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PART I: STATEMENT OF PRINCIPLES

Virginia Tech Carilion School of Medicine (VTCSOM) is an institution founded as a partnership between Virginia Polytechnic Institute and State University (Virginia Tech) in Blacksburg, VA and Carilion Clinic in Roanoke, VA. The School exists for students for education and training in the practice of medicine, and for faculty for the teaching, educational and research opportunities found in an academic institution.

VTCSOM will accomplish these goals:

- through the active engagement of students in a patient-centered curriculum and guided experiences in research and discovery;
- through the identification of faculty committed to teaching the VTCSOM vision of medical education;
- through the promotion of enlightened and professional patient care;
- through the recruitment, encouragement, and support of faculty engaged in research and scholarship in the biomedical sciences; and
- through the active participation of the Virginia Tech and Carilion partners and VTCSOM in promotion of these goals.

As a private school, VTCSOM seeks students from any regional, national or international locale with hopes that the students’ career plans include a balance between clinical patient care, research and scholarship, and ethical professional service. VTCSOM recruits and expects faculty to engage actively in teaching and career development towards both the personal and the institutional attainment of medical advancement.

PART II. GENERAL PROVISIONS

A. PARTNERSHIPS

The Virginia Tech Carilion School of Medicine (VTCSOM) is a public/private partnership between a public research university, Virginia Polytechnic Institute and State University (Virginia Tech), and a private, not-for-profit health system, Carilion Clinic (Carilion). The medical school itself is a private not-for-profit corporate entity that includes representatives of the partnership along with regional leaders on its Board of Directors.

Appointment to VTCSOM is not coupled with a faculty member's principle employment. All appointments are for the purpose of medical education and are considered full-time. The commitment of time by any one faculty member to VTCSOM varies and is arrived at by needs of the school and desire of the faculty member, typically as negotiated with the department chair.
B. SCHOOL DEPARTMENTS

VTCSOM is composed of ten departments, eight of which focus on clinical sciences. These include:
- Biomedical Science
- Interprofessionalism
- Emergency Medicine
- Family and Community Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Orthopaedic Surgery
- Psychiatry and Behavioral Medicine
- Pediatrics
- Radiology
- Surgery

There is a process for starting and integrating a new department into the structure of VTCSOM. This process is outlined in Appendix D.

Chairs of the Departments of Biomedical Science and Interprofessionalism are appointed by the Dean. By affiliation agreement, VTCSOM and Carilion Clinic work together to choose chairs for the clinical departments, with the chairs dually reporting to leadership of VTCSOM and Carilion Clinic. In the entity of VTCSOM, each chair reports to the Dean.

As the academic head of a department, VTCSOM Chairs are responsible for:
- Recruitment of faculty for the educational needs of VTCSOM
- Communication of educational issues with the faculty in that department
- Along with the VTCSOM Dean and Associate Deans, assuring that the quality of the teaching by faculty is satisfactory, and that opportunities for faculty development are available.

VTCSOM Chairs and VTCSOM Associate Deans along with the Dean make up the de facto leadership of the medical school. Regular meetings are held by this leadership group for both immediate concerns and strategic planning. Chairs are advised to appoint or otherwise indicate a representative (e.g., a Vice Chair) to the VTCSOM Leadership group in the case of the absence of the Chair from any given meeting.

Other responsibilities of the Chairs are found throughout this Handbook.

C. COMPOSITION OF THE FACULTY

The composition of the VTCSOM faculty includes regular faculty and instructional faculty. Regular faculty include:
Faculty with a primary appointment to VTCSOM in the tenure and non-tenure tracks appointed in the ranks of Professor, Associate Professor and Assistant Professor

Faculty with a secondary appointment to VTCSOM appointed in the ranks of Professor, Associate Professor and Assistant Professor

Instructional faculty include:

- Faculty with an adjunct appointment to VTCSOM appointed in the ranks of Adjunct Professor, Adjunct Associate Professor, and Adjunct Assistant Professor
- Clinical Preceptors
- Senior Instructors, Instructors
- Provisional faculty

Special appointment faculty include:

- Emeritus faculty
- Honorary faculty

The VTCSOM faculty includes all members who have an appointment at VTCSOM.

1. **DIVERSITY**

VTCSOM is committed to a faculty with diversity. The School recognizes that a diverse faculty along with a diverse staff and a diverse student body will provide VTCSOM students with the opportunity to learn and experience the breadth of medical settings in preparation for medical practice. To that end, the School has a Chief Diversity Officer and has adopted a Diversity Policy; the opening portions of that policy are noted here. (The entire policy can be accessed through the Chief Diversity Officer and the Office of the Dean.)

Policy:

VTCSOM defines “under-represented” as articulated by the Association of American Medical Colleges: “those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.”

To achieve its mission of producing physician thought leaders, VTCSOM recruits students, faculty and staff from a regional and national perspective. Applications from diverse candidates are holistically reviewed for the positive attributes they bring to the learning environment. VTCSOM defines these groups as:

- African-American, Hispanic, and Native American populations
- Women in the sciences (STEM)
- First generation college students
- Socio-economically disadvantaged backgrounds (distance traveled)

VTCSOM does not discriminate against employees, students or faculty applicants on the basis of age, color, disability, gender, national origin, political affiliation, race, religion, sexual orientation or veteran status.
D. FACULTY GOVERNANCE

The primary organization through which the faculty govern themselves is the Faculty Assembly. The primary tasks of the Faculty Assembly are to:

- elect all other faculty committee members holding elected positions (noting that some members of faculty committees might be appointed, ex officio, students, or administrators)
- approve or reject changes to the Faculty Handbook
- receive reports from faculty committees and VTCSOM leadership as appropriate
- conduct other business as is brought before the Assembly.

E. FACULTY ASSEMBLY

1. COMPOSITION OF THE FACULTY ASSEMBLY

The Faculty Assembly is composed of all regular faculty. This includes faculty with a primary appointment to VTCSOM of any rank on the tenure track and non-tenure track, and faculty with a secondary appointment to VTCSOM of any rank. Adjunct Faculty, Clinical Preceptors, Senior Instructors and Instructors, and Provisional faculty are not voting members of the Faculty Assembly; although these faculty may attend proceedings, join in discussions and otherwise contribute to faculty governance, they do not have a vote. The Faculty Assembly meetings are convened, directed, and adjourned by the Chair (i.e., Chair of Academic Council).

2. QUORUM AND VOTING

A quorum for a Faculty Assembly meeting consists of the majority of the faculty members present who respond to the call for meeting. Only regular faculty members present may vote. There are no proxy votes. It is acceptable for a vote to be by acclamation but secret ballots will be distributed if any member calls for a secret ballot.

3. MEETINGS

The Faculty Assembly meets at least one time each academic year. The annual Faculty Assembly meeting is preceded by e-mail notice of time and place, a written agenda, and an opportunity for all regular faculty members to respond. It is assumed all faculty either have e-mail or that messages can be delivered to faculty by an assistant or associate with access to e-mail; no substitute means of announcement is regularly used to announce Faculty Assembly meetings. The notice and agenda shall precede the annual meeting by at least one (1) week. Other Faculty Assembly meetings may be called by the Chair of the Assembly; such called meetings may be held to respond to issues raised by the Chair, by recommendation of one of the Standing Committees, or by constituent faculty members. An issue raised by constituent members must be shown to have general interest, as judged by the Chair; otherwise, the issue can be raised as “New Business” at the next called or annual meeting, whichever comes first. A written agenda must precede any called meeting. The agenda is distributed to members of the Faculty Assembly by e-mail. The notice and agenda shall precede the called meeting by at
least one (1) week. Faculty should respond regarding their intention to attend the annual or called meeting in order to determine, at the meeting, if a quorum exists. While faculty are encouraged to attend all Faculty Assembly meetings, there is no penalty for non-attendance. A faculty member’s presence at the Faculty Assembly meeting is not necessary for that person to be elected to a faculty committee or other activity. On occasion, the Chair of the Faculty Assembly may determine that certain faculty activity may be accomplished by e-mail. Such activity may range from informational to interactive to items that require a vote. An e-mail interchange may not substitute for the annual Faculty Assembly meeting as described in Part 2, Section E. 3 above. But an activity by e-mail may substitute for a called meeting. Any e-mail interchange must include a description of the issue involved, any relevant attachments, and an indication that a response shall be made within one (1) week. There is no requirement for a quorum through an e-mail meeting or vote. If a vote on an item is taken by e-mail, the item would pass or fail by a majority of the votes cast.

4. DUTIES OF THE FACULTY ASSEMBLY

The Faculty Assembly is the legislative body of the faculty. Through the Faculty Assembly come the rules and processes by which the faculty governs itself.

The duties of the Faculty Assembly at the annual meeting include:

- Receive a “State of the School” address by the dean
- Receive reports from the Standing Committees: Academic Council; Medical Student Admissions; Appointment, Promotion and Tenure; Medical Curriculum; Medical Student Performance and Promotion; Faculty Governance; Library Education and Technologies Committee (LETS-C); Learning Environment Advocacy (LEAC)
- Receive a report from the Nominating Committee and prepare to elect faculty members to Standing Committees as needed
- Debate and vote upon any proposed changes to the Faculty Handbook
- Debate and vote upon other matters of concern to the governance of the faculty.

PART III. FACULTY COMMITTEES AND RESPONSIBILITIES

The Academic Council and Standing Committees are constituted to accomplish the work of the faculty. Special and/or ad hoc faculty committees may be established from time to time by the Dean or by the Faculty Assembly to consider matters either not within the jurisdiction of any other committee or which cannot be accomplished as part of the regular business of another committee.

In regards to faculty committees, if a faculty member, for whatever reason, cannot serve his/her entire term, the Dean may appoint another faculty member to serve out the remainder of the unfilled term. Regardless of time served by the replacement faculty, this would not count as a “full” term. Committees should have faculty member elections/appointments such that, as much as possible, terms are staggered.
No student may serve on more than one faculty standing or ad hoc committee. (However, being on a faculty committee does not limit participation by the student on student governance committees.)

Furthermore, unless otherwise specified:

- Student committee members on faculty committees serve only one (1) year
- All faculty standing committee terms are three (3) years
- An individual faculty member may serve two (2) consecutive terms on any one committee (except Academic Council, see below), but then must stand down from that committee for at least one (1) year. After a one (1) year hiatus, the faculty member may run again and, if elected, he/she is eligible to serve two (2) consecutive terms
- Faculty members can only run for elected office representing the department of his/her primary regular VTCSOM appointment

A. ACADEMIC COUNCIL

The Academic Council will be the chief policy and oversight faculty committee. All standing faculty committees have reporting responsibility to the Academic Council. Each standing faculty committee submits a yearly report to the Academic Council. The Academic Council may request additional information or meet with a committee or its chair as needed. Policy recommendations from standing faculty committees are submitted to the Academic Council for approval. Once a policy recommendation is confirmed, it is submitted to the Chief Academic Officer (the Dean) for approval and submission to the VTCSOM Board for approval if appropriate. The Dean serves as Advisor to the Academic Council.

The Academic Council will have six (6) regular faculty members of the Faculty Assembly, consisting of:

- Five (5) elected faculty
- One (1) Dean’s appointee

The terms of the Academic Council are as follows:

- The Chair of the Academic Council shall be elected by the members of the Council from among the five (5) elected members with at least one (1) year remaining on their terms. It is not necessary for the Chair to be in his/her last year on Academic Council;
  - Election of the new Chair will take place at the first meeting following the seating of new members.
  - During the one (1) year Chair’s term, the Chair of the Academic Council is also Chair of the Faculty Assembly.
- The elected faculty and Dean’s appointee serve a term of three (3) years. The terms are staggered in a three year cycle such that two (2) faculty are elected Year 1, two (2) faculty
are elected Year 2, and one (1) is elected year 3 (a 2-2-1 election cycle) with the Dean’s appointee selected in Year 3;

- In contrast to other committee terms, the elected Faculty members and the Dean’s appointee may only serve one (1) term on the Academic Council before standing down. Faculty, however, may choose to stand for election back onto the Academic Council after a one (1) year hiatus.
- The Dean’s appointee serves at will; it is possible for the Dean, without cause, to replace his/her appointee before having served a full three (3) years. The subsequent replacement, also appointed by the Dean, may only serve the remainder of the previous appointee’s term before reappointment or a new appointee is selected.

B. STANDING FACULTY COMMITTEES

Medical Student Admissions Committee (MSAC)

The Medical Student Admissions Committee (MSAC) is responsible for all activities and policies related to the admissions process. This committee makes the final decisions regarding acceptance of applicants. Policy changes recommended by MSAC are reported to the Academic Council. The Dean Advisors to the Medical Student Admissions Committee are the Senior Dean for Academic Affairs, Senior Dean for Research, and the Chief Diversity Officer.

The Medical Student Admissions Committee will have 28 members, consisting of:
- Two (2) Dean’s appointees to serve as Chair and Vice Chair
  - The appointed Chair and Vice Chair shall be regular faculty members
- Fifteen (15) elected regular faculty members
- Seven (7) Dean’s appointees
  - The Dean’s appointees need not be regular faculty members
- Four (4) student members
  - The student members include four (4) from the M3 class

The terms of the Medical Student Admissions Committee are as follows:
- The Chair and Vice Chair of the Admissions Committee, appointed by the Dean, do not have a limit on the number of terms he/she may serve. Either may serve indefinite consecutive terms.
- The term of service of all elected regular faculty members, is three (3) years. Each elected faculty may serve two (2) consecutive terms before standing down for at least one (1) year.
  - The fifteen (15) elected faculty will have their terms staggered such that each year the Faculty Assembly will elect 5 new members.
- The seven (7) appointees serve at the will of the Dean. The expected term for each appointee is three (3) years and the appointments are such that the terms are staggered in a 2-2-1 cycle. All appointees may serve indefinite consecutive terms.
- The term of service for each student is one (1) year. Students shall only serve one term.
The Committee functions as two (2) parallel sub-committees utilizing common admission criteria, each with fourteen (14) members headed by the Chair or the Vice Chair. Each sub-committee is relatively independent, evaluating approximately half the applications, providing members for interviews or other functions approximately half the time. Both sub-committees are asked to vote to select the most competitive applicants, with offer letters sent throughout the application cycle. At the discretion of the Chair and Vice Chair, both sub-committees may be asked to meet in joint session for purposes of policy, proposals of change, or other Admissions Committee business.

Within the functioning of the sub-committees, the student members are voting members. Student members are not asked to prepare a “brief” on any of the applicants; “brief” preparation shall be done only by elected or appointed faculty members of the Committee.

Appointment, Promotion, and Tenure (APT) Committee

The Appointment, Promotion and Tenure (APT) Committee is responsible for the oversight of all appointments to the VTCSOM, for establishing, maintaining and implementing the criteria for promotion within the tracks and ranks of faculty, and for recommending promotion and the conferral of tenure to deserving faculty. Recommendations for appointment, promotion and tenure of faculty go directly to the Dean; recommendations for policy changes go to the Academic Council. The Dean Advisors to the APT Committee are the Associate Dean for Faculty Affairs and the Chief Diversity Officer.

The APT committee will have seven (7) regular faculty members (including regular faculty members with a secondary appointment), consisting of:

- Five (5) regular faculty members, including the Chair, who are full Professors;
- Two (2) regular faculty members, who are Associate Professors.
- The Dean appoints one member to the Committee and six members are elected by regular faculty.

The Chair will be elected by the members of the Committee from the five (5) regular faculty members who are full Professors. The Chair serves for one (1) year; it is possible to remain on the Committee after serving as Chair. It is possible for the Chair to be re-elected to serve consecutive terms as Chair.

The terms of the APT Committee members are as follows:

- Three (3) years, which is renewable one time, for a total of two (2) terms, before standing down for at least one (1) year. The Dean’s appointee may also serve two (2) terms.

In discussion of promotion to Professor, Associate Professors may participate but not vote. A regular faculty member with a secondary appointment (e.g., faculty at Virginia Tech) may participate fully to the extent of his/her rank in discussions regarding promotion. However, because regular faculty with a secondary appointment do not have tenure at VTCSOM, these
individuals may not vote on conferral of tenure. A Chair elected to the APT Committee cannot vote on promotion or tenure for members of his/her department. The Associate Dean for Faculty Affairs and the Chief Diversity Officer, as advisors to this Committee, are not voting members. Members of this committee will have the responsibility of assessing the recommendations from the department Appointment, Promotion, Retention and Tenure Committees and Department Chairs. Decisions of the APT Committee go to the Dean, who has final responsibility for promotion and tenure.

Medical Curriculum Committee (MCC)

The Medical Curriculum Committee integrates institutional responsibility for the overall design, management and evaluation of the curriculum.

The thirteen (13) voting members of the Medical Curriculum Committee consist of:
- Four (4) faculty from Biomedical Science;
- Four (4) faculty from the Clinical Sciences;
- Two (2) students, one from the M2 and one from the M4 year;
- BIC-1 Chair, Ex Officio, appointed by the Dean;
- BIC-2 Chair, Ex Officio, appointed by the Dean;
- One (1) Chair, Associate Dean for Medical Education appointed by the Dean.

The eight (8) faculty members are elected by the Faculty Assembly. Student members are selected according to guidelines in the Student Handbook.

The Dean Advisors to the MCC include the Senior Dean for Academic Affairs, Assistant Dean for Faculty Development, Senior Director of Student Assessment, Senior Director of Clinical Skills Assessment and Education, Assistant Director of Program Evaluation, and the Senior Director of Institutional Effectiveness.

The terms of the Medical Curriculum Committee are as follows:
- The term for elected faculty is three (3) years, which is renewable one time for a total of two (2) terms before standing down for at least one (1) year. The schedule for election of faculty members is such that the four (4) faculty of Biomedical Science are elected in a 2:1:1 cycle and the four (4) faculty of Clinical Sciences are also elected in a 2:1:1 cycle.
- The term for students is one (1) year which is not renewable.

The Dean serves as the chief academic officer of VTCSOM, with ultimate responsibility for the design and management of the medical education program as a whole. The Medical Curriculum Committee is responsible for monitoring the curriculum, including the content taught in each discipline, so that the program's educational objectives will be achieved.
Subcommittees of the MCC include the Student Assessment Subcommittee, the Program Evaluation Subcommittee, and the Block Integration Committees (BIC-1, BIC-2).

**Student Assessment Subcommittee** - the charge of this subcommittee is to evaluate the overall effectiveness of the assessment program and make recommendations to the MCC for subsequent consideration and action. The Student Assessment Subcommittee (3-4 members) is comprised of members of the MCC, appointed by the Chair of MCC. The senior director of assessment and the senior director of clinical skills assessment and education in the office of academic affairs are advisory members of this committee. The assessment plan for VTCSOM, linking methodology to objectives has been entered into the one45 database to facilitate the work of this committee.

**Program Evaluation Subcommittee** – the charge of this subcommittee is to evaluate the efficacy of the curricular program evaluation system and make recommendations to the MCC for subsequent consideration and action. The Program Evaluation Subcommittee (3-4 members) is comprised of members of the MCC, appointed by the Chair of the MCC. The assistant director of evaluation and the senior director of institutional effectiveness in the office of academic affairs are advisory members of this committee. The curriculum content beginning with the VTCSOM Goals and Objectives, all the way down through session objectives, lecture notes, and key terms in the four year medical curriculum has been entered into the one45 database to facilitate the work of this committee.

**Block Integration Committee (BIC-1)** – the charge of this subcommittee is to manage the operational aspects of the curriculum in Phase-1 including planning and implementation. BIC-1 is comprised of the basic science block directors, the assistant dean for clinical science - years 1 and 2, the interprofessionalism domain director, and the director of research education. The committee is chaired by one of these directors who is appointed by the dean. The chair of BIC-2, the associate dean for medical education, and the senior dean for academic affairs are advisory members of this committee. The committee meets weekly to coordinate the delivery of the curriculum in Phase-1. The BIC-1 has access to the one45 database to facilitate the work of the committee.

**Block Integration Committee (BIC-2)** – the charge of this subcommittee is to manage the operational aspects of the curriculum in Phase-2 including planning and implementation. BIC-2 is comprised of the clerkship directors, the domain leaders and the director of the Domain Day program. BIC-2 is chaired by the assistant dean for clinical science - years 3 and 4 who is appointed by the dean. The Chair of BIC-1, the associate dean for medical education, the senior dean for academic affairs, the assistant dean for faculty development, the senior director of student assessment, and the senior director of clinical skills assessment and education are advisory members of this committee. The committee meets twice monthly to coordinate delivery of the curriculum in Phase-2. The BIC-2 has access to the one45 database to facilitate the work of the committee.

The MCC, through the four subcommittees and working with the Dean will:
• Ensure that the standards address the breadth and depth of knowledge required for a general professional education and that Year 3-4 clerkships, electives, rotations, and other clinical or research activities complement and supplement the curriculum so that each medical student will acquire appropriate competence in general medical care regardless of subsequent career specialty.
• Ensure the currency and relevance of content.
• Ensure the number and expertise of faculty (regular and instructional) to teach the curriculum.
• Monitor the extent of redundancy needed to reinforce complex topics.
• Participate in a retreat every three years, convened by the Dean, to review the VTC goals and objectives, as well as the entire VTCSOM curriculum.
• Review stated objectives of each block and clerkship to ensure congruence with programmatic educational objectives.
• Ensure logical sequencing of the various segments of the curriculum.
• Ensure that content is coordinated and integrated horizontally and vertically.
• Ensure the use of appropriate teaching methods and instructional formats.
• Oversee the development of assessment tools used to test students’ abilities in knowledge/skills and attitudes and also monitor student performance on internal and external exams.
• Monitor the workload of the students to achieve an appropriate balance across value domains and overall.
• Monitor overall quality of content and delivery of the curriculum.
• Evaluate program effectiveness.
• Set student achievement standards.
• Review regular reports from the MCC.
• Review, evaluate and recommend curricular policy changes to the Dean.
• Prepare committee minutes that document that these activities have taken place and that report on the committee’s findings and recommendations.

Medical Student Performance and Promotion Committee (MSPPC)

This Medical Student Performance and Promotion Committee (MSPPC) is responsible for assuring the academic achievement of all VTCSOM students. In this role, this committee is responsible for developing and overseeing policy regarding standards for advancement. This Committee is not exclusively formed of regular faculty members. As noted below, recommendations for advancement and degree conferral or for student discipline go directly to the Dean; reports and recommendations for policy changes go to the Academic Council.

The Medical Student Performance and Promotion Committee will have 10 members, consisting of:
• Six (6) regular faculty members including three (3) Basic and three (3) Clinical Science regular faculty members;
• One student representative from each of the four classes (M1 - M4);
• The Chair of this Committee is a regular faculty member and is elected by members of the Committee and serves for one (1) year; it would be possible to remain on the committee after serving as chair.

The terms of the Medical Student Performance and Promotion Committee are as follows:
• The term of office for the faculty members is three (3) years.
  o The faculty member may repeat his/her term one (1) time before standing down for at least one year.
• The term of office for student members is one (1) year.

The Dean Advisor to this committee is the Associate Dean for Student Affairs. This committee will periodically ascertain that adequate progress towards the medical degree is being achieved by each student in each year. Formal recognition of completion of one year’s study and passage to the next year will be sent to the student and the Dean.

Towards the conclusion of the student’s academic program at VTCSOM, following the advice of the Associate Dean for Student Affairs and Associate Dean for Medical Education, the committee will recommend appropriate candidates to the Dean for the conferral of the Doctor of Medicine degree. This Committee also has primary responsibility to respond to concerns regarding advancement of a student and, if necessary, develop policies and procedures that may eventually result in dismissal from VTCSOM.

Finally, this Committee is a body to which students may bring complaints of mistreatment. Potential issues of mistreatment and the process for adjudication are further described in VTCSOM Ethical Standard Policy and in the Student Handbook.

Faculty Governance Committee

The Faculty Governance Committee proposes, develops, implements, and evaluates standards relevant to the academic activities of all faculty members. The Dean Advisor to the Faculty Governance Committee is the Associate Dean for Faculty Affairs.

The Faculty Governance Committee will have five (5) regular faculty members, consisting of:
• Five (5) elected regular faculty members;
The Chair is elected from within the Committee. The Chair serves for one (1) year: it is possible to remain on the Committee after serving as Chair.

The terms of the Faculty Governance Committee are as follows:
• Three (3) years, renewable. After two (2) terms, the faculty member must stand down for at least one (1) year.
The Faculty Governance Committee oversees the continued development and updating of the Faculty Handbook. Issues and concerns can be developed internal to this committee or come as requests from faculty, administration, students or other sources. The Faculty Governance Committee should approve any revisions of the Faculty Handbook or faculty policies before sending to the Academic Council for presentation to the Faculty Assembly.

This Committee also functions as a Nominating Committee. All faculty positions due for election by the Faculty Assembly or appointment by the Dean will be identified. This committee will put out a call to all faculty to volunteer for service on committees, will identify candidates for each open position and will recommend candidates annually to the Faculty Assembly (including nominees from within the Academic Council who will function as Chair of the Faculty Assembly). The election process will be overseen by the Faculty Governance Committee.

Library and Educational Technologies Committee (LETS-C)

The Library and Educational Technologies Committee is responsible for the identification of and maintenance of resources necessary for the education of students at VTCSOM. This committee is a joint faculty-administrative policy and operations committee. A report of actions, and any policy recommendations of the committee, goes to the Academic Council. Recommendations or actions for expenditures or acquisitions are reported by the Chair to the Dean. The Chair is appointed by the Dean and has an indefinite term. Dean Advisors to the Library and Educational Technologies Committee are the Senior Dean for Academic Affairs and the Senior Dean for Research.

The Library and Educational Technologies Committee will have eight (8) members, consisting of:

- One (1) Chair;
- Two (2) elected regular faculty members;
- Three (3) Dean’s appointees:
  - Two (2) student representatives (one each from the M1 and M2 year).

The terms of the Library and Educational Technologies Committee are as follows:

- The Chair is appointed by the Dean and serves as Chair indefinitely
- Three (3) years for regular faculty members
  - Elected regular faculty members may serve two (2) consecutive terms before rotating off for at least one year
- Three (3) years for Dean’s appointees
  - May have unlimited consecutive terms
- One (1) year for elected student representatives

The student representative from the M1 year may be elected for a second one (1) year term.
FACULTY HANDBOOK AND BYLAWS

This committee is to function as an oversight and policy group regarding the management of library and educational technologies resources needed to deliver the educational activities of VTCSOM. It has budgetary authority for the library and technology resources.

Learning Environment Advocacy Committee (LEAC)

The Learning Environment Advocacy Committee (LEAC) strives to ensure a setting conducive to effective learning by students. To that end, the environment should be engaging and trustful, free from student mistreatment, coercion, undue influence or other behaviors that detract from the ability of students to learn and perform their best. LEAC is charged with promoting a positive environment, at all the sites of teaching and learning associated with VTCSOM.

The LEAC membership includes broad representation from students, faculty, residents, nurses, and hospital or staff administration.

- There is one (1) student from the M1 class and two (2) students from each of the M2, M3, and M4 classes. Students are elected by a student process each year and an individual student may be re-elected a second year.
- There are five (5) faculty members, all of whom are appointed by the Dean; one of these appointed faculty serves as Chair. The chief diversity officer is one of the five (5) faculty members. The term for the diversity officer and the other faculty is determined by the Dean.
- There are three (3) residents, nominated by the Chairs. The term for a resident is one year but may be reappointed for a second year.

There is a nurse and senior management officer from the Carilion Clinic system and a staff person from VTCSOM. The term for the nurse, management, and staff persons is one year but each may be reappointed. More details on the charge of LEAC, procedures, process, and confidentiality is included in Appendix G.

Committee Overview

A table summary of committees is provided in the following pages.
<table>
<thead>
<tr>
<th>Committee</th>
<th>Number of members</th>
<th>Appointed or elected by:</th>
<th>Reports to:</th>
<th>Dean Advisor(s)</th>
<th>Responsibilities</th>
<th>Meets/ Terms</th>
</tr>
</thead>
</table>
| Academic Council                  | 6 regular faculty | Faculty Assembly, Dean   | Faculty Assembly; Dean | Faculty Assembly; Dean | • Chief policy and oversight of faculty committees  
• Standing committees report to Academic Council. | Meets: Bi-monthly; more as needed.  
Terms:  
Dean's appointee- 3 years, 1 term  
5 elected faculty - 3 years, 1 term  
Chair - 1 year, 1 term |
| Appointment, Promotion and Tenure  | 7 Total (tenured, regular faculty)  
• 5 regular faculty, full professors  
• 2 regular faculty, Associate Professors | Faculty Assembly, Dean   | Academic Council; Dean | Associate Dean for Faculty Affairs  
• Chief Diversity Officer | • Oversight of all appointments to the VTCSOM  
• Establishing, maintaining and implementing the criteria for promotion within the tracks and ranks of faculty  
• Recommending the conferral of tenure to deserving faculty  
• Assessing the recommendations from the department Appointment, Promotion, Retention and Tenure Committees and Department Chairs. | Meets: Quarterly and as needed  
Term: Chair serves for one (1) year; may continue on Committee after service as Chair  
3 years, max 2 terms |
## FACULTY HANDBOOK AND BYLAWS

<table>
<thead>
<tr>
<th>Committee</th>
<th>Number of members</th>
<th>Appointed or elected by:</th>
<th>Reports to:</th>
<th>Dean Advisor(s)</th>
<th>Responsibilities</th>
<th>Meets/Terms</th>
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<tr>
<td>Faculty Governance</td>
<td>5 (regular faculty)</td>
<td>5 regular faculty</td>
<td>Faculty Assembly</td>
<td>Academic Council; Faculty Assembly; Dean</td>
<td>• Associate Dean for Faculty Affairs</td>
<td>Meets: Semi-annual. Term: Chair serves for one (1) year; may continue on Committee after service as Chair Faculty - 3 years; 2 terms</td>
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<td></td>
<td></td>
<td></td>
<td>Chair elected by members of the committee</td>
<td></td>
<td>• Propose, develop, implement, and evaluate standards relevant to academic activities of faculty members. • Oversight of Faculty Handbook and Bylaws Function as the Nominating Committee</td>
<td></td>
</tr>
<tr>
<td>Library and Educational Technologies Committee (LETS-C)</td>
<td>8 members</td>
<td>1 Chair (Dean’s appointee)</td>
<td>Faculty Assembly; Dean</td>
<td>Academic Council; Dean</td>
<td>• Senior Dean for Academic Affairs • Senior Dean for Research</td>
<td>Meets: Semi-annual. Term: Faculty - 3 years; max 2 terms Dean’s Appointees - 3 years, indefinite consecutive terms Students – 1 year: M1 student max 2 terms; M2 student max 1 term</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 regular faculty</td>
<td>Chair (Dean’s appointee)</td>
<td></td>
<td>• Oversight and policy regarding educational technologies resources • Budgetary authority for library and technology resources</td>
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<tr>
<td></td>
<td></td>
<td>3 Dean’s appointees</td>
<td>Faculty elected by faculty assembly</td>
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<tr>
<td></td>
<td></td>
<td>2 students</td>
<td>Dean’s appointees</td>
<td></td>
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<td></td>
<td></td>
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<td>2 students from M1, M2 years selected as outlined in Student Handbook</td>
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<tr>
<td>Committee</td>
<td>Number of members</td>
<td>Appointed or elected by:</td>
<td>Reports to:</td>
<td>Dean Advisor(s)</td>
<td>Responsibilities</td>
<td>Meets/ Terms</td>
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</tr>
<tr>
<td>Medical Curriculum Committee</td>
<td>13 Total</td>
<td>Faculty Assembly; Dean; Chair, and BIC-1 and BIC-2 chairs appointed by Dean; Basic/Clinical Science elected by Faculty Assembly Students selected as outlined in Student Handbook</td>
<td>Academic Council; Dean</td>
<td>• Senior Dean for Academic Affairs • Assistant Dean for Faculty Development • Senior Director of Student Assessment • Senior Director of Clinical Skills Assessment and Education • Assistant Director of Program Evaluation • Senior Director of Institutional Effectiveness</td>
<td>• Oversight of educational activities of VTCSOM including courses, teaching styles, educational innovations, clinical and research experiences • Initiate/evaluate new or innovative plans • Development of assessment tools • Respond to suggestions of Dean for curricular change</td>
<td>Meets: Monthly and as needed. Term: Faculty - 3 years, max 2 terms Student- 1 year</td>
</tr>
<tr>
<td>Committee</td>
<td>Number of members</td>
<td>Appointed or elected by:</td>
<td>Reports to:</td>
<td>Dean Advisor(s)</td>
<td>Responsibilities</td>
<td>Meets/Terms</td>
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<tr>
<td>Medical Student Admissions Committee (MSAC)</td>
<td>28 Total</td>
<td>Faculty Assembly; Dean; Chair, Vice Chair are regular faculty appointed by the Dean</td>
<td>All admission s are final - no report; Academic Council; Dean</td>
<td>Senior Dean for Academic Affairs</td>
<td>• Responsible for all activities and policies related to the admissions process</td>
<td>Meets: Frequent. Term: Chair / Vice Chair - no limit Elected Faculty - 3 years; 2 terms max Dean's appointees - 3 years, staggered 2-2-1; indefinite consecutive terms Students - 1 year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 regular faculty members</td>
<td></td>
<td>Senior Dean for Research</td>
<td>• Selects candidates for admission; these decisions of MSAC are final with no review by Dean or Academic Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Dean’s appointees</td>
<td></td>
<td>Chief Diversity Officer</td>
<td>• Reports directly to Academic Council for policy issues</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• 4 student members, all from M3 class</td>
<td></td>
<td></td>
<td>• 2 subcommittees, each with 12 members, headed by Chair and Vice Chair, independently evaluating applications</td>
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<tr>
<td>Committee</td>
<td>Number of members</td>
<td>Appointed or elected by:</td>
<td>Reports to:</td>
<td>Dean Advisor(s)</td>
<td>Responsibilities</td>
<td>Meets/Terms</td>
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<tr>
<td>Medical Student Performance and Promotion Committee</td>
<td>10 Total</td>
<td>Faculty Assembly; Chair (faculty) elected by committee; 3 members of BS and 3 members of CS elected from faculty assembly; 4 students from M1-M4 class selected as outlined in Student Handbook</td>
<td>Academic Council; Dean</td>
<td>Associate Dean for Student Affairs</td>
<td>Responsible for assuring the academic achievement of all VTCSOM students</td>
<td>Meets: Quarterly except as needed. Term: Faculty - 3 years, max 2 terms Chair - 1 year, Student - 1 year</td>
</tr>
<tr>
<td>Learning Environment Advocacy Committee</td>
<td>18 Total</td>
<td>Students elected by peers; Faculty all appointed by Dean; Residents recommend by Chairs and</td>
<td>Medical Curriculum Committee (MCC); Dean</td>
<td>Senior Dean for Academic Affairs; Associate Dean for Faculty Affairs; Associate Dean for Student Affairs; Associate Dean for Medical</td>
<td>Ensuring a conducive learning environment for students</td>
<td>Meets: monthly or as needed Term: Faculty – indefinite Students – 1 year, may be re-elected one time Residents – 1 year, may be reappointed one time Nurse, administrator, staff – 1 year, may be reappointed indefinite</td>
</tr>
</tbody>
</table>
### FACULTY HANDBOOK AND BYLAWS

<table>
<thead>
<tr>
<th>System</th>
<th>Appointment</th>
<th>Education</th>
<th>Sanctions</th>
</tr>
</thead>
</table>
| • 1 management from Carilion clinic system  
• 1 VTCSOM staff | appointed by Dean  
• Nurse, staff, and management appointed by Dean | recommend sanctions for those found responsible for mistreatment or other breaks of the learning environment |
C. AD HOC OR SPECIAL FACULTY COMMITTEES

School-wide ad hoc or special faculty committees
Ad-hoc or special committees will be constituted as need arises.

An ad-hoc or special faculty committee may be constituted due to a need identified from faculty or from the Dean’s office. The Faculty Governance Committee and Academic Council (or the chair of these committees) can approve the formation of an ad-hoc or special committee, if it fits into the overall structure and duties of faculty. The membership, terms, and details of election or appointment will be developed by the Faculty Governance Committee based on the needs and perceived duration of function of the ad-hoc or special faculty committee.

Department committees
Each department may constitute faculty committees as it sees fit to deal with activities and responsibilities of the department. However, each department is expected to constitute an Appointment, Promotion, Retention, and Tenure (APRT) committee. Duties of the APRT committee are included throughout this Handbook, but at a minimum this committee functions as the body that reviews and recommends on issues of faculty promotion as well as on issues of maintenance of appointment.

The composition of the APRT committee may reflect the needs and resources of the department; hence, it may be a relatively large or small committee. Details of election by department faculty or selection by the Chair can be determined by each department. However, since the committee will be making recommendations regarding promotion to full professor, there should be at least three full professors on the department APRT committee; the full professors may be from either the tenure or non-tenure track. When dealing with issues of promotion and tenure, it is permitted for two departments to combine faculty resources into one committee to review promotion requests from both departments. This may be especially necessary if a department does not have an adequate number of full professors. The combined APRT committee may choose to remain a combined committee for all APRT activities or may choose to break into department-specific sub-committees to deal with actions that are more department-specific.

The APRT committee shall elect a chair. A combined APRT committee should elect a chair and a co-chair with one from each department represented.

D. FACULTY RESPONSIBILITIES

The “Compact” following is adapted from material at other medical schools. These goals and principles should guide the interactions of faculty and students at VTCSOM. The “Compact” is presented in its entirety, with some sections relevant to faculty, some sections relevant to students and some sections relevant to all. (Expansion on this “Compact” is included in Appendix B – Standards of Ethical and Professional Conduct Policy.)
Compact Between Teachers, Learners, and Educational Staff

Learners pursuing a career in medicine assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff members support both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all VTCSOM personnel is essential to the basic principles of this institution.

Guiding Principles of the Educational Compact

- **Duty**: All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of care. These standards should be respectful of the social contract and thinking essential to the practice of medicine.
- **Integrity**: All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence.
- **Respect**: Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as newer members of the medical profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.

As a teacher, I pledge to:

- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a Model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance such as demonstrated in the School’s commitment to duty hour rules and regulations
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility.

As a learner, I pledge to:

- Acquire the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
• Embody the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
• Respect as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff
• Uphold the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff
• Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
• Help create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact

As Educational Staff, I pledge to:
• Maintain currency in my professional knowledge and skills
• Help ensure excellence of the educational curriculum
• Embody professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
• Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias.
• Provide a confidential mechanism for learners to report violations of this pact.

In addition to the above compact, faculty members should further recognize their opportunities and responsibilities in the education endeavor which is VTCSOM. The following responsibilities are organized in categories corresponding to evaluation criteria in the promotion process. All VTCSOM faculty members should strive to fulfill the expectations in Teaching and Service; faculty striving for promotion in either the tenure or non-tenure tracks will want to assure accomplishment through Research and Scholarship as well.

**Teaching:** Each faculty member must be committed to excellence in fulfilling teaching responsibilities. Teaching responsibilities include: teaching assigned courses, rotations, ward or clinic assignments; preparing for class, rounds, or presentations; punctual and faithful meeting of classes, rounds, or presentations; keeping current with the developments in one's field(s); availability to students for questions and discussion; developing syllabi, course materials and class assignments that make clear the faculty member's expectations of the students; devising meaningful and fair student assessment procedures; providing students appropriate feedback in a timely fashion; and completing grading of exams and other assignments in a timely manner.

**Patient care:** Clinical faculty provide clinical care to the extent agreed between the faculty member and supervisors, usually the Chair, of the clinical department. High quality patient care is fundamental to the oath of all physicians. High quality patient care is also essential to provide the clinical sites necessary to educate medical students at VTCSOM. Faculty who practice clinical medicine are integral to the functioning of VTCSOM.
Research and Scholarship: Tenured and tenure-track faculty members are expected to engage in scholarly activity and all other faculty members are encouraged to do so. Excellence in research and scholarship is critical to the success of the School of Medicine’s mission. It is expected that tenured and tenure-track faculty members will be productive scholars over their entire academic careers. Scholarship efforts must be persistent and result in regular dissemination in appropriate academic and scholarly outlets. Faculty members are encouraged to make regular presentations at conferences or other venue.

Service: All regular faculty members are expected to perform tasks necessary to the efficient administration of the School, such as regularly attending faculty and committee meetings and fulfilling any appropriate assignments the Dean may give them. Assignments may include chairing or participating in one or more of the faculty committees. Regular faculty members are also encouraged to involve themselves fully in the intellectual life of the School of Medicine, such as by participating in seminars, assisting colleagues with their research, supplying assistance where needed to student organizations and programs, and by participating in other VTCSOM functions. In addition, regular faculty members are encouraged to participate in the intellectual life of VTC Research Institute, Carilion Clinic, and Virginia Tech.

As an institution founded as a public-private partnership, VTCSOM’s mission also includes service to the profession and the community through participation in local, state, national or international healthcare-related activities. Such activities are intrinsically valuable, and also inform the teaching and scholarship responsibilities of faculty members. VTCSOM thus expects professional service activities by all regular faculty members.

E. ALLEGATIONS OF STUDENT MISTREATMENT BY A FACULTY MEMBER

Students may bring forth allegations of mistreatment by a faculty member. For the purposes of this Handbook, such allegations would apply to conduct in a faculty member’s role as teacher, mentor, preceptor, supervisor, facilitator, or other faculty role.

A student allegation of mistreatment by a faculty member may involve academic mistreatment (teaching, facilitation, assessment, grading, etc.), supervisory or mentor mistreatment, or harassment (sexual, verbal, physical, ethnic, etc.). The allegation should be identifiable as a breach of the conduct expected of a faculty member under the Standards of Ethical and Professional Conduct Policy (SEPCP) and the Teacher-Learner Compact (Appendix B). This policy applies only to VTCSOM faculty; allegations of mistreatment by other persons such as resident or fellow physicians, non-faculty physicians, medical care personnel, staff or non-medical persons, or others would be covered by other systems.

A student allegation of mistreatment by a faculty member may occur at any site where the student encounters the faculty in a VTCSOM official capacity. Implementation of this policy does not preclude additional action by the site itself according to policy at that site. Specifically, it may be possible for an allegation of mistreatment to proceed through a VTCSOM process and a site-
specific process. While any investigation may be coordinated, the process does not presuppose congruence of findings or of sanctions.

The process for a student allegation of mistreatment by a faculty member would occur as follows:

- The student is encouraged to address the issue directly to the faculty member and seek resolution. If the resolution is satisfactory to both parties, no further action is needed and no notification is required.
- If direct action is not practical or the student wishes to avoid direct action, the student is urged to contact a block director, course director, clerkship director or another person responsible for the setting in which the alleged mistreatment occurred. Alternatively, the student may wish to contact the VTCSOM Learning Environment Advocacy Committee (LEAC – the composition and duties of which are further defined in Appendix G). If a director is contacted, the director would seek additional information regarding the allegation from sources other than the involved student, including (but not limited to) individuals present when the incident occurred, others with direct information about the incident, and the faculty member him/herself. Even if a director undertakes this information gathering process directly, LEAC should be notified that a complaint has been received and an investigation started.
- The director should conduct this fact-finding activity in 10 working days or less.
- If the director finds that the allegation has no merit and no further action is warranted, the process concludes at this point. The director should forward a brief report to the Associate Dean for Faculty Affairs, LEAC, and the Associate Dean for Student Affairs.
- If the allegation has merit yet the incident is deemed to be readily remediable, the director would contact the faculty member to seek resolution. This may occur by the director providing the faculty member feedback, counseling, instruction, or even reassignment of the VTCSOM-sanctioned activity. Since the process concludes at this point, a brief report should go to the Associate Dean for Faculty Affairs, LEAC, the Associate Dean for Student Affairs, and the Department Chair of the faculty member.
- If the allegation has merit and the incident is deemed by the director to be of major significance or egregious, the director shall forward the allegation in writing to the Associate Dean for Faculty Affairs, LEAC, the Associate Dean for Student Affairs, and the Department Chair of the faculty member.
  - VTCSOM has responsibility to assess the allegation of student mistreatment as the allegation relates to the academic activity of the faculty member. The Department Chair has responsibility to carry out any further assessment as necessary regarding the faculty member’s role in the Department.
  - Under the direction of LEAC and the Associate Dean for Faculty Affairs, a formal VTCSOM investigation should be initiated. This involves identifying individuals from the Faculty Governance Committee to assist in an investigation. The chair of the Faculty Governance Committee and at least two additional members of the Faculty Governance Committee should be identified as an investigatory subcommittee.
The VTCSOM investigation and any decision should be completed within 20 working days from the time the allegation is delivered to the Associate Dean for Faculty Affairs.

The VTCSOM investigation may be conducted informally or may involve a hearing. If there is a hearing, both the student and the faculty member would be expected to appear. However, if either the student or faculty member feels the allegation would expose him/her to undue embarrassment, stress, or other disadvantage, a written statement would be acceptable. Any written statement would have to stand alone without opportunity for further clarification, enhancement or correction. If either or both the student and the faculty member choose to attend a hearing, either or both may be accompanied by one representative. The representative, who may be legal counsel, may sit through the proceedings but that representative could not directly address the hearing.

Following the VTCSOM investigation process, the investigatory subcommittee conducting the investigation should arrive at a consensus regarding the merit of the allegation.

The findings of the VTCSOM investigation should be presented to the full Faculty Governance Committee. The Committee either confirms the findings or sends the process back to the investigatory subcommittee for further clarification.

If the decision by the Faculty Governance Committee is that mistreatment of a student did occur, a sanction should be determined. Sanctions could involve: a formal apology; feedback or counseling of the faculty member; reassignment of either student or faculty member to avoid contact with the involved student; reassignment of the faculty member to eliminate teaching opportunities through VTCSOM-sanctioned activities; withdrawal of the VTCSOM faculty appointment; or other sanctions.

A final report including the allegation, the findings of the Faculty Governance Committee, and the proposed sanction should be forwarded to both LEAC and the Dean. The Dean would review and make the final decision. Copies of Faculty Governance Committee report and the Dean’s decision should be sent to the Associate Dean for Faculty Affairs, the Associate Dean for Student Affairs, LEAC, and the Department Chair of the faculty member. The Associate Dean for Faculty Affairs carries out the sanction or delegates as appropriate regarding academic issues. The Associate Dean for Student Affairs informs the student and follows up as necessary. The Department Chair oversees any other consequences not relevant to academic sanctions.

If the allegation by the student was found not to have merit, and there is a pattern of allegations without merit from that student, the student should be referred to the Medical Student Performance and Promotion Committee. If there is a pattern of allegations directed towards a faculty member, even with exoneration, the faculty member should be referred to the Faculty Governance Committee.
F. UNPROFESSIONAL BEHAVIOR BY A FACULTY MEMBER

Unprofessional behavior by a faculty member should be reported to the Chair of the Department in which the faculty member is appointed. Unprofessional behavior may include speech, actions, writing or other behavior that is contrary to the principles laid out in the Educational Compact. Unprofessional behavior need not result in mistreatment or harassment to be considered conduct unbecoming of a faculty member at VTCSOM. Behavior that is considered mistreatment of a student is addressed in Part III, Section E in this Handbook; any allegation of mistreatment should follow the process outlined in that section.

Special note is made of the possibility of an intimate relationship developing between a medical student and a faculty member. An intimate relationship occurring in which a faculty member has direct teaching, supervisory, mentor, or preceptor role and would be making or contributing to an assessment (grade) of the student directly contradicts the principles of the Compact and would be considered mistreatment. The process described for mistreatment of a student would be followed. An intimate relationship may develop apart from any teaching or supervisory role the faculty may have over the student. Even if consensual, such behavior is considered unprofessional and the process for evaluation and possible sanction outlined in this section would apply. (See also Conflict of Interest, Part X. D.)

The Department Chair has the responsibility to assess any report of unprofessional behavior. The Chair would follow guidelines within the department or the institution. Following any investigation, the conclusion, including any planned action, by the Chair regarding unprofessional behavior should be forwarded in the form of a report to the Associate Dean for Faculty Affairs and to the Learning Environment Advocacy Committee (LEAC). The Associate Dean would take the report to the Faculty Governance Committee for review. After review of the Chair’s report, the Committee would determine whether a sanction that relates to the faculty member’s academic position be imposed, up to and including revocation of the faculty appointment to VTCSOM. The Committee should frame its opinion in the form of a recommendation to be forwarded to both LEAC and the Dean.

The report from the Department Chair and the recommendations from the Faculty Governance Committee regarding the nature of the unprofessional behavior and any proposed academic sanction should be forwarded to the Dean. The Dean would review and make a final decision regarding any action by VTCSOM. The final decision is sent to LEAC for review and cataloging.

G. ACADEMIC FREEDOM

The VTC School of Medicine is committed to the definition of academic freedom contained in the American Association of University Professors' 1940 statement of Principles on Academic Freedom and Tenure (http://www.aaup.org/AAUP/pubsres/policydocs/contents/1940statement.htm). VTCSOM endorses and encourages the rights and obligations of its faculty with regard to academic
freedom. Academic freedom in the discourse between teachers and students is essential to the pursuit of knowledge and truth. Faculty members, trainees, and staff are entitled to the free pursuit of scholarship and research, including publication, within the confines of legal and regulatory constraints and School policy. Faculty also have the freedom to express their personal ideas and opinions in public forums as long as there is the clear representation that the ideas and opinions do not necessarily reflect those of the VTC School of Medicine, Virginia Tech, or Carilion Clinic. Guidelines for use of social media

VTCSOM faculty are likely, and sometimes even encouraged, to use social media platforms for both personal and professional communication. Indeed, many academic institutions consider social media communication to be a form of academic freedom. Social media has some distinct advantages in communication including timeliness, a potentially wide audience, and low cost. Faculty should continually keep in mind, though, that use of social media carries responsibilities and even risks. VTCSOM has put together some guidelines for use of social media. These guidelines are based on guidelines from the VTCSOM partners, Virginia Tech and Carilion Clinic, as well as on material from professional organizations such as the AMA and AAMC. Text of these guidelines along with suggestions for both positive uses of social media and cautions are outlined in Appendix H.

PART IV. FACULTY TRACKS AND RANKS

Faculty at the VTC School of Medicine have an appointment to the medical school. Appointments follow the process outlined in the documents in this section. Following is a description of the tracks and ranks of faculty appointed to VTCSOM:

Regular faculty members are individuals with a primary or secondary academic appointment at VTCSOM. All regular faculty have doctoral degrees.

- Regular faculty with a primary appointment at VTCSOM can enter either a tenure or a non-tenure track. Regular faculty members with a primary VTCSOM appointment are eligible for promotion in rank as their experience and accomplishments warrant. Regular faculty have a substantial commitment to the education mission of VTCSOM, regularly engage in teaching and service to VTCSOM, and pursue scholarship in medicine.

- Regular faculty members with a secondary academic appointment at VTCSOM have a primary appointment at either Virginia Tech or Jefferson College of Health Science, yet provide a substantial commitment to the VTCSOM education or research mission. Regular faculty with a secondary appointment do not have VTCSOM rank greater than the rank in their primary academic institution. Regular faculty with a secondary appointment have rights and privileges of regular faculty including serving on VTCSOM faculty committees, voting for faculty governance issues, and being appointed by the Dean to serve on faculty committees. Regular faculty with a secondary appointment are not eligible for tenure at VTCSOM.
Instructional faculty members have a commitment to education of medical students at VTCSOM. These individuals may serve as basic science and/or clinical science teachers. These faculty members may have a basic science research focus or a clinical practice focus. Instructional faculty of VTCSOM may have contact with medical students at the medical school building, the facilities of Carilion Clinic, classrooms or facilities of Jefferson College of Health Sciences, the laboratories of VTC Research Institute, the laboratories or classrooms of Virginia Tech, or clinical medical practices associated with VTC School of Medicine. Education of VTCSOM medical students is the common focus of these faculty members. Instructional faculty are not regular faculty and cannot serve on VTCSOM faculty committees or vote for faculty governance issues.

- Instructional faculty with an Adjunct title teach VTCSOM medical students but have a current or previous appointment with another academic university. Adjunct faculty have a valued role in medical education but with a less substantial commitment than regular faculty with a secondary appointment. They are or have been on either a tenure or non-tenure track at the other academic institution and may retain rank at that institution. (Faculty from the VTCSOM partners Virginia Tech, VTC Research Institute, and Jefferson College of Health Sciences would be expected to apply for regular faculty or instructional faculty tracks. Adjunct titles apply to virtually any other academic institution.) Granting of rank as an Adjunct faculty at VTCSOM takes rank at the other academic institution into consideration but requires review by the Dean, with advice from the VTCSOM Appointment, Promotion and Tenure committee if needed. Rank at VTCSOM with an Adjunct title will not exceed rank at the other academic institution and may be conferred at a different rank than the other academic institution. Instructional faculty with an Adjunct title are not eligible for tenure at VTCSOM.
  - Infrequently, there may be a circumstance in which Adjunct title is granted to a faculty not associated with another academic institution. This likely would involve a community, non-academic person who anticipates only a short involvement in teaching VTCSOM students (otherwise an instructional or even regular faculty appointment would be appropriate). The Adjunct Assistant, Associate or Professor rank would be expected to match similar expectations of regular VTCSOM faculty.

- Instructional faculty with a Clinical Preceptor title teach VTCSOM medical students in a clinical setting. The Clinical Preceptor rank is limited to medical doctors with a MD, DO, MBBS, or equivalent degree. The focus of Clinical Preceptors is the clinical education of medical students, with less emphasis on academic faculty affairs or their own academic scholarship. The Clinical Preceptor title does not change, even with prolonged service. The Clinical Preceptor is not eligible for tenure.

- Instructional faculty are faculty who encounter VTCSOM medical students in a teaching role.
  - Senior Instructors are faculty who have doctoral degrees, and significant instructional roles with students. While not limited to these, some examples of Senior Instructors might be: physicians having completed their primary (ACGME designated) residency training period, eligible for independent licensure, and in training at the chief resident or fellowship level; research post-doctoral fellows;
doctoral nursing instructors; doctoral psychology practitioners, and so on. Senior Instructors may be community members or teachers who lack an academic affiliation but are chosen for their special expertise and significant commitment to the missions of VTCSOM. Instructional faculty with a Senior Instructor title are not eligible for tenure.

- Instructors are faculty who may not have doctoral level degrees, but have instructional roles with students. While not limited to these, some examples of Instructors might be: hospital or community nurses, nurse clinicians/practitioners, physician assistants or similar practitioners who instruct students in medically-oriented topics and/or settings; hospital or community skilled health care-related practitioners who instruct students in interprofessional or allied health skills; skilled or knowledgeable individuals at another academic institution who have a role in instruction at VTCSOM; individuals not involved in health care who nonetheless have an instructional role. Instructional faculty with an Instructor title are not eligible for tenure.

- Provisional faculty are faculty who are applying for a faculty position, either regular or instructional, but for whom the opportunity to teach medical students is anticipated before the faculty appointment process is completed. This title grants faculty status for purposes of teaching. It is anticipated that the teaching credentials will be appropriate for eventual granting of a regular or instructional faculty appointment. A Provisional appointment by design is limited to six months with the more permanent appointment forthcoming or the Provisional faculty reverts to a non-faculty status.

- Special Appointment faculty are faculty appointed under special circumstances that may or may not include anticipation of teaching but which do represent service to VTCSOM.
  - Emeritus faculty are usually faculty who have an exemplary history with VTCSOM and are contemplating retirement or another non-academic position. Emeritus faculty wish to maintain their association with VTCSOM. While the emeritus title is anticipated to be indefinite, these faculty are not eligible for tenure.
  - Honorary faculty are faculty who are recognized with the Honorary appointment for special contributions to VTCSOM. Honorary faculty do not have a rank but are given the honorary title as an expression of appreciation for service to VTCSOM. While the honorary title is indefinite, at least so long as there is some association with VTCSOM, these faculty are not eligible for tenure.

In some instances, certain individuals who do not meet the definition of a regular and/or instructional faculty will be considered for appointment on a case by case basis.

A. **REGULAR FACULTY WITH A PRIMARY APPOINTMENT AT VTCSOM**

1. **TENURE TRACK**

   Faculty members on the tenure track have a major commitment to excellence in education, research/scholarship, and service. Faculty are appointed to a Department of VTCSOM. Tenure-
track ranks are professor, associate professor, and assistant professor. Faculty meet yearly with the chair or division director to review evaluations of teaching, clinical, research, and academic activities, and plan for teaching assignments and faculty development. Maintenance of appointment and promotion in rank are dependent on demonstrated excellence in the dimensions of the appointment. Regular faculty shall demonstrate continued professional development as a medical educator, be an engaged and productive scholar, and contribute through service to the welfare of the profession and the medical school. Faculty at the Assistant Professor and Associate Professor ranks are expected to have their progress towards promotion reviewed periodically; all tenure track faculty have their appointments renewed through the maintenance of appointment process.

2. NON-TENURE TRACK

Faculty members in non-tenure track appointments have significant commitment to education, research/scholarship, and/or service at VTCSOM. Faculty are appointed to a Department of VTCSOM. Non-tenure track ranks are professor, associate professor, and assistant professor. Faculty meet yearly with the chair or division director to review evaluations of teaching, clinical, research, and academic activities, and plan for teaching assignments and faculty development. Maintenance of appointment and promotion in rank represents a strong commitment to teaching and student learning with continuing development as a medical educator, productivity in scholarship, and contribution through service to the welfare of the profession and the medical school. Faculty at the Assistant Professor and Associate Professor ranks are expected to develop at least some progress towards promotion. All non-tenure track faculty have their appointment renewed through the maintenance of appointment process.

B. REGULAR FACULTY WITH A SECONDARY APPOINTMENT AT VTCSOM

Faculty members with a secondary appointment have a significant education commitment to VTCSOM but retain a primary appointment at VTCSOM partners Virginia Tech and Jefferson College of Health Sciences (faculty at other academic institutions are likely to apply for adjunct appointments). Faculty are appointed into a Department of VTCSOM. Faculty with a secondary appointment are eligible to be appointed to a rank no higher than that granted by the primary academic institution. Appointment at or promotion to any rank at VTCSOM must be consistent with criteria expected of VTCSOM faculty at that rank. Promotion in rank for faculty with a secondary appointment at VTCSOM cannot be initiated before promotion at the primary academic institution unless the faculty is holding a lower rank at VTCSOM than at their primary institution. Faculty meet yearly with the chair or division director to review evaluations of teaching, clinical, research, and academic activities, and plan for teaching assignments and faculty development. Maintenance of appointment and promotion in rank represents a strong commitment to teaching and student learning with continuing development as a medical educator and contribution through service to the welfare of the profession and the medical school. Faculty with a secondary appointment are not eligible for tenure at VTCSOM. The extent of the commitment to education at VTCSOM is the major determinant in the decision to grant a secondary appointment (as
opposed to appointment in instructional/adjunct track). Faculty with a secondary appointment have the rights and privileges of other regular faculty such as serving on VTCSOM faculty committees, voting for faculty governance issues, and being appointed by the Dean to serve on faculty committees.

C. INSTRUCTIONAL FACULTY APPOINTMENTS

1. ADJUNCT FACULTY
Faculty at VTCSOM who currently have or have had a primary appointment at another academic institution may be considered for an adjunct appointment. Adjunct appointment at VTCSOM recognizes contributions to either the teaching or research missions of the medical school. Adjunct faculty members are appointed into a Department of VTCSOM. Faculty with an adjunct appointment are eligible to be appointed to VTCSOM at the rank granted by the primary academic institution. However, appointment at or promotion to any rank at VTCSOM must be consistent with criteria expected of VTCSOM faculty at that rank. Appointments are typically up to three (3) years and may be renewed through maintenance of appointment. Adjunct faculty are not eligible for tenure at VTCSOM.

2. CLINICAL PRECEPTOR
Clinical Preceptors play an important role in the educational mission of VTCSOM, most often engaging students in clinical medicine on ward services or practice-site rotations. The Clinical Preceptor appointment carries no requirement for participation in research or scholarship, although such activities may be undertaken. Since Clinical Preceptors are not regular faculty, there is no expectation of service to VTCSOM through faculty committees. Faculty meet periodically with the chair, division director, course/block director, clerkship director or other leaders to review evaluations of teaching and plan for teaching assignments and faculty development. The appointment may be up to three (3) years and may be renewed through maintenance of appointment. There is no promotion in rank associated with the title of Clinical Preceptor, nor is the Clinical Preceptor eligible for tenure. Clinical Preceptors will be appointed to one of the clinical departments.

3. SENIOR INSTRUCTOR, INSTRUCTOR
Appointment as Senior Instructor or Instructor recognizes contribution to the teaching of students. Senior Instructors and Instructors are appointed to a Department of VTCSOM. Instructors have credentials appropriate to their assignment and consistent with accreditation standards. Senior Instructors and Instructors are not eligible for consideration for tenure or promotion in rank. Faculty meet periodically with the chair, division director, course/block director, clerkship director or other leaders to review evaluations of teaching and plan for teaching assignments and faculty development. Appointment as Senior Instructor or Instructor may be up to three (3) years and may be renewed through maintenance of appointment.
4. PROVISIONAL

The Provisional appointment is granted to individuals who have initiated the process for a faculty appointment yet anticipate medical student teaching assignments before this process is completed. The Provisional appointment is an Instructional Faculty track appointment permitting the faculty member to teach, evaluate, and assess VTCSOM medical students but not expecting the faculty member to engage in regular faculty activities, such as service on faculty committees or voting on faculty ballots. The Provisional appointment does not limit the eventual faculty appointment by track or rank. A Provisional appointment can be granted by the Dean upon receipt of an appropriate recommendation letter from the Chair of a Department; a Provisional appointment does not require ratification by the Board of Directors. A Provisional appointment is active for no more than six (6) months. If the faculty member holding a Provisional appointment has not completed the full appointment process within six (6) months, the Provisional appointment is withdrawn and teaching, evaluation, and assessment of VTCSOM students is not permitted.

D. SPECIAL APPOINTMENT FACULTY

1. EMERITUS FACULTY

Emeritus faculty are persons currently at VTCSOM. Persons eligible for emeritus status typically have Professor rank as well as position(s) of leadership in the School. Eligible faculty would likely be retiring from a clinical or research position or perhaps moving from the region. In addition, eligible faculty would not have the intent of departing and moving to another academic setting subsequent to the appointment to VTCSOM emeritus status. Finally, the implication for consideration of emeritus status is that the change in employment or residence signifies a change in involvement in and commitment to the teaching mission of VTCSOM. While emeritus faculty would be eligible to teach in the School, they would not be expected to do so.

Since an emeritus faculty rank is only granted to a current faculty member, the process for re-appointment as Emeritus Professor would begin with the Department Chair or the Departmental APRT Committee. The Chair or APRT Committee would ask for a change to Emeritus status and direct the request to the APT Committee. The APT Committee would determine if the faculty member has both longevity and contribution to the School to warrant Emeritus status. The APT Committee would consider rank (virtually all emeritus faculty would have rank of Professor), academic accomplishment and reputation, regional and national recognition, years of service to the School, and other criteria in determining eligibility for this rank. The APT Committee would be asked to recommend or not recommend emeritus status. With the decision by the APT Committee, the request is sent to the Dean. The Dean has the final decision whether emeritus status would be conferred. As with any faculty appointment, ratification of the Emeritus appointment remains with the VTCSOM Board of Directors. Emeritus status extends indefinitely but may be terminated for due cause.
This title is a special appointment and non-tenured. Emeritus faculty are not regular faculty and cannot vote in faculty issues. There is no particular timing necessary with regard to the academic year to naming of emeritus status.

Clinical emeritus faculty would not have to remain Board certified or maintain an active medical license unless any anticipated teaching would involve direct patient care. There is no payment other than what is standard for teaching. There is no expectation of office space or secretarial/administrative support.

2. HONORARY FACULTY
An honorary faculty appointment is made exclusively by the Dean. There is no formal recommendation by a Chair and no review by the APT Committee. While an individual can be suggested to the Dean by anyone in the School, it is solely the Dean who determines if the individual’s contributions warrant an honorary title.

An honorary faculty position recognizes contributions to VTCSOM separate from teaching (if for teaching, another rank/title would be more appropriate). Such contributions would likely be advice and counsel, policy assistance, and even financial (though financial contribution cannot be the sole reason for conferral of an honorary title).

There is no restriction to the background of the individual; that is, a person considered for an honorary title need not be of medical or research background, nor does the person need to have a doctoral degree. There is no gradation in title: the only title is Honorary Appointment. This title is a special appointment and non-tenured. Honorary faculty are not regular faculty and cannot vote in faculty issues. There is no particular timing necessary with regard to the academic year to the naming of an honorary faculty and, again, no set criteria. As with any faculty appointment, ratification of the Honorary appointment remains with the VTCSOM Board of Directors. Honorary status extends indefinitely but may be terminated for due cause.
A schematic featuring the titles and ranks of faculty in the Virginia Tech Carilion School of Medicine is pictured below.
E. CHANGING TRACKS

The track to which a person is appointed should be chosen with deliberation. Track changes are possible but should only be considered after counseling by academic leadership in one’s Department or the School. In most cases, a track change may only be considered once.

1. TRACK CHANGES FOR REGULAR FACULTY

Regular faculty on the tenure track may move, one time, to the non-tenure track. Regular faculty on the non-tenure track may move, one time, to the tenure track. There would only be rare occasions in which a second move by regular faculty, in either direction, would be considered.

If one’s circumstances change, and tenure has not yet been granted, regular faculty from either track may move to the Instructional track.

Faculty who have been awarded tenure do not have tenure removed except for egregious circumstances. Conferring of tenure, even without significant additional scholarly progress, ensures one’s rank on the tenure track and consideration for change to a non-tenure track position not necessary.

At a minimum, it is recommended that a faculty member be in one of the regular faculty tracks for two (2) years before first considering a change. The recommendation for track change may come from the faculty member him/herself, from the Chair of the Department, or from the Appointment, Promotion, Retention and Tenure (APRT) committee of the Department.

- The Chair or APRT committee may recommend that a faculty in the tenure track consider changing to a non-tenure track or an Instructional track, if it appears the faculty member is not making adequate progress towards promotion.
- The faculty member in the tenure track may request a change to a non-tenure track or an instructional track if one’s circumstances (job description change, personal issues) make it likely that the expectations for promotion cannot be maintained.
- A faculty member in the non-tenure track, after appropriate consultation, may decide that he/she has ability for productive accomplishment that should be adequate for consideration for promotion on the tenure track. In such a circumstance, the non-tenure track faculty may elect to apply for change to the tenure track.

Regular faculty members who wish or are recommended to change to a tenure track should complete appropriate counseling regarding this move. If a move is considered, the faculty member should develop the CV and academic portfolio to support the change. The process is similar to that for promotion, i.e., appropriate material should be submitted to the Chair and the Department APRT committee. Support letters from outside reviewers are not necessary. The recommendation of the Chair and the Department APRT committee would be sent to the VTCSOM Appointment, Promotion and Tenure (APT) Committee for deliberation. The APT Committee
decision would be relayed to the Dean for a final decision. Any of these track changes must be ratified by the Board and a new letter of appointment offered and signed by the faculty member.

It is emphasized that a track change by regular faculty, with rare exceptions, may only occur once. If the faculty member, after changing tracks, does not meet criteria for maintenance of appointment or progress towards promotion in that track, it is likely that a final change to a Clinical Preceptor or Instructional title will occur. This would happen through the Department APRT committee with the advice and consent of the VTCSOM APT committee and the Dean.

In the exceptional circumstance in which a second change in track is anticipated, both the department APRT committee and the School APT committee would provide advice and consent to the Chair and Dean.

2. TRACK CHANGES FOR INSTRUCTIONAL FACULTY

Track changes for instructional faculty may be appropriate under any of several circumstances:

- Faculty with an appointment to an adjunct title may find that he/she is expending substantial effort to VTCSOM and wish to be considered for regular faculty with a secondary appointment.
- Faculty who are a Clinical Preceptors may find that he/she is teaching more than expected, performing more service to VTCSOM and affiliated institutions than originally planned, or developing accomplishments that may be worthy of a regular faculty track and rank.
- Faculty who are Senior Instructors may have finished a training period or find he/she is expending greater time in teaching, research/scholarly activity, or service and wish to be considered for an adjunct or regular faculty track. Faculty who are Instructors may earn a doctoral degree and wish to be considered for the title of Senior Instructor.

There may be other circumstances that are appropriate to consider a track change for instructional faculty. The process in each case, though, requires application for appointment to the relevant track as though this were a new appointment, and not a promotion. There is no promotion for instructional faculty that results in a different title (the only exception would be an adjunct faculty who is promoted at the primary academic institution and wishes to be considered for a change in rank in the adjunct title).

F. CHANGING DEPARTMENTS

On occasion, a faculty member may find it appropriate to change his/her department. This may occur because of a change in career direction, in duty assignment, or other circumstances. A change in department need only require the consent of both department Chairs. To accomplish this, there should be letters from both Chairs directed to the Dean. Any change in department would ordinarily be accomplished without change in track or rank. If the faculty member desires a change in track, he/she would follow the process described above in Part IV. D. If he/she desires a change in rank, this would be considered entirely separate from the change in department and would follow the guidelines described in promotion (Part VII).
PART V. CONSIDERATIONS REGARDING TEACHING, RESEARCH, CLINICAL CARE AND SERVICE

Statement of Principles

Virginia Tech Carilion School of Medicine (VTCSOM) strives to educate through the active engagement of learners in innovative styles of education. Education at VTCSOM will emphasize student mastery of material by facilitated inquiry. Education in such a setting puts a strong emphasis on the training and skills of the teacher. Appointment as faculty to VTCSOM is recognition of the desire of the applicant to share his/her knowledge and expertise in the education of medical students, residents, fellows, graduate and post-doctoral trainees and other medical and research professionals. Appointment to the VTCSOM faculty is also recognition of the School’s need to have dedicated and inspired teachers. This being the case, appointment to the School, maintenance of appointment, and promotion in rank acknowledges teaching as the fundamental activity of all faculty.

In addition to engaging students in learning, an academic institution such as VTCSOM fosters and embraces scholarship. The scholarship of VTCSOM is based on the activities of inquiry, research, and discovery.

- Inquiry can be considered the asking of a question. Inquiry involves the collecting and systematic analysis of facts and observations and the framing of that analysis into a medically and/or scientifically relevant question.
- Research also involves the asking of a question but carries through to the design and implementation of the means by which the question may be answered.

Discovery is the process of obtaining, mastering, and making known knowledge. That knowledge may be entirely new, or collected and interpreted in a medically and/or scientifically relevant way. Effective and inspired teaching is expected of all VTCSOM faculty who have appointments with the School. Scholarship is expected of those faculty members who desire to progress in recognition and rank within the School. Depending on the faculty member’s duties, scholarship may take many different forms. But, scholarship should:

- Result in an identifiable product or output;
- Be made public and available both within and outside the School;
- Be subject to review and critique by other scholars in the field; and
- Contribute to knowledge by being reproducible and progressive.

The faculty member in VTCSOM can develop scholarship in any of the fundamental missions of the School.
Teaching
An educational institution would not exist except for the passing of knowledge. Teaching, in all its forms, is fundamental to any school of medicine. Innovation in the pedagogy of medical education represents scholarly activity within the realm of teaching.

Research
Medicine meets one of its obligations to society by striving to improve the care of its citizens. Medical research addresses that obligation by asking questions, discovering new knowledge, and disseminating that knowledge. Research and the dissemination of knowledge may take many different forms, depending on the abilities and interests of a faculty member and the imperatives of the institution.

Clinical care
Most clinical faculty members embrace the opportunity to practice the integrative activity of providing clinical care to a patient or a population. Clinical care should be creative and progressive. Innovation in clinical care is a time-honored extension of clinical practice and the systematic application and description of innovative clinical care is a bedrock of scholarship in medicine.

Service
In a School of Medicine, service may take many relevant and acknowledged roles. Such roles may include service in clinical, research or educational realms, service in administration, service to related institutions, and service in appropriate medical and School related organizations. When creative service in advancement of an institution or organization’s mission is described and disseminated, such a product represents scholarship.

PART VI. APPOINTMENTS

A. REGULAR FACULTY WITH PRIMARY APPOINTMENT - TENURE TRACK

1. ELIGIBILITY
A faculty candidate is eligible for appointment as a regular faculty/primary appointment/tenure track if he/she is proposed for this title and track by the Chair of his/her Department.

The proposal for regular faculty/primary appointment/tenure track should result from a discussion between the faculty candidate and the Chair. This discussion should reflect the faculty candidate’s personal desires as well as an assessment of the candidate’s credentials and abilities.

Any candidate for appointment to regular faculty/primary appointment/tenure track would be expected to have:
- Doctoral degree
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- All necessary further education and/or training for the career choice (for example, but not limited to, completion of subspecialty fellowship or post-doctoral experience)
- Appropriate licensure and credentialing, if relevant to the position
- Board certification or maintenance of certification, if relevant.
  - It is recognized that some medical/surgical specialties do not confer full board certification until some years after completion of residency or fellowship. A faculty appointment to VTCSOM may be considered as long as the candidate is deemed to be making adequate progress toward the relevant board certification.
- A record of inquiry, research and/or discovery sufficient to make judgment regarding one’s likelihood for continuing or initiating such scholarship

A faculty member moving to VTCSOM from another academic university may wish to apply for appointment in the tenure track at the rank of the previous university or for a higher rank. The final proposal for rank on the tenure track will be the result of discussion between the faculty member and his/her Chair.

2. PROCESS

The faculty candidate will assemble the following documentation prior to discussions with the Chair and prior to submission of the candidacy to the Dean.
- A curriculum vitae (See Appendix for CV format);
- Documentation of the doctoral degree, typically as an official transcript from the degree granting institution (in some circumstances, a notarized copy of an official transcript is acceptable);
- An academic portfolio would be useful documentation of one’s scholarship, but is not required;
- Completion of or anticipated qualification for any required documentation for specialty or subspecialty status as required by accrediting bodies;
- Evidence of board certification or maintenance of certification, if relevant;
- Completion of a demographic questionnaire as required by an accrediting body;
- Completion of an online module on student mistreatment;
- Personal statement from the candidate indicating a desire to be involved with the education of medical students at VTCSOM and willingness to abide by faculty governance;
- Evidence of completion or anticipation of completion of faculty orientation.
- If the proposed rank for the faculty appointment is higher than the rank of the Chair, a letter of support should be obtained from a member of the Department APRT committee who is above the current rank for the candidate. This letter accompanies, and is not substitute for, the Chair’s letter of recommendation.

Discussions with the Chair would result in a consensus recommendation for appropriate track and rank to be passed up to the Dean. The recommendation from the Chair would come in the form of a letter accompanying the credentials to be submitted to the Dean.
3. DECISION
For the candidate seeking appointment as a regular faculty/primary appointment/tenure track, the Dean is empowered to make the appointment at the Assistant Professor rank. If the recommendation from the Chair is a rank as an Associate Professor or Professor with tenure, the Dean would consult the APT committee. If the Dean and APT committee, after consideration of the candidate’s credentials, agree on a rank and/or tenure, the appointment is made. The decision then goes to the Board of Directors for ratification.

4. RECOUSE
The appointment by the Dean, or the consensus decision by the Dean and the APT committee, is final, based on the ratification from the VTCSOM Board of Directors. If the Board declines to ratify the proposed appointment, the process of appointment restarts with the Chair.

5. RESPONSE
The candidate is expected to respond in writing to the letter of appointment within two (2) weeks of receiving the letter of appointment from the Dean. The appointment only becomes active upon receipt in the Dean’s office of the letter of appointment signed by the faculty member.

B. REGULAR FACULTY WITH PRIMARY APPOINTMENT - NON-TENURE TRACK

1. ELIGIBILITY
A faculty candidate is eligible for appointment as a regular faculty/primary appointment/non-tenure track if he/she is proposed for this title and track by the Chair of his/her Department.

The proposal for regular faculty/primary appointment/non-tenure track should result from a discussion between the faculty candidate and the Chair. This discussion should reflect the faculty candidate’s personal desires as well as an assessment of the candidate’s credentials and abilities.

Any candidate for appointment to regular faculty/primary appointment/non-tenure track would be expected to have:

- Doctoral degree
- All necessary further education and/or training for the career choice (for example, but not limited to, completion of subspecialty fellowship or post-doctoral experience)
- Appropriate licensure and credentialing, if relevant to the position
- Board certification or maintenance of certification, if relevant.
  - It is recognized that some medical/surgical specialties do not confer full board certification until some years after completion of residency or fellowship. A faculty appointment to VTCSOM may be considered as long as the candidate is deemed to be making adequate progress towards the relevant board certification.
• Suitable indication that academic interest in inquiry, research and/or discovery will result in tangible scholarship.

A faculty member moving to VTCSOM from another academic university may wish to apply for appointment in the non-tenure track at the rank of the previous university or for a higher rank. The final proposal for rank on the non-tenure track will be the result of discussion between the faculty member and his/her Chair.

2. PROCESS
The faculty candidate will assemble the following documentation prior to discussions with the Chair and prior to submission of the candidacy to the Dean.

• A curriculum vitae (See Appendix for CV format)
• Documentation of the doctoral degree, typically as an official transcript from the degree granting institution (in some circumstances, a notarized copy of an official transcript is acceptable);
• An academic portfolio would be useful documentation of one’s scholarship, but is not required;
• Completion of or anticipated qualification for any required documentation for specialty or subspecialty status as required by accrediting bodies;
• Board certification or maintenance of certification, if relevant
• Completion of a demographic questionnaire as required by an accrediting body;
• Personal statement from the candidate indicating a desire to be involved with the education of medical students at VTCSOM and willingness to abide by faculty governance;
• Evidence of completion or anticipation of completion of faculty orientation.
• If the proposed rank for the faculty appointment is higher than the rank of the Chair, a letter of support should be obtained from a member of the Department APRT committee who is above the current rank for the candidate. This letter from the Department APRT member accompanies, and is not a substitute for, the Chair’s letter of recommendation.

Discussions with the Chair would result in a consensus recommendation for appropriate track and rank to be passed up to the Dean. The recommendation from the Chair would come in the form of a letter accompanying the credentials to be submitted to the Dean.

3. DECISION
For the candidate seeking appointment as a regular faculty/primary appointment/non-tenure track, the Dean is empowered to make the appointment at the Assistant Professor rank. If the recommendation from the Chair is a rank as an Associate Professor or Professor on the non-tenure track, the Dean would consult the APT committee. If the Dean and APT committee, after consideration of the candidate’s credentials, agree on a rank in the non-tenure track, the appointment is made. The decision then goes to the Board of Directors for ratification.
4. **RECOUSE**
The appointment by the Dean, or the consensus decision by the Dean and the APT committee, is final, based on the ratification from the VTCSOM Board of Directors. If the Board declines to ratify the proposed appointment, the process of appointment restarts with the Chair.

5. **RESPONSE**
The candidate is expected to respond in writing to the letter of appointment within two (2) weeks of receiving the letter of appointment from the Dean. The appointment only becomes active upon receipt in the Dean’s office of the letter of appointment signed by the faculty member.

C. **REGULAR FACULTY WITH SECONDARY APPOINTMENT**

1. **ELIGIBILITY**
A faculty candidate is eligible for appointment as a regular faculty/secondary appointment if he/she is proposed for this title and track by the Chair of his/her Department. With few exceptions, it is likely that the candidate’s primary appointment is either Virginia Tech, VTC Research Institute, or Jefferson College of Health Sciences.

The proposal for regular faculty/secondary appointment should result from a discussion between the faculty candidate and the Chair. This discussion should reflect the faculty candidate’s personal desires as well as an assessment of the candidate’s credentials and abilities.

Any candidate for appointment to regular faculty/secondary appointment would be expected to have:
- Doctoral degree
- All necessary further education and/or training for the career choice (for example, but not limited to, completion of subspecialty fellowship or post-doctoral experience);
- Appropriate licensure and credentialing, if relevant to the position;
- Board certification or maintenance of certification, if relevant;
- Suitable indication from the primary academic university that a teaching role in VTCSOM is acceptable and supported by the primary university.

A faculty candidate for regular faculty/secondary appointment would have a primary appointment and activity at another academic university but would be scheduled for a substantial role in the education of medical students at VTCSOM. “Substantial” in this setting would mean assignment such as: director of a block design team; director or coordinator of an educational module; director of a value domain or instructional “thread;” clerkship director; or the equivalent in teaching or curriculum development. Assignment to such a role involves a major commitment of time and effort, sometimes in discrete time periods, sometimes spread over the academic year. It is the degree of involvement that is the major determinant of the
secondary appointment. The advice and recommendation of the Chair of the Department will be important in determination of the extent of involvement.

2. PROCESS
The faculty candidate will assemble the following documentation prior to discussions with the Chair and prior to submission of the candidacy to the Dean.

• A curriculum vitae (See Appendix for CV format)
• Documentation of the doctoral degree, typically as an official transcript from the degree granting institution (in some circumstances, a notarized copy of an official transcript is acceptable);
• Completion of or anticipated qualification for any required documentation for specialty or subspecialty status as required by accrediting bodies;
• Board certification or maintenance of certification, if relevant;
• Completion of a demographic questionnaire as required by an accrediting body;
• Indication of the degree of involvement in the teaching role; this may take the form of a statement from the Chair of the Department, the Associate Dean for Medical Education, or other relevant person;
• Personal statement from the candidate indicating a desire to be involved with the education of medical students at VTCSOM and willingness to abide by faculty governance;
• Evidence of completion or anticipation of completion of faculty orientation.

Discussions with the Chair would result in a consensus recommendation for appropriate rank as a regular faculty/secondary appointment. The recommended rank may reflect the faculty candidate’s attained rank at the primary university, or the recommendation of the Chair; in either case, the rank may not be higher than that of the primary institution. The VTCSOM rank in the secondary appointment track will be expected to be at least equivalent to the expectations for the similar rank for a VTCSOM regular faculty/primary appointment. The recommendation from the Chair would come in the form of a letter accompanying the credentials to be submitted to the Dean.

3. DECISION
For the candidate seeking appointment as a regular faculty/secondary appointment, the Dean is empowered to make the appointment at the Assistant Professor rank. If the recommendation from the Chair is a rank as an Associate Professor or Professor (regular faculty/secondary appointment), the Dean would consult the APT committee. If the Dean and APT committee, after consideration of the candidate’s credentials, agree on a rank, the appointment is made. The decision then goes to the Board of Directors for ratification.

4. RECOURSE
The appointment by the Dean, or the consensus decision by the Dean and the APT committee, is final, based on the ratification from the VTCSOM Board of Directors. If the Board declines to ratify the proposed appointment, the process of appointment restarts with the Chair.
5. RESPONSE
The candidate is expected to respond in writing to the letter of appointment within two (2) weeks of receiving the letter of appointment from the Dean. The appointment only becomes active upon receipt in the Dean’s office of the letter of appointment signed by the faculty member.

D. INSTRUCTIONAL FACULTY - ADJUNCT

1. ELIGIBILITY
A faculty candidate is eligible for appointment as an instructional faculty/adjunct if he/she is proposed for this title and track by the Chair of his/her Department. The proposal for instructional faculty/adjunct should result from a discussion between the faculty candidate and the Chair. This discussion should reflect the faculty candidate’s personal desires as well as an assessment of the candidate’s credentials and abilities.

Any candidate for appointment to instructional faculty/adjunct would be expected to have:
- Doctoral degree;
- All necessary further education and/or training for the career choice (for example, but not limited to, completion of subspecialty fellowship or post-doctoral experience, achievement of appropriate job or career level for the applicant’s skill, etc.);
- Appropriate licensure and credentialing, if relevant to the position;
- Board certification or maintenance of certification, if relevant.

A faculty candidate for instructional faculty/adjunct appointment may have or have had a primary appointment at another academic institution and would be scheduled for a role in the education of medical students at VTCSOM. The extent of service expected from an instructional faculty/adjunct would be moderate to minor and could consist, for example, of: lecturer, for multiple sessions, in a block; lecturer/small group leader for a section of a block or thread; intermittent involvement in teaching a “thread;” mentor for a research project; preceptor for a clinical unit, or the equivalent; or any other service deemed necessary in the education of medical students. Assignment to such a role involves a defined commitment of time and effort, sometimes in discrete time periods, sometimes spread over the academic year. The expectation of leadership or curricular responsibility for a block or “thread” or theme is modest. It is the degree of involvement that is the major determinant of the adjunct appointment. The advice and recommendation of the Chair of the Department will be important in determination of the extent of involvement.

2. PROCESS
The faculty candidate will assemble the following documentation prior to discussions with the Chair and prior to submission of the candidacy to the Dean.
- A curriculum vitae (See Appendix for CV format);
Discussions with the Chair would result in a consensus recommendation for appropriate rank as an instructional faculty/adjunct. The recommended rank may reflect the faculty candidate’s attained rank at the primary university, or the recommendation of the Chair. The VTCSOM rank in the adjunct track will be expected to be at least equivalent to the expectations for the similar rank for a VTCSOM regular faculty/primary appointment; the rank may not be higher than that of the primary or previous appointment. The recommendation from the Chair would come in the form of a letter accompanying the credentials to be submitted to the Dean.

3. DECISION
For the candidate seeking appointment as an instructional faculty/adjunct, the Dean is empowered to make the appointment at the Adjunct Assistant Professor rank. If the recommendation from the Chair is a rank as an Adjunct Associate Professor or Adjunct Professor, the Dean would consult the APT committee. If the Dean and APT committee, after consideration of the candidate’s credentials, agree on a rank, the appointment is made. The decision then goes to the Board of Directors for ratification.

4. RECOUSE
The appointment by the Dean, or the consensus decision by the Dean and the APT committee, is final, based on the ratification from the VTCSOM Board of Directors. If the Board declines to ratify the proposed appointment, the process of appointment restarts with the Chair.

5. RESPONSE
The candidate is expected to respond in writing to the letter of appointment within two (2) weeks of receiving the letter of appointment from the Dean. The appointment only becomes active upon receipt in the Dean’s office of the letter of appointment signed by the faculty member.
E. INSTRUCTIONAL FACULTY - CLINICAL PRECEPTOR

1. ELIGIBILITY

A faculty candidate is eligible for appointment as an instructional faculty/clinical preceptor if he/she is proposed for this title by the Chair of his/her Department.

The proposal for instructional faculty/clinical preceptor should result from a discussion between the faculty candidate and the Chair. This discussion should reflect the faculty candidate’s personal desires as well as an assessment of the candidate’s credentials and abilities.

Any candidate for appointment to instructional faculty/clinical preceptor would be expected to have:
- MD, DO, MBBS, or equivalent medical doctor degree;
- All necessary further education and/or training for the career choice (for example, but not limited to, completion of subspecialty fellowship);
- Appropriate licensure and credentialing;
- Board certification or maintenance of certification, whichever is relevant;
- An expression of interest to participate in the education of VTCSOM medical students and willingness to abide by faculty governance.

A faculty candidate for instructional faculty/clinical preceptor would be a medical doctor in a setting involving VTCSOM medical students. It is the intent of VTCSOM that all instructors with any but trivial contact with medical students request appointment with VTCSOM. This is to ensure that the clinical preceptor’s credentials are relevant to the education of medical students and that the role of preceptor/educator represents the interest and enthusiasm of the candidate.

The clinical preceptor is likely to be a medical practitioner in a clinical setting. Examples of such a role might include: attending physician on an inpatient service; preceptor in the emergency department; preceptor in a clinic or medical office; preceptor in public health or similar settings; medical practitioner in an administrative setting; and so on. Medical students are at VTCSOM to learn the art and science of medicine; this is likely to occur in a host of different medical care settings. But the common feature of the title of Clinical Preceptor is that the practitioner is trained as and practices as a medical doctor. The advice and recommendation of the Chair of the Department will be important in determination of the extent of involvement.

2. PROCESS

The faculty candidate will assemble the following documentation prior to discussions with the Chair and prior to submission of the candidacy to the Dean.
- A curriculum vitae (See Appendix for CV format)
• Documentation of the medical doctor degree, typically as an official transcript from the degree granting institution (in some circumstances, a notarized copy of an official transcript is acceptable);
• Completion of any required documentation as required by accrediting bodies;
• Evidence of board certification or maintenance of certification;
• Completion of a demographic questionnaire as required by an accrediting body;
• Indication of the type of involvement in the teaching role; this may take the form of a statement from the Chair of the Department, the Associate Dean for Medical Education, or other relevant person
• A personal statement written by the candidate indicating an interest in the education of VTCSOM medical students and willingness to abide by faculty governance;
• Evidence of completion or anticipation of completion of faculty orientation.

Discussions with the Chair would result in a consensus recommendation for the title of Clinical Preceptor. The recommendation from the Chair would come in the form of a letter accompanying the credentials to be submitted to the Dean

3. DECISION
For the candidate seeking appointment as a Clinical Preceptor, the Dean is empowered to make the appointment. The decision then goes to the Board of Directors for ratification.

4. RECOURSE
The appointment by the Dean is final, based on the ratification from the VTCSOM Board of Directors. If the Board declines to ratify the proposed appointment, the process of appointment restarts with the Chair.

5. RESPONSE
The candidate is expected to respond in writing to the letter of appointment within two (2) weeks of receiving the letter of appointment from the Dean. The appointment only becomes active upon receipt in the Dean’s office of the letter of appointment signed by the faculty member.

F. INSTRUCTIONAL FACULTY – SENIOR INSTRUCTOR/INSTRUCTOR

1. ELIGIBILITY
A faculty candidate is eligible for appointment as an instructional faculty (senior instructor, instructor) if he/she is proposed for this title by the Chair of his/her Department. The proposal for senior instructor/instructor should result from a discussion between the faculty candidate and the Chair. This discussion should reflect the faculty candidate’s personal desires as well as an assessment of the candidate’s credentials and abilities.

Any candidate for appointment to senior instructor/instructor would be expected to have:
• Bachelor’s degree or equivalent, or a higher degree; a doctoral degree is expected for senior instructor;
• A job, appointment or position congruent to the opportunities or needs of the VTCSOM curriculum.
• Appropriate licensure and credentialing, if relevant to the position
• An expression of interest to participate in the education of VTCSOM medical students and willingness to abide by faculty governance.

A faculty candidate for senior instructor/instructor would likely be an educator in a medically related program (e.g., a faculty member at an affiliated nursing or physician assistant program), a practitioner in a medically oriented field (e.g., medical social worker), an advanced trainee in an established clinical or research setting (e.g., a fellow or postdoctoral candidate), or a similar relationship. It should be noted that residents-in-training cannot obtain appointment to VTCSOM as a resident is unable to obtain the necessary licensure and credentialing until residency is completed. Of importance to consideration in this faculty position is the background and experience brought to the medical encounter and the skill and willingness to teach such a perspective. This role as educator is the basis for consideration for inclusion in the VTCSOM faculty.

It is the intent of VTCSOM that all instructors with any but trivial teaching of medical students request appointment to VTCSOM. This is to ensure that the instructor’s credentials are relevant to the education of medical students and that the role of instructor/educator represents the interest and enthusiasm of the candidate. The rank of instructor is meant to be the usual rank afforded a faculty member with these qualifications. The rank of senior instructor would be recommended for those candidates with a doctoral degree (e.g., fellows in a medical specialty program).

Medical students are at VTCSOM to learn the art and science of medicine; because of the strong value domain of interprofessionalism in the VTCSOM curriculum, recognition is afforded those practitioners/teachers who assist in the education of medical students in realms crucial to medical practice. Such individuals may be appropriate candidates for appointment as senior instructor/instructor. The advice and recommendation of the Chair of the Department will be important in determination of the extent of involvement.

2. PROCESS
The faculty candidate will assemble the following documentation prior to discussions with the Chair and prior to submission of the candidacy to the Dean.
• A curriculum vitae (See Appendix for CV format)
• Documentation of the academic degree, typically as an official transcript from the degree granting institution (in some circumstances, a notarized copy of an official transcript is acceptable);
• Completion of any required documentation as required by accrediting bodies;
FACULTY HANDBOOK AND BYLAWS

- Completion of a demographic questionnaire as required by an accrediting body;
- A personal statement written by the candidate indicating an interest in the education of VTCSOM medical students and willingness to abide by faculty governance;
- Evidence of completion or anticipation of completion of faculty orientation.

Discussions with the Chair would result in a consensus recommendation for the title of Senior Instructor or Instructor. The recommendation from the Chair would come in the form of a letter accompanying the credentials to be submitted to the Dean.

3. DECISION
For the candidate seeking appointment as an senior instructor/instructor track, the Dean is empowered to make the appointment. The decision then goes to the Board of Directors for ratification.

4. RECOUSE
The appointment by the Dean is final, based on the ratification from the VTCSOM Board of Directors. If the Board declines to ratify the proposed appointment, the process of appointment restarts with the Chair.

5. RESPONSE
The candidate is expected to respond in writing to the letter of appointment within two (2) weeks of receiving the letter of appointment from the Dean. The appointment only becomes active upon receipt in the Dean’s office of the letter of appointment signed by the faculty member.

G. INSTRUCTIONAL FACULTY – PROVISIONAL

1. ELIGIBILITY
A faculty candidate is eligible for appointment as an Instructional Faculty – Provisional if he/she is recommended for a faculty appointment by the Chair of his/her Department. This appointment is designed to be temporary, yet to allow the faculty candidate to engage in teaching, evaluation, and assessment of VTCSOM medical students while the process of faculty appointment is completed. The rank of Instructional Faculty – Provisional does not limit the eventual faculty appointment by track or rank. Consequently, the minimum eligibility expectations for appointment to this rank would be as outlined in F. Instructional Faculty – Senior Instructor/Instructor.

2. PROCESS
The documentation requirement for Instructional Faculty – Provisional includes the letter of recommendation by the Chair of the faculty candidate’s Department. A letter from the Chair is evidence that the Chair has reviewed the candidate’s curriculum vitae, clinical and/or research credentials and accomplishments, and made an assessment of the capability of the candidate.
to teach in the VTCSOM. It is recognized that submission of these documents, and others, will be forthcoming for the completion of the regular appointment process. The letter of recommendation by the Chair is the only documentation necessary for conferral of the rank of Instructional Faculty – Provisional. This letter would be directed to the Dean. The appointment as Instructional Faculty – Provisional is time-limited to six (6) months. When the faculty candidate completes the documentation materials for appointment in a more enduring track/rank, and is appointed by the Dean and ratified by the Board of Directors, the provisional appointment automatically ceases. If the faculty candidate does not complete the documentation requirements within six (6) months, the appointment of Instructional Faculty – Provisional is withdrawn.

3. DECISION
The Dean is empowered to make the appointment as Instructional Faculty – Provisional upon review of the letter from the Chair. This appointment does not require ratification by the Board of Directors.

4. RECOURSE
The appointment by the Dean is final. If the appointment is declined, the faculty candidate has no recourse.

5. RESPONSE
The candidate will be sent a letter of provisional appointment, noting the appointment and defining the effective dates. The appointment is effective upon sending of the appointment letter by the Dean.

H. SPECIAL APPOINTMENT – EMERITUS

1. ELIGIBILITY
A faculty member with a current appointment at VTCSOM would be considered eligible for emeritus status if recommended for this title by the Chair or APRT Committee. This appointment is to recognize exemplary service to VTCSOM by a faculty member anticipating retirement from a clinical or research position. This title would not be applied to a faculty member moving to another academic position. To be considered for emeritus title, the faculty member should be currently appointed and almost always at the rank of Professor. In addition, there should be evidence of service and accomplishment as a VTCSOM faculty member over a considerable period of time. While the faculty candidate would not be expected to teach or otherwise be involved in VTCSOM activity, teaching may be done with this title. The Emeritus faculty is not a regular faculty member and may not take part in regular faculty activities.
2. PROCESS
The faculty member should be proposed for Emeritus title by the department Chair or the
departmental APRT committee. Either the Chair or the Committee should present the
candidate’s CV along with a detailed rendering of service to VTCSOM and accomplishment
while a member of the VTCSOM faculty. There should be clear indication of the longevity of
teaching, service and accomplishment by the candidate. The material should be presented to
the APT Committee for consideration. The APT Committee would consider rank (almost all
Emeritus faculty would have rank of Professor), teaching accomplishments, academic
reputation, years of service to the School, and other criteria deemed by the Committee to be
relevant. A decision by the APT to recommend or not recommend emeritus status would be
forwarded to the Dean who would have the final decision whether emeritus status would be
conferred. There is no particular timing requirement for this process, i.e., it is not required
that this consideration only be started in the autumn (when most promotion considerations
occur).

3. DECISION
The final decision regarding conferral of Emeritus status remains with the Dean.
Ratification is required by the Board of Directors.

4. RE COURSE
The appointment by the Dean is final. If the appointment is declined, the faculty candidate has
no recourse.

5. RESPONSE
The candidate will be sent a letter of provisional appointment, noting the appointment and
defining the effective dates. The appointment is effective upon sending of the appointment
letter by the Dean.

I. SPECIAL APPOINTMENT – HONORARY

1. ELIGIBILITY
An Honorary faculty appointment is made exclusively by the Dean. There is no formal
recommendation by a Chair, and no review by the APT Committee. While an individual can be
recommended to the Dean by anyone in the School, it is solely the Dean who determines if the
individual’s contributions warrant an honorary title. This title recognizes contributions to
VTCSOM separate from teaching, such as advice and counsel, policy assistance, and even
financial (though financial contribution cannot be the sole reason for conferral of honorary
title). There is no requirement for the academic background of the Honorary faculty
candidate; the individual need not be a medical or research background, nor does the
individual need a doctoral degree. There is no gradation in title; the only title is Honorary
Faculty. The Honorary Faculty may be included on the faculty roll of a Department but this is
not required. The Honorary Faculty is not a regular faculty member and may not take part in
regular faculty activities.
2. **PROCESS**
The candidate considered for Honorary Faculty title would have the materials relevant to consideration present for review by the Dean. These materials might include CV, written accomplishments, evidence of counsel, documents of support, financial contributions, and whatever else might be relevant. The Dean would decide if these materials are sufficient and might otherwise request further documentation. The Dean need not confer with the APT committee on this process.

3. **DECISION**
The Dean has the sole ability to confer the Honorary degree. While ratification by the Board of Directors may be sought, it is not required.

4. **RECOUSE**
Appointment by the Dean is final. If an appointment is not conferred, the faculty candidate has no recourse.

5. **RESPONSE**
The candidate will be sent a letter of provisional appointment, noting the appointment and defining the effective dates. The appointment is effective upon sending of the appointment letter by the Dean.

**J. CO-APPOINTMENTS**

Co-appointment occurs when a faculty member is chosen to have an appointment in a department in addition to his/her primary department. This is different from a secondary appointment or adjunct appointment discussed elsewhere in that the co-appointment recognizes a faculty member whose primary department and department of co-appointment are both within VTCSOM.

Co-appointment may occur under a number of situations:
- The individual has special training in two medical specialty areas, e.g., medicine-pediatrics or medicine-psychiatry;
- The individual has a special interest and expertise in an area that crosses specialty lines, e.g., Family and Community Medicine and sports medicine (orthopedics);
- The individual provides a special teaching, research or clinical activity in another area, e.g., the infectious disease specialist (internal medicine) whose research interest is in microbiology (basic science);
- Others.

The faculty member has a primary department to which he/she has been appointed but the department of co-appointment also wishes to recognize skills or service by including the individual on its roll.
The appointment to the primary department follows the steps noted above. Co-appointment to a second department would usually be initiated by the Chair of the department in which the co-appointment will be held. Co-appointment for faculty in the instructional faculty tracks may occur in which case the request may be sent by the Chair directly to the Dean for approval. Co-appointment for regular faculty/primary appointment may be in either the tenure or non-tenure tracks. If the Chair proposing the co-appointment chooses the rank of Assistant Professor, the request may go directly to the Dean. If the proposed rank for the co-appointment is Associate Professor or Professor, the department APRT committee needs to concur with the Chair. Neither the Chair nor the faculty should assume the co-appointment would automatically be granted at the same rank as the primary appointment; indeed the rank cannot be higher than that held in the primary department. The department APRT committee would need to apply its own criteria to the proposed co-appointment rank, taking into account both the accomplishments within the primary department and appropriate overlap with the department for the co-appointment. Once determined, the request for co-appointment along with a message from the department APRT committee if appropriate will go to the Dean for confirmation. All appointments and co-appointments are ratified by the Board.

K. APPOINTMENT TO A DISCONGRUENT DEPARTMENT

All faculty are appointed to an academic department. On some occasions, the department to which a faculty member is appointed is not the specialty in which the faculty has his/her training or boards. This may occur because of mid-career changes, particular skills more suited to a department different from ones training, or other reasons. Since all appointments are proposed by the Chair of an academic department, it is assumed the Chair is agreeable to the appointment. The appointment process should proceed with the understanding of the Chair’s assent.

L. GUIDELINES FOR TRACK, RANK, AND TENURE REVIEW OF FACULTY RECRUITS

On occasion, a potential faculty member being recruited to one of the clinical or research units associated with VTCSOM may desire a track or rank different from the track or rank the potential faculty member has in his/her current academic institution. Additionally, the potential faculty member may request a track or rank with tenure, in some cases regardless of whether he/she has tenure at the current academic institution. This would almost always occur at the rank of Associate Professor or Professor. In such cases, in addition to agreement by the Chair the advice and counsel of the Appointment, Promotion, Retention and Tenure (APRT) committee of the department should be sought. As with any appointment at the Associate Professor and Professor rank, agreement by the VTCSOM Appointment, Promotion and Tenure (APT) committee is required before the proposal is presented to the Dean. Details of this process are included in Appendix E.
M. GUIDELINES FOR RECRUITMENT AND APPOINTMENT OF INTERNATIONAL PHYSICIANS WITH SPECIAL SKILLS

A potential faculty member who is an international physician with special skills or knowledge may be recruited to VTCSOM but only under special circumstances. The potential faculty member would need to obtain a medical license from the Commonwealth of Virginia before any consideration of track, rank, or tenure would be made by the department APRT committee or the VTCSOM APT committee. The Dean’s office would facilitate the obtaining of a special medical license for the accomplished physician. Once the license is granted, the process of determining track, rank, and tenure follows the processes detailed in the sections above. A description of the steps necessary for recruitment and appointment of an international physician with special skills is included in Appendix F.
PART VII. PROMOTION AND TENURE

Promotion is a major way in which VTCSOM rewards a faculty member's contributions and academic achievements. Promotion represents recognition by VTCSOM that the faculty member has made, and is continuing to make, contributions to the education of medical students and is him/herself engaging in the honored activities of inquiry, research, and discovery. Promotion is more than a routine reward for satisfactory service but reflects a positive appraisal of high professional competence and accomplishment.

A candidate for promotion is evaluated by peers and appropriate administrators. Care must be taken to ensure that this evaluation is conducted according to openly available criteria and consistent application. The faculty member should be assured that the following goals are fundamental to the promotion process:

- The promotion process shall recognize and reflect the individual faculty member’s advancement in the areas of teaching, clinical care (if that is relevant), scholarly achievement, and service in healthcare in support of the School, the community and the broader medical profession.
- Faculty shall be made aware at the time of initial faculty appointment of the criteria by which they shall be evaluated for promotion in the track to which they are appointed.
- Assessment shall be made of progress to promotion well before the time for consideration of promotion.

A. PRINCIPLES FOR CONSIDERATION OF PROMOTION AND TENURE

1. TEACHING

The education of medical students is the primary reason for the existence of the Virginia Tech Carilion School of Medicine. Therefore, teaching is the activity that is common to all faculty members of VTCSOM.

Teaching at VTCSOM takes many different forms. These include:
- Facilitation of small groups in the case-based learning format;
- Leading individuals or small groups in both cognitive and skills-based activities;
- Educating in the classroom by lecture, seminar, or group sessions;
- Precepting in the clinics, wards, bedside, operating room, or other clinical sites;
- Modeling in clinical, laboratory, committee or other professional settings;
- Instructing in the research lab;
- Instructing in the use of databases, records, surveys, or populations;
- Other types of teaching.

Given the primacy of teaching, it is expected that faculty members striving for promotion will be judged on the quality, and to some degree on the quantity, of their teaching. Similarly,
faculty members should recognize that skills can always be improved and evidence of one's efforts to improve his/her teaching is also expected.

2. CLINICAL CARE
Along with other goals, medical students at VTCSOM are educated to become clinicians. The faculty who educate students in clinical medicine should themselves be excellent clinicians. Faculty members who strive for promotion should expect to be judged on their clinical capabilities.

3. SCHOLARLY ACTIVITY
A modern version of the Hippocratic Oath states “I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.” (Louis Lasagna, 1964). The admonition to share knowledge is as time-honored as any contract the physician has with others in the profession. Scholarship is the sharing of knowledge, and scholarship at VTCSOM is based on the activities of inquiry, research, and discovery.

- Inquiry can be considered the asking of a question. Inquiry involves the collecting and systematic analysis of facts and observations and the framing of that analysis into a medically and/or scientifically relevant question.
- Research also involves the asking of a question but carries through to the design and implementation of the means by which the question may be answered.
- Discovery is the process of obtaining, mastering, and making known knowledge. That knowledge may be entirely new, or collected and interpreted in a medically and/or scientifically relevant way.

Scholarship is expected of those faculty members who desire to progress in recognition with VTCSOM. Depending on the faculty member’s duties and skills, scholarship may take different forms. But, scholarship should:

- Result in an identifiable product or output
- Be made public and available both within and outside VTCSOM
- Be subject to review and critique by other scholars in the field
- Adhere to the highest standards of ethical conduct of research
- Contribute to knowledge by being reproducible and progressive

Scholarship is one of the criteria by which faculty members should be judged in consideration for promotion. At VTCSOM, scholarship can be seen to emanate from any or all of the fundamental missions of the School.

Teaching
Innovation in the pedagogy of medical education presents opportunities for scholarly activity. Evidence of scholarship includes:

- Publication of papers, textbooks, chapters, technical journals, videos/audios;
Presentation at meetings or conferences (oral, printed);
Receipt of grants or funding;
Development of curriculum;
New modes of education such as electronic teaching aides;
New programs in skills achievement;
New methods of assessment or evaluation;
Collaboration in task forces or committees charged with educational innovation;
Other forms of scholarship in teaching.

Research
Medical research strives to improve the care of society by asking questions, discovering new knowledge, and disseminating that knowledge. Evidence of scholarship in research activity includes;
Publication of results, techniques, progress;
Writing in textbooks, chapters;
Presentation at conferences (oral, print);
Receipt of grants or funding;
Naming of new particles, genes, compounds;
Patents;
Editorships, review groups, study groups;
Recognition by colleagues in awards, appointment to prestigious organizations;
Other forms of scholarship in research.

Clinical care
Clinical care can be creative and progressive. Innovation in clinical care is a time-honored extension of clinical practice and the systematic application and description of innovative clinical care is scholarship. Evidence of scholarship in clinical care includes:
Description of a new technique, procedure, or application;
Development of a new clinical care model;
Identification and dissemination of quality care modes, techniques or changes;
Leadership in management of clinical delivery;
Leadership in advocacy for patient, group, or societal health improvement;
Other forms of scholarship in clinical care.

Service
Service may take relevant and acknowledged roles in the clinical, research, or educational realms; service in administration; service to healthcare-related institutions or organizations. Description and dissemination of innovative service represents scholarship.

4. SERVICE
Service entails the investment of time, activity and personal resources in those tasks that make teaching, research, and clinical practices function at VTCSOM. Regular faculty at VTCSOM are
expected to take an active role in the activities at VTCSOM, the affiliated clinical settings, the affiliated research settings, and in community, regional or national organizations in support of VTCSOM. Service is acknowledged to occur beyond one’s prescribed activities in clinics, labs, or classrooms. Service to VTCSOM is necessary for the School to function and, hence, is an expectation of faculty who strive for promotion. Service can take the form of:

- Participation and leadership in faculty committees, course or block development, VTCSOM administrative roles;
- Participation and leadership in administration of clinics or hospital endeavors;
- Involvement and leadership in healthcare-related community service groups;
- Participation and leadership in local, regional or national medical or research organizations;
- Involvement in healthcare-related policy setting groups, task forces, or committees;
- Involvement for advancement of medical, research or academic priorities in political groups.

Willing participation and leadership in service is recognized as important to the function of the institution and demonstrates a commitment to VTCSOM, and is a measure for consideration in promotion.

B. PROMOTION REQUIREMENTS

1. TENURE TRACK

Promotion on the tenure track affects two ranks – Assistant Professors striving to be promoted to Associate Professor, and Associate Professors striving to be promoted to full Professor. The following guideline is considered to be the minimal required for promotion at VTC School of Medicine; individual Departments through their Appointment, Promotion, Retention and Tenure (APRT) committees may choose to set higher or more stringent requirements.

a. Assistant Professor to Associate Professor

Candidates on the tenure track at this rank will have had a maximum of seven (7) years since initial appointment to achieve adequate progress towards promotion at VTCSOM. It is expected that the candidate will be active in all domains of academic activity – teaching, clinical care (if relevant), scholarship, and service. For the clinician candidate, concentration should be evident in at least two of these domains; for the basic science candidate, concentration should also be evident in two domains, one of which must be scholarship.

Each candidate is judged on his/her abilities in Teaching. There must be documentation of teaching activities and good to excellent evaluations of performance from students, peers, block or rotation directors, administrators, or others. For this to be a domain of concentration, evaluations should be laudatory and preferably indicate innovation and creativity. Teaching awards are evidence of excellence. Requests by learners for additional teaching contact are also evidence of excellence. Basic science candidates may submit
evaluations from former post-doctoral trainees, graduate students, or pre-clinical students working in the candidate’s area of scholarship. Teachers should recognize that skills can be improved and have undertaken faculty development in this domain.

For the clinician candidate, there should be documentation of Clinical Care in the presence of learners. Metrics of clinical abilities such as surveys, questionnaires, and “scorecards” are helpful for a broad picture, but even excellent clinical care is not relevant to promotion without occurring as an attending physician or preceptor in the presence of learners. Concentration in clinical care would be evidenced by such metrics in association with considerable clinical teaching time.

Each candidate should show evidence of progress in Scholarship; there should be sustained examples of scholarship in the portfolio. For this to be a domain of concentration there should be evidence of more than one type of scholarship.

- The clinician candidate should be able to show dissemination of scholarship with, as an example, five (5) or more publications in journals, books, online collections, or other sites beyond local outlets. The clinician candidate should also produce examples of scholarly presentations at local, regional and/or national meetings. The clinician candidate may wish to demonstrate other scholarship that has been distributed, even if not in published forms. While the totality of scholarship is relevant, recent evidence of scholarship is expected.

- The basic science candidate should be able to show dissemination of scholarship with, as an example, eight (8) or more publications in journals, books, online collections, or other sites beyond local outlets. The basic science candidate should also produce examples of scholarly presentations at local, regional and/or national meetings. The basic science candidate should show efforts to obtain funding to support his/her scholarship; funded projects are taken as an example of excellence. While the totality of scholarship is relevant, recent evidence of scholarship is expected.

- For both clinician and basic science candidate, there should be evidence that progress in scholarship is beginning to be directed to one (or a few) realms. Sustained scholarship usually results as an investigator develops specialized knowledge and skills, and the candidate should demonstrate potential for sustained scholarship.

All faculty members are expected to provide Service to the School, the hospitals or research institutes, the community or the broader medical community. Examples of service should be included in the portfolio. For this to be a domain of concentration, the candidate should demonstrate leadership in service activities, innovative or creative applications to the work involved, or new initiatives addressing School, local, regional, or national issues. Certain areas of service, such as Boards of national organizations, requests to participate in national task forces, or research study groups are examples of concentration in service. Service must reflect on the mission and activities of VTCSOM;
service by the faculty member in an otherwise laudable activity that is not congruent with the mission and activities of VTCSOM is not relevant to the academic promotion process. Letters of support are necessary for consideration of promotion. See part C. of this section for details.

Both the department Appointment, Promotion, Retention and Tenure (APRT) committee and the VTCSOM Appointment, Promotion, and Tenure (APT) committee will judge each candidate on the totality of his/her portfolio. While the guidelines are important, an individual candidate may have especial excellence in one field; it is the duty of the committees to weigh such excellence against the broader desires for a more rounded portfolio.

b. Associate Professor to Professor

Candidates on the tenure track at this rank will have had at least six (6), and up to ten (10) years after promotion or appointment to Associate Professor to achieve adequate progress towards promotion at VTCSOM. Promotion in less than six (6) years may be considered in the extraordinarily productive candidate. It is expected that the candidate will be active in all domains of activity – teaching, clinical care (if relevant), scholarship, and service. For the clinician candidate, excellence should be evident in at least two of these domains; for the basic science candidate, excellence should also be evident in two domains, one of which must be scholarship.

Each candidate is judged on his/her abilities in Teaching. There must be documentation of teaching activities and good to excellent evaluations of performance from students, peers, block or rotation directors, administrators, or others. For this to be a domain with excellence, evaluations should be exemplary. Innovation and creativity is expected. Leadership roles in teaching at VTCSOM would be expected for the candidate anticipating promotion to Professor. Teaching awards are evidence of excellence. Requests by learners for additional teaching contact are also evidence of excellence. Basic science candidates may submit evaluations from former post-doctoral trainees, graduate students, or pre-clinical students working in the candidate’s area of scholarship. The basic science candidate should have sponsored or mentored a number of trainees (e.g., medical students, doctoral candidates, post-doctoral trainees) in his/her area of expertise. Teachers should recognize that skills can be improved and have undertaken faculty development in this domain.

For the clinician candidate, there should be documentation of Clinical Care in the presence of learners. Metrics of clinical abilities such as surveys, questionnaires, and “scorecards” are helpful for a broad picture, but even excellent clinical care is not relevant to promotion without occurring as an attending physician or preceptor in the presence of learners. Excellence in clinical care would be evidenced by such metrics in association with considerable clinical teaching time. Excellence in clinical care would be evidenced by
leadership roles in the clinical domain. Awards or other recognitions are evidence of excellence in clinical care.

Each candidate should show evidence of progress in Scholarship; there must be sustained examples of scholarship in the portfolio. For this to be a domain of excellence there must be evidence of more than one type of scholarship.

- The clinician candidate should be able to show dissemination of scholarship with, as an example, ten (10) or more publications in journals, books, online collections, or other sites beyond that achieved in promotion to Associate Professor. The clinician candidate should also produce examples of scholarly presentations at local, regional and/or national meetings. The scholarship should be progressive, with a large portion focused on an area of expertise accomplished by the clinician. The clinician candidate may wish to demonstrate other scholarship that has been distributed, even if not in published forms. It is expected that scholarship will come in multiple forms. It is also expected that the candidate be recognized by his/her peers as a thought leader evidenced by positions of responsibility in his/her professional arena.

- The basic science candidate should demonstrate scholarship with, as an example, fifteen (15) or more publications in journals, books, online collections, or other sites beyond that achieved in promotion to Associate Professor. The basic science candidate should also produce examples of scholarly presentations at local, regional and/or national meetings. The candidate should show progressive expertise in his/her area of focus. The basic science candidate should show sustained external funding in support of his/her scholarship. The candidate should be recognized by his/her peers as a thought leader as evidenced by positions of responsibility in his/her professional area.

All faculty members are expected to provide Service to the School, the hospitals or research institutes, the community or the broader medical community. Examples of service should be included in the portfolio. For this to be a domain of excellence, the candidate must demonstrate leadership in service activities, innovative or creative applications to the work involved, or new initiatives addressing School, local, regional, or national issues. Some examples of service, such as Boards of national organizations, requests to participate in national task forces, or research study groups are examples of excellence in service; the candidate should have leadership roles in such organizations. Service must reflect on the mission and activities of VTCSOM; service by the faculty member in an otherwise laudable activity that is not congruent with the mission and activities of VTCSOM is not relevant to the academic promotion process.

Letters of support are necessary for consideration of promotion: see part C. of this section for details.

Both the department Appointment, Promotion, Retention and Tenure committees and the VTCSOM Appointment, Promotion, and Tenure (APT) committee will judge each candidate on
the totality of his/her portfolio. While the guidelines are important, an individual candidate may have especial excellence in one field; it is the duty of the committees to weigh such excellence against the broader desires for a more rounded portfolio.

2. NON-TENURE TRACK

Promotion on the non-tenure track affects two ranks – Assistant Professors striving to be promoted to Associate Professor, and Associate Professors striving to be promoted to full Professor. The following guideline is considered to be minimal required for promotion at VTC School of Medicine; individual Departments through their Appointment, Promotion, Retention and Tenure committees may choose to set higher or more stringent requirements.

a. Assistant Professor to Associate Professor

Candidates on the non-tenure track at this rank should demonstrate progress in academic activity. There is no specific time limit to this rank. Candidates should be aware that no progress, especially no evidence of leadership or scholarship, puts one’s continuation on this track at jeopardy. It is expected that the candidate will be active in the domains of academic duty – teaching, clinical care (if relevant), scholarship, and service. For the clinician candidate, progress should be evident in at least two of these domains; for the basic science candidate, progress should also be evident in two domains, one of which must be scholarship.

Each candidate is judged on his/her abilities in Teaching. There must be documentation of teaching activities and good to excellent evaluations of performance from students, peers, block or rotation directors, administrators, or others. For this to be a domain with progress, evaluations should be exemplary and the quantity of teaching considerable. Innovation and creativity in teaching is helpful. Teaching awards and requests by learners for additional teaching contact are also evidence of excellence. Basic science candidates may submit evaluations from former post-doctoral trainees, graduate students, or pre-clinical students working in the candidate’s area of scholarship. Teachers should recognize that skills can be improved and have undertaken faculty development in this domain; faculty development can occur in local, regional or national sites.

For the clinician candidate, there must be documentation of Clinical Care in the presence of learners. Metrics of clinical abilities such as surveys, questionnaires, and “scorecards” are helpful for a broad picture, but even excellent clinical care is not relevant to promotion without occurring as an attending physician or preceptor in the presence of learners. Progress in clinical care would be evidenced by such metrics in association with considerable clinical teaching time.

Each candidate should show evidence of progress in Scholarship; there must be sustained, and preferably increasing, examples of scholarship in the portfolio. For this to demonstrate progress there should be evidence of more than one type of scholarship.
• The clinician candidate might show publications in journals, books, online collections, or other sites beyond local outlets. The clinician candidate may produce examples of scholarly presentations at local, regional and/or national meetings. The clinician candidate may wish to demonstrate other scholarship that has been distributed, even if not in published forms. It is satisfactory that scholarship comes in multiple forms.

• The basic science candidate should be able to show publications in journals, books, online collections, or other sites beyond local outlets. The basic science candidate should also produce examples of scholarly presentations at local, regional and/or national meetings. The basic science candidate should show efforts to obtain funding to support his/her scholarship; funded projects are taken as an example of progress.

All faculty members are expected to provide Service to the School, the hospitals or research institutes, the community or the broader medical community. Examples of service should be included in the portfolio. For this to be progress, the candidate should demonstrate leadership in service activities, innovative or creative applications to the work involved, or new initiatives addressing School, local, regional, or national issues.

Letters of support are necessary for consideration of promotion. See part C of this section for details.

Both the department Appointment, Promotion, Retention and Tenure (APRT) committees and the VTCSOM Appointment, Promotion, and Tenure (APT) committee will judge each candidate on the totality of his/her portfolio. While the guidelines are important, an individual candidate may have especial excellence in one field; it is the duty of the committees to weigh such excellence against the broader desires for a more rounded portfolio.

b. Associate Professor to Professor

Candidates on the non-tenure track at this rank should have demonstrated sustained progress towards promotion at VTCSOM. There is no specific time limit at this rank. It is expected that the candidate will be active in all domains of academic activity – teaching, clinical care (if relevant), scholarship, and service. For the clinician candidate, leadership should be evident in at least two of these domains; for the basic science candidate, leadership should also be evident in two domains, one of which must be scholarship.

Each candidate is judged on his/her abilities in Teaching. There must be documentation of teaching activities and good to excellent evaluations of performance from students, peers, block or rotation directors, administrators, or others. For this to be a domain with leadership, evaluations should be exemplary. Innovation and creativity is expected. Participation in teaching efforts in a leadership role is expected. Teaching awards are evidence of excellence. Requests by learners for additional teaching contact are also
evidence of excellence. Basic science candidates may submit evaluations from former post-doctoral trainees, graduate students, or pre-clinical students working in the candidate’s area of scholarship. The basic science candidate should have sponsored or mentored a number of trainees (e.g., medical students, doctoral candidates, post-doctoral trainees) in his/her area of expertise. Teachers should recognize that skills can be improved and have undertaken faculty development in this domain.

For the clinician candidate, there must be documentation of Clinical Care in the presence of learners. Metrics of clinical abilities such as surveys, questionnaires, and “scorecards” are helpful for a broad picture, but even excellent clinical care is not relevant to promotion without occurring as an attending physician or preceptor in the presence of learners. Leadership in clinical care would be evidenced by such metrics in association with considerable clinical teaching time. The candidate would be expected to have had leadership roles in the clinical domain. Awards or other recognitions are evidence of leadership in clinical care.

Each candidate should show leadership in Scholarship; there must be sustained examples of scholarship in the portfolio. For this to be a domain of leadership there should be evidence of more than one type of scholarship.

- The clinician candidate should be able to show dissemination of scholarly work in, as an example, six (6) or more publications in journals, books, online collections, or other sites since the promotion to Associate Professor. The clinician candidate should also produce examples of scholarly presentations at local, regional and/or national meetings. The scholarship should be progressive, with increasing evidence of expertise. The clinician candidate may wish to demonstrate other scholarship that has been distributed, even if not in published forms. It is anticipated that the candidate be recognized by his/her peers as a thought leader in his/her area of expertise as evidenced by positions of responsibility in relevant academic organizations.

- The basic science candidate should have disseminated his/her scholarly work through, as an example, twelve (12) or more publications in journals, books, online collections, or other sites beyond local outlets. The basic science candidate should also produce examples of presentations at local, regional and/or national meetings. The candidate should show leadership in an area of expertise. The basic science candidate should show external funding in support of his/her scholarship. The candidate should be recognized by his/her peers as a thought leader as evidenced by positions of responsibility in his/her professional area.

All faculty members are expected to provide Service to the School, the hospitals or research institutes, the community or the broader medical community. Examples of service should be included in the portfolio. The candidate should demonstrate leadership in service activities, innovative or creative applications to the work involved, or new
initiatives addressing School, local, regional, or national issues. Progressive roles as chair, chief, head, or other title is evidence of leadership.

Letters of support are necessary for consideration of promotion. See part C of this section for details.

Both the department Appointment, Promotion, Retention and Tenure (APRT) committees and the VTCSOM Appointment, Promotion, and Tenure (APT) committee will judge each candidate on the totality of his/her portfolio. While the guidelines are important, an individual candidate may have especial excellence in one field; it is the duty of the committees to weigh such excellence against the broader desires for a more rounded portfolio.

3. SECONDARY APPOINTMENTS

Faculty members with a secondary appointment on this track have a primary appointment at another university, most usually Virginia Tech or Jefferson College of Health Sciences. Whenever appropriate at the primary university, these faculty would achieve promotion through the promotion process at that university. The guidelines described below apply to the circumstance in which a faculty member with a secondary appointment at VTCSOM desires promotion in rank at VTCSOM. VTCSOM does not promote faculty with a secondary appointment to a rank greater than that attained with the primary university.

Faculty members wishing to be promoted in rank at VTCSOM shall present their credentials to the department Appointment, Promotion, Retention and Tenure committee. The credentials will show appropriate fulfillment of criteria for promotion at the primary university. The criteria should be considered carefully in light of the criteria for promotion of VTCSOM faculty with a primary appointment. Specifically, the following issues should be considered and an appropriate judgment passed:

- Faculty with a secondary appointment at VTCSOM are appointed primarily for teaching. With that in mind, faculty with a secondary appointment should at least fulfill the teaching criteria determined for faculty at that rank in the non-tenure track. Because faculty with a secondary appointment gain this appointment due to significant contribution to teaching, the criteria should include some degree of leadership in teaching at VTCSOM.
- Faculty with a secondary appointment at VTCSOM who are clinicians are more likely to have been appointed for teaching rather than clinical care criteria. Nonetheless, for promotion at VTCSOM the clinician should be able to demonstrate good-to-excellent clinical care, though the requirement that such clinical care be in the presence of learners may be waived.
- Faculty with a secondary appointment at VTCSOM should fulfill the criteria for scholarship determined for faculty at that rank in the non-tenure track at VTCSOM.
- Faculty with a secondary appointment at VTCSOM are considered regular faculty. As a regular faculty member, opportunity for service to VTCSOM is present and the faculty
member should have evidence of service to VTCSOM. Service in other settings should be acknowledged but should not be considered in lieu of service as a faculty member to VTCSOM.

- Faculty with a secondary appointment at VTCSOM are not eligible for tenure at VTCSOM.

Letters of support are necessary for consideration of promotion. See part C of this section for details.

4. ADJUNCT APPOINTMENTS

Faculty members with an adjunct appointment may have or have had a primary appointment at another academic institution. Adjunct faculty who do have a primary appointment at another institution, would undergo the promotion process at the primary university. VTCSOM does not promote faculty with an adjunct appointment to a rank greater than that attained through the primary university.

Faculty members wishing to be promoted in rank at VTCSOM shall present their credentials to the department Appointment, Promotion, Retention and Tenure (APRT) committee. The credentials will show appropriate fulfillment of criteria for promotion at the primary university. The criteria should be considered carefully in light of the criteria for promotion of VTCSOM faculty with a primary appointment. Specifically, the following issues should be considered and an appropriate judgment passed:

- Faculty with an adjunct appointment at VTCSOM are appointed primarily for teaching. There should be regular and sustained teaching activity at VTCSOM; leadership roles in teaching are especially positively evaluated.
- Faculty with an adjunct appointment at VTCSOM who are clinicians are more likely to have been appointed for teaching rather than clinical care criteria. Nonetheless, for promotion at VTCSOM the clinician should be able to demonstrate good-to-excellent clinical care, though the requirement that such clinical care be in the presence of learners may be waived.
- Faculty with an adjunct appointment at VTCSOM should fulfill the criteria for scholarship determined for faculty at that rank in the non-tenure track.
- Faculty with an adjunct appointment at VTCSOM are not in a track that permits service as regular faculty. The criteria for service at VTCSOM will be diminished or absent. Evidence of service in health care to other constituencies is welcomed.

Letters of support are necessary for consideration of promotion. See part C of this section for details.

5. CLINICAL PRECEPTOR AND SENIOR INSTRUCTOR/INSTRUCTOR

There is no promotion for clinical preceptor, senior instructor, or instructor titles.
A faculty member with instructor title who achieves a doctoral degree may wish to apply for appointment to a different track/rank/title, such as senior instructor. Such a change is considered a new appointment rather than a promotion and, as such, would require a new application for appointment at the senior instructor title.

Any faculty member with clinical preceptor, senior instructor and instructor titles who fulfills criteria for primary appointment in either the tenure or non-tenure track should apply for appointment to one of those tracks. Such a change is considered a new appointment rather than a promotion as there is no promotion within clinical preceptor, senior instructor and instructor titles.

C. LETTERS OF SUPPORT

Letters of support provide important perspective on the fulfillment of criteria for the candidate seeking promotion. Letters of support should place the academic and scholarly activities of the candidate in context of other academic institutions. Specifically, letters of support should:

- Reflect on the teaching skills of the candidate
- Comment on the commitment to clinical care (if relevant), especially during the period for most recent appointment or promotion
- Address the extent of scholarly productivity
- Address the relevance of scholarly activity
- Comment on the leadership abilities and qualities, whether in a local, regional or national setting
- Reflect the local, regional or national reputation of the candidate
- Provide perspectives on the character, skills, productivity, leadership, scholarly context, or other qualities of the candidate, especially in relation to expectations at peer academic institutions.

It is not expected for every letter of support to address each aspect noted above, nor would the reflective commentator be able to do so. Consequently, it is necessary for the candidate to have several letters in support of his/her candidacy for promotion.

1. TENURE TRACK

a. Assistant Professor to Associate Professor

The portfolio of the candidate for promotion from assistant professor to associate professor on the tenure track should include at least three letters of support. To elicit these letters, the candidate is permitted to forward to the chair of the department Appointment, Promotion, Retention and Tenure (APRT) committee up to three names. The candidate may select these individuals from any location and from any source of contact. The candidate should consider including one or more local persons who would be able to comment from personal knowledge on the candidate’s teaching, clinical and service abilities.
The Department APRT committee shall solicit letters from faculty at outside academic institutions. These letters would provide valuable perspective regarding the candidate’s scholarly activity and prominence, especially in light of promotion criteria at other peer universities.

The Department APRT committee should balance the letters such that there is at least one, but no more than two, letters from the individuals whose names were forwarded by the candidate him/herself. The committee should ensure that at least three letters are available for review.

b. Associate Professor to Professor

The portfolio of the candidate for promotion from associate professor to professor on the tenure track should include at least four letters of support. To elicit these letters, the candidate is permitted to forward to the chair of the department Appointment, Promotion, Retention and Tenure (APRT) committee up to three names. The candidate may select these individuals from any location and from any source of contact. The candidate would be advised to include the names of individuals who would do most to provide appropriate perspective on the candidate’s portfolio.

The Department Promotion and Tenure committee shall solicit letters from faculty at outside academic institutions. These letters provide valuable perspective regarding the candidate’s scholarly activity, and his/her prominence and reputation. Comments from commentators outside VTCSOM should reflect on the candidate’s portfolio and reputation in light of promotion criteria at other peer universities.

The Department Promotion and Tenure committee should balance the letters such that there are at least one but no more than two letters from the individuals whose names were forwarded by the candidate him/herself. The committee should ensure that at least four letters are available for review.

2. NON-TENURE TRACK

a. Assistant Professor to Associate Professor

The portfolio of the candidate for promotion from assistant professor to associate professor on the non-tenure track should include at least two letters of support. To elicit these letters, the candidate is permitted to forward to the chair of the department Appointment, Promotion, Retention and Tenure (APRT) committee up to three names. The candidate may select individuals from any location and from any source of contact. The candidate should consider including, as at least one of the names, a local person who would be able to comment from personal knowledge on the candidate’s teaching, clinical and service abilities.
The Department Promotion and Tenure committee may solicit letters from faculty both locally and at outside academic universities. These letters would provide balance and perspective, especially regarding criteria for promotion on a non-tenure track at a peer university.

The Department Promotion and Tenure committee shall choose from the names forwarded those individuals from whom letters will be solicited. The committee should ensure that at least two letters are available for review.

b. Associate Professor to Professor

The portfolio of the candidate for promotion from associate professor to professor on the non-tenure track should include at least three letters of support. To elicit these letters, the candidate is permitted to forward to the chair of the department Appointment, Promotion, Retention and Tenure (APRT) committee up to three names. The candidate may select these individuals from any location and from any source of contact. The candidate should consider including the names of individuals he/she believes would do most to provide appropriate perspective on the candidate’s portfolio.

The Department Promotion and Tenure committee shall solicit letters from faculty both locally and at outside academic institutions. These letters would provide balance and perspective, especially regarding criteria for promotion on a non-tenure track at a peer university.

The Department Promotion and Tenure committee should balance the letters such that there is at least one letter from the individuals whose names were forwarded by the candidate him/herself. The committee should ensure that at least three letters are available for review.

3. SECONDARY APPOINTMENTS AND ADJUNCT FACULTY

Promotion of faculty with secondary appointments to VTCSOM and for adjunct faculty depends on promotion at the primary university. Adjunct faculty who currently do not have a primary appointment at another institution, are not eligible for promotion. If these faculty wish to seek promotion, they should first complete the process for change to a regular faculty track. Adjunct faculty who do have primary appointment at another institution, would undergo the promotion process at the primary university. However, the reason a faculty member has an appointment at VTCSOM is due to teaching of medical students. With that in mind, the candidate with a secondary appointment or an adjunct appointment who is being proposed for promotion in rank at VTCSOM shall solicit at least one, and preferably more, letter of support. These letter(s) of support should come from VTCSOM faculty and/or administrators and should comment on the teaching abilities of the candidate. For instance,
actual student evaluations would be included in the portfolio presented for consideration of promotion but the candidate may request that the Associate Dean for Medical Education write a letter of support. That letter should comment on the extent and the quality of the candidate’s teaching and curricular development. A similar letter may be requested from the head of a teaching block, a rotation director, a residency director, or another person familiar with the candidate’s teaching abilities.

4. LETTERS OF SUPPORT FOR PROMOTION OF A CLINICAL DEPARTMENT CHAIR

Letters of support for promotion of a clinical Department Chair should, in general, follow the guidelines above, relevant to the track and rank of the Chair. However, in all cases, one letter of support for a Chair must be from the Chief Medical Officer for Carilion Clinic. It is assumed that all clinical department chairs are also clinical department chairs within the Carilion Clinic organization (per memorandum of understanding) and the Chief Medical Officer is one person to whom the clinical department chair reports. The Chief Medical Officer would be assumed to have relevant perspective for a letter of support.

D. PROCESS FOR PROMOTION

The process that culminates in promotion, whether from assistant professor to associate professor or from associate professor to professor, begins with an understanding of the criteria for promotion. Similarly, at the time a faculty member attains promotion to associate professor, he/she should be reminded of criteria for promotion to professor.

1. TIMETABLE

The only timetable for promotion at VTCSOM relates to faculty on the tenure track. On this track, with no interruptions or delays, the assistant professor should expect to present his/her credentials at the beginning of the seventh (7th) year following initial appointment. In exceptional circumstances, the faculty member may be ready for promotion in an earlier year. An assistant professor on the tenure track who does not earn promotion and tenure after the seventh (7th) year will either re-apply for appointment to VTCSOM in another track (most commonly non-tenure track) or have his/her appointment to VTCSOM suspended.

Variations to the timetable for assistant professor to associate professor on the tenure track may occur as a basis of part-time positions, leaves of absence, sabbaticals, or other absences. Such variations are addressed in a later section.

The time limit for promotion of associate professor to professor on the tenure track is ten (10) years. A faculty member in rank as associate professor on the tenure track for more than ten (10) years has lost the opportunity to be considered for promotion to professor. This results in a de facto terminal rank of associate professor. While he/she is permitted to remain at that
rank as a tenured associate professor, he/she is not permitted, at a later date, to apply for promotion to professor.

No timetable applies on the promotion track for non-tenure-track faculty at either rank. VTCSOM does not apply a timetable for promotion in the secondary appointment and adjunct tracks at VTCSOM. Since there is no promotion for faculty with the title of Clinical Preceptor or Senior Instructor/Instructor, there is no timetable. Maintenance of appointment criteria apply to all faculty in all tracks, ranks and titles.
Appointment, Promotion and Tenure of Faculty to the Rank of Associate Professor or Above (excludes Department Chairs)

July - August
Academic portfolio (including updated CV, letter requesting promotion and names/contact information for letters of support) completed for submission.

September 1
Department Chair reviews for endorsement or non-endorsement. If endorsed, Chair sends to Departmental APRT Committee with letter of recommendation. Chair may return to faculty member for further enhancement or with letter of non-endorsement. Faculty member may elect to send to APRT Committee even without endorsement of Chair (noted by dotted line...).

October 1
APRT Committee solicits letters of support. Endorsement goes to APT Committee*, via Chair, along with letter of endorsement or non-endorsement from the Chair. Non-endorsement by the APRT Committee returns the portfolio to the faculty member, regardless of Chair endorsement. Faculty member may choose to send materials to APT Committee if Chair and APRT Committee split endorsement. If APRT Committee and Chair agree with non-endorsement, faculty member may send material to the APT Committee, however, a positive review is unlikely (noted by dotted line...).

January 15
APT Committee reviews CV, academic portfolio, letters of support and letters recommending endorsement or non-endorsement by Chair and APRT Committee.

April 1
All reviews by the APT Committee, whether endorsed or not, are sent to the Dean. Endorsement for promotion by the Dean sends the recommendation to the VTCSOM board of directors. Non-endorsement sends the portfolio back to the faculty member without recourse (except for process, not content). The VTCSOM board of directors ratifies the Dean’s decision for endorsement.

June 1
Upon ratification by the VTCSOM board of directors, the faculty member receives written notification of promotion from the Dean with copy to the Chair.

*APRT (Appointment, Promotion, Retention and Tenure) Committee
APT (Appointment, Promotion and Tenure) Committee
2. CURRICULUM VITAE AND PORTFOLIO

The only absolute requirement for consideration for promotion is submission of an updated curriculum vitae in the VTCSOM format (Appendix). Specific instructions on completing a curriculum vitae in the VTCSOM format are included in the Appendix document. However, faculty who wish to be considered for promotion are strongly advised to present an academic portfolio as well. It is important that the portfolio present as complete a picture as possible for the candidate.

The portfolio should include the following elements:

- Simple biographical information
- Appointment letter
- Most recent re-appointment letter
- Documents regarding Teaching including: summary evaluations; peer evaluations; reports from heads, directors or coordinators of blocks, rotations, clinics; evidence of continuing education and/or skills development; awards; and other documents. These documents should be limited to those occurring since the initial appointment (in the case of assistant professors), since appointment to VTCSOM if the candidate moved from another academic institution (in the case of both assistant and associate professors), or since the last promotion (in the case of associate professors)
- Documents regarding Clinical Care (if a clinician) including: clinical assignments; clinical teaching assignments such as ward or precepting activities; quality improvement activities; recertification (if relevant); active licensure and staff privileges; “scorecard” (if relevant); awards; and other documents. These documents should be limited to those occurring since the initial appointment (in the case of assistant professors), since appointment to VTCSOM if the candidate moved from another academic institution (in the case of both assistant and associate professors), or since the last promotion (in the case of associate professors)
- Documents regarding Scholarship including: publications; presentations; grant submissions and/or awards; web-based scholarly activity (with URL); curricular innovations; videos; audiotapes; lay writing (if medically or scientifically oriented); awards; and other documents. These documents should be limited to those occurring since the initial appointment (in the case of assistant professors), since appointment to VTCSOM if the candidate moved from another academic institution (in the case of both assistant and associate professors), or since the last promotion (in the case of associate professors)
- Documents regarding Service including: VTCSOM committees served, including positions of leadership; School, hospital, local groups, committees or projects if involving medical issues; involvement in community, regional or local action groups if involving medical issues; service on Boards, study groups, task forces, or other regional or national organizations; awards; and other documents. These documents should be limited to those occurring since the initial appointment (in the case of assistant professors), since appointment to VTCSOM if the candidate moved from another
academic institution (in the case of both assistant and associate professors), or since
the last promotion (in the case of associate professors).

- Letters of support: (these will be included in the portfolio by a representative of the
department as letters are not addressed to the candidate).
- Letter from department Appointment, Promotion, Retention and Tenure (APRT)
committee including any interval comments (e.g., comments from third (3rd) and fifth
(5th) year review if currently assistant professor). These comments will be included in
the portfolio by a representative of the APRT committee as letters are not addressed to
the candidate.
- Letter from the Chair of the Department. This will be included in the portfolio by a
representative of the APRT committee as letters are not addressed to the candidate.
- Other relevant materials as deemed appropriate by either the candidate or the
Department APRT committee or the Chair of the Department.
- In the interest of space, as much of the material as possible should be in the form of a
CD/DVD disc or other similar electronic device. Videos, audios or documents that do
not transfer easily to electronic storage devices may be appended as will letters from
the APRT Committee and Chair.

3. STEPS OF THE PROCESS
By summer of the year the faculty candidate intends to seek promotion, he/she should consult
the Chair. At this meeting, the candidate should present the promotion material (CV and
possibly academic portfolio) and have at least three names of individuals who might write
letters of support. The Chair should advise the faculty candidate at this point if, in his/her
opinion, the portfolio is deficient. The faculty candidate should give due consideration to the
opinion of the Chair, but is permitted to proceed even without such endorsement.

By September 1 the portfolio is presented to the department Appointment, Promotion,
Retention and Tenure (APRT) committee. The committee would choose from the list of
individuals submitted by the candidate along with a list developed of their own resources to
select the writers of letters of support. Letters should be sent by the APRT committee along
with the candidate’s CV and a letter explaining the VTCSOM promotion process, criteria and
timeline. An adequate number of individuals should be contacted, from either the candidate’s
list or the department’s list, to assure enough letters of support are available for review.
During the autumn, the APRT committee should review all promotion material, discuss the
merits of the portfolio and supporting letters, and reach a conclusion regarding promotion.

Before January 15, the Department APRT committee should have thoroughly reviewed the CV,
the portfolio if presented, the letters of support and any other materials relevant to the
promotion. This committee should make a Yea or Nay judgment regarding the promotion and
write a corresponding letter to the Chair of the Department. The Chair shall then review
(again) all the materials and reach his/her own judgment.
Letters of support (or lack of support) from both the Departmental APRT Committee and the Department Chair should be comprehensive and explicit. From both the Departmental APRT Committee and the Department Chair, the letter of support should include a review of the teaching, scholarly, clinical/research, and service activities of the candidate, putting these activities into a context of activities expected of others in the department. From the Departmental APRT Committee, the letter of support should make explicit reference to the letters collected from outside individuals. Note should be made of contributions by the candidate that are special or unique to that department (that might not be fully appreciated by members of a different department). The Department Chair may wish to add perspective related to the worthiness for promotion of this candidate in comparison to similar rank candidates at other academic institutions. A significant thrust of the letters of support from Departmental APRT Committees and the Department Chair is to guide, even persuade, the APT Committee of the worthiness of promotion for the candidate.

At this point, the judgments of the Department APRT committee and the Chair should be conveyed to the candidate. If both are negative, the candidate may choose to stop the process. If the judgments are positive or mixed, the candidate may choose to proceed to the next level of assessment. Regardless of the judgments of the Department APRT committee and the Chair, the candidate is permitted to forward his/her CV and portfolio if presented, letters of support, and letters from the APRT committee and the Chair to the VTCSOM Appointment, Promotion and Tenure (APT) committee. Forwarding of material to the APT committee should occur by January 15.

The VTCSOM APT committee shall review the CV and portfolio if presented, outside letters, and letters from the Department APRT committee and the Chair. Before April 1 the decision of the VTCSOM APT will be conveyed to the candidate. If the APT committee does not support promotion, the candidate may choose to stop the process. Regardless of a positive or negative judgment, though, the candidate may choose to proceed to the next level of assessment.

By April 1 the materials are presented to the Dean. He/she will then make a judgment, taking into consideration the decisions and comments of the Department APRT committee, the Chair of the Department, and the VTCSOM APT committee. The decision of the Dean concludes the formal process. All recommendations for promotion will be forwarded to the Board for ratification.

All steps should have been completed by June 1 of the relevant year. This will permit promotion decisions to be presented for ratification by the Board of Directors before the end of the academic year.

4. PROCESS FOR PROMOTION OF A DEPARTMENT CHAIR

The process for promotion includes the expectation that the Chair will have involvement in promotion for faculty in his/her department. This includes, but may not be limited to, periodic advice on progress towards promotion, initial review of the promotion materials about to be
submitted, and a formal review and recommendation regarding promotion. Obviously, a Chair
cannot perform these tasks for him/herself. In addition, there is an inherent conflict to have
the department APRT committee review and eventually recommend for or against promotion
of that department’s Chair. A modified process for promotion of a Chair is necessary. An
important modification is that the Chief Medical Officer of Carilion Clinic, the person to whom
the Chair reports for clinical, financial, and administrative responsibilities, functions as the
initial recommender for the Chair. The Chief Medical Officer fulfills this role even if his/her
rank is lesser than the present or proposed rank of the Chair.

In general, the Chair would be expected to collect all materials outlined above (CV, Academic
Portfolio, etc.) for consideration for promotion. If the Chair requests advice concerning the
appropriateness of material in the curriculum vitae and academic portfolio, he/she should seek
advice from another Chair, the CMO, or the Dean. The Chair would collect all appropriate
materials along with the names of three or four references for letters of support (depending
on the track and rank) and present the materials to the Chief Medical Officer. The Chief
Medical Officer would then make a judgment and write a letter of recommendation. The
promotion materials plus the Chief Medical Officer letter of recommendation then goes
directly to the School Appointment, Promotion and Tenure (APT) committee. The department
APRT committee is bypassed. The APT committee would then have responsibility for collecting
letters of support, considering the qualifications for promotion, and then directing the
recommendation regarding promotion to the Dean. The Dean makes the final decision
regarding promotion. A positive recommendation for promotion by the Dean still requires
ratification by the Board of Trustees.

The Chair would be encouraged to begin the process for promotion with forwarding of material to
the Chief Medical Officer by the summer of the year he/she seeks promotion. This keeps to a
similar timetable as all other faculty promotions.

5. PROCESS FOR PROMOTION OF A FACULTY MEMBER WITH A CO-APPOINTMENT
Promotion of a faculty member within his/her primary department does not automatically
mean there is promotion by the department in which he/she has a co-appointment. The
department of co-appointment should determine if enough criteria are met within that
department for the faculty member to have equal rank with the primary department. This
could be accomplished in one of two ways:

- The faculty member would go through the process of promotion in his/her primary
department. If successful, he/she could petition the Chair of the department of co-
appointment for promotion. Assuming the Chair agrees, materials would be submitted
to the department APRT committee for consideration. In contrast to the process
outlined above, new letters of support would not be necessary but the APRT committee
would otherwise apply whatever criteria are appropriate in a decision whether to
recommend promotion in that department. This decision is not a foregone conclusion;
the department of co-appointment may have more stringent criteria than the primary
department and, even though the VTCSOM APT committee chose to promote, the
department of co-appointment may not. However, if the department of co-appointment agrees to promotion, this decision then may go directly to the Dean, bypassing the APT committee (which had already decided on promotion). Assuming the Dean agrees with the Chair and APRT committee recommendation, the co-appointment promotion would then go to the Board for ratification. It should be noted that this process almost certainly means at least some period of time would elapse between appointment in the primary department and appointment in the department of co-appointment.

- The faculty member could request the Chairs of both the primary department and the department of co-appointment to form an ad-hoc joint APRT committee. Assuming both Chairs agree that promotion may be warranted, an ad-hoc committee could be constituted with whatever constraints are needed to accomplish promotion to the desired rank. This ad-hoc committee would then follow the process outlined above, i.e., solicit letters of support, decide if promotion is warranted according to criteria outlined for each individual department or agreed upon by the ad-hoc committee, etc. The ad-hoc APRT committee would then send a recommendation to both Chairs. Both Chairs would write a joint letter to the VTCSOM APRT committee. The APRT committee would then make its own decision and forward that decision to the Dean. The Dean’s decision, if positive, would be sent to the Board for ratification. This process may allow promotion to occur simultaneously in both primary department and department of co-appointment, but runs the risk that there would be enough disagreement that the faculty member would not attain promotion in either department.

Whichever process is chosen, the essentials for promotion remain: a department APRT committee reviews promotion materials (curriculum vitae +/- academic portfolio) and letters of support and arrives at a recommendation; the Chair(s) supports or disagrees with the APRT recommendation; and the APT committee reviews materials sent to them and reaches a recommendation. The Dean concurs with or rejects the APRT recommendation. Decisions to promote are sent to the Board for ratification.

### E. APPEAL

The process for consideration of promotion is outlined in part C of this section. The process proceeds to the level of the Dean. The Dean’s decision may endorse the judgments of all or most of the previous steps, or may contravene even the decision of the VTCSOM APRT committee. The decision of the Dean is considered final.

The candidate has the right, however, to appeal the process that led to the Dean’s decision to the VTCSOM Board of Directors. It should be recognized that an appeal is not part of the usual process for decision making but would be utilized by a faculty candidate only under unusual circumstances. Any appeal of a promotion decision must be made in the same or subsequent academic year; there is not an indefinite time period to contest a promotion decision.
The appeal to the Board can only be made on the basis of the process involved in consideration of promotion and/or tenure. The appeal to the Board is not to be made on the basis of any new information, scholarship or position, or any different interpretation of the material that had been initially submitted. The appeal cannot be made simply as a basis for another consideration of the submitted portfolio. Consideration of the portfolio and supporting materials is the responsibility of the faculty and the Dean – the Board judges only issues related to the process.

The candidate should be prepared to present in person to the Board the reason(s) that the promotion/tenure process was not appropriately followed in his/her case. It is the candidate’s right to have representation at the appeal hearing, but the representation, legal counsel or otherwise, can only assist the candidate to contest the process, not any merits of the portfolio material itself. Any representative accompanying the candidate to a hearing may advise the candidate but cannot him/herself expect to present, discuss, or address at the appeal hearing.

If the Board sustains the decision of the Dean, no further process issues remain. If the Board finds a disorder in the process leading to the Dean’s decision, the Board should refer the promotion/tenure issue to the level at which the disruption occurred. This decision of the Board is final and no further appeal or recourse regarding promotion is available.

F. TENURE

Tenure is the conferring of permanent appointment to the Virginia Tech Carilion School of Medicine. Tenure is recognition by VTCSOM of service and accomplishment of the faculty member to VTCSOM. Tenure also represents the expectation of a continuing high level of service and accomplishment by the faculty member.

Tenure is awarded in recognition of a body of accomplishment in teaching, clinical care (if relevant), and scholarship, and in acknowledgment of service to the missions of VTCSOM. As the criteria for tenure are virtually identical to criteria for promotion, tenure typically is awarded at the time of promotion.

Most commonly, tenure is considered at the promotion of assistant professor to associate professor within the VTCSOM system. Tenure may or may not be awarded at the initial appointment of a faculty member with demonstrated accomplishment; most commonly, awarding tenure at the initial appointment would occur upon the transfer to VTCSOM of a faculty member who had attained tenure at another peer academic institution and had a truly exemplary portfolio. In practice, tenure often is “uncoupled” from appointment or promotion under several circumstances:

- New appointment to VTCSOM, despite having tenure at a previous academic institution (as noted above, common amongst medical schools);
• New appointment to VTCSOM, typically with granting of a promotion from one rank at another academic institution to a greater rank at VTCSOM;
• Accelerated promotion from Assistant Professor to Associate Professor or Associate Professor to Professor within the VTCSOM system (often taking into account time spent in rank at another academic institution);
• Other circumstances.

Awarding of tenure at the time of appointment is contingent on consensus of the VTCSOM APT committee and the Dean.

While lengthy service to VTCSOM is honorable and noteworthy, tenure is based upon tangible accomplishment (as is promotion).

A criteria for tenure that is additive to criteria for promotion is the expectation that the faculty member will continue to provide teaching and/or clinical care (if relevant) and/or scholarship and/or service to VTCSOM. Hence, tenure is not only recognition of duties, accomplishments and service to date, but also is an expectation that duties, accomplishments, and service will continue.

Regular faculty with a secondary appointment to VTCSOM have a primary appointment to another academic institution. Tenure awarded to these faculty is limited to the rights and privileges of tenure at the primary institution; these faculty are not also eligible for tenure at VTCSOM.

G. TIME IN RANK, TIME SERVED, AND TIME DEFERRED

1. TIME IN RANK

Only two ranks in the tenure track have a time limit. In part B of this section, it is stated that promotion from assistant professor to associate professor in the tenure track is expected to be accomplished within seven (7) years from initial appointment to VTCSOM. In the same section, the expected time in rank for associate professor to professor in the tenure track is ten (10) years following promotion to associate professor from assistant professor at VTCSOM or from appointment as associate professor at VTCSOM

No time in rank is expected or assigned before promotion in the non-tenure track. There is no promotion in the Clinical Preceptor or Senior Instructor/Instructor titles. VTCSOM does not impose a time in rank for adjunct or secondary appointments.

2. TIME SERVED

A faculty member transferring to VTCSOM from another educational institution may wish to shorten the time in rank at VTCSOM before consideration for promotion and tenure. The faculty member can petition for consideration of time served at the previous educational institution.
The faculty member to be appointed at the assistant professor rank in the tenure track may petition for up to three (3) years of time in service at the time of appointment. Consideration for promotion then would occur within the subsequent four (4) years following appointment to VTCSOM.

The faculty member to be appointed at the associate professor rank in the tenure track may petition for up to five (5) years of time in service at the time of appointment. Consideration for promotion then would occur within the subsequent five (5) years following appointment to VTCSOM.

The petition for time served would be included in the appointment proposal developed by the faculty member and the Chair. This petition would go to the Dean. The Dean is empowered to determine time in service without consultation of the Appointment, Promotion and Tenure Committee though the Dean should inform the APT committee of his/her decision.

3. TIME DEFERRED

A faculty member may request a period of time to be deferred from his/her time in rank. Typical reasons for time deferred include:

- Childbearing and/or childrearing;
- Care for an ill family member (e.g., under Family Medical Leave Act);
- Recovery from an illness (of at least six (6) months);
- Enrollment in or participation in advanced learning opportunities, including additional advanced degrees;
- Other relevant professional, personal, or family reasons.

Time deferred is considered independent of considerations of part-time professional activity or a leave-of-absence, both of which are considered in separate sections. Part-time and leave-of-absence considerations connote decisions that are professionally oriented while time deferred is felt to be more family/personal oriented.

Time deferred can be requested for periods of six (6) months to one (1) year. The request can be made coincident with the event (illness of self or family member) or in anticipation (childbearing or childrearing). The time deferred would be added to the time in rank from the appointment date (e.g., for an assistant professor, the time in rank could be extended from seven (7) years to eight (8) years). Time deferred may be requested more than once during the time in rank, but each request should be limited to a maximum of one (1) year.

A request for time deferred should be made by the faculty member to his/her Chair. If approved, the request is forwarded to the Dean who is empowered to approve the request and set the length of time deferred. The Dean should inform the APT committee of his/her action.
4. LEAVE OF ABSENCE

a. EFFECT ON MAINTENANCE OF APPOINTMENT AND PROMOTION AND TENURE

Leave of absence is typically taken for employment, not appointment, reasons as an appointment to VTCSOM is considered full-time, regardless of the extent or type of employment. Nonetheless, leave of absence is typically taken because a faculty member expects to be unable to fulfill employment requirements; a similar effect on time for teaching or other academic activity is a reasonable effect as well. Leave of absence of relatively short duration is unlikely to affect issues related to either promotion and tenure or maintenance of appointment. In promotion and tenure consideration, if the faculty member is on the tenure track, a leave of absence may decrease the amount of time available to attain promotion (see Part VII. B.). In maintenance of appointment, a leave of absence may result in a shortened cycle, potentially leaving the faculty member with reduced time to demonstrate either teaching activity or effort to improve teaching (see Part VIII.A.).

If an employment leave of absence is expected to last six (6) or more months, the faculty member can petition the department Appointment, Promotion, Retention and Tenure (APRT) committee. The petition can request that the time available to complete the expectations involved (i.e., promotion/tenure and/or maintenance of appointment) be extended in length consistent with the leave of absence. The decision of the department APRT committee should be forwarded to the VTCSOM Appointment, Promotion and Tenure (APT) committee for ratification. Any extension would be entered into the faculty file for record keeping.

PART VIII. MAINTENANCE OF APPOINTMENT

It is important for any academic institution to be fully aware of the teaching activity and academic status of its faculty. VTC School of Medicine should be able to identify qualified active faculty to teach in all four value domains. The School should maintain a contemporaneous roster of active faculty; faculty who are no longer involved with the school should be removed from the active roster.

To these ends, the VTCSOM intends for all faculty to provide evidence of contribution to the teaching and academic life of VTCSOM to maintain one's appointment. In addition, for regular faculty, there should be periodic review of progress made towards promotion or activities consistent with maintenance of one's appointment and/or tenure.

A. PRINCIPLES AND REQUIREMENTS

Each faculty member, whether regular or instructional, will be assessed for maintenance of appointment at least every three (3) years. The only exception to maintenance of
appointment assessment is the faculty member with an adjunct title. The beginning of the three year cycle is assumed to be the calendar quarter of one’s appointment to VTCSOM (the quarters being January 1-March 31, April 1-June 30, July 1-September 30, and October 1 to December 31). For faculty at Jefferson College and Virginia Tech who are on a nine (9) month teaching contract, and the maintenance of appointment cycle falls on the summer quarter, the cycle can be delayed to the next cycle (extended by three months).

Maintenance of appointment is assessed by evidence of academic activity which should include, at a minimum, teaching and efforts to improve one’s teaching. Teaching of VTCSOM medical students is of primary importance but teaching of affiliated residents or fellows who directly interact with VTC students is satisfactory to maintain one’s appointment. (Teaching that solely involves medical students from other schools is not adequate for maintenance of appointment at VTCSOM.)

Contributions to VTCSOM other than teaching may be considered for maintenance of appointment. For instance, contributions in areas important to the functioning of VTCSOM as an academic institution will be noted. Such contributions might be (but are not limited to):

- Significant research productivity developed as a consequence of one’s relationship to VTCSOM
- Leadership and service to VTCSOM or affiliated institutions germane to full functioning of VTCSOM as a medical education school
- A significant supportive role in one of the value domains of VTCSOM, assuming such a role directly supports VTCSOM even if direct teaching is not involved.

Maintenance of appointment should also include evidence of an effort to improve one’s teaching. It should be recognized that, at any level of experience or accomplishment, one’s skills can always be improved. This is true in teaching as in other skills.

It is an expectation that each faculty member provide evidence of his/her efforts to improve teaching skills. Evidence of such efforts is acknowledged by any of a number of ways. Modules are available on-line through the Office of Professional Staff Development; these typically deal with specific issues encountered by teaching faculty and are available on a rotation sequence. One can present documentation of attendance in relevant sessions sponsored by local professional development groups (examples include teaching development sponsored by Carilion Clinic, Virginia Tech, Jefferson College, or other educational organizations). Other venues for teaching improvement include professional societies that either focus on or have relevant sessions directed to educational skills or faculty development. Many societies have meeting workshops dedicated to teaching enhancement and evidence of attendance at such sessions is satisfactory. Efforts to improve one’s teaching skills not enumerated above should also be submitted for consideration.
Those faculty members whose role does not involve direct teaching but for whom maintenance of appointment is required should be able to show evidence that they also have been striving to improve those skills of value to VTCSOM.

Fulfillment of expectations for maintenance of appointment can be most easily accomplished by evidence for:

- Direct teaching involvement (or the equivalent in service) of a measurable amount at least twice in the three year interval, and;
- Evidence of efforts to improve one's teaching skills (or other professional skills) in the three year interval to consist of:
  - At least two (2) of the required/expected modules noted above, and
  - At least four (4) hours of other faculty development
  - For a total of at least six (6) hours over three years.

B. PROCESS

It is the responsibility of the departmental Appointment, Promotion, Retention and Tenure (APRT) committee to advise the Chair of each Department on issues of maintenance of appointment. The APRT committee shall develop, and modify if necessary, the criteria necessary for each faculty member to maintain his/her faculty appointment. Departmental criteria cannot be less than the guideline above.

The process to certify maintenance of appointment occurs each calendar quarter. Each Department APRT committee will be sent a roster of faculty for whom maintenance of appointment is due. It is the responsibility of the department chair or APRT committee to contact the faculty member with any forms or documents developed for the purpose of assessment (typically, these forms will be sent to the department along with the names of those faculty members who need to confirm maintenance of appointment that calendar quarter). Those faculty members so notified by the Department APRT committee should submit their documentation of teaching, efforts to improve teaching and/or other efforts to maintain academic status. Each Department APRT committee is reminded that teaching and efforts to improve one’s teaching is usually the principle reason for a faculty appointment and virtually all faculty would be expected to include evidence of these activities. The Department APRT committee will apply its criteria to the submitted documentation and assess fulfillment of the requirements. Clarification of submitted materials occurs directly between the committee and the individual faculty member.

Findings of the committee (i.e., maintenance of appointment or recommendation that the faculty appointment be rescinded) shall be conveyed to the department chair.

The Chair of each Department will certify the findings of the Department APRT committee. He/she shall forward the list of faculty maintaining their appointment as well as those faculty having the appointment terminated to the Office of the Dean. For those faculty members who
maintain their appointment, the new three year cycle will begin retroactive to the first day of the calendar quarter. For those faculty members who have their appointment rescinded, the effective date is three (3) months following the end of the relevant calendar quarter (i.e., the end of the quarter following the maintenance determination).

A faculty member whose VTCSOM faculty appointment was rescinded, for whatever reason, through the maintenance of appointment process can apply one time for a re-appointment to the faculty. This former faculty member would have to follow all the steps outlined in Section VI of this Handbook relevant to the desired rank and track. Because this would be treated as a new appointment, the former faculty member could not be assured of the same rank, track, and tenure as when he/she allowed the appointment to lapse. Once reappointed, if this faculty member did not complete the maintenance of appointment process a second time and the faculty appointment was rescinded a second time, no further consideration for appointment a third time would be allowed.

The Chair of each Department is also expected to undergo assessment for maintenance of appointment. In the case of the Chair, though, the relevant supporting documents are sent directly to the Dean who will make the determination to extend the Chair’s appointment.

All faculty should be aware that there may be documents included in the maintenance of appointment materials that may not reflect directly on one’s teaching and faculty development activities. These materials, such as conflict of interest forms and confidentiality forms and completion of an online module on student mistreatment, may be distributed with other maintenance of appointment materials as a convenience to both faculty and the Dean’s Office. While these forms should be evaluated and completed as appropriate, these materials are not necessarily germane to continuing ones appointment to VTCSOM.

C. PERIODIC REVIEW OF REGULAR FACULTY

It is the intention of the VTCSOM that all regular faculty with a primary appointment be academically engaged such that there is steady, recognizable evidence of academic contribution. Such contributions are expected to build upon those activities that constitute a minimum for maintenance of appointment.

It is the responsibility of department APRT committees to define and enforce guidelines developed for that department. However, department guidelines should not be less than those identified below.

1. TENURED

   Tenured faculty are at the Associate Professor and Professor rank. Faculty members at the Associate Professor rank are expected to be striving for Professor rank and should refer to Section B.1. which gives guidelines for periodic review that will be useful for promotion in this track.
Tenured faculty at the Professor rank are expected to be leaders who continue to contribute to the academic environment of VTCSOM. There is no requirement for periodic review of academic activities for tenured Professors other than provisions outlined for maintenance of appointment.

2. NON-TENURED

Faculty on the non-tenure track, be they Assistant Professor, Associate Professor, or Professor, are expected to contribute to the academic environment of VTCSOM. There is an expectation that Assistant Professors and Associate Professors on the non-tenure track develop accomplishments and make contributions that eventually will result in promotion in that track. However, there is no time-in-rank requirement for this track.

It is an expectation of the department APRT committee that a review of accomplishments be done, informally, during the every-three-year cycle of maintenance of appointment. Each department APRT committee can develop its own process by which this review is done, its own criteria for recognition of progress, and its own means of informing the faculty member of the results of the review.

Faculty members should be reminded; however, that promotion on the non-tenure track requires a recognizable body of accomplishment and is not given simply on the basis of duration of time as a faculty member. Hence, any faculty member who expects to be promoted within the non-tenure track will be advised to develop those activities that are eventually considered within the criteria developed by the Department APRT committee and the School APT committee for promotion.

3. FORMAL PERIODIC REVIEW OF TENURE TRACK FACULTY

The intent of a two (2)- and five (5)-year review of tenure track Assistant Professors and five (5)- and eight (8)-year review of tenure track Associate Professors is to assure both the department APRT committee and the faculty member him/herself that he/she is making adequate progress towards eventual promotion on the tenure track. As a reminder, there is a limitation in the time permitted in rank for both Assistant Professors and for Associate Professors on the tenure track (time-in-rank). Unless there are approved delays, an Assistant Professor on the tenure track is expected to be ready for promotion to Associate Professor in seven (7) or fewer years from the time of initial appointment. Unless there are approved delays, an Associate Professor on the tenure track is expected to be ready for promotion to Professor in ten (10) or fewer years from the time of promotion from Assistant Professor. (There may be variations to this time-in-rank depending on circumstances extant from any previous academic institution).

In order for an Assistant Professor on the tenure track to have optimal preparation for promotion, it is expected that each department APRT committee will determine his/her
progress towards promotion, functioning in the role of advisor and mentor. This
evaluation of progress should occur during the second (2nd) year and the fifth (5th) year
following the initial appointment to the VTCSOM faculty. (If desired by the faculty
member, such a review could occur earlier, or more often but this would only happen by
directly approaching the department APRT committee.) The five (5) year review would
confirm that the faculty member would be fully expected to be prepared for submission of
materials for promotion; if adequate progress has not been made towards promotion it
may be the advice of the department APRT committee for that faculty member to consider
a change in track.

In order for an Associate Professor on the tenure track to have optimal preparation for
promotion, it is expected that each department APRT committee will determine his/her
progress towards promotion, functioning in the role of advisor and mentor. This
evaluation of progress should occur during the fifth (5th) year and the eighth (8th) year
following promotion from Assistant Professor. (If desired by the faculty member, such a
review could occur earlier, or more often but this would only happen by direct approach to
the department APRT committee.) If adequate progress toward promotion to Professor is
not evident, the committee can make specific recommendations for improvement in the
remaining time, or can advise the faculty member that he/she is likely to be granted a
terminal rank of Associate Professor.

Because each department APRT committee is expected to develop its own criteria for
promotion (not to be less than the VTCSOM criteria for promotion), each department APRT
committee will judge the progress of Assistant Professors and Associate Professors on the
tenure track with those departmental criteria in mind.

The formal periodic review may take any form considered appropriate by the department
APRT committee. For example, the review may be of a recently updated CV alone, or of a
CV and academic portfolio, or even include independent review of materials by outside
reviewers. It would be expected that results of the review would be conveyed to the
faculty member in a written format, which could be referred to during any subsequent
review.

D. **PERIODIC EVALUATION OF SENIOR INSTRUCTOR/INSTRUCTOR, CLINICAL PRECEPTOR, AND
ADJUNCT FACULTY**

Adjunct faculty usually have a primary appointment at an academic institution other than
VTCSOM. Any expectation of academic accomplishment would come from that institution, not
VTCSOM. Promotion of rank within the adjunct faculty track is predicated on promotion at the
primary institution, only secondarily to be considered by the VTCSOM APT committee.

In contrast to tenure track and non-tenure track faculty, there is no expectation of academic
accomplishment for instructional faculty who are Clinical Preceptors and Senior
Instructors/Instructors. These tracks expect an instructional role, and regular teaching and/or
precepting, along with evidence of effort to improve one’s teaching, is adequate to maintain one’s appointment. If a faculty member in one of these ranks is developing a body of academic accomplishment, he/she may actually apply for a change in track (e.g., to regular faculty). If a change in track occurs, the faculty member would then be expected to undergo periodic review in that track.

PART IX. GRIEVANCES

A. NATURE OF THE GRIEVANCE

For this process, a grievance is defined as a complaint by a faculty member alleging a violation, misinterpretation, or incorrect application of a policy, procedure, or practice of the school directly affecting the grievant. Some examples of valid issues for filing a grievance are:

1. Improperly or unfairly determined decisions that resulted in unsatisfactory formal periodic review or maintenance of appointment,
2. Excessive teaching assignments
3. Substantive violations of promotion and tenure procedures or substantive violations of promotion and maintenance of appointment procedures (see appeal process, supra)
4. Reprisals;
5. Substantive error in the application of policy;
6. Matters relating to academic freedom.

Issues not open to grievance: While most faculty disputes with VTCSOM administration may be dealt with by this grievance policy, the following issues may not be made the subject of a grievance:

1. Determination of policy appropriately promulgated by the VTCSOM administration or the VTCSOM governance system;
2. Those items falling within the jurisdiction of other VTCSOM policies and procedures (for example, complaints of unlawful discrimination or harassment, or an appeal related to the merits of a promotion and/or tenure decision);
3. The contents of personnel policies, procedures, rules, regulations, ordinances, and statutes;
4. The routine assignment of VTCSOM resources (e.g., space, operating funds, parking, etc.);
5. Normal actions taken, or recommendations made, by administrators or committee members acting in an official capacity in the grievance process;
6. Termination of appointment by removal for just cause, non-reappointment, or abolition of position, or;
7. Allegations of misconduct in scholarly activities.
The Formal Grievance Procedure

B. PROCESS

Appeals processes associated with Appointment, Promotion, and Tenure are described in earlier sections (supra).

Department heads or chairs, associate deans, directors, and other administrative faculty will cooperate with the grievant in the mechanics of processing the grievance, but the grievant alone is responsible for preparation of his or her case.

**Step one**: The grievant must meet with his or her immediate supervisor (normally the department head or chair) within 30 calendar days of the date that grievant knew or should have known of the event or action that is basis for the grievance and orally identifies the grievance and the grievant’s concerns. The supervisor provides an oral response to the grievant within five weekdays following the meeting. If the supervisor’s response is satisfactory to the grievant, that ends the matter.

**Step two**: If a satisfactory resolution of the grievance is not achieved by the immediate supervisor’s oral response, the grievant may submit a written statement of the grievance and the relief requested to the immediate supervisor. This statement must define the grievance and the relief requested specifically and precisely, and must be submitted to the immediate supervisor within five weekdays of the time when the grievant received the immediate supervisor’s oral response to the first step meeting. Within five weekdays of receiving the written statement of the grievance, the immediate supervisor, in turn, gives the grievant a written response citing reasons for action taken or not taken. If the written response of the immediate supervisor is satisfactory to the grievant, that ends the matter.

**Step three**: If the resolution of the grievance proposed in the written response by the immediate supervisor is not acceptable, the grievant may advance the grievance to the next higher level of school administration by submitting a signed written letter to the next higher administrator within five weekdays of receiving the written response from the immediate supervisor.

Following receipt of the faculty grievance, the administrator meets with the grievant within five weekdays. The administrator may request that the immediate supervisor of the grievant be present; the grievant may similarly request that a representative of his or her choice from among the school faculty be present. Unless the grievant is represented by a member of the faculty who is also a lawyer, the administrator does not have legal counsel present. The administrator gives the grievant a written decision on the faculty grievance within five weekdays after the meeting, citing reasons for his or her decision. If the written response to the grievance is satisfactory to the grievant, that ends the matter.

**Step four**: If the resolution of the grievance proposed in the written response from the administrator is not acceptable, the grievant may advance the grievance within five weekdays to
Upon receiving the faculty grievance letter requesting step four review, the Dean or appropriate designated representative acknowledges receipt of the grievance within five weekdays and forwards a copy to parties in the grievance process. The Dean immediately forwards a copy of the grievance to the chair of the Academic Council, who writes to the grievant to acknowledge receipt of the grievance within five weekdays of receipt of the faculty grievance from the Dean. The chair of the Academic Council also notifies the chair of the Faculty Governance Committee of the faculty grievance. The grievant may petition the Dean to bypass the hearing panel and rule on the grievance. If the Dean accepts the request, there is no subsequent opportunity for the grievance to be heard by a hearing panel.

If the Dean does not accept the petition, a hearing panel will consider the grievance as outlined in the following procedures.

- **Hearing Panel**: A hearing panel consists of five members appointed by the chair of the Faculty Governance Committee from among the members of the Faculty. The chair of the Faculty Governance Committee polls all appointees to ensure that they have no conflict of interest in the case. Both parties to the grievance may challenge one of the appointments, if they so desire, without need to state cause, and the chair of the Faculty Governance Committee appoints the needed replacement or replacements. Other replacements are made only for cause. The chair of the Faculty Governance Committee rules on issues of cause. To ensure uniformity in practice, the chair of the Faculty Governance Committee or his or her designee serves as the non-voting chair of each hearing panel. In the event that the chair has a conflict of interest concerning a case, the chair appoints a disinterested third party from among the members of the Faculty not already appointed to the hearing panel for the case to serve as chair of the hearing panel.

- **Hearings**: After a hearing panel is appointed, the chair of the Faculty Governance Committee requests that each party to the grievance provide relevant documentation to be shared among the parties and the hearing panel. The panel holds its initial hearing with both principals present within 15 weekdays of receipt of the grievance by the chair of the Faculty. If the panel feels it needs to investigate the case further, or requires more information, or desires to hear witnesses, the hearing is adjourned until the panel completes the necessary work or scheduling. The hearing is then reconvened as appropriate. Each party to the grievance may have a representative present during the sessions of the hearing at which testimony is presented. The representative may be present to provide advice but cannot speak directly to the hearing panel. The representative of the grievant may be legal counsel and, if so, both parties may have legal counsel as representatives; but if the grievant does not wish to have legal counsel at a hearing, neither party to the grievance may have legal counsel present.

- **Findings and Recommendations**: The hearing panel concludes its work and makes its recommendations within 45 weekdays of receipt of the grievance. The time limit for consideration...
may be extended by agreement of both parties. The hearing panel formulates written findings and recommendations regarding disposition of the grievance and forwards copies to the Dean, the grievant, the chair of the Faculty Governance Committee, and the chair of the Academic Council.

• **Dean’s Action**: The Dean meets with the grievant within 10 weekdays after receiving the findings and recommendations of the hearing panel to discuss the case and advise the grievant about the prospects for disposition of the case. Within 10 weekdays of that meeting, the Dean sends to the grievant his or her decision in writing concerning the disposition of the grievance. The Dean is also the president of the VTC School of Medicine, and acts as he or she sees fit. The president’s decision is final.

**PART X. CONFLICTS OF INTEREST**

**A. CONFLICTS OF INTEREST IN RESEARCH**

1. **Definition of Research Conflict of Interest**
   
   A conflict of interest may exist whenever an investigator or his/her relative(s) has/have or may receive Significant Financial Interests in relation to the sponsored project that would reasonably appear to be affected by the research or educational activities funded or proposed for funding; or in entities whose financial interests would reasonably appear to be affected by such activities.

   Additionally, conflicts of interest are not limited only to Significant Financial Interests. Any time that an investigator believes that any factor exists which could be perceived as a conflict of interest in relation to a sponsored project, the investigator should disclose the same pursuant to this policy; particularly where human subjects research is involved.

   After initial disclosure, investigators must thereafter submit an updated disclosure annually at the beginning of each academic year or another annual appointment. A supplemental report should be submitted at such time as there is a significant change in activity (nature, extent, funding, etc.) or when a new outside activity is undertaken.

2. **Reporting of Research Conflicts of Interest**

   Faculty members must comply with the School policy regarding personal conflicts of interest. Any faculty member with a potential or actual conflict of interest in relation to a sponsored project or a sub-award or consulting agreement on a sponsored project must report such potential or actual conflict of interest to the VTC Research Institute Office of Sponsored Programs for review at the earlier of: (1) prior to submission of the proposal to the outside sponsor; or (2) as soon as the conflict of interest arises. If the conflict of interest arises after submission of the proposal to an outside sponsor, but before commencement of the awarded project, the PI may not begin the project until the conflict of interest has been resolved. Faculty should consult the VTCSOM policy for specific procedural instructions.
3. Review of Research Conflict of Interest Disclosure
The Secretary-Treasurer of VTCSOM will function as the Designated Official, and in conjunction with the Senior Dean for Research, will review information related to all financial and/or fiduciary arrangements in light of related research activity to determine if a conflict of interest exists. In his/her review the Designated Official considers the following factors:

- Impact on the integrity of research data;
- Risks to the rights and safety of human research subjects;
- Risks to the rights and obligations of students and trainees participating in research;
- Impact on the availability of research results to the scientific community for use in the public interest;
- Appearance of a conflict of interest;
- Any other factors pertinent to the project which may bear on the existence of a conflict of interest and the safeguards which should be in places to reduce, eliminate or manage this conflict of interest.

4. Resolution of Research Conflict
After review of all factors, the Designated Official may recommend either prohibition of the proposed project or procedures for management of the conflict of interest. Examples of conditions or restrictions that might be imposed to manage, reduce or eliminate conflicts of interest include, but are not limited to:

- public disclosure of Significant Financial Interests;
- monitoring of research by independent reviewers;
- modification of the research plan;
- disqualification from participation in the portion of the funded research that would be affected by Significant Financial Interests;
- divestiture of Significant Financial Interests; or
- severance of relationships that create conflicts.

If the Designated Official(s) determines that imposing conditions or restrictions would be either ineffective or inequitable, and that the potential negative impact that may arise from a Significant Financial Interest are outweighed by interests of scientific progress, technology transfer, or the public health and welfare, the Designated Official(s) may allow the research to go forward without imposing such conditions or restrictions.

5. Research Compliance–Obligations of the Faculty
All full-time and part-time faculty and all research-qualified volunteer faculty will adhere to all Virginia Tech, Carilion Clinic, and School policies with respect to the conduct of research, including, but not limited to, IRB policies and procedures, Institutional Animal Care and Use Committee policies and procedures, conflict of
interest policies and all policies related to the management of grants and contracts. This includes the commitment to maintain appropriate training in human subjects and/or animal research, grant and contract management and submitting a Conflict of Interest disclosure annually or more often as applicable.

All full-time, part-time and research-qualified volunteer faculty will submit all research-related grants and contracts, regardless of funding source and location of work, through the Office of Sponsored Programs either at the VTC Research Institute or Carilion Clinic (depending on the nature of the extramural funding), and understand that awards must be made to the appropriate party and any and all associated funding must be payable to the respective institution.

**B. HUMAN SUBJECTS RESEARCH**

Financial interests in human subjects’ research require additional scrutiny. Such interests may present real or perceived risks to the welfare and rights of human subjects, in addition to presenting risks to research integrity. Investigators are required to report all financial interests in human subjects research whether such research is externally funded or not. It is presumed that investigators may not participate in research projects involving human subjects while they have a Significant Financial Interest in the research project or in a financially interested company. Exceptions may be made in specific cases when, in the judgment of the Designated Official, individuals holding significant conflicting financial interests provide the Designated Official with a compelling justification - consistent with the rights and welfare of human research subjects - for being permitted to simultaneously hold the financial interest and participate in the human subjects research project.

The Designated Official’s determination, accompanied by a description of the nature and magnitude of the potential conflict of interest, will be communicated in writing to the appropriate IRB. The IRB, which is responsible for ensuring the ethical acceptability of the research, will evaluate the recommendations of the Designated Official and decide whether to a) accept the recommendations, b) accept the recommendations with additional management measures prescribed by the IRB, or c) conclude that the human subjects research cannot proceed. The IRB’s determination in this regard shall be final. The IRB will then communicate its determination to the Principal Investigator in writing.

**C. CONFLICT OF PRIVATE INTEREST OF FACULTY WITH ACADEMIC RESPONSIBILITIES**

VTCSOM faculty will follow a code of conduct which avoids any conflict of interest, or appearance of conflict of interest, between the performance of the faculty’s academic duties and any outside personal interests. Conflicts of private interest may include, but are not limited to, personal activities, appearances, scheduled visits, or absences that interfere with the faculty member’s ability to fulfill his/her teaching, facilitating, clinical oversight, research oversight, mentorship or other VTCSOM academic responsibilities. Similarly, a conflict of private interest may occur when a faculty member has financial, political, religious, ethnic, or
other obligations that interfere with the ability to fulfill his/her VTCSOM academic responsibilities.

The faculty member should recognize that a conflict of private interest may be occurring or has the potential to occur. The faculty member should approach his/her Department Chair to discuss steps to be taken that would avoid or mitigate the conflict. If no resolution is reached, the faculty member, or the Chair on the faculty member’s behalf, should begin the process of reducing academic responsibilities. This may include decreased teaching, facilitating, oversight or other opportunities. If no satisfactory reduction in responsibilities can be reached, the faculty member will be expected to resign his/her faculty appointment.

If a faculty member has a conflict of private interest that is interfering with VTCSOM academic responsibilities and has not taken steps to avoid or mitigate the conflict, he/she will be directed to the Department Chair. The Chair should seek resolution of the conflict. If no resolution can be reached, the Chair should take necessary steps to reduce the faculty member’s academic responsibilities, anticipating that in some cases it may be necessary to retract the faculty appointment.

D. CONFLICTS OF INTEREST IN STUDENT ASSESSMENT AND PROMOTION

Occasions may arise in which a faculty member has direct supervision over a student in matters of assessment (grades) and/or promotion and in which there may be a potential conflict of interest in this role. The conflict may arise as a consequence of any of a number of situations such as:

a. The student may be a relative through lineage, marriage, or other relationships.
   b. The student may have a close personal relationship through settings such as places of worship, civic organization, sports, recreation, or other social settings.
   c. The student may be a patient in the practice of a clinical faculty member.
   d. Or other relationships identified by the faculty member or student.

The nature of the conflict need not be disclosed. When such a conflict is recognized by the faculty member, it is the responsibility of the faculty member to notify the VTCSOM Office of Faculty Affairs. The most likely course would be to modify the student schedule, be it small group, clerkship, elective or whatever, to avoid the situation in which the faculty member would be in a position to assess (grade) or act to promote the student. The same action, modification of the student schedule, would occur if the student identifies a conflict whether the faculty member also identifies the conflict or not.

E. CONFLICTS OF INTEREST IN COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION

VTCSOM will be adopting the Accreditation Council for Continuing Medical Education (AACME) Standards for Commercial Support. (URL: http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-872580a1504e520c_uploaddocument.pdf)
These standards ensure independence of continuing medical education (CME) activities which include:

- independence
- resolution of personal conflicts of interest
- appropriate use of commercial support
- appropriate management of associated commercial promotion
  - expenditure for an individual providing CME
  - expenditure for learners
  - accountability
- content and format without commercial bias
- disclosures relevant to potential bias
  - relevant financial relationships of those with control over CME content
  - commercial support for the CME activity
  - timing of disclosure
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FACULTY HANDBOOK APPENDICES

Appendix A – VTCSOM CV Guidelines and Format
Appendix B – Standards of Ethical and Professional Conduct Policy (SEPCP)
Appendix C – VTCSOM Diversity Policy
Appendix D – Starting a New Department; Changing a Department Name
Appendix E – Guidelines for Appointment Review of Potential Recruits
Appendix F – Appointment Process for International Physician
Appendix G – Learning Environment Advocacy Committee (a Dean’s committee)
Appendix H – Social Media Guidelines and Best Practices
APPENDIX A – CURRICULUM VITAE TEMPLATE

Virginia Tech Carilion School of Medicine and Research Institute
Curriculum Vitae

Instructions for Completion of the Document

Introductory comments

The curriculum vitae for the VTC School of Medicine and Research Institute is primarily a document of accomplishments relevant to appointment, promotion and tenure within the School. This CV provides a format for inclusion of much of the relevant information a Department and School Promotion and Tenure Committee will consider. As such, the CV is meant to be comprehensive. A fully completed CV in this format may be more than is needed (or desired) in settings other than for Appointment, Promotion and Tenure (APT) Committee consideration. The CV has been designed to be appropriate for use by physician or other medical faculty, basic science faculty, and faculty with biopsychosocial backgrounds.

However, even the VTCSOM CV may not fully reflect the activities a faculty member wishes to highlight. For that reason, for promotion/tenure, the faculty member should also develop an academic or educational portfolio. Within the portfolio, samples of one's academic activity should be included, in part so an APT Committee can judge the quality of one's work above and beyond a mere listing of the work. It is reasonable to recall that the CV is a listing of accomplishments while the academic portfolio is evidence of those accomplishments.

The following narrative is meant to provide guidance for completion of one's curriculum vitae in the format desired by the VTCSOM APT Committee. These guidelines are presented to encourage uniformity and consistency in the listing of one's accomplishments.

The comments use the same numbering and heading indications as the recommended CV. In completion of a CV, it is easier to read and follow if one uses only relevant headings; that is, if there is no information to be included in a section, it is better not to include the heading.

Name/title/rank

Self-explanatory.

Be certain to include the date of the most recent update to the CV.

1. Personal information

One can be as expansive, or minimalist, as one wishes in this section. Please do NOT include the Social Security number.
2. Educational and Professional History

Note: unlike virtually the entire remainder of the CV, this extended section is generally arranged from earliest to later; most of the remaining honors, scholarly work, grants, etc. is arranged with the most recent entry first.

Educational
List one’s degree granting university, campus location, years of study, major or thesis topic, and conferred degree. If relevant, even if described later in the CV, account for absences in the record.

Professional
Include professional post-graduate or post-doctoral activities (i.e., industry or military service that did not necessarily advance one’s degree).
Include all residencies and fellowships.

Certification
Generally, this is only relevant to physicians. It is acceptable to include certifications or “boards” from organizations not accredited by the American Board of Medical Specialties (ABMS), but indicate such. It is acceptable to include medical licenses of all states in which one is or was licensed, even if the license has been voluntarily withdrawn.

Professional/non-academic work positions
Include location and duties of employment if not at an academic institution. This would include employment in industry or institutes for scientists and military service or private practice if physicians. It is appropriate to indicate positions of leadership or responsibility such as director, vice-president, military rank, etc.
This is also an appropriate location in the CV to include leaves of absence (e.g., extended maternity leave or family obligations)

Academic
It is appropriate to add positions of co-appointment outside of one's “home” department (e.g., Assistant Professor of Pediatrics and Physiology); however, one should note the “home” department. Also, it is recognized that the rank of “Preceptor” may have different connotations for the scientist and the physician; the intention is to include an appointed rank of Preceptor rather than a clinical designation.

3. Honors and Awards

These should be arranged most recent first.

Many awards are broadly recognized, such as Alpha Omega Alpha or Sigma Xi, but others may be more career or specialty oriented. Include a brief explanation if the award may not be immediately recognized by a broad academic audience. Teaching, research and clinical awards are especially relevant.

Honors conferred outside academic or professional organizations may be included if the award recognizes activities performed because of one's academic professional expertise. Many awards from service clubs (e.g., Rotary or Soroptomist Clubs), churches, and civic groups represent an avocational interest unrelated to one’s profession.

4. Teaching/education
These activities should be arranged most recent first.

As a dominant organization of teaching at VTCSOM is the “block,” involvement in a block, either as a block director, member of the design team, or facilitator commands initial attention. Classes taught, either at VTCSOM or elsewhere, are important. Assistance in a laboratory experience should be included. Other instructions in this section are self-explanatory.

One should be cautious about inclusion by multiple references to repeated or regularly scheduled teaching sessions. For example, it is inappropriate to list each instance of a weekly or monthly teaching session; that is more appropriately represented by a notation with the frequency (“M&M resident conference, monthly” rather than “M&M resident conference, June 7; M&M resident conference, July 4; M&M conference, August 1” etc.).

Include teaching sessions with medical students, residents, fellows, and nursing/allied health, not only medical students.

“Invited lectures” refers to lectures/seminars given locally, regionally, or nationally to universities and schools. It does not apply to invited lectures at regional/national/international societies or organizations; these presentations are listed below.

Industry sponsored training activities are appropriately included here even though the assumption is that the material presented is largely developed by the industry. These should be listed parsimoniously. For example, demonstrating the same surgical instrument should be listed as the presentation with relevant dates; it is not appropriate for each presentation to be a separate listing.

Curriculum development is a crucial academic activity. Course work should be listed. But writing of a single case, or a single lecture, is not really considered curriculum development. Examples of curriculum will be included in the academic portfolio. If teaching innovations occurs in the context of curriculum development, that deserves recognition. However, teaching innovations would just as appropriately be included in an academic portfolio.

Collaboration in development of curriculum or teaching materials with colleagues nationally or internationally is clearly worthy of inclusion.

5. Scholarly activity

Listing of scholarly activity should be arranged in each section most recent first. In contrast to other sections, though, lists in this section may be comprehensive, representing the totality of one’s accomplishments, and need not be limited to the past 10 years.

List all citations in a standardized format. It is acknowledged that some journals choose a slightly different format for citations but VTCSOM follows the guidelines published by the National Library of Medicine Citing Medicine project (www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=citmed), accessed October 2009. For most citations, the following applies:

- Journal articles – (1) author(s) by last name, space, first and middle initial (list all authors; do not limit to 3 or 6 authors), (2) title, (3) journal name (use abbreviations listed in Index Medicus), (4) year, (5) volume, (6) issue number (if relevant), (7) inclusive pages.
- Book chapters – (1) author(s) by last name, space, first and middle initial (list all authors; do not limit to 3 or 6 authors), (2) chapter title (if relevant), (3) editor(s), (4) title of book, (5)
city of publication, (6) publisher, (7) year, (8) volume and/or edition number (if relevant), (9) inclusive pages (if relevant)

- Electronic articles – in general, use the same format as indicated above for journal articles; the date of electronic publication if relevant as is the URL and the date accessed. The above noted website has specifics.
- For other citations, e.g. commentaries, newsletters, see the above noted website for correct format.

One should be honest about notations. A journal article in print format that happened to be released electronically weeks or months before print publication does not warrant a double entry.

An article published only in an electronic journal should be printed and stored in one’s academic portfolio in case a review of that work is desired and the URL is no longer accessible.

A published abstract, even in a supplement, is an appropriate entry, even if this entry is repeated from a presentation (see below). For purposes of completeness, this “double entry” is permitted.

CDs, DVDs, audio-video tapes and other similar work on medical/scientific topics are all relevant scholarly activities. The NLM Citing Medicine website has guidelines for appropriate citation.

A technical manual, if done in an academic setting for an appropriate purpose, may be cited. Many technical manuals done in the context of an industry job or military position are proprietary or classified and not appropriate for inclusion in a VTCSOM curriculum vitae.

Presentations at society or organization meetings are arranged by locale – international, national, and regional. Within each of these categories, subgroups should be organized such that, for example, at national meetings one lists all oral presentations together, followed by all poster presentations, followed by workshops, precourses, and/or seminars. The citation of these presentations should list author(s), title, organization and type of meeting (e.g., American Medical Association Annual Meeting), city/country, and inclusive dates of the meeting. Again, the NLM Citing Medicine website has details. Any invited keynote or plenary session presentation is listed separately, most recent first.

Presentation of a regularly scheduled media activity (e.g., a TV series “Health Tip of the Day”) is a legitimate scholarly activity and may be included. However, individual appearances on radio or TV, even if on a medical or scientific topic (a “talking head”), should not be included.

Selection as a member on an Editorial Board should include the name of the journal or electronic site and the inclusive dates of membership. Similarly, regular selection as a reviewer for a journal should list the journal and inclusive dates.

6. Grants/contracts

These should be arranged chronologically, most recent first. It’s appropriate to include those up to 10 years before.

As a consistent format, the list should be organized as follows: (1) PI, co-PI, and investigators, (2) title/topic, (3) year awarded and duration of grant/contract, (4) percent effort,
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(5) source of funding, (6) amount of entire award. If the title/topic is outside of one's generally accepted area of expertise, a short comment of the role of one’s involvement is appropriate.

7. Intellectual property
   For patents and software, the NLM Citing Medicine website has a lengthy (and not very user friendly) section on appropriate citations. This website should be consulted, but editing for purposes of space is appreciated
   (Books and monographs are assumed to have copyright and need not be listed here).

8. Professional service
   For each section, arrange chronologically, most recent first. Include assignments in the past 10 years.
   If the duties or mission of a board or committee may not be clear, attach a simple explanation. If involvement or position on the board or committee is not obvious, please explain.
   Special note should be made of service to student organizations. (This is not to be confused with student mentoring which is addressed earlier). Service to student interest organizations as an advisor or coordinator is a valuable contribution as professional service.
   These notations should reflect VTCSOM academically relevant activities. Most committees in industry or the military, for example, may not be relevant to VTCSOM professional service. Similarly, service clubs, church positions, and community organizations, while often meaningful and important to the individual, are not generally relevant to the goals and mission of a medical School.

9. Interprofessionalism, diversity, community/service learning
   VTCSOM is strongly interested in activities relevant to its value domain of interprofessionalism, and the commitment to diversity and service learning. Hence, activities that enhance the School’s mission in these domains are relevant.
   It is likely that some activity that might be included in this section has already been noted in earlier sections (e.g., Teaching). If so, those entries need not be repeated here. However, other duties performed in association with our mission, such as local public School science/medicine groups or involvement with VTCSOM student community service projects, are appropriate. If uncertain, one guideline is to ask oneself if the activity is being done, at least in part, in the name of VTCSOM or in some way representing or reflecting upon VTCSOM.

10. Membership in professional societies/organizations
   There may be some repetition in this section with societies/organizations mentioned above (section 8. Professional Service). One may list any relevant organization, be it international or local. It is appropriate to indicate years of membership in a society (e.g., “American Medical Association, 1990 – present”), but only include groups in which one has been a member within the past 10 years. An exception might be a leadership position in a society (e.g., “American Medical Student Association, 1986-1990, President 1989-90”).
(Date of this update)

Name (with degrees)

Title/rank

Current academic, employment or practice location

1. Personal information

   (Individual preference as to extent of material) (NOT to include Social Security number)

2. Educational and Professional History

   Educational

   Undergraduate university (years of study)
   Major/degree – year of graduation

   Graduate university (if appropriate) (years of study)
   Degree(s) – year of conferral
   Department or field of study (include thesis topic)

   Medical school (years of study)
   Degree – year of graduation

   Additional graduate study
   Degree(s) – year of conferral
   Department or field of study (include thesis topic)

   Professional

   Training
   Post-graduate/post-doctoral activities
   Internship (inclusive years)
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Specialty
Residency(s) (inclusive years)
Specialty(s)

Fellowship(s) (inclusive years)
Specialty(s)

Certification
USMLE
Year passed
Board(s)
Specialty(s) – year, recertification year (or note lifetime certification)
Medical license(s)
State, number, year, expiration year

Professional/non-academic work positions
Industry/military/private practice
Description/title (years)

Academic
Instructor
University(s) – years
Preceptor
University(s) – years
Assistant Professor
University(s) – years
Associate Professor – indicate tenure if present
University(s) – years
Professor – indicate tenure
University(s) – years
Endowed Professor
University – years
3. **Honors and Awards** (Arrange chronologically, most recent first)

   Academic awards (e.g., Phi Beta Kappa, Alpha Omega Alpha)

   Teaching, research, service, organizational, clinical

   Professionally relevant honors and awards only; avoid most service club, church, or civic related recognitions

4. **Teaching/education** (Arrange chronologically, most recent first)

   Course/block director (past 10 years)

   “Block design” team

   Domain/thread director (past 10 years)

   “Design” team

   Classes taught (past 5 years)

   Block facilitator (past 5 years)

   Laboratory assignments

   Invited lectures

   Grand Rounds

   Conferences – resident

   Conferences – students

   Undergraduate student mentor (research, special projects)

   Name, project/thesis title

   Graduate student, medical student mentor (research, special projects)

   Name, project/thesis/dissertation title

   Resident/fellow mentor

   Post-doctoral training/research supervision

   Name, project title

   CME/outreach conferences

   Industry sponsored training activities (separate from organization/outreach CME)

   Curriculum development (not single lectures)

   National/international educational collaboration
5. **Scholarly activity** (Arrange chronologically, most recent first)

(Use recommended citation format)

Investigative papers in refereed journals (print)
Investigative papers in refereed journals (electronic)
Invited papers
  - Review articles in subscription journals
  - Review articles in mass circulation journals
Commentary
  - Editorials
  - Commentary on published articles (e.g., ACP Journal Club)
Case reports/clinical vignettes (published)
Other
  - Letters to editor, responses, newsletters
Books (author, co-author, editor, co-editor)
  - List separate editions
Book chapters (most recent first)
  - Print
  - Electronic
Monographs
  - (Include technical work if represents original contribution)
Abstracts (published)
Audio/video tapes
Electronic activities not otherwise noted
Other publications in professional journals
  - (e.g., reflections, poetry, photography)
Presentations to professional organizations (most recent first)
  - International (indicate oral, poster, workshop/seminar, etc.)
  - National (indicate oral, poster, workshop/seminar, etc.)
  - Regional (indicate oral, poster, workshop/seminar, etc.)
Other
Invited keynote or plenary session presentations
Other medically related “presentations” such as radio or TV series (do not include single appearances)
Editorships/Editorial Board
Reviewer for professional journals
List journals and inclusive dates

6. Grants/contracts (Arrange chronologically, most recent first)
(Use recommended format) (Include last 10 years)

7. Intellectual property
Software
Patents

8. Professional service (Arrange chronologically, most recent first) (Include up to past 10 years)
International/national/regional professional societies or organizations
Boards/committees/task forces
Leadership
School/university/academic
Administrative roles
Committees (state name, purpose if not clear from title, dates)
Leadership
Ad hoc activities (e.g., official consultancies, temporary assignments)
Student organizations
Co-curricular activities, student organization advising, etc.
Department
Administrative roles
Committees (state name, purpose if not clear from title, dates)
Leadership
Ad hoc activities (e.g., official consultancies, temporary assignments)
Hospital

Administrative roles

Committees (state name, purpose if not clear from title, dates)

Include leadership

Ad hoc activities (e.g., official consultancies, temporary assignments)

9. Interprofessionalism, diversity, community/service learning (not included in teaching or service)

10. Memberships in professional societies/organizations (Include last 10 years)
Appendix B - Standards of Ethical and Professional Conduct Policy (SEPCP)

VTCSOM recognizes that students are exposed to multiple learning environments in clinical and non-clinical settings throughout the course of their medical education. These learning environments must support and reinforce the professional attributes, principles, and responsibilities outlined below. Faculty and students have a set of responsibilities to the learning environment and to the teacher-learner relationship that must also be articulated and endorsed.

Guiding Principles for the teacher-learner relationship have been outlined by the AAMC and are as follows:

- **Duty**: Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession’s contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession’s social contract across generations.

- **Integrity**: The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

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

The principles and responsibilities listed below are broad descriptions of expected behaviors by the VTCSOM academic community. The medical education environment is complex, yet all parts of it require adherence to the guiding principles and responsibilities defined in the SEPCP:

**Duty**: Members of the academic community have duties to patients as well as to each other. Failure of duty exists when the individual:

- Knowingly participates in a research or clinical activity likely to cause grave injury without any chance of benefit to another person.
- Refuses to respond to a life threatening situation when specifically requested to perform actions within one’s scope of practice.
- Fails to provide constructive objective feedback.
- Does not participate in the educational process in a meaningful manner.
- Neglects clinical responsibilities.
**Integrity:** Membership in the academic community is based upon integrity. Members shall not engage in any of the following activities:

- Plagiarism.
- Scientific fraud or misconduct.
- Concealing pertinent conflicts of interest in educational activities.
- Cheating on exams offered by the institution or by other professional organizations.
- Dishonesty.
- Falsification of documents or electronic records pertaining to patient care or student advancement.
- Violations of confidentiality.
- Mistreatment of patients.
- Unlawful activity when it is determined the interest of the school is involved.
- Misappropriation of funds or resources for personal benefit or use.

**Respect:** Members of the academic community will demonstrate respect for others at all times. Inappropriate behaviors include:

- Unwanted physical contact or threat of the same.
- Sexual harassment.
- Loss of personal civility including: shouting, personal insults or attacks, throwing items, or damaging personal or community property.
- Discrimination in teaching and assessment.
- Requests for others to perform inappropriate personal errands in return for educational advancement.

The above principles initiate the description of a set of responsibilities for teachers and learners.

The responsibilities for teachers will include:

- Treat learners with respect.
- Treat learners and colleagues equally without regard to gender, race, disability, cultural origins, age, or religious beliefs.
- Treat colleagues and patients in a professional manner.
- Provide current, high quality materials in an effective format for learning.
- Respect the student’s time by:
  - Being on time for scheduled encounters.
  - Developing educational experiences which are meaningful to the practice of medicine and reasonable for the time period allotted.
- Provide timely and constructive feedback.
- Provide a role model for professionalism.

The responsibilities for students will include:

- Treat residents, faculty, and patients with respect and professionalism.
• Treat residents and faculty equally without regard to gender, race, disability, cultural origins, age, or religious beliefs.
• Commit the time and energy necessary to attain the goals and objectives of the curriculum.
• Respect the time of other students and faculty by being on time for scheduled educational encounters.
• Contribute to the quality of group assignments and work products by actively engaging in discussion, problem solving, and development of materials.
• Communicate concerns and suggestions regarding learning environment and educational community in a timely, constructive, and professional manner.

In addition to the SEPCP, VTCSOM has developed a Teacher-Learner Compact based on the AAMC’s guiding principles and the SEPCP. A similar compact governs the activities of residents at Carilion Clinic, the learning environment for VTCSOM’s medical student clinical training. The Carilion Clinic has utilized the AAMC’s principles and responsibilities to develop a Carilion Clinic Compact between Resident Physicians and Their Teachers. Carilion Clinic currently requires all clinical faculty and residents participating in accredited postgraduate training programs to sign the Carilion Clinic Compact. The Compact identifies the essential roles and responsibilities of the participants in postgraduate clinical education with the goal of optimizing safe and productive learning and patient care while limiting the occurrence of behaviors that may negatively impact the learning environment.

Policies and procedures for handling allegations of student mistreatment.

Faculty behavior within the academic community, which includes the teacher-learner relationship and the professional community of patient care, will be guided by the SEPCP as well as the Teacher-Learner Compact.

Students may bring forth complaints about mistreatment utilizing an academic grievance procedure. The procedure identifies a hierarchy of individuals or committee that students may approach for redress of grievances. In addition to any of several directors, Chairs, or Associate Deans, the student may also choose to pursue redress by contacting the VTCSOM Learning Environment Advocacy Committee (LEAC). Any of these individuals or LEAC is empowered to investigate allegations of student mistreatment. The actual process is outlined in the Faculty Handbook at Part II. General Provisions, Section E. Allegations of student mistreatment by a faculty member or Part II. General Provisions, Section F. Unprofessional behavior by a faculty member.

Educational programs to avoid or prevent student mistreatment.
Faculty and staff of VTCSOM must be committed to support a learning environment that promotes the professional development and well-being of students. This environment must be free from student mistreatment or harassment. To this end, VTCSOM has the Learning Environment Advocacy Committee (LEAC) that, in addition to investigating allegations of mistreatment, also has
a charge to direct education about mistreatment/harassment. Under the direction of LEAC, all faculty at the time of orientation and every three years at maintenance of appointment must complete an online module related to mistreatment/harassment.

As the major teaching center for VTCSOM with settings in which all students are educated, Carilion Clinic requires all new employee orientation sessions include information about the learning environment and learner mistreatment. All residents must complete the online module on mistreatment prior to beginning their training at Carilion. All faculty during faculty orientation and at maintenance of appointment are required to complete an online module on student mistreatment. All Carilion employees have a yearly requirement to complete an online module on “Workplace Harassment. These programs are provided in on-line courses located on the Carilion Clinic Corporate University web site. On-line courses include “Workplace Harassment,” and a five-part course titled “Learning to Address Impairment and Fatigue.” All VTCSOM faculty, students and staff along with all Carilion Clinic employees (administrative, nursing, technical, facilities, and others) will be required to complete these programs directed to avoiding mistreatment or harassment in the workplace which is also, of course, the learning environment.

The Carilion Clinic has an Office of Professional Development. VTCSOM, through its Office of Faculty Development, will arrange for these resources to be available to all faculty and staff to improve teaching and learning in the VTCSOM curriculum. The mission statement of the Office of Professional Development is, “…to facilitate the development of excellence among our teaching physicians. The Office of Professional Development will provide resources, guidance, training and encouragement in order to foster excellence in teaching, clinical practice, research, leadership, and collegiality and to advance the clinical and educational missions of Carilion Clinic. Further, it is our mission to perform research aimed at discovering and determining the most effective ways to promote physician growth and development professionally and personally in an educational and empowered environment.”
APPENDIX C - VTCSOM DIVERSITY POLICY

Policy: Diversity and Inclusion
Subject: Diversity
Rev.: 2.0

Virginia Tech Carilion School of Medicine (VTCSOM)
March 19, 2014

1 Purpose

Vision: The Virginia Tech Carilion School of Medicine (VTCSOM) will be the first choice of a diverse class of medical students who are seeking an educational experience grounded in inquiry, research, and discovery, set in a learning environment of interprofessionalism, and cultural competency.

Mission: To develop physician thought leaders through inquiry, research and discovery, using an innovative curriculum based upon adult learning methods in a patient-centered context. Our graduates will be physicians with outstanding clinical skills and significantly enhanced research capabilities who will remain life-long learners. They will have an understanding of the importance of interprofessionalism to enable them to more effectively function as part of a modern healthcare team.

Values:

• Virginia Tech Carilion School of Medicine values human diversity because it enriches our lives and the School. We acknowledge and respect our differences while affirming our common humanity. As care givers and educators, we value the inherent dignity and value of every person and strive to maintain a climate for work and learning based on mutual respect and understanding.

• Virginia Tech Carilion School of Medicine values the concept of patient-centered care, manifested in physicians who are receptive and expressive communicators, developing patient plans grounded in evidence-based medicine with an emphasis on safety, quality, professionalism, and cultural competency.

• Virginia Tech Carilion School of Medicine values the science of medicine and its application to the resolution of clinical
problems, and the development of self-instruction skills that keep physicians informed regarding developments in medical sciences.

- Virginia Tech Carilion School of Medicine values continuous improvement of quality in its broad application to clinical care and to the development of new knowledge.
- Virginia Tech Carilion School of Medicine values communication, interpersonal skills, and interprofessionalism to make the healthcare system better for patients and all healthcare professionals.
- Virginia Tech Carilion School of Medicine values community service by providing service learning opportunities, encouraging students to see themselves as having the responsibility to improve the world around them.

2 Policy

a. Expectations Regarding Diversity Across the Academic Community

VTCSOM views the educational benefits of diversity as including its contributions to improving both the cultural competence of its graduates and improving access to care for underserved populations.

The VTCSOM is committed to preparing its students for medical practice in a diverse society. Therefore, it is the policy of the school to develop and maintain an academic environment characterized by, and supportive of, diversity and inclusion. The curriculum facilitates training in:

- Basic principles of culturally competent health care;
- Recognition of health care disparities and the development of solutions to such burdens;
- The importance of meeting the health care needs of medically underserved populations;
- The development of core professional attributes needed to provide effective care in a multidimensionally diverse society.

Through the governance structure as articulated in their Bylaws, the faculty have the responsibility to characterize diversity for the VTCSOM community. This policy is approved by the faculty at large, and published annually in the Faculty Handbook.
b. Programmatic and Institutional Goals

The specific groups whose members the institution seeks to appoint to its faculty, to employ in its staff, and to enroll in its student body are:

i. Faculty

VTCSOM seeks to appoint to its faculty those individuals traditionally underrepresented in medicine, and those from geographically diverse training sites.

ii. Staff

VTCSOM seeks to employ in its staff those individuals traditionally underrepresented in medicine.

iii. Students

VTCSOM seeks to enroll in its student body those individuals traditionally underrepresented in medicine, those students from low socio-economic status backgrounds (SES)/first generation college students/distance traveled, and women in science, engineering, technology and mathematics (STEM).

Applications for appointment/employment/enrollment from diverse candidates are holistically reviewed for the positive attributes they bring to the learning environment. While VTCSOM aims to provide a fully inclusive environment, we respect individuals’ privacy and currently do not quantify data in categories of diversity such as physical ability, age, sexual orientation, and gender identification.

3 Definitions

i. Underrepresented in Medicine (URM)

Means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population; at VTCSOM, those groups are: African-American/Black, Hispanic/Latino, and Native American

ii. Geographic Diversity of Training (GDT)

Those faculty who have trained in the practice of medicine outside of the local Roanoke and surrounding areas
iii. **Staff**

Two groups of staff are currently priorities for employment: residents and administrative staff in the Office of the Dean.

iv. **Diversity**

Term describing the institution’s broad variety of individual characteristics, as well as group and social identities, including those marked by unique experiences, beliefs, and backgrounds.

v. **Inclusion**

Term describing the active, intentional, and ongoing engagement with diversity in all activities of the institution (e.g., education, professional development, policy, and other programming).

4 **Procedures**

a. **Student Recruitment, Selection, and Retention**

Admissions staff proactively recruits diverse students through campus visits, pipeline programs, and individual contact with potential applicants. The admissions committee holistically reviews all applications to achieve the educational benefits of a diverse student body, including enhancing the cultural competency of all physicians the school educates and improving access to care for underserved populations.

b. **Scholarships and Financial Aid**

All funding available for scholarships and financial aid, except those that are otherwise restricted by law or by donor intent, are available as a resource to attract and matriculate a diverse student body.

c. **Educational Program**

The medical curriculum committee ensures that the curriculum facilitates training in the basic principles of culturally competent health care; recognition of health care disparities and the development of solutions to such burdens; the importance of meeting the health care needs of medically underserved populations; and, the development of core professional attributes needed to provide effective care in a multidimensionally diverse society.
d. Personnel Recruitment, Employment, and Retention

Chairs/Administrators recruit diverse faculty and staff to achieve the institutional diversity goals.

e. Faculty Development

Chairs and department heads provide faculty development opportunities consistent with the intent of this policy. The resources of the partner institutions are utilized to assure diverse recruitment and appointment strategies, as well as professional development and retention of our faculty and staff.

f. Community Liaison Activities

The VTCSOM Office of Community and Culture provides outreach and programs to raise awareness of the opportunities for careers in the health sciences, and to build and sustain a diverse and inclusive community.

5 Review

The VTCSOM Academic Council and the VTCSOM Board of Directors shall receive an annual report on the school’s success in achieving diversity in the categories that it has defined for medical students, faculty, and staff. This policy shall be reviewed on an annual basis.
Appendix D - Starting a New Department; Changing a Department Name

Starting a New Department; Changing a Department Name

The need or desire to form a new VTCSOM department may come from any of a number of possible situations: a group of physicians within a clinical VTC department (e.g., a division or section); a group of physicians not currently belonging to a clinical VTC department but wishing to join VTCSOM for teaching purposes (possibly also to provide clinical resources to Carilion Clinic); a group of physicians or healthcare professionals within a VTC non-clinical department; a group of non-clinical researchers or other doctoral professionals not currently within a VTC non-clinical department; or others. Regardless of the source, a relatively consistent process shall be followed, differing only by whether the new group is clinical or not.

Starting a new clinical department

The Memorandum of Understanding between VTCSOM and Carilion Clinic identifies Carilion as the primary clinical teaching institution for VTCSOM. It is expected that the clinical chairs are shared between the two institutions. Hence, any new clinical department must fit into the structures of both VTCSOM and Carilion Clinic.

Any group of physicians wishing to develop a new clinical VTCSOM department shall start their discussions with either the chair of the existing department under which faculty appointments currently reside, the Chief Medical Officer of Carilion Clinic, or the Dean of VTCSOM. Reflecting the content of the Memorandum of Understanding, any new clinical department at VTCSOM is unlikely to be developed in isolation from similar development at Carilion Clinic.

It is recognized that, while a department in VTCSOM exists primarily for education, academic activity, and service, there are likely to be other issues (e.g., clinical access, financial) that are of considerable relevance and importance to any of the three entities (the existing department, Carilion Clinic, VTCSOM) in determining whether a new department is warranted. It is also recognized that more than one department may be involved as individuals, a division or a section of one department may wish to join individuals, a division or a section of another department to form a new clinical department.

The group wishing to develop a new clinical department shall name a leader or spokesperson. This leader shall be present for the negotiations involving the development of the new clinical department. While the leader may become the chair of a new department, the eventual choice of chair would follow processes already present at VTCSOM and Carilion Clinic.

The initial process involves gaining agreement of the chair(s) of the existing department(s), the Chief Medical Officer of Carilion Clinic, and the Dean of VTCSOM for development of a new department. If any of these persons does not endorse development of a new department, the process goes no further and the status quo persists. Endorsement by all individuals is necessary even though there may be agreement that certain missions of a new department are desirable (e.g., education, teaching) within the medical school.

Once agreement by the chair(s) of the existing department(s), the Chief Medical Officer of Carilion Clinic, and the Dean of VTCSOM is accomplished, the leader would present the plan for a
new department to the Medical Curriculum Committee. Discussion within the MCC would revolve around expected contributions to the VTCSOM curriculum and the ability of the proposed department to deliver appropriate curriculum. Once an understanding is reached, the leader would meet with the Faculty Governance Committee to ensure that the new department fits into the structure of VTCSOM governance and responsibilities. Both the MCC and Faculty Governance Committees should indicate their agreement with a new department in a letter to the Dean.

The leader of the proposed department then meets with the existing VTCSOM department chairs (clinical and non-clinical) to present plans for the new department. It is likely the discussion would include teaching, research, education, service, and financial topics. Following all necessary discussions, a majority of the existing VTCSOM department chairs would need to support inclusion of a new department into the VTCSOM structure. A letter indicating agreement with a new department should be sent to the Dean.

The leader of the proposed department would then present the above endorsements to the Dean of VTCSOM. Assuming the Dean still supports the new department, the Dean makes a recommendation to the VTCSOM Board of Directors. The Board has final ratification of the process.

**Starting a new non-clinical department**

Any group of researchers, healthcare professionals, or medically-related academics wishing to develop a new non-clinical VTCSOM department shall start their discussions with either the Chair of the Department of Biomedical Science or the Chair of the Department of Interprofessionalism if the members of the proposed department will be coming from either department. Discussions will be held with the Dean of VTCSOM. If the proposed new department is primarily research-oriented, discussions with the Director of VTCRI shall also be held. If the proposed new department is primarily healthcare-oriented, discussions with the President of Jefferson College of Health Sciences shall also be held.

It is recognized that, while a department in VTCSOM exists primarily for education, academic activity, and service, there are likely to be other issues for a new department (e.g., research facilities, office space, finances) that are of considerable relevance and importance to the existing department, VTCRI, or JCHS.

The group wishing to develop a new non-clinical department shall name a leader or spokesperson. This leader shall be present for the negotiations involving the development of the new department. While the leader may become the chair of a new department, the eventual choice of chair would follow processes already present at VTCSOM, VTCRI, or JCHS.

The initial process involves gaining agreement of the chair(s) of the existing department(s), either or both of the Director of VTCRI or President of JCHS, and the Dean of VTCSOM for development of a new department. If any of these persons does not endorse development of a new department, the process goes no further and the status quo persists. Endorsement by all individuals is necessary even though there may be agreement that certain missions of a new department are desirable (e.g., education, teaching) within the medical school.

Once agreement by the chair(s) of the existing department(s), either or both of the Director of VTCRI or President of JCHS, and the Dean of VTCSOM is accomplished, the leader
would present the plan for a new department to the Medical Curriculum Committee. Discussion within the MCC would revolve around expected contributions to the VTCSOM curriculum and the ability of the proposed department to deliver appropriate curriculum. Once an understanding is reached, the leader would meet with the Faculty Governance Committee to ensure that the new department fits into the structure of VTCSOM governance and responsibilities. Both the MCC and Faculty Governance Committees should indicate their agreement with a new department in a letter to the Dean.

The leader of the proposed department then meets with the existing VTCSOM department chairs (clinical and non-clinical) to present plans for the new department. It is likely the discussion would include teaching, research, education, service, and financial topics. Following all necessary discussions, a majority of the existing VTCSOM department chairs would need to support inclusion of a new department into the VTCSOM structure. A letter indicating agreement with a new department should be sent to the Dean.

The leader of the proposed department would then present the above endorsements to the Dean of VTCSOM. Assuming the Dean still supports the new department, the Dean makes a recommendation to the VTCSOM Board of Directors. The Board has final ratification of the process.

**Changing a department name**

Circumstances may develop in which a department wishes to change its name to better reflect clinical, research, or educational activities. It is assumed this applies to a name change of a current department (a new department would follow the process outlined above in this Appendix D). The chair of the department has the responsibility to champion the name change. If the department is a basic science or research department, the chair should seek agreement in the name change from the Director of VTCRI and the Dean of VTCSOM. If the department is Interprofessionalism, the chair should seek agreement in the name change from the President of JCHS and the Dean of VTCSOM. If the department is a clinical department, the chair should seek agreement from the Chief Medical Officer of Carilion Clinic and the Dean of VTCSOM. In any case, all proposals for a department name change needs agreement by the Dean of VTCSOM.

The chair shall present the proposed name change to the Medical Curriculum Committee to assure the proposed name is not inconsistent with the educational responsibilities of the department. Upon approval by the MCC, the proposed name change is presented to the Faculty Governance Committee. Upon approval by the Faculty Governance Committee, the proposed name change is presented to the Academic Council. Upon approval of the Academic Council, and assuming the Dean still supports it, the proposed name change is presented to the VTCSOM Board of Directors. The Board has final ratification of a department name change.
Appendix E – Guidelines for Appointment Review of Potential Recruits

Guidelines
Review for Potential Track, Rank, and Tenure for
Faculty Being Recruited to VTCSOM and Carilion Clinic

On occasion, individuals being recruited to VTCSOM, Carilion Medical Center or the region may have an expectation or desire for a faculty appointment with VTCSOM in a particular track and at a certain rank with(out) tenure. In most cases, the judgment of the Department Chair is typically applied and agreement reached between Chair and faculty applicant. However, there may be circumstances in which such an expectation may become a negotiating issue between the individual and the Chair. Should this issue arise and if the Chair approaches the Appointment, Promotion and Tenure (APT) Committee for guidance, the following principles and process shall apply.

Principles
The Department Chair and faculty applicant should understand that any track, rank, and tenure assessment by the Chair and / or the APT Committee is an unofficial “sense of the group” and cannot be interpreted as a guarantee. This “sense of the group” would be expected to carry levels of assurance depending on whether the response comes from the Associate Dean for Faculty Affairs, the Chair of the APT Committee, or from the entire APT Committee in a meeting which is scheduled or specially convened.

The Department Chair and faculty applicant should further understand that, in most cases, the “sense of the group” would likely come from a review of the curriculum vitae alone and not from a review of an entire academic portfolio and letters of support.

The Department Chair and faculty applicant should appreciate that any assessment of track, rank, and tenure would reflect the standards and practice of VTCSOM and may not be the same track, rank, and tenure of the faculty applicant’s current position. This would be especially true if the faculty applicant is being recruited from a non-academic setting (e.g., private practice, industry).

The Department Chair and faculty applicant should recognize that, while a request for “promotion” from one rank at the current academic institution to a higher rank at VTCSOM may be endorsed, such a request is approached with great deliberation. A request that tenure be granted is subject to even more reflective deliberation. For example, an applicant who is currently a full Professor with tenure at a medical school or research university/institute would be more likely to be considered positively than an applicant requesting “promotion” from Assistant Professor to Associate Professor with tenure. Although the latter promotion occurs on the tenure track for faculty already on the faculty at VTCSOM, the CV of an applicant would have to be extraordinarily strong to warrant such an endorsement, especially in the recruitment phase.
Process

If there is particular urgency related to recruitment, the Department Chair can seek guidance from either (or both) the Associate Dean for Faculty Affairs and/or the Chair of the APT Committee. The Department Chair should recognize that any advice from either or both of these individuals would not carry the assurance of the entire committee. Nonetheless, since there are occasions when a timely response is sought, the Chair may wish to use this option.

In less urgent situations, the desired process may first be to direct the applicant’s CV (possibly with three letters of reference and all / part of the academic portfolio), along with the recommendation of the Department Chair, to the Departmental Appointment, Promotion, Retention and Tenure (APRT) Committee. It is recognized that the Departmental APRT Committee, as well as the APT Committee, are being asked to give a “sense of the group,” whether or not lacking supporting materials, such as the academic portfolio and supporting letters. Regardless, the Departmental APRT Committee is asked whether or not the content of the applicant’s CV warrants support of the Chair’s recommendation. The Departmental APRT Committee would be expected to propose an alternative and appropriate track, rank, and tenure to the Chair if they, the Departmental APRT Committee, disagree with the Chair’s recommendation.

If the opinion of Departmental APRT Committee and Department Chair is that the applicant merits a rank of Associate Professor or Professor, that opinion should be communicated to the Chair of the APT Committee and/or the Associate Dean for Faculty Affairs. (A rank of Assistant Professor, regardless of track, may go directly to the Dean for an opinion.) Discussion of the possible track, rank, and tenure status might occur at the next scheduled meeting of the APT Committee. However, if there is urgency to the recruitment, the Department Chair may ask that a special meeting of the APT Committee be convened. A majority of members of the APT Committee (i.e., at least four [4] of the seven [7] members) is necessary to conduct such a specially convened meeting.

Recognizing that material, such as academic portfolio and letters of support, usually considered in promotion or tenure decisions would not be available, the APT Committee still should make an effort to develop a “sense of the group.” In this setting, consideration of tenure is often more challenging than a rank or even promotion in rank. The applicant and Department Chair should appreciate that an important consideration for granting tenure in this setting is evidence of commitment to VTCSOM. For the purposes of this “sense of the group,” evidence of commitment is enhanced by actions such as a major commitment to teaching in the VTCSOM curriculum or movement of grants and support personnel to the region.

Any consensus will be relayed to the Department Chair; it is not necessary for this consensus to go to the Dean, as it is likely the Dean would take such a consensus under advisement as part of a recruitment effort.

The above considerations notwithstanding, should the Department Chair wish to be able to make a stronger commitment to an applicant, a more formal assessment of the applicant and his/her credentials will be needed. Therefore, the above outlined sequence for less urgent situations should occur, with APRT Committee and then APT Committee assessment of the applicant’s CV, at least three letters of reference (as defined in the Faculty Handbook by the academic rank being considered), and the academic portfolio. Such a sequence of assessment may result in a commitment by the VTCSOM APT Committee, such as “If the applicant is hired by
Carilion Clinic, an endorsement by the VTCSOM APT Committee would be forthcoming for a VTCSOM faculty appointment at the level of Associate Professor/Professor in the non-tenure/tenure track with/without tenure”. Such an endorsement would be communicated to the Department Chair, thereby allowing him/her to make a more firm commitment of faculty appointment to a faculty applicant. A discussion between the Dean of the VTCSOM and the Department Chair would be expected to occur before such a commitment was made to the faculty applicant in writing by the Chair.

In any of the above circumstances, all involved parties – the faculty applicant, the Department Chair, the Departmental APRT Committee and the APT Committee – shall recognize that a formalized repetition of this process will occur as part of the routine appointment process, should the recruitment be successful and the faculty applicant officially apply for a VTCSOM faculty appointment. In this process, as detailed in the Faculty Handbook, the recommendation of the APT Committee would then be forwarded to the Dean who, if in agreement, will forward the endorsement to the Board of Directors for ratification.
Appendix F – Appointment Process for International Physician

Appointment, Promotion and Tenure Committee, VTCSOM:
Process for Licensure and Appointment of International Physicians
with Special Knowledge and Skills

Background:
The Board of Medicine for the Commonwealth of Virginia has a regulation that permits limited licensure for some international physicians seeking a medical practice role in a teaching setting within Virginia. This process is not designed to obviate the usual process of gaining a medical license for international physicians (which typically involves obtaining ECFMG certification, passing USMLE or equivalent, and completing US-based residency and/or fellowship training). The limited license is designed for international physicians with special knowledge or skills to practice in medical education settings (specifically, at a medical school). The limited license only allows the practice of medicine by the international physician at programs of and affiliated with a Virginia medical school.

To qualify for this limited license, the applicant must gain the recommendation of the dean of a medical school and must have a proposed job description that involves the practice of medicine where medical students, interns or residents rotate in a setting linked to the medical school. The limited license must be renewed annually. There is a provision which allows a waiver of the usual requirements for licensure by the Board of Medicine in order that a full (usually unrestricted) license could be granted after 5 continuous years of limited licensure.

The relevant regulation is found at General Regulations 18 VAC 85-20-210.

The process at VTCSOM and Carilion Clinic would involve the VTCSOM Appointment, Promotion and Tenure (APT) Committee at least twice – at the beginning of the process and at its conclusion when an academic appointment is considered and recommended to the Dean.

Process:
1. An exceptional international physician with special knowledge or skills is identified and proposed to the Dean, usually by a Department Chair or Division head. This individual would be someone who has spent the bulk of his/her career, both in training and practice, outside of the USA. An interested faculty member at VTCSOM, familiar with this individual, would recognize that the international physician has special knowledge or skills to share with trainees and is often the one to bring the individual to the attention of a Department Chair.
   a. In most circumstances the proposed international physician would have limited if any training in the US. This prevents the possibility that the international physician is merely seeking an alternative path to US licensure (that typically involves ECFMG certification, USMLE testing, and US-based residency and fellowship training – all of which is required for usual licensure in the US).
   b. It is also assumed that the international physician practices in an educational setting such as a university or medical school in the country of his/her current residence.
2. After assessing the training, knowledge and skills of the international physician, the Chair (or Division head) should acknowledge that the individual would bring exceptional value to the education of medical students, residents and/or fellows at VTCSOM or affiliated institutions. This being the case, the Chair would endorse the international physician by a recommendation letter to the VTCSOM APT committee.
   a. In addition to confirming that this person possesses special knowledge and skills, the Chair should be able to demonstrate that the knowledge and special skills are of educational value to medical students, residents and/or fellows at VTCSOM or affiliated institutions.

3. The Chair should present the international physician’s credentials to the APT committee.

4. Upon receipt of the credentials, the APT committee will determine:
   a. That the international physician, in keeping with regulation of the Board of Medicine, has “professorial rank” fulfilling requirements specified by the Code of the Commonwealth of Virginia.
   b. That the knowledge and special skills would be utilized and appreciated in training programs involving medical students, residents and/or fellows associated with VTCSOM.
   c. That the international physician has evidenced training, licensure, and medical practice in his/her current country of residence and had not completed medical school, residency, or fellowship training in the USA.
   d. That the international physician either has an ECFMG certificate or would be eligible for a waiver from the ECFMG Credentials Committee by demonstrating medical competency and English proficiency.
   e. That the international physician either is or had recently been a faculty member of a medical school in his/her country of current residence, or has credentials worthy of a faculty position in that country.
   f. That the credentials of the international physician are acceptable for appointment at least as an Associate Professor or Professor (regular faculty or adjunct faculty) at VTCSOM.

5. At the completion of deliberations, the APT committee should be able to recommend to the Dean that application be made to the Board of Medicine of the Commonwealth of Virginia for a limited license to practice medicine under Regulation 18 VAC 85-20-210.

6. Accordingly, the international physician would complete the application materials for a limited license and submit, along with the Dean’s letter, all materials to the Board of Medicine.
   a. According to Board of Medicine regulation, such application materials would include (but may not be limited to) medical degree and/or transcript, evidence of medical licensure in the home country, ECFMG certification, and CV or resume with evidence of special skills. Also expected would be an indication that the international physician would be employable by an entity with affiliation with VTCSOM (preferably Carilion Clinic).

7. Upon favorable action by the Board of Medicine and receipt of the limited license, the Department Chair should assure that the international physician applies for appropriate
credentials and privileges from relevant hospital(s), physician groups, etc. to practice medicine in conjunction with teaching duties in VTCSOM.

a. Parenthetically, the relevant Department also would likely pursue credentialing with insurance companies, Medicare, Medicaid and other insurers so that any medical practice could be reimbursed.

8. Once licensure (from the Board of Medicine), and credentials and privileges to practice medicine (from the clinical entities) are completed, a formal request from the department Chair that the international physician be considered for faculty appointment should be submitted to the VTCSOM APT Committee. The Chair should include in the formal nomination a proposed faculty track and rank.

a. It should be noted that the materials initially presented to the APT Committee in preparation for application of limited licensure should have included a Curriculum Vitae, a medical school transcript, and either ECFMG certification or waiver of certification.

9. The APT Committee will consider the above recommendation for faculty appointment from the Department Chair and recommend to the Dean an appropriate faculty track and rank for appointment.

a. In most cases, the APT Committee would be considering the appointment as a regular faculty on either tenure or non-tenure track. In some limited circumstances, such as a predetermined short teaching assignment at VTCSOM, appointment to an adjunct position may be appropriate.

10. Upon preliminary agreement on appointment by the Dean, other requirements of appointment such as SCHEV data sheet and faculty orientation must be completed.

11. The Dean then may recommend to the VTCSOM Board of Trustees the appointment of the international physician.

12. Assuming the VTCSOM Board of Trustees ratifies the appointment, the international physician may then assume professional responsibilities of practicing medicine and teaching medical students, residents and fellows at VTCSOM and affiliated institutions.

13. The language of the Virginia Code authorizing a limited license implies the international physician would be at VTCSOM for a limited time, hence the one year limit to the license and the requirement it be reapplied yearly for up to 5 years. However, even though the limited license would have to be reapplied yearly, the appointment process does not have a similar limitation. The physician would be eligible for routine Maintenance of Appointment at 3 years but would not have to undergo MOA yearly along with licensure.
Appendix G – Learning Environment Advocacy Committee (a Dean’s committee)

LEARNING ENVIRONMENT ADVOCACY COMMITTEE
(A Dean’s committee to enhance the learning environment and address issues of student mistreatment)

Virginia Tech Carilion SOM Learning Environment Advocacy Committee
The Virginia Tech Carilion School of Medicine (VTCSOM) strives to achieve a respectful, cooperative and professional learning environment for our students, faculty and staff at VTCSOM and in all educational and clinical sites. The learning environment must be conducive for a student to be able to fully engage in learning, free from student mistreatment, coercion, undue influence, and other unacceptable behaviors that negatively influence the ability of the student to perform their best. Behaviors that constitute mistreatment and other undo negative influence are unacceptable and allegations and complaints of mistreatment will be addressed accordingly. Allegations will be fully investigated and if the allegations are found to be true, appropriate disciplinary action will be taken to address the unacceptable behavior.

Equally important is for VTCSOM to promote a professional learning environment and to identify the positive factors leading to a healthy learning environment and to share those factors with others in order to promote the best environment for our students, faculty, residents and staff.

Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, gender, age or sexual orientation. Examples of mistreatment include but are not limited to the following:

1. Threatening and abusive language, profanity or language that can be perceived as rude, threatening, demeaning, sarcastic, rude, loud or offensive
2. Belittling or humiliation
3. Intentional neglect or being left out of the communications
4. Offensive sexist remarks or names
5. Racist or ethnically offensive remarks or names
6. Requiring personal services be performed (i.e. babysitting, shopping, personal errands)
7. Threatening with physical harm (e.g. hit, slapped, kicked)

To achieve a healthy learning environment, VTCSOM has established the VTCSOM Learning Environment Advocacy Committee (LEAC). The committee is charged with promoting a learning environment that best supports our students in every educational setting. This process involves addressing complaints of mistreatment of students by others, as well as other factors that influence the learning environment. In addition, the committee works with students, faculty, residents and staff to raise awareness about mistreatment and work to promote the positive aspects of the learning environment.
Committee Members
The committee membership includes broad representation from VTCSOM students, faculty, and staff; Carilion Clinic residents, nurses and administration. Representation includes one student from the M1 class, two students from each of the M2, M3 and M4 classes for a total of seven students. The students are peer selected each year. Other members of the committee are chosen by the Dean and includes from VTCSOM: five faculty members (one will serve as the chair, the chief diversity officer and the other three from the faculty), a staff member and from Carilion Medical Center: three residents, a nurse and a member of the senior management. The residents and staff member serve for one year but may be reappointed and the length of appointment for the faculty is determined by the Dean.

Procedures
The VTCSOM Learning Environment Advocacy Committee (LEAC) receives, evaluates, and responds to allegations of mistreatment or unacceptable behavior directed at or witnessed by a medical student. The committee is proactive in educating its members as well as the others in the VTCSOM students, faculty, staff and residents to prevent mistreatment or unacceptable behavior. Efforts to encourage a healthy learning environment and to prevent mistreatment include educational sessions for medical students, residents and faculty. These efforts include exploring scenarios that demonstrate mistreatment and teaching students how to respond, discussion about the learning environment at VTCSOM’s new student orientation as well as orientation at the beginning of the clinical years; administering regularly scheduled surveys of students, residents and faculty, assessing the learning environment; visits to department meetings; resident orientation to discuss the professional treatment of students, and invitation of guests to speak at committee meetings.

Confidentiality and Required Reporting by VTCSOM LEAC
Reports of mistreatment or unprofessional behavior are handled confidentially to the extent possible given the committees obligation to investigate complaints. In most cases the committee will take no action without the expressed consent of the student except in situations where there may be a violation of federal law. In some cases, the action related to an event may be delayed until a student has completed and received a grade on a block, clerkship or elective. In-person reports may be made by the student to any member of the committee or to the committee as a whole. A student reporting mistreatment may request that he/she not be identified and the committee will agree to that request except in cases that the committee would be required to report (sexual misconduct).

Process
Reports of mistreatment can be made any member of the committee directly, in person, by LEAC anonymous email, or by phone. Complaints from students may be made using the anonymous Blackboard site and are automatically received by the associate dean for student affairs. During Phase 1, any documentation of mistreatment or unprofessional behavior on the End of Block Evaluation Form, Student Evaluation of the Facilitator and Student Evaluation of Lecturer Form on the One45 system automatically alerts the associate dean for medical education. During Phase 2,
any documentation of mistreatment or unprofessional behavior on the Student Evaluation of the Clerkship form or the Student Evaluation of the Attending, Resident or Other Heath Professional form on the One45 system automatically alerts the assistant dean for clinical science - years 3 and 4. After review by the respective dean these reports are sent to the chair of the committee for review and presentation to the committee. The respective dean works with the committee to address concerns with the appropriate individuals to develop a work plan to correct the issue. The committee receives follow up on these reports and a database is kept to monitor repeat offenders and trends. All complaints, findings and actions are reviewed by the dean and the chair of the committee makes a quarterly report to the Medical Curriculum Committee (MCC).

The decision to take an action on a report is made by the chair of the committee in consultation with the respective dean who may decide the timing of the discussion of a report at a committee meeting or in how the report should be discussed. If the allegation of mistreatment is by a VTCSOM faculty, the allegation should be identifiable under the Standards of Ethical and Professional Conduct Policy and the Teacher Learner Compact. The procedure for addressing allegations of mistreatment by a faculty follows the policy in the faculty handbook. Report of the findings and action taken must be reported back to the LEAC and is reviewed by the Dean.

Reports shall be brought to the full committee in a timely fashion for discussion or review even if action has already been taken so that the concern can be logged into the database. After review the committee will decide if further action will be necessary. Other action which may occur includes but is not limited to the following:

- Serving as a sounding board for students uncertain of the seriousness of a complaint
- Providing advice to a student should a similar situation occur again
- Offering discussion with the faculty, program director, DIO, GME trainees or staff who have engaged in mistreatment or inappropriate behavior with request for follow-up.
- Maintaining a record to monitor if there are repeat offenders.

The committee will maintain all reports, including but not limited to those received in-person, from the anonymous email, from Blackboard, from One45 as well as the documentation pertaining to actions taken and outcomes. A summary report from the committee is presented to the dean. The Virginia Tech Carilion School of Medicine Learning Environment Advocacy Committee encourages students, faculty, residents and staff to promote a positive learning environment by adhering to the MODEL principle:

| M | Model professional behavior |
| O | Offer feedback |
| D | Delineate expectations |
| E | Evaluate fairly |
| L | Prioritize Learning |
The Virginia Tech Carilion School of Medicine Learning Environment Advocacy Committee has developed the following rubric to help students and faculty better communicate about inappropriate behaviors.

<table>
<thead>
<tr>
<th>Category</th>
<th>Not Mistreatment</th>
<th>Mistreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>M Malicious Intent</td>
<td>On the first day of third year, the ward clerk says to the student, “I can tell you guys are newbies,” then offers to help the students find a computer station.</td>
<td>Resident purposely gives student misinformation before rounds. Student overhears resident laughing about messing him over.</td>
</tr>
<tr>
<td>I Intimidation on Purpose</td>
<td>Student working with the chairman of surgery says he feels nervous about operating with him since the chairman can &quot;make or break&quot; his career.</td>
<td>Resident tells a student that they intend to make them cry before the rotation is over.</td>
</tr>
<tr>
<td>S Sexual harassment</td>
<td>Male student asked not to go into a room because a female patient only wants a female to examine her.</td>
<td>Student subjected to offensive sexist remarks or names.</td>
</tr>
<tr>
<td>T Threatening verbal or physical behavior</td>
<td>A student is yelled at to &quot;get out of the way&quot; by a nurse as a patient is about to be shocked during resuscitation.</td>
<td>An attending grabs the student's finger with a clamp OR tells them they are an &quot;idiot&quot; after they could not answer a question.</td>
</tr>
<tr>
<td>R Racism or excessive discrimination</td>
<td>Attending gives student feedback on how to improve performance.</td>
<td>Student subjected to racist or ethnically offensive remarks or names.</td>
</tr>
<tr>
<td>E Excessive or unrealistic expectations</td>
<td>Student is asked by an attending to review an article and present it on rounds to the team.</td>
<td>A resident tells a student that it is their job to perform rectal exams (necessary or not) on all the patients admitted to the service.</td>
</tr>
<tr>
<td>A Abusive favors</td>
<td>A student is asked to make or get coffee for themselves and for the team prior to rounds since the resident did it yesterday. The supplies are in the team meeting room.</td>
<td>A student is asked to pick up an attending’s dry cleaning.</td>
</tr>
<tr>
<td>T Trading for grades</td>
<td>A resident tells a student that they can review and present a topic to the team as a way to enhance their grade.</td>
<td>A student is told that if they help a resident move that they will get honors.</td>
</tr>
</tbody>
</table>
Introduction
The popularity of social media has grown rapidly in recent years. Among the new generation of physicians, faculty members, and medical professionals there is widespread use of media sharing sites and forums such as Facebook, Twitter, LinkedIn, Pinterest, YouTube for videos, Instagram for photos, blogs and internet forums. These online forums and social media platforms offer unique opportunities to exchange ideas, network with others, and build relationships with peers and communities. As professionals with unique social contracts and obligation, medical professionals and faculty members must be aware of the public nature of social media forums and the permanent nature of interaction therein. Virginia Tech Carilion School of Medicine (VTCSOM) supports all faculty members who wish to engage in the use of social media and it recognizes that access to social media can result in many advantages, but it also creates new responsibilities of which physicians and faculty members should be aware. VTCSOM has developed social media guidelines and best practices to help faculty members manage their online reputations while supporting the guiding principles of the medical profession and the School’s mission. These social media tools are adopted from Virginia Tech, Carilion, AAMC, and AMA’s social media guidelines and policies, including a number of nationally top-ranked medical schools, and have been customized to fit VTCSOM and its mission.

Guidelines and Best Practices
VTCSOM recognizes the importance of social media tools when used effectively to foster personal growth as well as institutional development. The following guidelines and best practices offer VTCSOM’s faculty members strategies and tactics for navigating social media sites safely, professionally and responsibly. Those faculty members engaging in online interactions are held to the same standards of accountability as those who interact offline, and are expected to maintain the respect, dignity, and professionalism that is consistent with VTCSOM’s mission. Therefore, the guidelines and best practices are developed to reflect and support the policies and standards of conduct stated in the faculty handbook.

Applicable Policies:
These policies include, but are not limited to: Social Media and Access to Official VTC Photos (Student Handbook), Standards of Ethical and Professional Conduct Policy (SEPCP), Computer Use and Electronic Communication (Student Handbook), Teacher-Learner Compact, HIPAA, FERPA.

Key Points:
- Social media can blur the boundary between an individual’s public and professional lives. VTCSOM faculty members should be conscious of their online image and how it may impact their professional standing and that of VTCSOM.
• Faculty members should use privacy settings to safeguard personal information while using social media. However, be aware that privacy settings are not absolute and the content will likely remain on internet permanently.
• Defamation law can apply to any comments posted on the internet made in either personal or professional capacity.
• VTCSOM faculty members who post online should develop a sense of integrity which demands maintaining standards of personal and professional behavior of the highest order.

All VTCSOM faculty members who participate in social media should follow these Best Practices:

1. Be Yourself and Take Responsibility
   You are responsible for the content posted on social media sites or personal blogs. Be mindful how others may perceive or be affected by postings. Inappropriate, threatening, harassing or false postings may be harmful to others. They may tarnish your reputation and undermine institution’s commitment to its community and students. Identifying yourself can provide authenticity and add value to your online contributions. Honesty, responsibility, transparency, mutual respect and quality of discourse contribute in building a rapport in the community.

2. Think Before You Post
   The improper use of social networking sites or blogs can have legal ramifications. Comments that portray you, a colleague, or an organization in an unprofessional manner may be used in court as evidence of a variety of claims, including libel, slander, defamation of character, negligence, etc. Remember that there is no such thing as a “private” social media site. The archival systems save information even after it has been deleted, and comments or posts can be copied and forwarded to others. Take great care and be thoughtful before placing your identifiable comments in a public domain. We suggest using this checklist before posting on social media forums:
   - Does my content break any VTCSOM policies or laws, including trademark, fair use, and disclosure laws?
   - Would this content embarrass me or my organization/department/program?
   - Could my content be harmful to others?
   - Is it unethical to share this content?

   If you answered “yes” to any of these questions then you should reconsider the post or comment you were planning on sharing.

3. Use a Disclaimer
   You may identify yourself as a VTCSOM faculty member, however, please be clear that you are sharing your views as a member of the School’s community, and not as a representative of VTCSOM. Keep in mind that you could always be perceived as a spokesperson for the School even if you are not officially. An appropriate and common practice among individuals who write about the organization or a group their affiliated with is to include a disclaimer on their site or blog, such as, “The views expressed on this [blog, Web site, Facebook page] are mine alone and do not necessarily reflect the views of VTCSOM or its affiliates.”
4. Protect Your Privacy
   Make sure you understand how privacy policies and security settings work on each of the websites or media sharing sites you are using, and how those settings may jeopardize the content that you post. Using common sense and self-monitoring are the best way in ensuring that the content you post will be exposed in the intended fashion.

5. Protect Patient Privacy
   Using sound ethical judgment and following federal policies, such as HIPPA and FERPA, is essential when communicating in a public realm. Disclosing potentially identifiable information on social media sites about patients without written permission is strictly prohibited. This information includes videos, photographs, and a timeline and/or location of medical procedures. These rules also apply to deceased patients.

6. Protect Proprietary Information
   It is prohibited to share any proprietary or confidential information that may potentially compromise VTCSOM’s security or business practices. This also applies to the unauthorized sharing of information in violation of any laws and regulations.

7. Monitor Comments
   Most people who maintain social media sites or blogs welcome comments that build credibility and community. However, it is important to monitor and review comments that may be posted on your site or page. We advise that you review comments and posts in a timely fashion to eliminate any derogatory, inflammatory, or malicious comments. Closely monitoring and managing comments on your site allows individuals to interact in a safe environment that promotes healthy discussions and appropriate social media etiquette. If you have or are planning to have a social media site or a blog, it is recommended to include your own code of ethics and professional standards to address any unwarranted behavior.

8. Use Good Judgment When Connecting Online
   Faculty members should exercise caution and use good judgment when making connections with alumni, students, or their family members via social media. Such actions can impact professional relationships and raise concerns in regard to conflict of interest, unequal treatment, discrimination, or similar.

9. Respect Copyright and Fair Use Laws
   It is critical that you show proper respect for the laws governing copyright and fair use of copyrighted materials own by others. Any use of VTCSOM marks, such as logos and graphics, must comply with the VTCSOM’s Trademark Licensing Policies and must be approved by the VTC Department of Marketing and Communications.

10. Seek Expert Guidance
    If you have any questions about the appropriateness of materials you are planning to publish, or if you require assistance and clarification on whether specific information can be seen publicly, contact VTC Department of Marketing and Communication for consultation. If you are contacted by a member of media about an online posting or information of any kind related to VTCSOM, please refer him/her to the VTC Department of Marketing and Communication.
Frequently Asked Questions and Case Examples

The following fictional case examples of social media and blogging activities provide explanation and guidance for appropriate use as per VTCSOM social media guidelines.

1. A patient comments on a VTCSOM physician’s blog or site and discloses protected health information. The patient expects the physician to engage or continue the discussion. Any health-related communication via email requires a written consent. Similarly, communication via social media should not directly address any health concerns of individual patients. (Best Practice 5)

2. A student attempts to “friend” a faculty member on Facebook. Faculty members are urged to use extreme caution in connecting with students on social media. While there might be legitimate reasons for these connections, be mindful of the power dynamic involved in making “friend” requests. Leave that to the student(s) to initiate. (Best Practice 8)

3. You have an active blog and a “private” Facebook site which you update frequently. After one long and stressful week at work you decide to write about its specifics on those forums. While VTCSOM highly encourages feedback, it also places emphasis on high standard of professionalism when doing so. Be aware that there more appropriate venues in place if you want to discuss work-related issues or concerns. Disclosure of personal and/or sensitive information about one’s colleagues or place of employment on social media site, no matter how well-protected, is highly discouraged. (Best Practice 1,2,3,4,6)

4. You and your internal medicine colleagues at VTCSOM decide to create a social media interest page related to your medical field. What should you be mindful of before creating such page? VTCSOM prides itself on values which reflect professional competence, responsibility, integrity, and respect for all. It is important to remember that anyone who acknowledges their affiliation with VTCSOM in their personal and professional online profiles represents the university brand. Posts on social media should protect institutional voice by remaining professional in tone and content. Creating a disclaimer and code of conduct, monitoring comments and tags, as well as emphasizing standards of social media etiquette on your site are a few ways of providing the structure for a safe and healthy online environment. Refer to Best Practices 7, 9, and 10 for additional guidance.

The following partner institutions and their social media guidelines were used as sources in creating VTCSOM’s social media guidelines and best practices:

- AAMC. Digital Literacy for Educations and Learners Toolkit: [https://www.aamc.org/members/gir/resources/359492/digitalliteracytoolkit.html](https://www.aamc.org/members/gir/resources/359492/digitalliteracytoolkit.html)
AMA. Professionalism in the Use of Social Media: