is charged with recommending policies, procedures, and curriculum to ensure an appropriate professional environment in our school. This broad charge includes the following, more detailed tasks:

1. Review definitions and standards regarding professionalism in medical school environments.
2. Develop methods for data collection and analysis to determine the extent to which the academic, clinical, and research environments on the BUCOM campus either enhance or undermine commonly accepted standards of professionalism.
3. Develop short and long-term goals for enhancing professionalism on the BUCOM campus.
4. Assist and advise the Dean and his office regarding both individual and systemic problems in maintaining professionalism.

4.4.5.16 Wellness Committee⁴⁰

The purpose of this committee is to:

1. Develops and supports policies, procedures, events and recommendations that advance and promote BUCOM students' physical, mental, spiritual, financial, academic and relational health.
2. Supports the ongoing, continuous assessment of the COM. The committee is tasked with assessing the resources and needs of the COM faculty and staff.

4.4.5.17 Ad Hoc Committees

Appointed by the Dean to handle issues that do not fall under the responsibility of one of the standing committees of the college. Upon completion of its duties, the Ad Hoc committee will cease to function.

⁴⁰ COCA Standard 5: Learning Environment, Element 5.3 Safety, Health, and Wellness