



Marshall University Joan C. Edwards School of Medicine Faculty Handbook

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The purpose of the handbook is to provide new and continuing faculty with a reference tool to assist them in their appointment and career at the Marshall University Joan C. Edwards School of Medicine (hereafter, the School of Medicine). This handbook is designed to aid all faculty members in pursuing the mission of the School of Medicine, which is “to create a diverse and inclusive academic community that is sustained in a collegial and nurturing environment of life-long learning.”

Except where noted for School of Medicine-specific policies, faculty members of the School of Medicine adhere to the general policies outlined in Marshall University’s faculty handbook, *The Greenbook* (2023). *The Greenbook* serves as a primary reference guide and repository of university policies, procedures, and operational guidelines. Faculty members who have privileges through the faculty practice plan, Marshall Health, or VA Medical Center must also abide by the policies and bylaws of those entities.

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I. INFORMATION FOR FACULTY (SCHOOL OF MEDICINE SPECIFIC)

1.1 Statement of Professionalism/as members of the School of Medicine Faculty, Administration and Staff:

As members of the Joan C. Edwards School of Medicine faculty, administration and staff:

- We recognize the critical nature of the role of professionalism in the teaching and learning of those medical students and residents for whom we are responsible.
- We understand that professionalism is based upon a foundation of excellence, humanism, accountability, altruism, and cultural competence that relies upon nine standards of conduct that govern responsibility to patients first and foremost, society, other health professionals, and self (AMA, 2001; Ludwig, 2014; Stern & Papadakis, 2006).
- We accept our responsibility to create, support, and facilitate a learning environment characterized by honesty and a pervasive sense of respect, collegiality, kindness, and cooperation among faculty, administration, and staff, so that learners and teachers are willing to engage in the often-challenging environment of medical education for the purpose of fostering resilience, excellence, compassion, integrity and collaboration (AAMC, 2014).

1.2 Diversity Statement

The Joan C. Edwards School of Medicine at Marshall University holds diversity as a core value of its educational, research, service and health care missions. We promote an inclusive academic health care community because we believe that a diverse population offers a rich environment that leads to greater knowledge, understanding, acceptance and mutual respect. We work to create a welcoming and inclusive environment where differences are respected and valued. We will continue to promote an inclusive environment by attracting, recruiting and retaining individuals who represent varying backgrounds and perspectives.

We will continuously make every effort to provide support and assist students in successfully completing their medical education. We strive for an inclusive, supportive environment, empowering individuals to achieve their academic objectives and increase their intercultural competencies and knowledge of social justice issues.

We all have a vital role and an important stake in diversity work, whether it is working together to eliminate health disparities or self-educating to become more culturally competent. We will continue to collaborate within and across different communities to reduce inequalities and to create an environment that will facilitate the academic achievement of racial and ethnic populations that are underrepresented in the medical profession.

1.3 Mission Statement

The Joan C. Edwards School of Medicine at Marshall University is a community-based, Veterans Affairs affiliated medical school dedicated to providing high-quality medical education and postgraduate training programs to foster a skilled physician workforce to meet the unique healthcare needs of West Virginia and Central Appalachia. Building upon its medical education foundation, the school seeks to develop centers of excellence in clinical care, including primary care in rural underserved areas, focused and responsive programs of biomedical science graduate study, biomedical and clinical science research, academic scholarship, and public service outreach. The school is committed to fulfilling its mission by creating a diverse and inclusive academic community that is sustained in a collegial and nurturing environment of life-long learning.

1.4 Institutional Objectives

Educational Objectives – Competencies of JCESOM

Seven domains of practice for a medical professional have been designated: Medical Knowledge, Patient Care, Professionalism, Interpersonal Skills and Teamwork, Practice-based Learning and Improvement, Systems-based Practice, and Critical Thinking and Problem-Solving Skills

DOMAINS	EDUCATIONAL PROGRAM OBJECTIVES
Medical Knowledge	<ul style="list-style-type: none"> • Understand and apply knowledge of biomedical and clinical sciences to comprehend determinants of human health and disease • Understand and apply principles of social-behavioral sciences to patient care, including assessment of the impact of psycho-social and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care • Understand and apply knowledge of scientific principles required to practice evidence-based medicine • Understand and apply knowledge about pain relief, palliative and end-of life care • Understand and apply knowledge of ethical principles that govern decision making in medicine
Patient Care	<ul style="list-style-type: none"> • Gather, organize, interpret and document essential information about patients and their conditions through history taking, physical examination, and other methods of information gathering • Obtain informed consent for common medical and surgical procedures in a compassionate, professional, and efficient manner • Perform comprehensive medical and/or diagnostic skill considered essential for patient care • Use clinical reasoning, formulate appropriate differential diagnoses, make informed decisions about diagnostic and therapeutic interventions based on patient information and current scientific evidence • Recognize emergency medical conditions and institute appropriate initial therapy • Develop and carry out patient management plans in collaboration with patients, families, and the health care team

Professionalism	<ul style="list-style-type: none"> • Student is ethical, responsible, reliable and dependable in all aspects of their professional lives and a commitment to patients, society and the profession • Student is honest and show integrity in all interactions with patients, families, staff, colleagues and others with whom students interact in their professional life • Student is professional in dress, grooming, manner of speech and personal interactions with colleagues, staff, faculty, patients, patient’s families and caregivers. • Student is respectful for the privacy and dignity of patients and their families. • Student is compassionate in treatment of patient. • Student demonstrates knowledge of key principles required for delivery of culturally competent care. • Student is professional in maturity by appropriately managing conflicts, coping with personal and professional stress and showing flexibility in potentially ambiguous situations.
Interpersonal Skills & Teamwork	<ul style="list-style-type: none"> • Demonstrates the ability to communicate effectively in a timely manner, both verbally and in writing, with patients, patients’ families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities • Demonstrate the ability to communicate effectively with colleagues within one’s discipline as well as other health professionals in a respectful, professional and timely manner to ensure interdisciplinary and inter-professional delivery of high quality care • Demonstrate capable leadership including problem assessment and problem solving • Develop psycho-socially and culturally sensitive skills that allow working with patients, communities, and inter-professional teams
Practice-Based Learning & Improvement	<ul style="list-style-type: none"> • Demonstrates the capacity to recognize and accept limitations in one’s own knowledge and clinical skills, and a commitment to continuously improve one’s knowledge and ability through lifelong learning • Demonstrates the ability to independently set learning and improvement goals • The ability to incorporate all forms of feedback in identifying gaps in knowledge, skills and professionalism and implement remediation plans. • Demonstrate the ability to identify, analyze and assimilate evidence from scientific research and apply to patients’ health problems • The ability to participate effectively in education of patients, their families and caregivers, other trainees, and other health professionals

Systems-Based Practice	<ul style="list-style-type: none"> • Knowledge of basic organization of health care systems including the various relationships between patients, providers, practices, and institutions • Knowledge of impact of health care disparities in delivery of health care • Knowledge of economic impact of diagnostic and therapeutic evaluation and risk-benefit analysis in both patient and population-based care • The ability to identify and report systems error as well as identify potential systemic solutions • Analyze current policies and practices affecting health care
Critical Thinking & Problem Solving Skills	<ul style="list-style-type: none"> • Be able to apply creative/critical thinking to develop new information and solutions for health care providers • Be able to understand and apply foundational concepts to clinical problem solving • Recognize the limitations of scientific evidence and weigh uncertainty to guide decisions • Effectively utilize current and emerging technology to optimize learning and patient care

1.5 Notification of Terms & Conditions of Faculty Appointments

- 1.5.1 The appointment (to the specified position) is offered in accordance with the provisions of the institutional policy.
 - That the appointment is full-time (1.00 FTE) or part-time with the FTE identified.
- 1.5.2 That it is a terminal contract (whenever appropriate).
- 1.5.3 That is a joint appointment with another department (whenever appropriate) with the home department specified.
- 1.5.4 The beginning and ending dates of the appointment.
- 1.5.5 For tenure-track appointments, the academic year in which tenure must be awarded (the “critical year”) and the total salary for the appointment.
- 1.5.6 That, consistent with the provisions of this policy, employment is subject to the fulfillment of the duties and responsibilities of the position.
- 1.5.7 Any special conditions included in the appointment are made a part of the contract only if they are signed by the faculty member and the designated representative of the institution.
- 1.5.8 That acceptance of the appointment will be specified by the faculty member’s signing, dating, and returning a copy of the letter or contract to the designated representative of the institution within a reasonable time, which should be specified.

1.6. Types of Faculty Appointment

It is the policy of the School of Medicine that faculty should have had a faculty appointment at the Marshall University Joan C. Edwards School of Medicine. The School of Medicine applies the same definitions of appointment of faculty as defined by the [Series 9 Rule from the West Virginia Higher Education Policy Commission](#) and the corresponding Marshall University Board of Governors policies.

Full-Time: Full-time faculty members are faculty members who devote 100 percent (100%) of their professional time and effort to official programs and approved activities of the Marshall University Joan C. Edwards School of Medicine, who are not residents or fellows in training, and who are designated as 1.00 FTE (Full Time Equivalent).

Adjunct or Part-Time: Adjunct or part-time faculty members are faculty members who devote less than 100 percent (100%) of their professional time and effort to official programs and approved activities of the Marshall University Joan C. Edwards School of Medicine, who are not residents or fellows in training, and who are designated as less than 1.00 FTE.

Volunteer Faculty: Volunteer faculty are 0% FTE, non-salaried faculty who participate in the education, training and evaluating of graduate or medical students. This is the title series for community clinicians and scientists who participate in medical student education. Volunteer faculty are not paid and usually are not Marshall University or Marshall Health employees. Titles are: clinical instructor/assistant/associate/professor of [department].

Joint Faculty Appointments: Joint teaching appointments are possible at Marshall University if there is agreement between departments/divisions in consultation with deans and/or colleges. The faculty member seeking a joint appointment will be administratively housed in a department/division in the home college as reflected in the notice of appointment. See [MUBOG Policy No. AA-19](#).

Emeritus Faculty Appointment: Emeritus appointments are typically considered for faculty members and senior administrators upon retirement. The faculty member or administrator normally must have served the university for at least 10 years. Emeritus faculty members and administrators have library privileges and the same access as other faculty members and administrators to athletic events. They also enjoy privileges designated by their departments and the university. See [MUBOG Policy No. AA-31](#).

1.7 Faculty Ranks & Definitions

Faculty members in all categories have full citizenship in the institution and have the rights and privileges of academic freedom and responsibility. This responsibility includes attendance at and participation in faculty meetings and in other dimensions of the concept of shared governance. They are eligible for appointment to any administrative office if they meet the requirements for the position as stated in the position announcement.

Tenured Faculty: Those faculty members who have attained tenure status as determined by the institution. Normally, tenured appointments are full-time (1.00 FTE or the equivalent, as determined by the institution) for the academic year. (See [Series 9 Rule from the West Virginia Higher Education Policy Commission](#) and [MUBOG Policy No. AA-28](#).)

Tenure-Track Faculty: Faculty members who have been appointed on a full-time basis (1.00 FTE or the equivalent, as determined by the institution) and have been designated as being in a tenure-track position. (See [Series 9 Rule from the West Virginia Higher Education Policy Commission](#).)

Clinical-Track Faculty: Faculty members who have not been appointed in a non-tenure-track. Their appointment may be full-time (1.00 FTE or the equivalent, as determined by the institution) or part-time.

Non-Tenure Track: Faculty appointments may be used only if one or more of the following conditions prevail, according to [Series 9 Rule from the West Virginia Higher Education Policy Commission](#):

1. The position is funded by a grant, contract, or another source that is not a part of the regular and on-going source of operational funding.
2. The appointment is for the temporary replacement of an individual on sabbatical or other leave of absence. Such appointments are outside tenure-track status, are subject to annual renewal, and normally may not exceed three years.
3. The appointment is for the purpose of filling an essential teaching post immediately, pending a permanent appointment through a regular search and screening process. Such appointments are outside tenure-track status, are subject to annual renewal, and normally may not exceed three years.
4. The appointee is granted a primary appointment as an administrator or to perform other non-instructional duties, with a secondary appointment that is instructional in character. Any faculty rank or teaching would be considered temporary and/or renewable on an annual basis. The appointee must be notified in writing of the status of any faculty rank.

1.8 Graduate Faculty Membership

Graduate faculty membership is required to teach Biomedical Research (BMR) courses and to lead and serve on graduate student committees, per Graduate College policy.

There are four levels of membership—Doctoral, Graduate, Associate and Instructor.

- 1.8.1 The instructor level is for faculty who teach graduate courses.
- 1.8.2 The Associate level is for non-tenure track faculty to serve on BMR master's and doctoral (Ph.D.) student committees.
- 1.8.3 The Graduate level is for tenure-track faculty to serve on BMR master's and doctoral (Ph.D.) student committees.
- 1.8.4 The Doctoral level is for tenure-track faculty to chair BMR master's and doctoral (Ph.D.) student committees.

The term of appointment for the Doctoral level is three years; the terms for the other levels are two years.

Membership requires evidence of scholarly activity as determined by peer-reviewed publications, extramural grants submitted and/or funded, and presentations at scientific meetings.

Applications may be downloaded from the Marshall University Graduate College website. The BMR Graduate Studies Committee approves all applications for Graduate Faculty membership.

1.9 Mid-Tenure Review

Tenure-track faculty members must undergo a formal mid-tenure review. This should occur 2-3 years after the initial faculty appointment.

The faculty member submits all of the documents normally required for tenure to either the departmental personnel committee or to senior faculty members appointed by the chair. Either group will evaluate the candidate's portfolio and provide feedback in the form of a short bullet-point report highlighting strengths, weaknesses, and recommendations for improvement. This report will become part of the candidate's portfolio for promotion and tenure (The Greenbook, Pre-Tenure Review, SR-08-09-23 FPC).

1.10 Policies & Procedures for Changing Faculty Appointment Track

Faculty may be appointed to the following tracks: clinical (non-tenure or School of Medicine SM), research (probationary/tenure), or education (probationary/tenure).

Clinical track faculty may petition their Department Chair to transfer to a tenure-track research/education appointment. The decision must be based on the achievements of the faculty member and the needs of the department and must meet the requirements set forth by the Personnel Advisory Committee, at any time served in the non-tenure track will need to be reviewed as fulfilling tenure-track requirements. If the Department Chair is in support of the petition, then he/she will petition the Dean of the School of Medicine.

1.11 Faculty Promotions & Tenure Regulation

Promotions are not automatic but are based on merit. In addition to the outlined criteria of performance in teaching, research/scholarly activity and service, contributions to the overall development and reputation of the School of Medicine by intramural and extramural professional activities will be considered.

For faculty hired before February 21, 2013:

[Faculty Promotion & Tenure Regulations – School of Medicine](#)

For faculty hired after February 21, 2013:

[Faculty Promotion & Tenure Regulations – School of Medicine](#)

1.12 [Annual Evaluation of Faculty](#)

The performance of individual faculty members is evaluated annually throughout their career at the Joan C. Edwards School of Medicine. (See MUBOG Policy No. AA-22)

The primary purpose of annual evaluations is to assist individual faculty members in developing their talents and expertise to the maximum extent possible and to promote continuing productivity over the course of their careers, consistent with the role and mission of the School of Medicine.

Written evaluations are required for all full-time and continuing part-time faculty members. These evaluations provide individuals with a written record of past performance, accomplishments, continuing expectations, an ongoing critique of strengths and weaknesses, and documents that support recommendations and decisions concerning reappointment, retention, promotion, and tenure as well as program assignments and performance-based salary. Annual evaluation for all faculty, whether tenure-track, tenured, term, clinical-track, or not eligible for tenure (including faculty with prefixes of “research” or “clinical”) will be conducted at the departmental level by the department chair or designee. The annual evaluation also provides the opportunity to develop changes in responsibilities that reflect the strengths of the individual and the needs of the university.

1.13 Faculty Compensation & Benefits

Each department has its own policies on practice earnings, which are shared at the time of hire.

Compensation from Grants

The School of Medicine encourages its faculty to pursue grants and other external funding. Given the broad scope and nature of faculty appointments, there is no one-size-fits-all approach to grant compensation. Faculty are encouraged to consult their individual notice of appointment or offer a letter for specific guidance regarding their eligibility for supplemental compensation from grants.

However, generally, faculty with appointments in the School of Medicine's clinical departments will receive grant-funded compensation as an offset to his/her base state or clinical salary. Faculty in the basic sciences are eligible to receive grant compensation as a supplement to their base salary on dollar-for-dollar basis up to the AAMC mean for public universities in the Southern region, depending on their academic rank.

Supplemental compensation is available on a \$0.50 per \$1 of grant-funded salary basis above the AAMC mean. Any supplemental compensation is contingent on the faculty member maintaining his/her other clinical, teaching and/or administrative duties and is subject to the continuation of grant funding. For complete information regarding supplemental compensation, please consult MUJCESOM "Salary Proposal for Tenure-Track Basic Science Faculty."

1.14 Department Chairs Administration Guide

Department chairs are vital to the advancement of the education, patient care and research missions of a medical school. They oversee a variety of missions and guide recruitment and retention. Their leadership energizes the overall success of each basic science and clinical department.

The chair emerges from the faculty to assume a leadership role in the department. The role of the department chair in academic medicine is multifaceted. It is continually evolving in response to the changing landscape of health care reform, care delivery models, economic constraints, health care and educational innovations, scientific understanding, technology and recommendations for the future and advancement of medical education.

This guide clarifies roles and responsibilities for individuals who hold the administrative appointment of the department chair in the School of Medicine.

Leadership and Institutional Commitment

- Provide leadership to the department, whose activities and collaborative relationships in the school, medical center, campus and community are integral to its continuing growth and success.
- Promote the vision and mission of the Joan C. Edwards School of Medicine. Promote a culture of academic excellence.
- Support strategic initiatives of the School of Medicine.
- Develop a departmental strategic plan to grow clinical, research, and teaching activities. Achieve national ranking in the U.S. News and World Report medical specialty rankings and other national external measures of reputation and excellence.
- Actively participate in medical school and university committees.
- Promote faculty authorship of articles in peer-reviewed scientific literature.
- Ensure faculty and staff compliance with university and school policies.
- Provide effective leadership and mentoring to faculty members.
- Promote teamwork both within a department and between/among other departments in all aspects of academic and clinical functions.
- Recruit and develop a diverse faculty.

- Develop and implement a policy of annual reviews for all faculty members in accordance with School of Medicine and Marshall University Board of Governors policies.
- School of Medicine Educational and Training Programs
- Actively promote and maintain relationships with other clinical and/or biomedical science departments to foster an integrated teaching program for the School of Medicine.
- Actively promote the participation of department faculty in the teaching of medical students at every level.
- Actively promote the participation of department faculty in curriculum development in both the preclinical and clinical years.
- Ensure that the core clinical rotations in the department are well organized, well taught, and demonstrate a high degree of student satisfaction.
- Ensure that postgraduate training programs (residencies and fellowships) are of the highest quality.
- Actively participate and promote the participation of the department faculty in professional development and continuing medical education (CME) activities sponsored by the School of Medicine.

Research

- Promote a departmental culture that values scientific discovery and clinical innovation.
- Develop a strategic plan for research activities within the department and measurable goals.
- Develop a research portfolio that includes both clinical and basic science research activities.
- Support and develop research of appropriate breadth and depth and ensure compliance with all sponsors and federally mandated requirements.

Clinical Affairs

- Promote a culture of clinical excellence in all practice settings.
- Develop and monitor standards for clinical outcomes and patient safety.
- Provide leadership for clinical risk management activities within the department.

Recruitment

- Strategically recruit faculty to support the teaching, clinical and research missions of the department.
- Ensure that all faculty personnel decisions must be by University and School of Medicine policies.
- Work closely with the Office of Finance and Administration on personnel decisions. Work closely with the associate dean for faculty advancement on faculty promotion and participation in faculty governance.

II. FACULTY POLICIES REGARDING STUDENTS

2.1 Institutional Standards of Behavior in a Learning Environment

2.2 School of Medicine Conflict of Interest Policy

2.3 Nepotism Policy

2.4 Provision of Healthcare Services to Students Policy

Element 12.5 Non-Involvement of providers of student health services in student assessment/location of student health records: The health professionals who provide health services, including psychiatric/psychological/counseling services to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

For the purpose of the policy, health care services are defined as any medical, psychiatric, psychological or counseling services.

Procedure

1. Medical students have the option to seek health care services of their choice.
2. In the event a medical student wishes to establish a medical professional relationship with a Marshall Health physician, the student must disclose that they are a medical student. The health care relationship will be a mutual agreement that the physician will not be involved in academic assessments or promotions of the patient. All third- and fourth-year student evaluations will include an attestation that “No person contributing to this evaluation has or had a provider relationship with the student.”
3. For mental health services, the sensitivity of the relationship is understood, and non-faculty, non-Marshall Health providers are sought. Students can be referred to a local psychiatric service provided by a professional not associated with the medical school. For counseling services, the School of Medicine provides 10 sessions annually for each medical student through the Cabell Huntington Hospital Counseling Center.
4. The Office of Student Affairs is available to assist any student in locating providers.

2.5 Faculty Supervision of Medical Students

As a Standard for accreditation, the Liaison Committee for Medical Education (LCME) requires that a medical school ensure that supervision of medical student learning experiences is provided through required clerkships by members of the school’s faculty (LCME Standard 9.2). Therefore, it is critical that all persons providing supervision of medical student learning experiences for required clerkships be appointed as a faculty member.

Policy Statement

The Marshall University Joan C. Edwards School of Medicine is committed to ensuring that all individuals who teach and evaluate medical students during a required educational experience hold a faculty appointment.

Purpose for Policy

This policy ensures that teaching, supervising, and assessing medical students must be provided by medical school faculty and delineates a process for identifying and appointing to the faculty all individuals who are teaching and evaluating medical students during required educational experiences.

Policy/Procedures

Scope: This policy will apply to all individuals who teach and evaluate medical students while they are participating in mandatory educational experiences.

Responsibilities/Requirements

All persons who both teach and evaluate undergraduate medical students (hereafter referred to as “instructors”) in a required portion of the curriculum must have a Marshall University JCESOM faculty appointment. To that end, the Office of Faculty Advancement, in collaboration with the Office of Medical Education, will conduct an audit of teaching faculty at each educational site. This audit will be conducted no less frequently than twice each year. Audits will be initiated on August 1 and February 1 of each year using the following process:

- The Office of Faculty Advancement will send a request to all course (block) and clerkship directors and their administrative assistants, for a list of all instructors at all sites in that course or clerkship.
- The course/clerkship director will return a list of their instructors to the Office of Faculty Advancement within two weeks.
- The Office of Faculty Advancement will verify that each instructor has a faculty appointment. If an instructor is identified who does not have a JCESOM faculty appointment, the course/clerkship director will be notified and instructions for submitting a faculty appointment application will be provided to the course/clerkship director and their relevant department chair.
- If an application for a faculty appointment is not submitted within two weeks, the Office of Faculty Advancement will notify the course/clerkship director, the Department Chair and Vice Dean for Medical Education. The course/clerkship director shall notify the instructor that they no longer can teach or evaluate JCESOM students until the requirement is met. They are required to reassign students as necessary.
- The Office of Faculty Advancement will continue to provide updates on the application status instructors without faculty appointments to the course/clerkship directors and departmental faculty personnel administrators every two weeks until all have obtained appointments. The course director and department chair will be notified of any instructor whose appointment is not complete within 60 days of initial notification. Such instructors will be dropped from the course/clerkship instructor roster until they receive a faculty appointment.

Forms

Each academic department maintains the information necessary for obtaining a faculty appointment. Course and clerkship directors will work with their respective departments to submit the application.

Follow up

Audits will be performed annually. Notification will be provided to the Vice Dean Office of Medical Education, Chairs, Clerkship and Course Directors.

Definitions

- Faculty – refers to all physicians, scientists and other health care providers who are teaching and evaluating medical students and/or residents.
- Institution – refers to clinical training sites which are identified by the Dean of the School of Medicine as being a primary training site for medical students.

This policy was approved by the School of Medicine Faculty Council Nov. 28, 2018.

III. KEY MARSHALL UNIVERSITY GUIDELINES, POLICIES AND PROCEDURES

3.1 Statement of Professional Ethics for All Employees

The faculty, staff and administrators of Marshall University share a commitment to professional ethics as an obligation to our students, to the citizens of the state of West Virginia, and to each other as colleagues. To this end, we endorse the “Statement on Professional Ethics” of the American Association of University Professors, the “Ethical Practices for College Presidents” statement of the American Association of State Colleges and Universities, the “Statement on Government of Colleges and Universities,” a joint statement of the American Association of University Professors, the American Council on Education, and the Association of Governing Boards of Universities and Colleges, and the “Ethics Act” of the West Virginia Ethics Commission. All of these documents may be found online at www.marshall.edu.

All employees of the university should strive to adhere to the following guiding principles derived from the above documents. This is not intended as a complete listing of standards included in those documents.

- Honesty and trustworthiness in all professional dealings with others.
- Fairness and equity require that one does not discriminate or harass others.
- Respect for the opinions, needs, goals, and responsibilities of others.
- Full and open communication between and among colleagues, students, staff, and administrators.
- Impartiality in all professional decision making.
- Keeping primary the interests of both students and the institution.
- Acceptance and fulfillment of responsibility in the shared governance of the university.
- Integrity in all interactions with others.
- Confidentiality of information where appropriate.
- Adherence to the ethical standards of one’s discipline or field.

All employees are dutybound to maintain these ethical standards as well as to call attention to situations where these standards may have been violated. In such cases, existing grievance procedures should be pursued. These include: [W. Va. Code § 29-6A- 1](#).

3.2 Misconduct in Research: Statement of Integrity in Scientific Research

3.3 Faculty Dismissal

As per West Virginia Higher Education Policy Commission Rules, (relevant sections 1,9.1, 10.4,12) Series 9 ground rules for any university policy dealing with hiring, development and review, and dismissing faculty—under normal (tenure) review procedures or ‘for cause’ (see section 12.2).

The dismissal of a faculty member shall be effected only pursuant to the procedures provided in these policies and only for one or more of the following causes:

- 12.1.1 Demonstrated incompetence or dishonesty in the performance of professional duties, including but not limited to academic misconduct.
- 12.1.2 Conduct which directly and substantially impairs the individual’s fulfillment of institutional responsibilities, including but not limited to verified instances of sexual harassment, or of racial, gender-related, or other discriminatory practices.
- 12.1.3 Insubordination by refusal to abide by legitimate reasonable directions of administrators.

- 12.1.4 Physical or mental disability for which no reasonable accommodation can be made, and which makes the faculty member unable, within a reasonable degree of medical certainty and by reasonably determined medical opinion, to perform assigned duties.
- 12.1.5 Substantial and manifest neglect of duty.
- 12.1.6 Failure to return at the end of a leave of absence.

Notice of Dismissal for Cause: The institution shall initiate proceedings by giving the faculty member a written dismissal notices by certified mail, return receipt requested, which dismissal notice shall contain:

- 12.2.1 Full and complete statements of the charge or charges relied upon.
- 12.2.2 A description of the appeal processes available to the faculty member.
- 12.3 Prior to giving the faculty member a written dismissal notice, the institution shall notify the faculty member of the intent to give the written dismissal notice, the reasons for the dismissal, and the effective date of the dismissal. The faculty member shall have an opportunity to meet with the institutional designee prior to the effective date to refute the charges.
- 12.4 Faculty who refuses to sign or execute an offered annual contract or notice of appointment or reappointment by the date indicated by the institution for its execution, or who fail to undertake the duties under such document at a reasonable time, shall be deemed to have abandoned their employment with the institution and any rights to tenure or future appointment. Faculty objecting to the terms of such document do not waive their objections to such terms by signing or executing the document.

3.4 Faculty Grievance Policies & Procedures

A faculty member wishing to grieve or appeal any action of the institution or Governing Board may utilize the procedures set out in WV State Code §29-6C. This statute is the only authorized grievance process. The West Virginia Public Employees Grievance Board administers statutory grievances. The grievance board can be accessed at <https://pegb.wv.gov/Pages/default.aspx>. This website contains links to the relevant state code chapter as well as the procedural rule governing operations of the grievance board. Click "Statutes, Procedural Rules, and Executive Orders." Material in quotes and in italic type in this article are from West Virginia State Code Section 6C-2.

Grievance "means a claim by an employee alleging a violation, a misapplication, or misinterpretation of the statutes, policies, rules, or written agreements applicable to the employee...." Additional language on what is an appropriate subject for a grievance appears in the statute.

- A grievance may not be brought for a pension, retirement or public employees' insurance matter.
- A grievance must be filed timely.
- A grievance may be brought "within 15 days following the occurrence of the event upon which the grievance is based, or within 15 days of the date upon which the event became known to the employee, or within 15 days of the most recent occurrence of a continuing practice giving rise to a grievance." References to days in the statute refer to working days.

Every step in the statutory grievance process is controlled by a timeline. It is important for the parties to stay on the timeline in the administration of the grievance. The timelines for the steps in the grievance process are set forth in Section 6C-2-4 of the statute. A grievance must be filed on a standard form available on the Public Employees Grievance Board website. Click "Forms for Grievance Process." From the page that opens, click the top form, "Grievance Form." The original copy of the grievance properly completed and signed is submitted to the president of Marshall University.

A copy of the grievance must be submitted at the same time to the Public Employees Grievance Board.

The address for the board appears on the form. An individual may designate an individual to represent him/her in the grievance process, or he/she may file a grievance without designating a representative.

The grievance process covers three levels as necessary: Level One, Level Two and Level Three. Level One is provided at Marshall University. Level Two and/or Level Three, if necessary, are provided at the Public Employees Grievance Board at 808 Greenbrier Street, Charleston, West Virginia 25311.

Level One

At Level One, the grievant may select either a conference or a hearing. See the "Level One" block in the lower left-hand corner of the grievance form. The conference or hearing is provided by a designee of the president. The conference is an informal proceeding in which the grievant confers with the designated facilitator and a representative from the college or department from which the grievant seeks relief. Marshall University is officially the respondent at Level One, but the college or departmental representative may also be referred to as the respondent. The facilitator seeks to find a solution to the grievance which will be acceptable to the grievant and to the respondent. He/she writes a recommendation in the matter to the president within the timeline provided in the statute. The president may adopt the recommendation. A letter announcing the decision at Level One is sent by the president's office to the grievant and the college or department representative. A hearing at Level One is a more formal proceeding. The president's designer serves as a hearing examiner. The parties are sworn. Materials introduced as exhibits are numbered. The hearing is recorded. If the grievance is appealed to Level Two, a transcript of the hearing is produced and copies sent to the Public Employees Grievance Board, the grievant, and the college or department representative.

Level Two

If a grievant is not satisfied with the decision at Level One, he/she may appeal to Level Two within ten working days of receiving the decision at Level One. Level Two is provided at the Public Employees Grievance Board in Charleston and consists of one of three facilitative processes: mediation, private mediation, or private arbitration. The parties must agree to one type of process at Level Two. Costs are shared by the parties for private mediation or private arbitration. mediation and private mediation potentially end in an agreement that is acceptable to both the grievant and the respondent University. Private arbitration ends in an arbitration decision. Agreements and arbitration decisions are binding on the parties.

Level Three

If the grievant is not satisfied with the results from Level Two, he/she may appeal the grievance to Level Three within ten working days of receiving the decision at Level Two. Level Three is a hearing conducted by an administrative law judge employed by the Public Employees Grievance Board. Level Three hearings are held at the board's offices in Charleston. Again, as with the Level One hearing, witnesses are sworn, materials introduced as exhibits are marked, and the hearing is recorded. There are time limits for each step of the statutory grievance process including appeals to Level Two or Level Three. There are also time limits for the facilitator/arbitrator and/or administrative law judge to report their recommendations/decisions, etc. Those time limits are discussed in Section 6C-2-5 of the statute.

[Marshall University Human Resource Services](#) and the Office of Equity Programs jointly support the statutory grievance process. Representatives of those offices, located in 207 Old Main, can provide copies of the statute and the grievance form. While they can answer questions about the grievance process, they cannot provide advice about whether or not to file a statutory grievance or what are believed to be the prospects for success for the grievant. It is the philosophy of Human Resource Services and Equity Programs to seek to resolve any issue, including those that might result in a grievance, in a fair and rapid manner at the most informal level possible. If a potential grievant seeks assistance from Human Resource Services or Equity Programs to resolve his/her issue prior to the

submission of a statutory grievance, those two offices will seek to facilitate an acceptable resolution of the issue; however, once a statutory grievance is actually filed, informal efforts by Human Resource Services and/or Equity Programs must cease, and the grievance process must be provided in a manner exactly consistent with the provisions of the statute.

Human Resource Services can be reached at 304-696-6455 or human-resources@marshall.edu. The Office of Equity Programs may be reached at 304-696-2597.

This section is meant to provide basic information about the statutory grievance process available to faculty members. It is not a statement of law and does not substitute for any statute, procedural rule, form, or other information provided by the Public Employees Grievance Board. In any case of differences between descriptions of the process provided herein and the statute and/or procedural rule, the statute and/or procedural rule will prevail.

Marshall University Office of the OMBUDS: The purpose of the Marshall University Ombuds office is to assure that your voice can be heard and the problem you are facing can receive an impartial review. This office is designed to help faculty and staff in any way it can, listening, directing you to the appropriate university office, identifying your options, or coaching you to prepare for a difficult conversation.

3.5 West Virginia Higher Education Policy Commission

IV. BOARD OF GOVERNORS' POLICIES

MUBOG GA-1	<u>Discrimination, Harassment, Sexual Harassment, Sexual & Domestic Misconduct, Stalking & Retaliation</u>
MUBOG AA-1	<u>Sabbatical Leave</u>
MUBOG AA-2	<u>Faculty Development</u>
MUBOG AA-7	<u>Salary Increases for Tenured and Tenure-Track Faculty - Amended</u>
MUBOG AA-19	<u>Joint Teaching Appointment within the Institution</u>
MUBOG AA-20	<u>Graduate Fellowship Membership</u>
MUBOG AA-21	<u>Faculty Workload</u>
MUBOG AA-22	<u>Annual Evaluation Faculty</u>
MUBOG AA-23	<u>Temporary Faculty Annual Reports & Years Applied Toward Tenure</u>
MUBOG AA-26	<u>Faculty Promotions</u>
MUBOG AA-28	<u>Faculty Tenure</u>
MUBOG AA-29	<u>Principal Investigator Salary Payments</u>
MUBOG AA-32	<u>Termination of Faculty Due to Program Reduction or Discontinuance</u>
MUBOG AA-30	<u>Tutoring of Students by Faculty</u>
MUBOG AA-40	<u>Faculty Compensation from Grants and Contracts</u>
MUBOG AA-41	<u>Individual Conflict of Interest in Research</u>
MUBOG AA-44	<u>Institutional conflict of interest in research</u>
MUBOG AA-45	<u>Salary Increases for Library and Clinical Faculty</u>
MUBOG AA-47	<u>Electronic Records Management</u>
MUBOG AA-48	<u>Ownership of Scholarly and Creative Works</u>
MUBOG FA-2	<u>Travel - Amended</u>
MUBOG FA-9	<u>Purchasing Policy</u>
MUBOG IT-3	<u>Electronic Communications Policy</u>
MUBOG ITG-2	<u>Social Media Page/Account Guidelines</u>

X. APPENDIX

[Appendix C \(for faculty hired *after* 2/21/2013\)](#)

[Appendix C \(for faculty hired *before* 2/21/2013\)](#)

- [Scholarly Activity](#)
- [Faculty Effort Report](#)
- [Semester Hour Equivalent Calculation Details](#)
- [External Affairs Editorial Guidelines](#)

[Faculty Collaborative Guide](#)

[Faculty Handbook: Students with Disabilities](#)

Faculty Development Programs & Resources:

- [Academic Citizens Excellence \(ACE\) Program](#)
- [Advancing Scholarly Productivity in Research & Education \(ASPIRE\)](#)
- [Continuing Medical Education](#)
- [Faculty Development Presentations](#)
- [Marshall University Research Corporation](#)
- [Promoting Academic Community of Excellence \(PACE\) At Your PACE](#)
- [Personal and Institutional Enhancement Seminars](#)
- [Podcast - Marshall University Faculty Podcast Central](#)
- [Office of Research and Graduate Medical Education](#)
- [Teaching for Quality Improvement and Patient Safety Program](#)
- [Women in Medicine and Science](#)
- [Faculty Mentoring](#)
- [Faculty Awards](#)
- [FAQ for Faculty - How do I get promoted?](#)
- [FAQ for Department Chairs - How do I promote my faculty?](#)

[Mid-Tenure Review for Associate Professor - Educator](#)

[Mid-Tenure Review for Associate Professor - Research](#)

**Marshall University Biomedical Research Program
Graduate Faculty Membership Guidelines – Updated 12/4/18**

DOCTORAL	GRADUATE	ASSOCIATE	INSTRUCTOR
<p>Function: To serve as chairperson on BMR student committees and all other graduate functions</p>	<p>Function: To participate as a member on BMR student committees and all other graduate functions</p>	<p>Function: Off-campus faculty or non-tenure track faculty to serve on BMR student committees</p>	<p>Function: To teach graduate level courses</p>
<p>Term of Appointment: 3 years</p>	<p>Term of Appointment: 2 years</p>	<p>Term of Appointment: 2 years</p>	<p>Term of Appointment: 2 years</p>
<p>Criteria: Must have</p> <ol style="list-style-type: none"> 1. Terminal degree AND 2. Tenure or tenure-track appointment in BMS or CTS department 3. Rank of Assistant Professor or higher 4. Current or expected departmental responsibilities 5. Evidence of continuing high quality teaching and advising 	<p>Criteria: Must have</p> <ol style="list-style-type: none"> 1. Terminal degree AND 2. Tenure or tenure-track 3. Appointment in BMS or CTS department 4. Rank of Assistant Professor or higher 5. Current or expected departmental responsibilities 6. Evidence of continuing high quality teaching and advising 	<p>Criteria: Must have</p> <ol style="list-style-type: none"> 1. Terminal degree 2. Appointment in BMS or CTS department AND 3. Rank of Assistant Professor or equivalent or higher OR 4. Rank of Research Assistant Professor or higher 5. Current or expected student 6. Committee responsibilities 7. Evidence of continuing high quality advising 	<p>Criteria: Must have</p> <ol style="list-style-type: none"> 1. Appropriate degree or professional experience 2. Current or expected departmental responsibilities 3. Evidence of continuing high quality teaching
<p>Scholarly Activity: Must have a minimum of three significant scholarly activity contributions. This includes at least one manuscript published in a refereed journal and at least one competitive, extramural grant submitted, pending, or ongoing within the last three years.</p>	<p>Scholarly Activity: Must have a minimum of two significant scholarly activity contributions. This includes at least one manuscript published in a refereed journal or at least one competitive, extramural grant submitted, pending, or ongoing within the last five years.</p>	<p>Scholarly Activity: Must have at least one manuscript published in a refereed journal or at least one competitive, extramural grant submitted, pending, or ongoing within the last five years.</p>	<p>Scholarly Activity: Must maintain scholarly or creative activity necessary to bring current information or experience to the courses they teach.</p>