

**SCHOOL-SPECIFIC POLICY**

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*School of Medicine*

## School of Medicine

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## School of Medicine

### Supplementary Policies and Procedures for School of Medicine Faculty

#### *Preface:*

The following policies and procedures supplement and further define the policies contained in this *Faculty Handbook* as they relate to the faculty of the School of Medicine. They also describe the relationship of the School of Medicine and its faculty and administration to Loma Linda University and its Board of Trustees, the Loma Linda University School of Medicine faculty practice plan, and the various healthcare facilities. These supplementary policies are intended to meet the unique needs of the School of Medicine and wherein these policies may differ from others in this handbook, these policies take precedence. From time to time, as experience indicates better ways and methods of achieving institutional objectives, these policies and procedures may be revised. Revisions will take place after they have been reviewed and amended through the School of Medicine faculty governance and voted by the appropriate board. The amended policies and procedures will be kept on file in the office of the president. Such changes will be incorporated into future editions of this handbook.

#### I. Introduction to the organization of the School of Medicine

##### A. Statement of philosophy of Loma Linda University School of Medicine

The process of healing is more than the restoration of physical health. It involves intellectual, emotional, and spiritual restoration as well. Our motto, “to make man whole,” is inspired by the example of Jesus Christ, who came not only as a great teacher, but also as the great physician. Within this context, service to others in need of help stands as the highest calling. The School of Medicine exists not only for the purpose of exploring new understandings of the complexities of the human body and developing new ways of alleviating physical, mental, and emotional disease but also to fully prepare students in the additional skills necessary to achieve our motto, “to make man whole.”

The philosophical underpinnings of the Seventh-day Adventist faith has a long association with denominational involvement in healthcare. The importance of meeting healthcare needs stems from the holistic belief that the full human experience is best lived through healthful unity of *mens, spiritus et corpus* (mind, spirit and body).

The calling of the Loma Linda University School of Medicine is: to demonstrate the outworking of sound scientific and ethical principles in the physician-patient relationship; to encourage growth in intellectual attainment with sensitivity to others’ needs and in spiritual perception on the part of all who make up the University community; to train skillful practitioners of the healing arts who are effective, by precept and example in fulfilling the imperative “*to make man whole.*”

##### B. Our Mission

To continue the teaching and healing ministry of Jesus Christ, “*to make man whole.*”

#### Preparing the Graduate

Our overriding purpose is to foster the formation of Christian health professionals and scholars; equipping graduates to impact their patients, communities, and society through the provision of collaborative whole person care and scholarship. This is accomplished by:

**Education** - Creating an environment in which medical students, graduate students, and residents will develop the competencies that equip Christian health professionals and scholars with adaptive expertise to respond to a changing world.

**Research** - Promoting a creative, collaborative, and supportive environment for inquiry and discovery of new routes to wholeness through basic, translational, and clinical research.

**Service** - Cultivating an inclusive environment that embraces diversity and promotes a desire to engage and learn from local and global communities through service to patients, systems, and society.

### **Developing the Whole Person**

Affirming our Christian view of wholeness, which recognizes patient needs go beyond the healing of the body, and student development involves more than the training of the mind, we promote physical, intellectual, emotional, social, and spiritual growth in faculty, staff, and students “to make man whole.”

### **Reaching the World**

We collaborate with the world community to promote innovative global education, research, and patient care through the provision of opportunities for faculty, residents, scholars, and students to participate in mutually beneficial professional interaction and enrichment with the global community.

## C. Relationships of the Loma Linda University School of Medicine to the components of LLUH health sciences campus

The School of Medicine relates to the major entities making up the Loma Linda University health sciences complex known as Loma Linda University Health (LLUH). These entities include Loma Linda University (LLU), the School of Medicine faculty medical group (LLUFMG), and Loma Linda University Medical Center (LLUMC) and its affiliated healthcare facilities. The School of Medicine also relates to other major affiliated healthcare clinical facilities that serve as teaching sites for the medical students.

### 1. Loma Linda University (LLU)

The Loma Linda University School of Medicine is one of eight schools within the University and, as such, is ultimately responsible to the Loma Linda University Board of Trustees, including:

- a) Appointment of faculty, division heads and department chairs
- b) Approval of the budget developed by the School of Medicine administration as a component of the total University budget
- c) Appointment of the School of Medicine administrators vested with the appropriate authority to implement the policies of the board
  - Administration

The chief administrator of the School of Medicine is the LLUH Executive Vice President of Medical Affairs (EVP)/Dean of the School of Medicine. Other administrators include:

- a) Vice dean of academic affairs
- b) Vice dean of clinical affairs
- c) Senior associate dean for medical student education
- d) Associate dean for admissions and recruitment
- e) Associate dean for basic science and translational research
- f) Associate dean for basic science education
- g) Associate dean for clinical education
- h) Associate dean for clinical faculty
- i) Associate dean for curricular evaluation and learner assessment
- j) Associate dean for educational quality and outcomes
- k) Associate dean for faculty development
- l) Associate dean for faculty practice affairs
- m) Associate dean for finance and administration

- n) Associate dean for graduate medical education
- o) Associate dean for Los Angeles programs
- p) Associate dean of physician formation & wholeness
- q) Associate dean for student affairs
- r) Assistant dean for admissions
- s) Assistant dean for career advisement
- t) Assistant dean for continuing medical education
- u) Assistant dean for graduate student affairs
- v) Assistant dean for regional campuses

- Academic departments

An academic department, as approved by the University Board of Trustees, is an entity organized to correspond to one of the disciplines in the basic and clinical sciences traditionally accepted in medical schools.

A department may be divided for administrative purposes into divisions. The establishment of such divisions must be approved by the University Board of Trustees. The divisions remain responsible to the chair of the department of which they are a part.

School of Medicine departments are classified into four (4) categories:

- Basic science department which includes the department of basic sciences with its divisions of biochemistry, microbiology, physiology pharmacology, and radiation research; the department of pathology and human anatomy with its divisions of anatomy and pathology; and the department of earth and biological sciences. These departments are concerned with teaching and research in pre-clinical, basic science subjects.
- The Pathologist Assistants' Program which resides within the Department of Pathology (Pathology Division) and includes responsibility for teaching, patient care, and research.
- Clinical science departments which include departments of the School of Medicine responsible for teaching, patient care, and research.
- The medical education department includes the faculty involved in the full-time teaching of school of medicine students across all four years of education, with the purpose to enhance the scholarship of medical education, address the continuum of education, and support inter-professional education.

School of Medicine faculties are appointed by the University Board of Trustees to the appropriate academic department based upon their credentials, expertise and commitment to the mission of the institution.

#### School of Medicine Executive Committee (SMEC)

This committee is the highest body of the School of Medicine advising the dean on matters related to the School of Medicine that affect both the basic and clinical sciences, including academic and administrative affairs. Matters related solely to the basic or clinical sciences will be administered in the Basic Science and Translational Research Executive Committee (BSTREC) and the Clinical Faculty Executive Committee (CFEC) respectively.

All formal appeals by students seeking redress of grievances will be heard by SMEC including appeals to disciplinary action. The minutes of the School of Medicine Executive Committee are kept in the office of the LLUH EVP/Dean of the School of Medicine.

The membership of the School of Medicine Executive Committee is composed of the core clinical chairs, basic science department chairs, one center director (rotating every three (3) years), vice dean of academic affairs, vice dean of clinical affairs, senior associate dean for medical student education, associate dean for basic science and translational research, associate dean for clinical faculty, and associate dean for graduate medical education. Elected faculty representatives include chair and chair-elect of the Basic Science Faculty Advisory Council (BSFAC), chair and chair-elect of the Clinical Science Faculty Advisory Council (CSFAC).

For the purpose of medical student appeals, membership will also include the associate dean for student affairs and the associate dean for clinical education as voting members. For purpose of pathologists' assistant student appeals, membership will also include director of pathologists' assistant program and for MMS student appeals, membership will include director for MMS program as voting members.

A quorum requires fifty-percent of the SMEC membership to be present to vote on an issue.

## 2. Loma Linda University School of Medicine faculty practice organization

### a) Authorization

The University Board of Trustees has authorized School of Medicine's clinical faculty to be structured in a faculty practice plan utilizing the following guidelines and policies.

#### 1) Goals and purposes

- a) To develop and maintain a stable, competent clinical faculty that will assure excellence in education, patient care and research and support the mission of LLU and the overall academic purposes of the School of Medicine.
- b) To contribute to the financial support of the teaching program of the School of Medicine.
- c) To strengthen the Loma Linda University Medical Center as an educational and training center for the School of Medicine by supporting the continuum of education – including undergraduate, graduate, and continuing medical education. Department chairs and division heads of the School of Medicine will ordinarily serve as directors and chiefs of the corresponding services at the Medical Center. Faculty members may participate in Medical Center committees and/or forums as requested by Medical Center administration and department chair.

2) Organization

- a) Loma Linda University Health (LLUH) see section V (A).
- b) Loma Linda University Faculty Medical Group see section V (B).

3. Loma Linda University Medical Center (LLUMC) and its affiliated healthcare facilities

The Medical Center provides education of whole person care for medical students, residents, and fellows.

- a) University Medical Center – located on campus, serving both adult primary and tertiary care patients
- b) LLU Children’s Hospital (LLUCH) – located on campus, serving obstetric, pediatric primary and tertiary care patients
- c) LLUMC Murrieta – located 38 miles southwest of Loma Linda in Riverside County, serving primary and tertiary care patients
- d) LLUMC East Campus – houses physical medicine & rehabilitation, orthopaedics, neurosurgery, and family medicine
- e) Faculty Medical Clinics (FMC) and other ambulatory clinical venues – houses outpatient clinical facilities for the various specialties and an outpatient surgery suite
- f) LLU Behavioral Health Institute and Behavioral Medical Center (LLU BMC) – serves adult and pediatric outpatient and inpatients in the behavioral sciences
- g) Loma Linda University Surgical Hospital – focuses on inpatient and outpatient services within select specialties with technology including robotic surgery technology and laparoscopic capabilities

The president of LLUH is a member of the Board of Trustees/Operating Boards of LLUH, LLU, LLUBMC, LLUCH, LLUMC, and LLUMC-Murrieta.

The LLUH EVP/Dean of the School of Medicine is a member of the Board of Trustees/Operating Boards of LLUH, LLU, LLUBMC, LLUCH, LLUMC, LLUMC-Murrieta and serves as chief of staff of LLUMC.

4. Major affiliated healthcare clinical facilities that serve as teaching sites for the medical students

a) Veteran Administration Loma Linda Healthcare System

The patients at the VA Loma Linda Healthcare System present a spectrum of diseases common to the veteran population. The residency programs are integrated with LLUMC and are under the overall supervision of the faculty of the School of Medicine.

The LLUH EVP/Dean of the School of Medicine is the liaison officer for the VAMC and chairs the VAMC’s Dean’s Committee.

b) Riverside University Health System (RUHS)

The hospital is located in the adjacent county of Riverside. The patient population reflects an urban profile with a large concentration of urgent medical and surgical problems, trauma, obstetrics, and pediatrics.

c) Adventist Health White Memorial Medical Center

The White Memorial Medical Center is located in east Los Angeles and is a 353-bed academic teaching hospital providing a full range of medical services. The patient population is representative of inner-city medicine. The School of Medicine associate dean for the Los Angeles Campus is a member of the Governing Board of the White Memorial Medical Center.

d) Kettering Health Network

Kettering Health is a faith-based network of eight hospitals and outpatient facilities serving southwest Ohio. Kettering Medical Center, located in Kettering, Ohio is a state-of-the-art medical center offering the full spectrum of medical care.

e) Advent Health-Orlando

AdventHealth is an integrated network of health care serving more than 130 facilities nationwide across nine states. AdventHealth Orlando is a 1705-bed faith-based tertiary academic medical center that serves central Florida.

Arrowhead Regional Medical Center, Kaiser Permanente Fontana, Glendale Adventist Medical Center, Adventist Medical Center -Hanford, Portland Adventist Medical Center, Eisenhower Medical Center, Riverside Community Hospital, and Redlands Community Hospital are also utilized as teaching sites on occasion.

It should be noted that the clinical science faculty of the School of Medicine practice their disciplines within these facilities and the physicians relate as members of the medical staff of the respective hospital. The terms and conditions of these relationships are defined in the respective medical staff bylaws.

## II. Supplementary School of Medicine faculty policies

### A. Faculty appointment and employment

1. Qualifications: Faculty members of the departments of the School of Medicine shall be holders of advanced degrees and shall have had training appropriate to, and the professional competence necessary, for the position for which they are being considered. All faculty members shall be dedicated to the ideals of Christian medical education, supportive of the programs and policies of the Seventh-day Adventist church, and committed to and supportive of the basic goals, purposes, and mission of the School of Medicine and the University.
2. Procedure: Appointment procedures for School of Medicine faculty follow the policies outlined in this handbook (Chapter 2).

The appointment of a faculty member to a department of the School of Medicine is made upon the recommendations of the chair of the department to the LLUH EVP/Dean of the School of Medicine. If the EVP/Dean concurs, he/she will recommend the appointment to the President by way of the President's Committee. Subsequently, the President of the University will make the recommendation to the Board of Trustees for their action.

The faculty applicant is required to complete a faculty application form as well as a personal response to the mission statement of LLUSM. The faculty application form is approved and signed by the chair of the department, specifying proposed rank and status. The LLUH EVP/Dean of the School of Medicine or his/her designee will review the candidate application and evaluate his/her credentials and suitability and indicate concurrence with the proposed appointment by approving the application form. The application is transmitted to the university for further processing.



3. Faculty classifications shall follow the definitions of rank and status as specified in the Faculty Handbook 2.1.1 which include “full-time,” “geographic full-time,” “administrative full-time,” “part-time,” “geographic part-time,” and “voluntary” status.

4. Appointment and employment of “full-time” faculty of the School of Medicine

a) Basic science faculty

- Definition: A “full-time” basic science faculty member is one who has a primary appointment in the Department of Basic Sciences (divisions of biochemistry, microbiology, physiology, pharmacology, and radiation research), in the Department of Pathology and Human Anatomy (division of human anatomy), or in Department of Earth and Biologic Sciences and is employed by Loma Linda University.
- Function: The basic science faculty are responsible for instruction of medical, pathologist assistant, earth and biologic science and other, students in basic science subjects. It is understood that each teacher shall devote a significant part of his/her time to current research or scholarly activities. Since basic and clinical sciences are closely interrelated, instruction in basic science areas may be given by clinical science faculty and in the clinical sciences by basic science faculty.

b) Clinical science faculty

- Definition: A clinical science faculty member is defined as a faculty member with a primary appointment in a clinical science department or in the Department of Pathology and Human Anatomy (the division of pathology) of the School of Medicine.

A faculty status of “full-time” or “part-time” is a condition for employment by a School of Medicine faculty employment corporation. The loss of “full-time” or “part-time” faculty status results in the termination of the employment contract with the practice corporation.

- Reporting relationships of clinical science faculty. Each faculty member of a clinical science department of the School of Medicine has at least two (2), and for some, three (3) reporting relationships:
  - the corporation in which they are employed;
  - the medical staff of the hospital; and
  - the chair of their department for the purposes of education and research.

Clinical faculty member employment is governed by the corporation in which they are employed.

Faculty members of the clinical science departments who are physicians or other health professionals and who have medical staff privileges at a health facility are governed by medical staff bylaws of the respective healthcare facility.

The faculty appointment is granted by the University Board of Trustees and requires faculty to adhere to the terms and conditions as set forth in this handbook.

- Function: The clinical science faculty of the School of Medicine spend time in teaching, research and professional practice in the Medical Center or at other authorized locations. Full-time School of Medicine faculty are expected to provide at least two (2) hours per week (on average) in the preparation and presentation of didactic lectures and/or tutorials. Assignment of a medical student to a half-day clinical faculty’s teaching service is equivalent

to a one-hour tutorial.

c) Department of Medical Education

- Definition: A medical education faculty member is defined as a faculty member with primary responsibility for teaching medical students and/or residents. The department purpose is to grow, enhance, and evaluate education programs for students and faculty.
- Function: The medical education faculty spend time in teaching and research in the School of Medicine. The medical education faculty are responsible for instruction of medical students in medical education subjects. Goals are to improve medical education through scholarship and research as well as contribute to innovation in medical educational programs. It is understood that each teacher shall devote a significant part of his/her time to current research or scholarly activities. Full-time School of Medicine faculty are expected to provide, if requested, at least two (2) hours per week (on average) to the preparation and presentation of didactic lectures and/or tutorials.

*Note: A faculty member of the School of Medicine may hold a primary appointment in only one (1) department of the School of Medicine. Appointments to other departments of the School of Medicine or other Schools in the University are secondary appointments.*

B. Faculty rank, status, and promotion guidelines

All faculty in the School of Medicine are appointed and promoted on one (1) of three (3) tracks, namely educator, scientist, or research. The track and category designated for each faculty member will be clearly documented in the official administrative record in the office of the LLUH EVP/Dean of the School of Medicine.

The initial designation of a faculty member to a particular track and category is made after discussion between the individual and the chair of the department. It should reflect the academic and professional commitment of the faculty member, and the assigned role and expectations set by the department. Because circumstances and interest may alter over time, the track and category designation of a faculty member may be changed, again after discussion between the individual and department chair. If the track or category is changed, the faculty member must meet the criteria for promotion in the new track.

1. Tracks

a) Educator track

- Faculty categories: Basic Science Educator and Clinician Educator
- Rank

Instructor of \_\_\_\_\_ Department/Division  
Assistant Professor of \_\_\_\_\_ Department/Division  
Associate Professor of \_\_\_\_\_ Department/Division  
Professor of \_\_\_\_\_ Department/Division

- Description and guidelines

The category of **Basic Science Educator** and **Clinician Educator** is reserved for individuals whose predominant academic contribution is to the school's education program. This category provides opportunity for promotion of faculty who have significant responsibility in planning and administration of the teaching program, including coordination of major courses both basic science and clinical. Faculty in this category personally carry a heavy teaching load and have a reputation as an excellent teacher. Participation in administration,

teaching and research is expected. In addition, faculty in the clinical science departments will usually have patient care responsibilities.

The time assigned to each of these activities will be determined by the department chair and/or division head, after consultation with the faculty member and will depend on the needs of the department. The assignment of responsibilities may vary from time to time depending on the needs of the institution and the expertise of the faculty member. Teaching will occur in lectures, seminars, small groups, conferences, as well as time spent in clinical settings.

Promotion is based on evaluation of the faculty member's contribution in the areas of education, research, patient care, administration and service.

- Education/Teaching

The **Basic Science Educator** and **Clinician Educator** must be noted as outstanding educators with an aptitude for teaching. They devote a significant effort to development of the educational program and to educational research.

Teaching responsibilities may include lectures, seminars, small groups, conferences, laboratory activities, and for the clinician, teaching on the inpatient and outpatient clinical services. Both quality and quantity of teaching will be assessed, and the evaluations of students, peers, and supervisors should be commendable. Teaching evaluation is based on the quality and value of teaching interactions with students, residents, fellows, graduate students, practicing physicians, and other health care professionals; an assessment of innovative education programs, projects, resources, materials and methods; and, for some faculty, the ability to be an effective education administrator or leader.

The candidates will be required to assemble an Educator's Portfolio to record on an ongoing basis all teaching, special lectures, and involvement in course planning and evaluations using the recommended LLU format. Compilation of an Educator's Portfolio in the promotion dossier allows for formal assessment of contribution to teaching, providing documentation and evidence of the quality and value of educational activities. It is recommended that faculty members proactively request supporting material for the Educator's Portfolio, such as course evaluations and peer or student assessments at the time that the teaching activity is performed. An internal reference letter that contains a comprehensive section reflecting personal observation of teaching effectiveness may be appropriate as one element of peer evaluation.

- Research

The quality and quantity of research will be evaluated. Publications will be evaluated for originality and importance of the study and contribution of the faculty member. An effort will be made to fairly judge the true value of the faculty member's contribution to research projects and publications. That value may or may not be reflected by whether his/her name appears first or otherwise among a list of authors. Publications refer to papers in peer-reviewed journals and book chapters as well as some forms of online publications.

- Clinical performance

Faculty who provide clinical professional services as part of their expected academic responsibilities must have regular, peer clinical evaluation as a component of academic advancement. They will be evaluated on their patient care activities through reports from patients, peers, and department chair.

- Administration

Effective administration of teaching, research, and clinical programs is essential to

departmental success. Administrative work is an important activity that should be evaluated at the time of promotion, although it is not a substitute for teaching and/or scholarship. Those involved in the evaluation should include the faculty member's supervisor and peers and users of the service, which he/she administers. Assessment of administrative effectiveness may be based upon:

Committee assignments including: role as member or chair, time involved, and quality of faculty member's contribution.

Responsibility for administration of assigned programs including: chair of department or head of a division, coordination of courses or teaching blocks, director of residency program. Administrative responsibilities should be defined as hospital, department, School of Medicine, University, faculty practice, regional, national or international.

- Service

Faculty are expected to demonstrate a willingness to serve others by participating in activities that extend beyond their academic roles. This is a reflection of commitment to the mission, vision, and values of the institution. Service to one's institution, church, community, and society may take many different forms, but in the context of faculty promotion it should involve donation of one's time and effort using professional skills and knowledge.

- Promotion criteria

Preamble: The academic contribution of any given faculty member will rarely involve all of the items covered in the following criteria. The promotion decision will, therefore, be based only on those criteria, which apply in each case. Further, the criteria cannot be written to allow for every possible example of faculty activity. In some instances, the LLUH EVP/Dean of the School of Medicine and the Promotions Committee may have to exercise their best judgment in an individual case where the academic activities do not explicitly match the promotion criteria.

- Assistant to Associate Professor

For a faculty member being considered for promotion to the rank of Associate Professor, his/her academic record and contribution should show sustained accomplishment.

***Basic Science Educator and Clinician Educator***

- Master educators who have an aptitude for teaching and who devote a significant effort to development of the educational program and/or to educational research.

- Superior reputation as an effective teacher whose contributions have been recognized beyond his or her department.
- Excellent teacher with commendable evaluations supported by the Educator's Portfolio.
- A minimum of four (4) publications in peer-reviewed refereed journals or equivalent. Senior authorship is not required. Publication may be as a member of a research team or related to research in teaching.
- Clinician educator has recognition as an effective clinician.
- Leadership in education (e.g., course or program development or responsibility).
- Favorable evaluation of significant administrative contribution (e.g., residency program director).
- A minimum of five (5) hours of continuing medical education (CME) credit (or equivalent for basic scientist) focused on education in the years between appointment to Assistant Professor and promotion to Associate Professor.

One (1) hour of the above CME may be fulfilled by one presentation on any topic related to faculty development.

- Service to one's institution, church, community or society involving contribution of one's time and effort using professional skills and knowledge.
- Associate Professor to Professor

For a faculty member being considered for promotion to the rank of Professor, his/her academic record and contribution should show sustained accomplishment since promotion to Associate Professor.

***Basic Science Educator and Clinician Educator***

- Evidence that his/her contribution has stimulated and fostered the educational environment of the home department and the school.
- Recognized nationally as an educator.
- Evaluation as an excellent teacher with commendable evaluations supported by Educator's Portfolio.
- A minimum of eight (8) publications in peer-reviewed refereed journals or equivalent. Senior authorship is not required. Publications relating to medical education are likely.
- A clinician educator should be recognized as an effective clinician.
- Course or program coordinator, or evidence of important leadership in the educational program of the School of Medicine.
- Successful contribution to administration of the School of Medicine other than teaching should be supported with written evaluations of the personal contributions of the candidate.
- Promotion must be supported by letters from at least three (3) authorities outside the University in the investigator's field of research at level of proposed rank or higher

(letters should be exclusive of faculty from candidate's residency or post graduate education).

- A minimum of ten (10) hours of continuing medical education (CME) credit (or equivalent for basic scientist) focused on education in the years between appointment to Associate Professor and promotion to Professor.

Two (2) hours of the above CME may be fulfilled by two (2) presentations on any topic related to faculty development.

- Service to one's institution, church, community or society involving contribution of one's time and effort using professional skills and knowledge

b) Scientist track

- Faculty categories: Basic Scientist and Clinician Scientist
- Rank

Instructor of \_\_\_\_\_ Department/Division

Assistant Professor of \_\_\_\_\_ Department/Division

Associate Professor of \_\_\_\_\_ Department/Division

Professor of \_\_\_\_\_ Department/Division

- Description and guidelines

The categories of **Basic Scientist** and **Clinician Scientist** are the academic tracks for faculty in the basic science or clinical science departments who are involved primarily in academic activities. Participation in administration, teaching and research is expected. In addition, faculty in the clinical science departments will usually have patient care responsibilities. The time assigned to each of these activities will be determined by the department chair and/or division head, after consultation with the faculty member, and will depend on the needs of the department. The assignment of responsibilities may vary from time to time depending on the needs of the institution and the expertise of the faculty member. Promotion is based on evaluation of the faculty member's contribution in the areas of education, research, patient care, administration, and service.

- Education/Teaching

Basic Scientists and Clinician Scientists should have evaluations that show they are effective teachers. Teaching responsibilities may include lectures, seminars, conferences, small groups, laboratory activities and, for the clinician, teaching on the inpatient and outpatient clinical services. The evaluation of teaching is based on the quality and value of teaching interactions with students, residents, fellows, graduate students, practicing physicians and other health care professionals.

- Research

The quality and quantity of research will be evaluated. Publications refer to papers in peer-reviewed journals, book chapters, and some forms of online publications. The basic scientist and clinician scientist will be evaluated on the basis of scholarship, extramural funding support for their research and adequate publications. Publications will be evaluated for originality and importance of the study and the contribution of the faculty member. An effort will be made to fairly judge the true value of the faculty member's contribution to research projects and publications.

The candidates will be required to assemble a Scientist's Portfolio using the LLU recommended format to record on an ongoing basis, all teaching, research and clinical projects and activities. Compilation of a Scientist's Portfolio in the promotion dossier allows for formal assessment of contribution to teaching and research, providing documentation and evidence of the quality and value of professional activities.

- Clinical performance

Faculty who provide clinical professional services as part of their expected academic responsibilities must have regular, peer clinical evaluations as a component of academic advancement. They will be evaluated via a structured format on their patient care activities through reports from patients, peers and department chair.

- Administration

Effective administration of teaching, research, and clinical programs is essential to departmental success. Administrative work is an important activity that should be evaluated at the time of promotion, although it is not a substitute for teaching and/or scholarship. Those involved in the evaluation should include the faculty member's supervisor, peers, and users of service, which he/she administers. Assessment of administrative effectiveness may be based upon:

- Committee assignments including: role as member or chair, time involved, and quality of faculty member's contribution.
- Responsibility for administration of assigned programs including chair of department or head of a division, coordination of courses or teaching blocks, or director of residency program. Administrative responsibilities should be defined as hospital, department, School of Medicine, University, faculty practice, regional, national or international.

- Service

Faculty are expected to demonstrate a willingness to serve others by participating in activities that extend beyond their academic roles. This is a reflection of commitment to the mission, vision, and values of the institution. Service to one's institution, church, community, and society may take many different forms, but in the context of faculty promotion it should involve donation of one's time and effort using professional skills and knowledge.

- Promotion criteria

Preamble: The academic contribution of any given faculty member will rarely involve all of the items covered in the following criteria. The promotion decision will, therefore, be based only on those criteria, which apply in each case. Further, the criteria cannot be written to allow for every possible example of faculty activity. In some instances, the LLUH EVP/Dean of the School of Medicine and the Promotions Committee may have to exercise their best judgment in an individual case where the academic activities do not explicitly match the promotion criteria.

- Assistant to Associate Professor

For a faculty member being considered for promotion to the rank of Associate Professor, his/her academic record and contribution should show sustained accomplishment.

***Basic Scientist and Clinician Scientist***

- Evaluation as an effective teacher.

- Demonstration of independent research ability and success as a researcher capable of attracting major outside funding.
  - Equivalent of ten (10) papers in peer-reviewed refereed journals or equivalent as first or senior author for faculty with 50 percent (50%) or more time assigned to research. At the discretion of the Committee, the minimum number of publications may be decreased to seven (7) for a faculty member who carries a heavy teaching, clinical, or administrative load and is a superior teacher or clinician.
  - Favorable evaluation of significant administrative contribution.
  - A minimum of two (2) hours of continuing medical education (CME) credit (or equivalent for basic scientist) focused on education in the years between appointment to Assistant Professor and promotion to Associate Professor.
  - Service to one's institution, church, community or society involving contribution of one's time and effort using professional skills and knowledge.
- Associate to Professor

For a faculty member being considered for promotion to the rank of Professor, his/her academic record and contribution should show sustained accomplishment since promotion to Associate Professor.

***Basic Scientist and Clinician Scientist***

- National peer recognition and evidence of fostering the research environment of the home department and the school.
- Evaluation as an effective teacher.
- Equivalent of twenty (20) publications in peer-reviewed refereed journals or equivalent as first or senior authorship for faculty with 50 percent or more time devoted to research. At the discretion of the Committee, the minimum number of publications may be decreased to fifteen (15) for a faculty member who carries a heavy teaching, clinical, or administrative load and is a superior teacher or clinician.
- Extramural funding at a level sufficient to maintain productivity.
- Favorable evaluation of significant administrative contribution.
- Promotion must be supported by letters from at least three (3) authorities outside the University in the investigator's field of research at level of proposed rank or higher (exclusive of faculty from residency or post graduate education).
- A minimum of five (5) hours of continuing medical education (CME) credit (or equivalent for basic scientist) focused on education in the years between appointment to Associate Professor and promotion to Professor.
- Service to one's institution, church, community or society involving contribution of one's time and effort using professional skills and knowledge.

c) Research track.

- Faculty categories: Research faculty



- Rank

Research Instructor of \_\_\_\_\_ Department/Division  
Assistant Research Professor of \_\_\_\_\_ Department/Division  
Associate Research Professor of \_\_\_\_\_ Department/Division  
Research Professor of \_\_\_\_\_ Department/Division

- Description and guidelines

The research track is for faculty who spend at least 80 percent (80%) of their time doing research. Research faculty are normally expected to be supported by extramural funding.

The major criterion for promotion is research productivity. Both quality and quantity of work is evaluated. Publications refer to papers in peer reviewed journals and book chapters. It is expected that research faculty would have some definite, but limited, involvement in teaching by participation in lectures, seminars, and conferences. This could be at a peer or graduate level of education. Education and administration activities should be described through evaluation by department. Promotion from Associate Professor to Professor would normally take a minimum of five (5) years, except under very special circumstances.

Faculty are expected to demonstrate a willingness to serve others by participating in activities that extend beyond their academic roles. This is a reflection of commitment to the mission, vision and values of the institution. Service to one's institution, church, community and society may take many different forms, but in the context of faculty promotion it should involve donation of one's time and effort using professional skills and knowledge.

The candidates will be required to assemble a Researcher's Portfolio to record on an ongoing basis all research, ongoing projects, and funding history. Compilation of a Researcher's Portfolio in the promotion dossier allows for formal assessment of contribution to research providing documentation and evidence of the quality and value of research activities.

The expectations for service apply to faculty promoted in the research track, as well as the other tracks. See above.

- Promotion criteria

Preamble: The academic contribution of any given faculty member will rarely involve all of the items covered in the following criteria. The promotion decision will, therefore, be based only on those criteria, which apply in each case. Further, the criteria cannot be written to allow for every possible example of faculty activity. In some instances, the LLUH EVP/Dean of the School of Medicine and the Promotions Committee may have to exercise their best judgment in an individual case where the academic activities do not explicitly match the promotion criteria.

- Assistant to Associate Professor

- A minimum of ten (10) publications in peer-reviewed refereed journals or equivalent with first or senior authorship
- Completed Researcher's Portfolio using LLU recommended format.

- Associate Professor to Professor

- A minimum of twenty (20) publications in peer-reviewed refereed journals or equivalent as either first or senior author.

- Extramural grant funding
- Involvement in fostering of departmental or institutional research activities.
- National peer recognition expected.
- Completed Researcher's Portfolio using the LLUSM recommended format.
- Promotion must be supported by letters from at least three (3) authorities outside the University in the investigator's field of research at level of proposed rank or higher (exclusive of faculty from residency or post graduate education).

**Assistant to Associate Professor**

	<u><b>Educator</b></u> <b>Basic Science Educator</b> <b>Clinician Educator</b>	<u><b>Scientist</b></u> <b>Basic Scientist</b> <b>Clinician Scientist</b>	<u><b>Research</b></u>
<b>Research</b>	A minimum of four (4) publications in peer-reviewed refereed journals or equivalent. Senior authorship is not required. Publication may be as a member of a research team or related to research in teaching.	Equivalent of ten (10) peer-reviewed refereed journals or equivalent as first or senior author for faculty with 50 percent or more time assigned to research. At the discretion of the Committee, the minimum number of publications may be decreased to seven (7) for a faculty member who carries a heavy teaching, clinical, or administrative load.	A minimum of ten (10) publications in peer-reviewed refereed journals or equivalent with first or senior authorship  A maximum of seven (7) years is allowed for progression from the assistant to associate professor level.  Research faculty (>80 percent of time in research) are expected to be supported by extramural funding.
Extramural funding at a level sufficient to maintain productivity.			
<b>Teaching Productivity</b>	Master educators who have an aptitude for teaching and who devote a significant effort to development of the educational program and/or to educational research.  Evaluation as an effective teacher with commendable evaluations. Teaching activities supported by Educator's Portfolio.	Evaluation as an effective teacher.	Research faculty has definite but limited involvement in teaching by participation in lectures, seminars and conferences. This could be at a peer or graduate level of education.  Evaluation as an effective teacher.
<b>Clinical Excellence</b>	Recognition as an effective clinician with formal evaluations by peers and department chair for clinician educator.		
<b>Administrative Contribution</b>	Favorable evaluation of significant administrative contribution.		
<b>National Reputation</b>	Superior reputation as an effective teacher whose contributions have been recognized beyond his or her department.		
<b>Other</b>	A minimum of five (5) hours of continuing medical education (CME) credit *(or equivalent) focused on education in the years between appointment to assistant professor and promotion to associate professor.  One (1) hour of the above CME may be fulfilled by one presentation on any topic related to faculty development.	A minimum of two (2) hours of continuing medical education (CME) credit *(or equivalent) focused on education in the years between assistant professor appointment and promotion to associate professor.	A minimum of two (2) hours of continuing medical education (CME) credit *(or equivalent) focused on education or time presenting a paper at a national or international meeting in the years between assistant professor appointment and promotion to associate professor.
<b>Service</b>	Service to one's institution, church, community and society may take many different forms, but in the context of faculty promotion it should involve donation of one's time and effort using professional skills and knowledge.		

\*equivalent education for non-clinician

Promotion Criteria for Academic Track

<b>Associate Professor to Professor</b>			
	<b><u>Educator</u> Basic Science Educator Clinician Educator</b>	<b><u>Scientist</u> Basic Scientist Clinician Scientist</b>	<b><u>Research</u></b>
<b>Research</b>	A minimum of eight (8) peer-reviewed publications in refereed journals or equivalent. Senior authorship is not required. Publications relating to medical education are likely. There must be sustained accomplishments since the candidate's previous promotion to Associate Professor.	Equivalent of twenty (20) peer-reviewed publications as first or senior authorship for faculty with 50 percent or more time devoted to research. At the discretion of the Committee, the minimum number of publications may be decreased to fifteen (15) for a faculty member who carries a heavy teaching, clinical or administrative load. There must be sustained accomplishments since the candidate's previous promotion to Associate Professor.	A minimum of twenty (20) peer-reviewed publications as either first or senior author  Promotion would normally take a minimum of five (5) years, except under very special circumstances. Research faculty (>80 percent of time in research) are expected to be supported by extramural funding.  There must be sustained accomplishments since the candidate's previous promotion to Associate Professor.
		Extramural funding at a level sufficient to maintain productivity.	
<b>Teaching Productivity</b>	Evidence that his/her contribution has stimulated and fostered the educational environment of the home department and the school.  Recognition as an excellent and effective teacher, with supporting written evaluations by students, residents and/or peers.  Course or program coordinator or evidence of important leadership in the educational program of the School of Medicine.  Teaching activities supported by Educator's Portfolio.	Evaluation as an effective teacher.	Research faculty has definite but limited involvement in teaching by participation in lectures, seminars and conferences. This could be at a peer or graduate level of education.
<b>Clinical Excellence</b>	*Recognition as an outstanding clinician with formal evaluations by peers and department chair for clinician educator.		
<b>Administrative Contribution</b>	Successful contribution to administration of the School of Medicine, in addition to teaching, with written evaluation of the personal contributions of the candidate.  An acknowledged and successful contribution as associate professor over a period of time.	Favorable evaluation of significant administrative contribution.	

Promotion Criteria for Academic Track

<b>Associate Professor to Professor</b>			
	<b><u>Educator</u></b> <b>Basic Science Educator</b> <b>Clinician Educator</b>	<b><u>Scientist</u></b> <b>Basic Scientist</b> <b>Clinician Scientist</b>	<b><u>Research</u></b>
<b>National Reputation</b>	Known nationally through activities related to education, such as lectures at conferences, contribution to education within national specialty societies, or development of public policy.	National peer recognition and evidence of fostering the research environment of the home department and the school.	
<b>Other</b>	Promotion must be supported by letters from at least three (3) authorities outside the University in the investigator's field at rank of professor (or equivalent), (exclusive of faculty from residency or post graduate education).		
	A minimum of ten (10) hours of continuing medical education (CME) credit *(or equivalent) focused on education in the years between appointment to associate professor and promotion to professor.  Two (2) hours of the above CME may be fulfilled by two (2) presentations on any topic related to faculty development.	A minimum of five (5) hours of continuing medical education (CME) credit *(or equivalent) focused on education in the years between appointment to associate professor appointment and promotion to professor.	A minimum of two (2) hours of continuing medical education (CME) credit focused on education in the years between associate professor appointment and promotion to professor.
<b>Service</b>	Service to one's institution, church, community and society may take many different forms, but in the context of faculty promotion it should involve donation of one's time and effort using professional skills and knowledge.		

\*equivalent education for non-clinician

## 2. Promotion procedures

### a) Appointment and promotion: general comments

Faculty appointments at the rank of Instructor or Assistant Professor, or promotion of faculty to the rank of Assistant Professor, are made on the recommendation of the LLUH EVP/Dean of the School of Medicine, without review by the Promotions Committee. The rank of Assistant Professor requires satisfactory completion of postdoctoral training, or for clinical faculty, specialty board certification. Board eligible faculty may be temporarily given the rank of Assistant Professor if extenuating circumstances preclude them from completing the board certification.

The designation of the track and category, if applicable, for a current faculty member may be made at any time, or it may be postponed. A declaration must be made however, whenever promotion is recommended. Designation of track or category is desirable but is not necessary for promotion to Assistant Professor, or for new appointments at the rank of Assistant Professor. Appointments and promotions to the ranks of Associate Professor and Professor require clear designation of faculty track and category.

The categories of Basic Science Educator and Clinician Educator in the academic track will be reserved for those faculties with an established record of accomplishment in the school and whose predominant academic contribution is to the educational program.

Clinicians who are licensed in a profession other than medicine (psychologists, nurses, speech pathologists, and other allied health professionals) may be appointed to the faculty, and may be promoted. Their appointment and promotion requires documentation of their academic contribution, and the decision is based on the same criteria as other faculty.

A proposed promotion will be held in abeyance if the faculty member is under University discipline.

### b) Initiation of the promotion recommendation

Each department must have some form of regular annual review of faculty. Included in that review should be agreement between the department chair and faculty member on the individual's academic role and designated promotion track. There should be opportunity for career planning to assist the faculty member in eventually reaching the criteria for promotion on his/her designated track.

The recommendation for promotion is usually initiated by the department after discussion between the chair and faculty member. A department Promotions Committee is formed and is composed of three to five faculty members from the individual's department and is chaired by a senior faculty member other than department chair. The department Promotion Committee reviews the member's promotion dossier and evaluates faculty member's contribution. After a favorable vote, the committee makes a recommendation on the promotion request in the form of a letter. This recommendation letter is forwarded to the department chair and a copy is included in the promotion packet. The department chair sends the promotion material to the chair of the School of Medicine Promotions Committee with a letter recommending the promotion.

If the department chair and/or department Promotions Committee fail to support the request for promotion, the faculty member may appeal directly to the LLUH EVP/Dean of the School of Medicine for consideration of promotion. In that case the department chair and the department Promotions Committee are expected to provide the LLUH EVP/Dean of the School of Medicine, on request, with information about the faculty member's academic contribution to permit a fair and objective evaluation of the promotion request.

c) Processing the application

Upon receiving a letter of recommendation from the department chair and department Promotions Committee, as well as the faculty member's dossier, the chair of the School of Medicine Promotions Committee will add the faculty member's name to the agenda of the next Promotions Committee meeting. Please note, for faculty promoting to the rank of full Professor, the School of Medicine Promotions Committee will not review a candidate's promotion dossier until the minimum of three external letters of recommendation have been received.

The School of Medicine Promotions Committee evaluates the faculty member's contribution against the appointment and promotion guidelines, and votes on the case. The Promotions Committee acts in an advisory capacity only, responsible to the LLUH EVP/Dean of the School of Medicine, and therefore its vote is to recommend (or not to recommend) promotion. The decisions of the Committee are confidential and communicated only to the LLUH EVP/Dean of the School of Medicine.

After deciding to recommend promotion, the LLUH EVP/Dean of the School of Medicine forwards the recommendation for promotion to University administration (via President's Committee) for processing by the Board of Trustees. Formal notice of promotion is given to the faculty member in writing by the University president's office.

d) Documentation

The following supporting documents are required to support the promotion recommendation, and must accompany the initial recommendation to the School of Medicine Promotions Committee:

- Completed Promotion Checklist as coversheet to packet.
- Faculty track designation signed by the candidate and department chair.
- An up-to-date one-page summary curriculum vitae in the School of Medicine standard format.
- An up-to-date curriculum vitae utilizing the School of Medicine standard format. Include only published or in-press citations.
- Candidate's signed personal statement.
- Documentation of the number of hours of continuing medical education (CME) credit focused on education in the years between appointment of current rank and promotion application.
- Letter of proposal from the department chair addressed to the chair of the School of Medicine Promotions Committee, including the following:
  - Recommendation for promotion
  - Clear statement of the rank being recommended
  - Clear statement of the faculty track and category (i.e., academic Basic Scientist, Clinician Scientist, Basic Scientist Educator, Clinician Educator or Research)
  - An emphasis on points not clearly evident from the curriculum vitae, for example:

- i. the originality or importance of the candidate's academic contribution
  - ii. specific evidence of contribution to academic administration
  - iii. specific contributions to patient care
  - iv. specific evidence of contributions to teaching activities
  - v. candidate's national and international reputation as represented by appointments to study sections, memberships on editorial boards, conference leadership, invited lectureships, and special honors
  - vi. sources of financial support in past three (3) years and future sources of support
  - vii. any additional supporting material, such as reference letters, teaching evaluations, etc.
- Letter of support from Department Promotions Committee addressed to the chair of the School of Medicine Promotions Committee.
  - Teaching evaluations.
  - Copies of two (2) publications most representative of the candidate's research.
  - Updated Professional Portfolio Report utilizing the School of Medicine standard format. [Educator's Portfolio (*for Basic Science Educator and Clinician Educator tracks only*); Scientist's Portfolio (*for Basic Scientist and Clinician Scientist only*); Researcher's Portfolio (*for Research track only*)]. For some candidates, especially those in the Clinician Educator category, considerable weight may be given to an evaluation of the candidate's contribution to academic administration. Written evaluation of that contribution should be submitted with description of the role, extent of responsibility and the nature of the specific contribution of the candidate in carrying out that role.
  - For all candidates being promoted with tenure\*, and for candidates recommended for promotion to the rank of Professor, promotion must be supported by letters from at least three (3) authorities outside the University in the investigator's field of research at level of proposed rank or higher (letters should be exclusive of faculty from candidate's residency or post graduate education).
  - An original complete file and *two (2) extra copies of all materials are required by the Promotions Committee.*

\*See School of Medicine section II.C. for the School of Medicine Tenure Policy.

### C. Tenure Policy

#### 1. Relation of School of Medicine to University policy on tenure

Policies on tenure in the School of Medicine follow the policies of the University with supplementary details determined by the School of Medicine as permitted in the University policies.

#### 2. Definition of tenure in School of Medicine

Tenure is a pledge by the School of Medicine of continuous academic appointment for a full-time faculty member subject to the conditions specified in the following University Policies:



Discontinuation of Faculty Appointment and Severance of University Employment, Discipline and Dismissal Policy, and Post-Tenure Review (refer to the University *Faculty Handbook*, Chapter 2). The award of tenure does not guarantee employment by the School of Medicine.

3. Availability and nature of tenure in the School of Medicine

- a) Tenure is available only to faculty who are classified in the academic track categories of Basic Scientist and Basic Scientist Educator and who hold a primary appointment in basic sciences (biochemistry, microbiology, pharmacology or physiology) or the Division of Anatomy in the Department of Pathology and Human Anatomy.
- b) Tenure is not available to any faculty whose primary appointment is in a clinical science department of the School of Medicine.
- c) Tenure in the Basic Scientist and Basic Scientist Educator academic tracks provides assurance of continuous academic appointment. It does not guarantee employment by the School of Medicine. A tenured faculty member has priority over a non-tenured faculty member for employment by the School of Medicine in the event of general faculty reductions.

4. Criteria for tenure in the School of Medicine

Three (3) general areas are used to evaluate faculty for tenure. These are (a) research, (b) teaching, and (c) service. For this evaluation, the faculty member must submit a dossier summarizing scholarly activities, letters of recommendation (at least three (3) extramural) and the names of five (5) senior scientists who may serve as external reviewers. The recommendation for tenure will be based on faculty achievement of excellence in at least one category at the national level, and satisfactory or better evaluations by peers in the other two categories.

- a) Research: Evaluation as a productive and independent investigator
- b) Teaching: Evaluation as an effective teacher
- c) Service: Evaluation of a significant service contribution

5. Evaluation criteria for tenure

- a) Guidelines for evaluating faculty research

As an integral component of the School of Medicine, faculty should assign high priority to the pursuit and dissemination of knowledge. Excellence in research will be a primary factor in consideration for tenure. Demonstration of independence, achievement and promise of continued high level of productivity are important, along with evidence of leadership in fostering the research environment of the department of primary appointment within the School of Medicine. Whatever the nature of the creative scholarly endeavor, it is essential that it be communicated or published in some form. Sources of information for the faculty dossier should include the curriculum vitae and letters of evaluation, both intramural and external. Evaluation of research may be based on peer assessment of independence, novelty, originality, productivity, and significance of the published material. Contribution to collaborative and multidisciplinary efforts, national prominence, visiting professorships, invited membership in prestigious scientific societies, invitations to chair sessions, and participation in symposia or seminars may be considered. A record of approved grant proposals and success in obtaining extramural funding is indicative of positive peer assessment of the candidate's research at the national level. After a minimum of four (4) years full-time service to the school, (or equivalent at another institution), a maximum of ten (10) publications are to be submitted that must reflect the highest quality and importance of independent research.

Components of research may include:

- *Basic laboratory research:* number and quality of original reports derived from application of the scientific method, importance and independence of research efforts.
- *Scholarly reviews:* review textbooks, monographs, chapters and manuals in health-related disciplines.
- *Educational research:* reports, articles, and innovative approaches in teaching health science related subjects.
- *Other research:* computer programs (development of software for use in clinical or basic research or teaching), inventions and patents (applications for patentable inventions disclosed in the prescribed format), and consultations related to the research endeavors of other faculty.

b) Guidelines for evaluating faculty teaching

Members of the faculty must not only impart the knowledge and information needed for competent medical practice, but must also serve as models to the students in a wide range of professional settings. These elements of medical teaching make unusual demands on faculty members in terms of their time and energy. Therefore, a positive effort should be made in the evaluation process to give substantial weight to medical teaching and other direct contributions to the learning environment. In particular, creative activity in the design, development and implementation of portions of the medical curriculum should be recognized as highly desirable faculty functions. Although the educational role varies considerably from person to person, it is expected that all faculty will be active and effective teachers.

Components of teaching may include:

- *Quantity of teaching effort:* the number of students, hours spent teaching, number of courses, new course development, and courses coordinated.
- *Quality of teaching effort:* collective opinions of those taught, evaluation by course directors and colleagues, student performance on examinations, and professional accomplishments of student trainees.
- *Development of innovative teaching materials:* teaching syllabi, audiovisual programs, self-teaching sets, computerized learning procedures, and other techniques.
- *Extramural recognition (local and national):* invited lectureships, guest professorships, attraction of quality students and trainees and other extramural teaching.
- *Publications:* articles related to teaching methods.
- *Type of teaching:* lecture or seminar involving medical or dental students, graduate students, postdoctoral fellows, or undergraduate students.

c) Guidelines for evaluating faculty service

Consideration of professional service experience should include the need and demand for such service, whether the activity is assigned or voluntary. Service is important in meeting school or departmental goals, and depends upon faculty qualities of innovation or leadership in performing such activities, the degree of responsibility involved, the time required and duration of activity. In addition, the quality of performance, the range and number of such activities, and the contribution to professional growth are considerations. Evaluation is based on reports from individuals and groups familiar with the candidate's work, including faculty colleagues, students,

administrative heads, allied health professionals, and lay organizations. When relevant, publications and reports related to service should also be evaluated.

Components of service may include:

- *Administrative activities:* Appointment to positions of responsibility within the School of Medicine, enhancement of morale, demonstrating leadership qualities and facilitation of teaching and research by others. Committee assignments including role as member or chair, time involved, and quality of faculty member's contribution. Administration of assigned programs including chairing of department and/or section, coordinating of courses or teaching blocks.
- *Professional activities:* Local and national society membership and leadership, editorial contributions, manuscript reviews, membership on editorial boards, special assignments to nationally sponsored studies or task forces, membership on certification, awards, licensure or specialty boards and committees accrediting health institutions may also be considered.
- *Extramural community activities:* Faculty is expected to demonstrate a willingness to serve others by participating in activities that extend beyond their narrow academic roles. Service to one's institution, religious organization, community and society may take many different forms, but in the context of faculty promotion it should involve donation of one's time and effort using professional skills and knowledge. These activities may include but may not be limited to: work with governmental agencies and the legislature; participation in programs of public education; membership on boards of public and private organizations and agencies.

#### 6. Procedure to initiate tenure

The faculty member or Chair of the department in which the faculty member has a principal appointment initiates the request for tenure. After intra-departmental review, the complete faculty dossier will be forwarded to the chair of the School of Medicine Promotions Committee for consideration by the Tenure Subcommittee. The Tenure Subcommittee acts in an advisory capacity only, responsible to the LLUH EVP/Dean of the School of Medicine, and therefore its vote is to recommend (or not recommend) tenure. The decisions of the Committee are confidential and communicated to the LLUH EVP/Dean of the School of Medicine. After deciding to recommend tenure, the LLUH EVP/Dean of the School of Medicine forwards the recommendation for tenure to the University Rank and Tenure Committee. If approved, it is forwarded to the University president and finally to the Board of Trustees, which is authorized to grant tenure. Formal notice of the tenure decision is given to the faculty member in writing from the president's office.

#### 7. The School of Medicine post-tenure review process

- a) The annual evaluation of tenured faculty is an essential component of the School of Medicine. This annual evaluation determines whether or not the faculty member continues to meet the criteria under which tenure was awarded.
- b) Under normal circumstances, a cumulative post-tenure review of faculty is concurrent with every fifth annual review. A Tenure Subcommittee composed of tenured basic science faculty members examines the results of the preceding five (5) annual reviews of the faculty member under consideration to determine if the five (5) year record demonstrates cumulative compliance with the requirements for appointment of tenured faculty.

Exceptions to the five (5) year cycle are as follows:

- In the case of two consecutive annual reviews, where a faculty member does not meet the criteria under which tenure was awarded the department chair may request that the Tenure Subcommittee proceed to the formal cumulative post-tenure review.

- Upon petition by a faculty member, his/her tenure review may be deferred for a period equivalent to the time affected by a personal problem such as a documented serious illness, divorce or the death of a spouse or child. The time so affected is not considered in the tenure evaluation.
- c) The following actions are taken upon review of a tenured faculty member:
- If the individual has continued to meet the criteria under which tenure was awarded tenure is retained and an affirmation statement is provided by the department chair and by the LLUH EVP/Dean of the School of Medicine.
  - Tenure may be discontinued only with the concurrence of at least four (4) of the five (5) members of the Tenure Subcommittee. A department chair cannot discontinue tenure.
- d) A faculty member who has lost tenure but has retained employment can regain tenure by meeting the eligibility criteria.
- e) Faculty members wishing to appeal their loss of tenure can employ the mechanism described in the University Faculty Handbook.

D. Discontinuation of faculty appointment and severance of employment of School of Medicine faculty

Preamble: The discontinuation of faculty appointment and severance of employment as well as dismissal of faculty are governed by sections 2.6 and 2.7 of the University *Faculty Handbook*, except as specifically modified herein.

1. Basic science faculty of the School of Medicine

Discontinuation of faculty appointment and severance of University employment for full-time faculty of basic science departments are governed by the University policies as set forth in sections 2.6 and 2.7 of the University *Faculty Handbook*.

2. Clinical science faculty of the School of Medicine

a) Reporting relationship

- Discontinuation of faculty appointment, including dismissal, of clinical science faculty is governed by the University policies as set forth in sections 2.6 and 2.7 of the University *Faculty Handbook*.
- Severance of employment of a clinical science faculty member employed by the Loma Linda University Faculty Medical Group is governed by the terms and conditions of their employment agreement.
- Discontinuation of the medical staff privileges of a clinical science faculty member is specifically governed by the policies and procedures defined in the medical staff bylaws of the appropriate clinical facility.

b) Resignations of clinical science faculty

- A clinical science faculty member who chooses to resign his/her faculty appointment must notify the department chair who will then process the resignation through the appropriate channels, ending with the University Board of Trustees. Resignation of faculty appointment will result in termination of employment by the faculty practice corporation.

- A “full-time” or “part-time” clinical science faculty member who chooses to resign his/her employment with the School of Medicine or their employing faculty practice corporation must notify the president of that corporation. Resignation of employment with the faculty practice corporation will result in termination of his/her faculty appointment. If he/she decides to remain active in the department, he/she may request a voluntary faculty appointment or the faculty appointment may be terminated as noted above. This decision is based upon review by the chair of the clinical science department and is subject to the approval of the University Board of Trustees.

c) Dismissal of clinical science faculty

*Causes for dismissal.* A clinical science faculty member may be dismissed upon showing that dismissal would be in the best interest of the School of Medicine, taking into account all relevant factors, including, but not limited to, causes raised in section 2.7 of the University *Faculty Handbook*. In addition, a cause for dismissal of a clinical science faculty member would be the use of the faculty appointment in advertising or marketing of services not fiscally related to the University or its affiliated entities without written authorization of the LLUH EVP/Dean of the School of Medicine.

Procedure for dismissal of a clinical science faculty member shall follow the discipline and dismissal policy outlined in section 2.7 of the University *Faculty Handbook* and proceed as follows:

- The LLUH EVP/Dean of the School of Medicine will submit the recommendation with supporting documentation to LLUFMG Board of Directors for their review and recommendation. If LLUFMG Board concurs with the recommendation for dismissal, then the Committee notifies the LLUH EVP/Dean of the School of Medicine who recommends both:
  - Termination of faculty appointment to the Loma Linda University president for further processing.
- and
- Termination of employment to the president of the employing faculty practice corporation for further processing.

The LLUH EVP/Dean of the School of Medicine may seek advice and counsel from the School of Medicine Executive Committee.

*Note: Recommendation for removal of medical staff privileges must follow the policies and procedures outlined in the relevant medical staff bylaws.*

E. Faculty grievance policy

1. *Basic science faculty* who question whether an institutional error has occurred or is about to occur, regarding their faculty appointment and/or employment by the University must follow the policies and procedures outlined in the faculty grievance policy, section 2.8 of the University *Faculty Handbook*. The grievance will be heard by a hearing committee selected from the faculty grievance panel.

Dispute of the decision of the Loma Linda University Board of Trustees about the faculty grievance must be formally resolved according to policies and procedures outlined in section 2.9, “Legal Recourse,” of the University *Faculty Handbook*, which specifies that binding arbitration constitutes the sole procedure for this resolution.

2. *Clinical science faculty* who question whether an institutional error has occurred or is about to occur

regarding their faculty appointment must follow the policies and procedures outlined in the faculty grievance policy, section 2.8 of the University *Faculty Handbook*. The grievance will be heard by a hearing committee selected from the School of Medicine clinical faculty grievance panel.

Dispute of the decision of the Loma Linda University Board of Trustees about the faculty grievance must be formally resolved according to policies and procedures outlined in section 2.9, “Legal Recourse,” of the University *Faculty Handbook*, which specifies that binding arbitration constitutes the sole procedure for this resolution.

*Note: If a full-time clinical faculty member contests the terms and conditions of termination of their employment from the employing faculty practice corporation, they must follow the policies outlined in their employment contract with their employer.*

### III. Administrative appointments and discontinuations

#### A. Appointment of administrators

##### 1. LLUH EVP/Dean of the School of Medicine

- a) *Qualifications.* The LLUH EVP/Dean of the School of Medicine is pivotal in melding the academic and professional practice responsibilities of the faculty. It is mandatory, therefore, that the incumbent be a Seventh-day Adventist physician, licensed to practice in the State of California, of unquestioned stature in the field of academic medicine and dedicated to the ideals of Seventh-day Adventist Christian medical education.

Because the LLUH EVP/Dean of the School of Medicine serves as Chief of Staff of LLUMC, additional qualifications for this position include a broad knowledge of economics and logistics of the medical center operations. As well, he/she must have the skills in dealing with the academic and fiscal problems involved in the training of a wide range of health professionals.

##### b) *Functions*

- Academic responsibilities
  - To fulfill responsibilities outlined in the “job description of the dean of a school,” including recruitment and admission of students; student affairs; educational affairs; administrative affairs; financial affairs; plant management; advancement; faculty affairs; clinical affairs; and religious affairs.
  - To assume leadership in recruitment, retention and development of professionally competent Christian faculty for the School of Medicine in collaboration with the department chairs and for clinical faculty, with the assistance of the president/CEO of LLUMC where appropriate. The recruitment of faculty who are members of the Seventh-Day Adventist Church will be a high priority.
  - To develop the annual budget of the School of Medicine in collaboration with department chairs, the University president, and the executive vice president.
  - To be vice chair of the Executive Committee of the Center for Christian Bioethics
- Faculty practice plan responsibilities
  - It is expected that the LLUH senior vice president for clinical faculty and the EVP/Dean of the School of Medicine will be an ex-officio member of the Board of Directors of the clinical faculty practice corporation. Further, the LLUH senior vice president for clinical faculty or the EVP/Dean of the School of Medicine will serve as chair of the Board of

Directors, subject to the approval of the Board of Directors.

- The EVP/Dean of the School of Medicine or his/her designee will be the chair and the LLUH senior vice president for clinical faculty will be president of the clinical faculty employment corporation(s) of Loma Linda University Faculty Medical Group and others should any such exist, subject to the approval of those Board of Director(s) of the corporation(s).
- The EVP/Dean of the School of Medicine will communicate to the School of Medicine clinical faculty actions taken by the LLUH and/or University Board of Trustees pertaining to faculty practice activities.
- Health facilities responsibilities
  - To serve as a member of the LLUH and LLUMC Board of Trustees and its subsidiary facilities
  - To serve as Chief of Staff of LLUMC
  - To serve as Chief Medical Officer of LLUH
  - To serve as a member of the Board of Directors of any corporate entity holding healthcare provider service contracts
  - To serve as a member of LLUH Insurance Trust Board
  - To maintain relationships with affiliated teaching facilities as deemed appropriate
  - To assist the School of Medicine clinical departmental chairs in negotiating contracts for the professional services of clinical faculty members desired by LLUMC and its affiliates or subsidiary organizations

Those responsible to the EVP/Dean of the School of Medicine include department chairs of the basic science and clinical departments, assistant and associate deans, assistants to the dean, directors of School of Medicine academic centers, and clinical institute directors.

- c) *Recruitment.* Recruitment of candidates for this position shall be carried out by a minimum of a seven (7) member (in addition to ex-officio members) search committee with majority representation from the School of Medicine. The search committee shall be appointed by the president of LLUH in consultation with the University president, University Board of Trustees chair, the deans of all health-related schools, and the CEO of the Medical Center, Executive VP for Hospital Affairs. The University president, the vice president for academic affairs, and the University Board of Trustees chair shall be ex-officio members with the president acting as Chair. Additional members may be added to the committee if the Chair deems it necessary.
- d) *Appointment.* The Search Committee will evaluate all candidates for the position including such candidates as may be proposed by the Board of Trustees. From the list of candidates, the Search Committee will nominate a slate which will include any candidates proposed by the Board of Trustees.

From the slate of candidates provided by the Search Committee the president of LLUH will recommend a candidate to the LLUH Board of Trustees for appointment to the position of LLUH EVP/Dean of the School of Medicine. Prior to such an appointment, the qualifications of candidates under serious consideration will be discussed with the School of Medicine Executive Committee, BSTREC, LLUFMG Board, and the Board of Directors of LLUHC.

Upon announcement of his/her appointment by the LLUH Board of Trustees, the LLUH EVP/Dean of the School of Medicine will ordinarily be the Chair of the School of Medicine Executive Committee, the Chair of the Board of Directors of LLUFMG and Vice Chair of Board of Directors of LLUHC. He/she, or an appointed designee, would ordinarily serve as the Chair of the School of Medicine faculty practice employment corporations.

## 2. Department Chairs

The Chair of each academic department is the executive faculty of the School of Medicine who has administrative responsibility.

- a) *Qualifications.* A Chair shall possess a doctoral degree in an appropriate field of study and shall have demonstrated competence in teaching and research as well as dedication to the ideals of Seventh-day Adventist Christian medical education.
- b) *Recruitment.* Recruitment of candidates for any vacancy shall be conducted by a minimum of a five (5) member Search Committee consisting of the LLUH EVP/Dean of the School of Medicine or designee as Chair, and four (4) additional members appointed by the LLUH EVP/Dean of the School of Medicine. At a minimum, two (2) faculty members from the department to which the appointment is to be made, and one School of Medicine Department Chair will constitute this group. Additional members may be added to the Committee if the Committee Chair deems it necessary.
- c) *Appointment.* The LLUH EVP/Dean of the School of Medicine will recommend the appointment to the University Board of Trustees through the appropriate officers of the University.

## 3. Other administrative appointments

The selection of persons to serve in other administrative roles such as assistant and associate deans, vice chairs, center directors and division heads, etc., shall be under the direction of the immediate supervising administrator. Appointment to serve in these positions is the prerogative of the University Board of Trustees.

## B. Discontinuation of administrative positions

Administrative appointees such as the LLUH EVP/Dean of the School of Medicine, assistant and associate deans, chairs, vice chairs, division heads, and program directors serve at the pleasure and sole discretion of the University Board of Trustees, and such appointment may be discontinued at any time with or without cause by the Board of Trustees upon the recommendation of the University president and the supervising administrator(s). Under these circumstances, the immediate supervising administrator would request a formal resignation before the recommendation for discontinuation is processed.



#### IV. Faculty participation in governance of the School of Medicine

Preamble: The School of Medicine Executive Committee has endorsed a structure for school-wide faculty governance. Administrative activities are conducted by the Basic Science and Translational Research Executive Committee (BSTREC), Loma Linda University Faculty Medical Group Board (LLUFMG), and Clinical Faculty Executive Committee (CFEC). Basic Science Faculty Advisory Council (BSFAC) and Clinical Science Faculty Advisory Council (CSFAC) provide forums for direct faculty involvement.

##### A. Basic Science and Translational Research Executive Committee (BSTREC)

###### 1. Purpose

- a) To administer and make policy for the activities of Basic and Translational Research such as the strategic plans for the basic science entities, faculty development, equipment and space allocation, and budget reviews.
- b) To administer and make policy for the graduate programs.
- c) To provide teaching resources to the School of Medicine's medical student and graduate student programs.

###### 2. Composition

- a) LLUH EVP/Dean (serves as the Chair of BSTREC)
- b) Associate dean for basic sciences and translational research (serves as vice chair of BSTREC)
- c) Vice dean for academic affairs
- d) Senior associate dean for medical student education
- e) Associate chief of staff for research from VA Loma Linda Healthcare System
- f) Chairs of the basic sciences departments
- g) Vice chairs of the basic sciences departments
- h) Center directors
- i) Chair of BSFAC
- j) Associate/Assistant dean for finance and administration
- k) Representatives from the appropriate institutes

A quorum requires fifty-percent (50%) of the BSTREC membership to be present to vote on an issue.

B. Clinical Faculty Governance

1. Loma Linda University Faculty Medical Group (LLUFMG) Board

a) Purpose

- The primary purpose of the LLUFMG is to employ clinical faculty of LLUSM.
- To support mission-aligned medical education, research, and clinical service activities under the supervision of their Board of Directors.
- To administer and make policy for the activities of LLUFMG such as the strategic plans for the clinical faculty practice development.
- To advise LLUH leadership and governing board on matters pertinent to the clinical faculty.

b) Composition

- LLUH EVP/Dean (serves as Chair)
- LLUH Senior Vice President, Vice dean clinical affairs (serves as Vice-Chair)
- LLUH President
- Chair of each clinical department of LLUSM

A quorum is constituted by the majority of authorized Directors and ex officio Directors.

2. Clinical Faculty Executive Committee (CFEC)

a) Purpose

- To provide oversight of the academic policies for clinical departments of the School of Medicine.
- To provide teaching resources to the School of Medicine's medical student and graduate student program.

b) Composition

- LLUH EVP/Dean (serves as Chair)
- LLUH Senior Vice President, Vice dean clinical affairs
- Chair of each clinical department of LLUSM
- The following serve as invitees:
  - Vice dean for academic affairs
  - Senior associate dean for educational affairs
  - Associate dean for clinical education
  - Associate dean for finance and administration
  - Associate dean for graduate medical education
  - Assistant dean for continuing medical education

C. BSFAC/CSFAC

1. Purpose

The purpose of BSFAC and CSFAC is to provide a forum of direct faculty involvement in assisting and advising the School of Medicine administration to:

- a) Maintain and protect a University environment conducive to scholarly learning, teaching, and research.

- b) Promote the professional and personal growth of faculty, staff, administrators and students within a Seventh-day Adventist Christian context.

## 2. Functions

- a) Foster communication among the faculty of the basic science and clinical science departments of the School of Medicine.
- b) Foster communication among the faculty of the School of Medicine, the LLUH EVP/Dean of the School of Medicine, and the School of Medicine Executive Committee.
- c) Provide a forum for the LLUH EVP/Dean of the School of Medicine to consult with the faculty and obtain its counsel on school-wide and interdepartmental issues.
- d) Provide a means whereby the faculty may inquire into or give advice and express opinions concerning school-wide and interdepartmental issues.
- e) Facilitate inquiry into policies and/or practices affecting the School of Medicine.
- f) Initiate or review recommendations for institutional policies and/or practices.

## 3. Responsibilities

- a) Receive and respond to requests from the LLUH EVP/Dean of the School of Medicine for information, advice, or opinion.
- b) Seek the advice and counsel of the faculty through the School of Medicine departmental meetings.
- c) Inform the departmental faculty of important school-wide and interdepartmental issues through regular reporting by the elected faculty representative at departmental meetings.
- d) Propose to the LLUH EVP/Dean of the School of Medicine slates of faculty members for appointment to the Admissions Committee, the Promotions Committee, Academic Review Committee, and the Curriculum Committee in accordance with the specific governance of each of those committees. These appointments will be two (2) year terms with a maximum of two (2) consecutive terms.
- e) Advise the School of Medicine administration regarding:
  - search for administrators
  - representatives to school and University-wide Committees
  - strategic planning
  - development of faculty and student policies

## 4. Composition

The Basic Science Faculty Advisory Council (BSFAC) will be composed of:

- a) All full-time faculty of the basic science departments
- b) Course directors of the basic science disciplines in the medical and graduate program
- c) Center directors
- d) Directors of institutes who report to the LLUH EVP/Dean

- e) Vice president for research affairs
- f) Senior associate dean for medical student education
- g) Associate/Assistant dean for finance and administration
- h) Associate dean for admissions and recruitment
- i) Other assistant and associate deans are invitees

The Clinical Science Faculty Advisory Council (CSFAC) will be composed of:

- a) One elected representative from each of the clinical academic departments of the School of Medicine (as listed in the current bulletin) for every full-time equivalent faculty unit of 25 FTE or less and one additional elected representative for each 25 FTE faculty positions or portions thereof beyond that number. An elected member may be either a full-time or a part-time faculty member. Part-time faculty serving at least half-time will be eligible for election to CSFAC membership. Department chairs and division heads are ineligible to serve on CSFAC. Associate/Assistant deans who are half-time or more in the Dean's office are also ineligible to serve on CSFAC.
- b) The immediate past Chair of CSFAC, if not currently an elected member
- c) The LLUH EVP/Dean of the School of Medicine as a non-voting, ex-officio member
- d) The clinical science faculty representative to the University Faculty Council (UFC)
- e) Administrative, non-voting invitees: assistant and associate deans of the School of Medicine, president of LLUMC, assistant dean of veterans' affairs, and the CEO of LLUH.
- f) Any member of the School of Medicine faculty may attend CSFAC meetings as a non-voting observer.

Elections of the Clinical Science Faculty Advisory Council (CSFAC) members and their responsibilities will be as follows:

- a) Elected council members will be chosen by all faculties of the respective School of Medicine clinical departments on the basis of one person-one vote from a slate of candidates nominated by the members of the department. It will be the responsibility of the departments to organize and keep records of the elections and to notify the secretary of CSFAC, in writing, of the changes in representation.
- b) Elected council members will serve two (2) year terms beginning on October 1. For those School of Medicine departments with two or more elected representatives, the terms of office will overlap so that not all of the members will leave office at any election. It will be the responsibility of the departments to stagger the elections appropriately.
- c) Each School of Medicine clinical department will also provide at least one alternate elected faculty member to attend meetings in the place of representative(s) who is/are unable to attend and to fill vacancies should they occur. More than one alternate may be provided if deemed advisable.
- d) School of Medicine departments may recall any or all of its elected faculty representatives. Recall proceedings will be initiated when the department chair is presented with a petition for recall bearing signatures of faculty from that department equal in number to 20 percent (20%)

of the ballots cast in the last election for council members from that department. Recall will occur if 50 percent (50%) or more of the ballots cast in the last election are in favor of recall. The position(s) will be filled by a subsequent election with (a) faculty member(s) who will complete the existing term(s).

- e) Membership in the CSFAC carries an obligation to attend the meeting of the Council. It will be the responsibility of a council member who cannot attend meetings to arrange for a duly-elected alternate to attend. Three (3) absences without an alternate member present in an academic year will be considered the equivalent of resignation from the Council.

## 5. Officers

BSFAC/CSFAC will elect officers from among its members. The officers will be a Chair and Secretary/Chair-elect.

### a) Election process for officers:

- The Chair of BSFAC/CSFAC will be an elected position to serve a term of two (2) years from January to December.
- A special election may be held by the BSFAC/CSFAC members for any vacancy in the Chair or Secretary/Chair-elect positions to complete existing term(s).
- The Secretary/Chair-elect of BSFAC/CSFAC will be elected by a majority vote of the members present no later than the November meeting from a slate of at least two nominees provided by the nominating committee. The Secretary/Chair-elect will automatically assume the position of chair in January of the following year. In the event the chair is absent from a meeting, the Secretary/Chair-elect will serve as the acting chair.
- When an elected member is chosen to serve as Chair or Secretary/Chair-elect, that member's basic science or clinical department will elect another faculty member to fulfill the existing term and represent the department on BSFAC/CSFAC during the officer's term(s) of office.

### b) Duties of the officers:

- The Chair:
  - Will schedule and preside at the BSFAC/CSFAC meetings, organize agenda items in conjunction with the LLUH EVP/Dean of the School of Medicine, and prepare official communication from BSFAC/CSFAC to the LLUH EVP/Dean of the School of Medicine, School of Medicine Executive Committee, and other committees/persons at the request of BSFAC/CSFAC members
  - Will communicate with the LLUH EVP/Dean of the School of Medicine about issues raised in BSFAC/CSFAC requesting a timely response at a later BSFAC/CSFAC meeting
  - Will, in the absence of the Secretary/Chair-elect, appoint an acting Secretary from the BSFAC/CSFAC membership
  - Will be a voting member of the School of Medicine Executive Committee
- The Secretary/Chair-elect:
  - Will keep a record of discussions, recommendations and actions of the Council, review minutes to be submitted to council members before the next meeting and ensure that the final minutes are complete and properly filed in the office of the LLUH EVP/Dean of the School of Medicine
  - Will maintain an accurate list of the names, lengths of terms, university mailing addresses and phones, and academic ranks of the members and invitees of

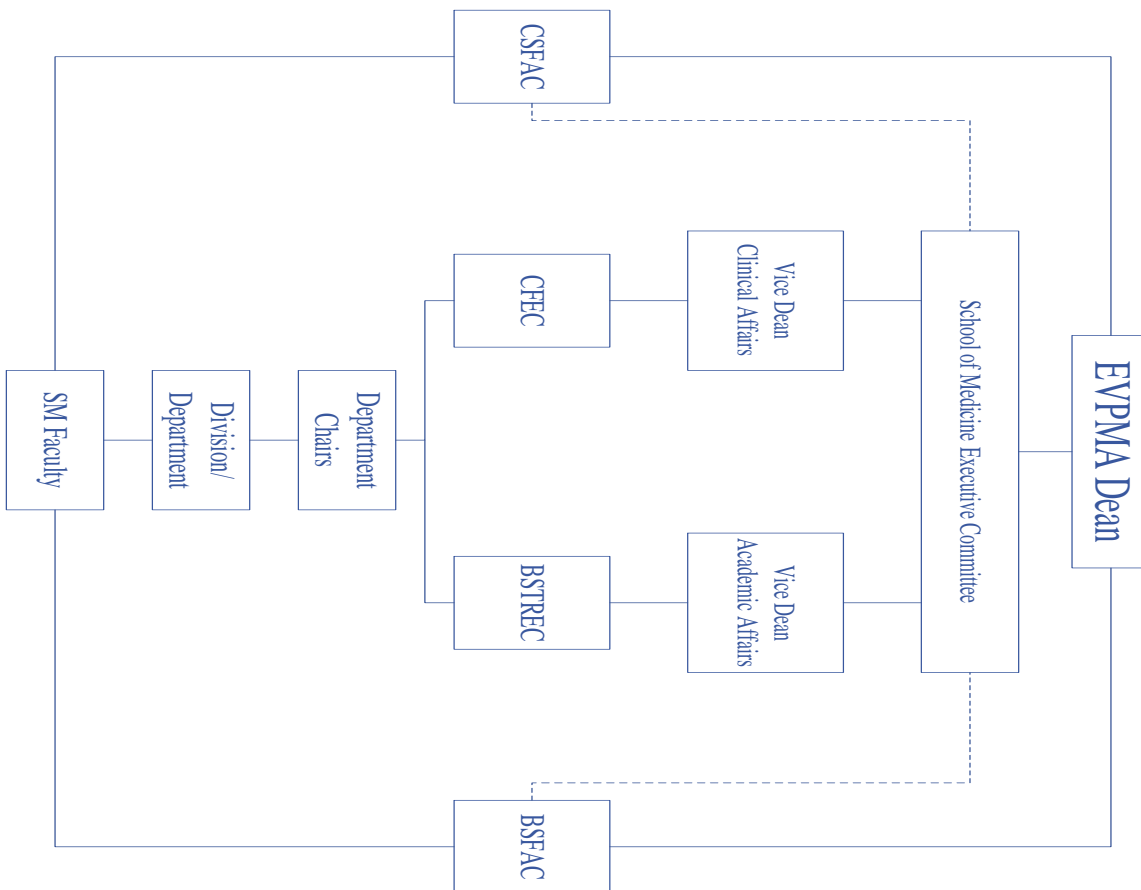
- BSFAC/CSFAC
        - Will write a summary to be sent to the campus publications for any issues of importance
6. Meetings of the Basic Science and Clinical Science Faculty Advisory Councils
- a) The Basic Science Faculty Advisory Council (BSFAC) and the Clinical Science Faculty Advisory Council (CSFAC) will schedule bi-monthly meetings during the academic year.
  - b) Special meetings may be called by the chair or the LLUH EVP/Dean of the School of Medicine or on written request of ten members.
  - c) The agenda of BSFAC/CSFAC meetings will normally be published one week in advance. Agenda items should be submitted to the Chair by any BSFAC/CSFAC member or the LLUH EVP/Dean of the School of Medicine more than one week prior to scheduled meetings. Urgent agenda items may be added to the published agenda by the LLUH EVP/Dean of the School of Medicine or the Chair as needed or introduced by the members as new business at any time.
  - d) Minutes of the meeting will be made available to all faculty promptly after completion.
  - e) Votes may be conducted secretly, with separate counting of elected and ex-officio members' votes, either by a carried motion from the floor or by the decision of the Chair.
  - f) A quorum requires one-third of the BSFAC/CSFAC membership to be present to vote on an issue.
7. Election of the basic science faculty and clinical science faculty representatives to the University Faculty Council (UFC)
- a) The BSFAC and CSFAC faculty representatives to UFC will be elected by BSFAC/CSFAC as appropriate, in September to serve a two (2) year term, beginning on October 1, from a slate of two or more names provided by the nominating committee of BSFAC/CSFAC.
  - b) The two (2) year terms of office for the BSFAC/CSFAC representatives to UFC will overlap so that both members will not leave office at the same election.
  - c) The person with the second highest number of votes will serve as an alternate if the UFC representative cannot attend the UFC meetings.
  - d) In the event of a vacant position, the alternate will complete the term.
8. BSFAC and CSFAC committees
- a) BSFAC and CSFAC will have the ability to form Ad Hoc Committees, Standing Committees or Task Forces.
  - b) The policies and procedures committee
    - Membership will be composed of the current Chair and Secretary/Chair-elect plus three (3) other members of the basic science or clinical faculty who do not have to be BSFAC/CSFAC representatives. The three (3) faculty members of this committee will have three (3) year terms. Elections will be held yearly with overlapping of terms.
    - Recommended revisions of the policies and procedures of BSFAC/CSFAC must be passed by a two-thirds vote of the BSFAC/CSFAC members prior to approval by the basic science or clinical faculty.
    - The policies and procedures of BSFAC/CSFAC will be subject to an anonymous ballot

mailed to the entire basic science or clinical faculty on a one person-one vote basis to pass by a two-thirds vote of the returned ballots. Any revisions will also be subject to faculty vote.

- The policies and procedures and any revisions will be submitted to the School of Medicine Executive Committee and then to the Board of Trustees of Loma Linda University for approval.
- The policies and procedures will be published in the School of Medicine Faculty Handbook. The EVP/Dean office will keep an accurate copy of the current policies and procedures as approved by the Board but not yet in the handbook, as well as any proposed revisions voted by the BSFAC/CSFAC, which are awaiting approval by the School of Medicine Executive Committee and/or the Board of Trustees.

9. The nominating committees of BSFAC/CSFAC

- a) Membership will be composed of the current chair and secretary/chair-elect and the LLUH EVP/Dean of the School of Medicine.
- b) The Committee will provide slates of candidates for the positions of Secretary/Chair-elect, BSFAC/CSFAC representatives to UFC, and members of the Policies and Procedures Committee, as well as any other nominations referred to it by BSFAC/CSFAC.



Faculty Participation in Governance of the School of Medicine



V. The policies of the School of Medicine faculty practice organization

A. Loma Linda University Health Care (LLUHC)

Loma Linda University Health Care (LLUHC) is a religiously qualified California non-profit tax-exempt corporation authorized by Loma Linda University Board of Trustees and whose corporate members are LLUMC and LLUH. LLUHC holds contracts for patient care on behalf of the clinical faculty, and provides centralized billing and practice management services.

1. Governance

- a) LLUHC is governed by a Board of Directors, which is responsible for the policies that govern the management service organization of the School of Medicine faculty practice.
- b) The chair of the Board and president of the corporation will ordinarily LLUH President.
- c) The vice chairs of the Board ordinarily shall be the be the EVP/Dean of the School of Medicine and the LLUH Executive Vice President, Hospital Affairs.
- d) The CEO will ordinarily be the School of Medicine vice dean for clinical affairs/associate dean for faculty practice and LLUH senior vice president for faculty practice in LLUH.

2. Membership on the LLUHC Board of Directors

- a) Composition  
See bylaws of LLUHC.
- b) Termination of membership on the Board of Directors of LLUHC
  - Ex-officio members of the Board of Directors (see LLUHC bylaws) can no longer serve as Directors when their administrative appointment is terminated. The remaining directors serve at the pleasure of the Board of Directors and any significant change in a Director's administrative role may affect their continuation as a Director of LLUHC.

3. Financial practices

- a) The financial activities of LLUHC, including retirement plans and benefits, will be audited annually by a recognized independent auditor or auditing firm as engaged by the Finance Committee of LLUHC and reported to the Board of Directors.
- b) Audited statements of expenses and incomes pertaining to the operations of LLUHC will be filed in the finance office of LLUH. They will be available for inspection by the Chair of the LLUH Board of Trustees and the president of LLUH, upon request.

B. Loma Linda University Faculty Medical Group (LLUFMG)

This is a not-for-profit, religiously qualified corporation established to employ the “full-time” and “part-time” faculty of the clinical departments of the School of Medicine. Their purpose is to support education, healthcare and research under the supervision of their Board of Directors.

a) Governance and board membership

- The LLUH EVP/Dean of the School of Medicine ordinarily serves as Chair of the board of these corporations. The LLUH senior vice president for clinical faculty/associate dean for clinical faculty of Loma Linda University will ordinarily serve as president of these corporations.

- Composition of the Board of Directors  
See bylaws of LLUFMG.

b) Financial practices

- Department/division budgets. Each department/division in one of the faculty employment corporations will develop an annual operating budget in consultation with the Chief Financial Officer (CFO) of that corporation and the LLUH EVP/Dean of the School of Medicine.
- Income ranges. Professional compensation ranges will be established through compensation in concordance with LLUFMG compensation policy.
- Audit and disclosure. Corporation funds, including retirement plans and benefits, will be audited annually by a recognized independent auditor or auditing firm engaged by the practice entity. The report of the audit will be made available to the Board of Directors of the corporation.

VI. Committees of the School of Medicine

- A. School of Medicine Executive Committee (SMEC).** This committee is the highest body of the School of Medicine advising the dean on appropriate matters related to the School of Medicine including academic and administrative affairs. The composition of this committee is listed under section I.C. of the School of Medicine section of this University *Faculty Handbook*. The minutes of this committee are kept in the office of the LLUH EVP/Dean of the School of Medicine.
- B. Basic Science and Translational Research Executive Committee (BSTREC).** The functions and composition of this committee are listed under section IV.A. of the School of Medicine section of this University *Faculty Handbook*. The minutes of this committee are kept in the office of the LLUH EVP/Dean.
- C. LLUFMG Board of Directors.** The functions and composition of this board are listed under section IV.B. of the School of Medicine section of this University *Faculty Handbook*. The minutes of this committee are kept in the office of the vice dean of clinical affairs.
- D. Clinical Faculty Executive Committee (CFEC).** The functions and composition of this committee are listed under section IV.B. of the School of Medicine section of this University *Faculty Handbook*. The minutes of the committee are kept in the office of the vice dean of academic affairs.
- E. Basic Science Faculty Advisory Council (BSFAC).** The functions and composition of this committee are listed under section IV.C. of the School of Medicine section of this University *Faculty Handbook*. The minutes of this committee are kept in the office of the Associate Dean for Basic Science and Translational Research.
- F. Clinical Science Faculty Advisory Council (CSFAC).** The functions and composition of this committee are listed under section IV.C. of the School of Medicine section of this University *Faculty Handbook*. The minutes of this committee are kept in the office of the LLUH EVP/Dean of the School of Medicine.
- G. School of Medicine Dean's Administrative Council (SMAC).** This council is made up of the associate and assistant deans in the School of Medicine. It meets weekly to discuss issues pertinent to the School of Medicine, focused primarily on education, daily operations, and administration of the School of Medicine. The minutes of this committee are kept in the office of the LLUH EVP/Dean.
- H. School of Medicine Admissions Committee.** The Admissions Committee consists of 13-25 members who represent a cross section of clinical and basic science faculty, administrators and students of the School of Medicine. Faculty must constitute a majority of voting members. A quorum will consist of at least 51 percent (51%) of voting members. Members of the Admissions Committee and voting privileges are appointed by the Dean of the School of Medicine. Selected members rotate onto the committee every three

(3) to four (4) years, so that at all times there are experienced committee members working with more recently appointed members. The chair is designated by the dean of the School of Medicine. The Admissions Committee has final authority for accepting students to the Medical Program. This Committee's decisions are final and cannot be overturned by anyone including the Dean, Executive Committee, or Board of Trustees. The minutes for this committee are kept in the office of the Associate Dean for Admissions.

1. There are two subcommittees of the admissions committee. Members of each subcommittee are appointed by the Chair of the Admissions Committee and consist of selected faculty members on the Admissions Committee. The subcommittee are:

- Subcommittee for Admissions under Special Circumstances, Advanced Standing, and Transfer. The role of the Subcommittee for Special Circumstances, Advanced Standing and Transfers is to review applications of those applying for acceptance under special circumstances, advanced standing, or transfers and make decisions on whether or not the applicant should be accepted or readmitted to the School of Medicine, and if so, the conditions for admissions or readmissions. The decisions of this subcommittee are final.
- Subcommittee for Ranking of Alternates. The Subcommittee for Ranking of Alternates is tasked with the review of applicants on the alternate list to establish a rank order for selection in the event of withdrawals.

**I. School of Medicine Academic Review Committee (ARC).** The academic progress of each student is monitored by the Academic Review Committee. The committee is chaired by a faculty member selected by the Dean. The student and faculty members are also selected by the Dean and serve three (3) year terms. Professionalism Committee is a subcommittee of ARC. The minutes are kept in the office of the senior associate dean for medical student education.

1. Professionalism Committee. Professionalism is the demonstrated "commitment to carrying out professional responsibilities and an adherence to ethical principles" and is foundational to the practice of medicine. This subcommittee of ARC reviews non-cognitive issues that center around development of professionalism in the medical career. Routes that student come to Professionalism Committee include:

- Unsatisfactory in a course/clerkship for non-cognitive issues;
- ARC may refer to Professionalism Committee
- Unprofessional behavior may be referred directly to Professionalism Committee from Clerkship director or Dean's office.

**J. School of Medicine Curriculum Committee.** The Curriculum Committee is the central unit in the School of Medicine that has ultimate responsibility for the design, implementation and evaluation of the medical student curriculum. The curriculum committee chair, in consultation with the chief academic officer, appoints 11 of the 16 voting faculty members. The Curriculum Committee is chaired by the senior associate dean for medical student education. The minutes of this committee are kept in the office of the senior associate dean for medical student education. Subcommittees of the Curriculum Committee include:

1. Basic Science Implementation Subcommittee is charged with implementing a coordinated and coherent basic science curriculum.
2. Clinical Science Implementation Subcommittee is charged with implementing a coordinated and coherent clinical science curriculum.
3. Thread Directors Subcommittee is charged with monitoring the four-year integration of topics important for patient-centered care and navigating and functioning within the healthcare system. This subcommittee recommends changes to the Curriculum Committee based upon their evaluation of the

current content being taught balanced against new knowledge in their discipline, and/or areas for increasing topical integration.

4. **Spiritual Life & Wholeness subcommittee** This subcommittee assesses, monitors, and advises on issues of the faculty, students, and employees of the School of Medicine's wholeness and curriculum.
- K. School of Medicine Promotions Committee.** Members of the Promotions Committee are appointed by the Dean. The functions of this committee are to review applications for promotion and to follow the guidelines outlined under section II.B. of the School of Medicine section of this University *Faculty Handbook*. The minutes of this committee are kept in the office of the Vice-Dean for Academic Affairs.
- L. School of Medicine Tenure Committee.** Members of the Tenure Committee are selected by the Dean of the School of Medicine. The functions of this committee are to review applications for tenure and to follow the guidelines outlined under Section II.C. of the School of Medicine section of this *Handbook*. The term limit on this committee is five (5) years. The minutes of this committee are kept in the office of the LLUH EVP/Dean.
- M. Continuing Medical Education Committee.** Members of the Continuing Medical Education Committee are selected by each clinical department. The mission of the Office of Continuing Medical Education is to support and facilitate the LLUSM's mission in education, research, service, developing the whole person and reaching the world by facilitating the dissemination of contemporary medical knowledge, skills, attitudes and behaviors to ultimately improve the quality of patient care and to continue the healing and teaching ministry of Jesus Christ, "To Make Man Whole." The functions of this committee are to set strategy and goals for continuing medical education for LLUSM. Minutes are kept in the Continuing Medical Education Office.
- N. Scholarship and Financial Aid Committee.** Members of the Scholarship and Financial Aid Committee are selected by the Dean/designee. The purpose of the committee is to set criteria and priorities for awarding of scholarships that includes need, merit and pipelines. The minutes of this committee are kept in the office of the LLUH EVP/Dean.
- O. Competency Committee.** Members of the Competency Committee are selected by Senior Associate Dean of Medical Education. The purpose of the committee is to uniformly assess trainee progression of and achievement of milestones as a component of competency achievement. This committee reports its assessments to the Academic Review Committee. The minutes of this committee are kept in the Office of Medical Student Education.
- P. Medical Student Performance Evaluation (MSPE) Committee.** Members of the MSPE committee include primary MSPE writers in the Dean's office. The purpose of the MSPE committee is to serve as oversight of the MSPE letters as an accurate evaluation of the student's academic achievements. The primary goal is to ensure consistency of letters. The minutes of this committee are kept in the Office of Medical Student Education.
- Q. Continuous Quality Improvement Committee.** Members of this committee focus on implementing systematic changes to improve programs in real time. The committee also focuses on the operations of the medical education program in relation to accreditation.

## VII. Additional Loma Linda University School of Medicine Policies

### A. Guidelines for Medical Student Supervision During Patient Care Experiences

The school of medicine curriculum committee has adopted the following guidelines for medical student supervision.

1. Course/clerkship directors and department designee are responsible for ensuring student and patient safety during patient care activities.
2. Course and clerkship directors and department designee must inform students of the expectations for their participation and supervision in patient care.
3. Course/clerkship directors and department designee are responsible for assigning students to designated faculty and resident supervisors for all patient care experiences and for ensuring that faculty, residents, and students are notified of these assignments.
4. Medical students on duty for patient care activities must be directly supervised by qualified faculty and/or resident physicians at all times. Direct supervision implies a physician is either physically present with a student or is on duty and rapidly available to provide personal supervision.
5. Students on duty must have rapid and reliable systems for communicating with their supervising faculty and resident physicians.
6. The degree of direct supervision shall vary according to the clinical task and status of each patient, and be commensurate with each student's level of training, education and clinical experience.
7. Supervision should foster progressive responsibility and provide opportunities for students to demonstrate increasing independence when appropriate.
8. Course/clerkship directors and department designee are responsible for determining the types of patient interactions and the clinical procedures that medical students can perform during patient care experiences and the levels of direct supervision required for these interactions and procedures. Clerkship directors will provide faculty, resident physicians and students with a list of the types of patient interactions and the clinical procedures that students may perform and the level of direct supervision required for each of them.
9. Course/clerkship directors and department designee will stratify the types of student-patient interactions and clinical procedures that may be performed by medical students according to the potential risk incurred by the student and patient. The level of supervision required for each procedure must be adequate and appropriate for the potential level of risk.
10. Course/clerkship directors or departmental designee are responsible for providing the list of procedures allowed by medical students to faculty physicians, resident physicians, and the students on each clinical service.
11. A supervising physician may delegate some medical student teaching and supervising responsibilities to non-physician care providers after ensuring the non-physician providers are appropriately credentialed and working within the scope of their practice.
12. Physician supervisors should provide students with proximate and constructive feedback related to problem areas that are encountered during direct patient care experiences.

### B. Student Clinical Work Hour Policy

Background – Loma Linda University School of Medicine recognizes the importance of balance and wholeness in student's lives. It is also imperative that students gain valuable clinical experience, which

includes caring for patients during night and weekend hours. In addition to the educational value of caring for patients in these hours, it is also essential that students develop professionalism and altruism in learning to put patients' needs ahead of their own. Part of professionalism is for students to develop personal habits (work, study, rest, etc.) that allow them to present themselves for duty prepared to learn and care for patients.

Student safety is of the utmost importance. Students who are too tired to drive home after working will be allowed to use a call room in the hospital to rest until they believe they are safe to drive home.

**Policy:** In general, students should not work more than interns and residents. Therefore, the ACGME (Accreditation Council for Graduate Medical Education) residency work hour limitations will also apply to students as follows:

1. Students will not work more than 80 hours per week when averaged over four weeks.
2. Students will have one day in seven off, when averaged over four weeks.
3. Students will either be held to the intern limitation of 16-hour maximum work shift, or the senior resident limitation of 24-hour maximum work shift, with an additional four (4) hours allowed for handoff of care and educational activities. Clerkship educational committees will designate which of these standards apply to their rotation, and inform the students prior to beginning the rotation.
4. Students should have eight (8) hours free of duty between work shifts.
5. After a 24-hour shift, students should have 14 hours free of duty.

Work hours activities include patient care and all required educational activities. Studying, reading and academic preparation do not count towards the work hour maximums. Travel time to rotations does not count as work hours.

Clerkship directors are responsible for monitoring student work hours. Work hour compliance should be confirmed with students at the mid-rotation evaluation, and at the end of the clerkship. Students who believe that they are being asked to violate work hour limitations should first meet with the Clerkship Director. If the clerkship director is not available, or does not address the student's concerns to their satisfaction, they should meet with the Associate Dean for Clinical Education or the Senior Associate Dean for Medical Education.

**C. Nondiscrimination Policy – see LLU Faculty Handbook Section 5.1**

**D. LLUSM Diversity Statement**

Loma Linda University (LLU) affirms that all persons are of equal worth in the sight of God and that they should be so regarded by all of His people. Therefore, the University is committed to teaching and promoting the biblical principles of equality.

Loma Linda University School of Medicine (LLUSM) views its commitment to diversity as an integral part of its commitment to the principles of wholeness and quality of education. It holds that a diverse faculty and student body enhance the preparation of its graduates to live and serve in a diverse world and to fulfill the School's global mission. This means that all people regardless of their gender, sexual orientation, gender identity, race, color, religion, national origin, disability, age, or veteran status are valued, appreciated, and included.

It holds that a diverse faculty and student body enhance the preparation of its graduates to live and serve in a diverse world and to fulfill the School's global mission. Diversity at LLUSM means consciously creating a community of inclusion that maximizes our potential for educational excellence, creativity, innovation, and quality patient care and service. This means that all people regardless of their gender, sexual orientation, gender identity, race, color, religion, national origin, disability, age, or veteran status are valued, appreciated, and included.

In an effort to improve the diversity of the physician workforce, the LLUSM measures and defines the diversity of its medical students, faculty, and senior administrative staff, faculty, medical students. Racial and ethnic groups that are underrepresented in medicine and science have been shown in biomedical research as defined by the National Institutes of Health will be included.

The LLUSM Associate Dean for Diversity, Equity and Inclusion (DEI) will evaluate the effectiveness of its admissions, pipeline programs, and faculty outreach and hiring programs every two years using aggregate data that is collected through the medical school admissions, residency match, faculty search, and human resources process.

The Office of Student Affairs and Office of Diversity will annually report on medical student diversity to the School of Medicine Executive Committee and to the Dean of the School of Medicine.

School of Medicine Department Chairs will annually report on faculty diversity to the Dean, School of Medicine.

The School of Medicine (Associate Dean of DEI) will also evaluate the effectiveness of equity metrics relevant to students, faculty, and senior administrative staff every two years with process data and will evaluate the climate for diverse groups whenever the campus climate survey is conducted and report to the School of Medicine Executive Committee.

The School of Medicine will additionally work to support the Office of DEI in initiatives and surveys geared towards improving the diversity, equity, and inclusion of the school of medicine.

#### **E. Non-involvement of Providers of Student Health Services in Student Assessment**

On occasion medical students may receive healthcare treatment of a sensitive nature from a healthcare provider who also has a teaching and assessment role in the curriculum. It is the School of Medicine's responsibility to ensure that these individuals have no influence on the academic assessment or progress of the student they have treated.

1. Health professionals who provide psychiatric/psychological assessment or treatment, or other sensitive health services to medical students, will have no involvement in the academic assessment or promotion of the medical student receiving those services.
2. If a student is assigned to an educational environment where the supervising faculty member has previously provided mental health assessment or treatment, or other sensitive health care to the student, the faculty member must advise the course/clerkship director of a need to re-assign the student to a different evaluating supervisor. It is the responsibility of the course/clerkship director to make sure that faculty are aware of this policy.
3. If a student should be assigned to an educational environment where the supervising faculty member does not immediately recall having treated the student and/or has not initiated the steps in #2 (above),

the student should request and will be granted an alternative assignment. The student may go directly to the relevant curriculum director (i.e. course director, clerkship director) or to the office of medical student education to have the assignment changed.

4. A faculty mentor involved in the competency development or academic evaluation of a student cannot be a health care provider for a student they are mentoring.
5. A healthcare provider on the Academic Review Committee or on any committee that evaluates students (voting or nonvoting members) must recuse himself or herself from deliberations related to a student that he or she has treated.
6. Those who provide mental health services or other sensitive health care to students may lecture in a large group setting where the students may be present but cannot assign their grade or provide narrative feedback to them. They cannot be a small group facilitator or mentor for a student they have treated.
7. Those who care for students in the Student Health Center may lecture in a large group setting at LLUSM but cannot assign their grade or provide narrative feedback to them. They cannot be a small group facilitator or faculty mentor.

#### **F. Breaches of Conduct and Professionalism**

Cases of student misconduct, including violations of school or University policies or breaches of professional behavior, are dealt with and resolved at various administrative levels, depending on the nature and seriousness of the misconduct and whether or not the misconduct represents a pattern of behavior. Where forms of misconduct are addressed by specific policies, the procedures outlined in the policies shall be followed.

Cases of misconduct or breaches of professionalism may be identified by members of the health-care team, patients, student peers, faculty or others. Those that have been appropriately identified to the Office of the Dean may be referred to the School of Medicine Professionalism Committee. The Professionalism Committee shall review reports of inappropriate behavior and may ask a student to meet with the members to address questions and concerns. The committee may establish and require specific remediation—including counseling, supervision, or professional evaluation. In situations where the committee determines that a student's behavior may merit a modification of the student's academic program or suspension or dismissal, the committee will refer the matter, along with its findings and recommendations, to the LLUSM Academic Review Committee for further action.

#### **G. Policy on Standards of Professional Behavior and Preventing Student Mistreatment**

##### **STUDENT MISTREATMENT POLICY**

Loma Linda University School of Medicine seeks to educate ethical and proficient Christian physicians and scholars through instruction, example, and the pursuit of truth. In order to do this, the School of Medicine and its faculty are committed to the following fundamental values: compassion, integrity, excellence, freedom, justice, purity/self-control, and humility. These values may occasionally be formally taught by faculty; but more often they are learned informally by students through observation of models of professional behavior toward students, colleagues, and patients.

The development and nurturing of these values are enhanced by and based upon the presence of mutual respect between teacher and learner. The diversity of students, faculty, residents, and staff—combined with the intensity of their interactions—may, however, lead to alleged, perceived, or real incidents of inappropriate behavior or mistreatment of students.

Examples of such mistreatment include verbal mistreatment<sup>1</sup>, physical mistreatment<sup>2</sup>, discrimination<sup>3</sup>, excessive or unreasonable time demands<sup>4</sup>, sexual harassment<sup>5</sup>, and the use of grading or other forms of assessment in a punitive manner. Such behavior by faculty or staff, or other behavior that is inimical to



the development of mutual respect, is unacceptable.

In the history of medical education, teachers have, at times, sought to motivate students by publicly degrading or humiliating those whom they judge are inadequately prepared or behaving inappropriately. This practice is not acceptable at Loma Linda University. While teachers do have the responsibility to motivate and correct students, when correction of an individual is needed, this is usually best done in private, but always in a way that shows respect for him/her as a person.

An important part of the teaching of mutual respect among professionals is the perception of students as they observe faculty in their interactions with each other. Therefore, faculty should avoid inappropriate behavior or mistreatment of other professionals and staff. This includes the avoidance of derogatory remarks about or attitudes toward individual colleagues, services, or departments.

Students also learn professional behavior and demeanor by observing their teachers as they interact with patients. Such professional interactions should always be courteous and respectful. Respect for individuals includes, but is not limited to, such things as punctuality, thoughtfulness, mindfulness of personal space; as well as manner and mode of address, appropriately modest draping, tone and content of verbal interchanges, and body language. In addition, discussion of patients out of their hearing should continue to show the same degree of respect and should not include contemptuous, derogatory, judgmental, or demeaning remarks.

If a medical student expresses an unwillingness to participate in an aspect of training or patient care as a matter of conscience, that stance should be explored in a nonjudgmental manner to ensure that the teacher and student fully understand the issue. The student's position on matters of conscience should be honored without academic or personal penalty, as long as it does not interfere with the welfare of the patient and the overall educational goals of Loma Linda University School of Medicine.

Any student who feels that he/she may have experienced or observed mistreatment or unprofessional behavior by residents, faculty, staff, or students in violation of these standards of behavior is encouraged to report his or her concerns to one of the individuals below. Reports of unprofessional treatment should be made to the School of Medicine administration. Reports of sexual harassment or any violation of the University's Title IX policy (see this policy in Section V of this *Student Handbook*) should be made to one of the administrators listed below or directly to the LLU Title IX coordinator. Within the School of Medicine, mistreatment can be reported to the following administrators: the senior associate dean for medical student education; the associate dean for clinical education; the associate dean for student affairs; the associate dean for curriculum evaluation and learner assessment, the assistant dean for student affairs; the assistant dean for basic science education; the associate dean for basic sciences and translational research or the assistant dean, graduate student affairs. The Title IX coordinator may be contacted by calling Employee Relations at 909/ 651-4001 or directly at 909/ 651-4638.

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<sup>1</sup> *Verbal or nonverbal mistreatment*—includes:

- a. shouting, hostility, profanity, or offensive gestures; and/or
- b. repeated or blatant conduct directed toward any person, which is intended to insult or stigmatize that person.

<sup>2</sup> *Physical mistreatment*—includes physical punishment such as hitting, slapping, pushing or kicking; the threat of physical punishment; and intentionally or negligently placing another at risk of physical harm.

<sup>3</sup> *Discrimination*—includes disparate treatment based on gender, age, ethnicity, race, disability, or sexual orientation that stigmatizes or degrades that person.

<sup>4</sup> *Unreasonable time demands*—includes:

- a. requiring a student to perform personal services, such as shopping or babysitting; and/or
- b. requiring a student to perform menial tasks with the intent to humiliate the student.

<sup>5</sup> *Sexual harassment*—see “Policy Prohibiting Sexual Misconduct and Discrimination on the Basis of Sex (Title IX)” in the University Policy section of the *Student Handbook* which is available online. If the mistreatment involves sexual harassment, the procedures of this policy must be followed.

### Confidentiality

The University shall protect the privacy of individuals involved in a report of mistreatment to the extent possible. Some level of disclosure may be necessary to ensure a complete and fair resolution. Disclosure may be made only on a need-to-know basis. In keeping with ideals of professionalism and courtesy, the student is advised to refrain from discussing the complaint with individuals not directly involved.

### Retaliation prohibited

All reasonable action will be taken to assure no retaliation against the student, witnesses, or anyone cooperating with the investigation for their cooperation.

**LOMA LINDA UNIVERSITY**  
**SCHOOL OF MEDICINE**

