SCHOOL-SPECIFIC POLICY

School of Medicine
School of Medicine

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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 define 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 clinical faculty corporations 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 where appropriate through the Medical Affairs Collaborative Committee, and voted by the appropriate Board. The amended policies and procedures will be kept on file in the office of the chancellor. 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. The biblical gospels portray His acts of healing as signs of the salvation He brought to all. His way of relating to those he healed provided a picture of the heart of God. Although He never condemned one who was suffering the results of his own choices, He made it plain that suffering was not at the hands of a vengeful deity. Jesus Christ taught His followers to see His Father as wishing only to save and heal the people of this Earth. 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 spread this gospel (the good news about God) of salvation and in so doing, further the healing and teaching ministry as integral to the Seventh-day Adventist church.

The skill with which physicians treat their patients physical ailments, the obvious concern they feel for their patients’ conditions, the respect they manifest in both word and action for their patients as persons all communicate the gospel. The influence of a skillful practitioner of the healing arts who can also speak freely of the love and mercy of God is far-reaching.

To demonstrate the outworking of such principles in the physician-patient relationship, to encourage growth in intellectual attainment, in ethical sensitivity, 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 witnesses, by precept and example, of the love and goodness of God; to spread the good news of divine restoration to all the world; “to make man whole,” such is the calling of the School of Medicine of Loma Linda University.

B. Our Mission

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

Preparing Physicians and Medical Scientists
Our purpose is the formation of Christian physicians, providing whole-person care to individuals, families and communities. Fulfilling this responsibility requires:

- **Education**
  Creating an environment in which medical students, graduate students, residents, and practicing physicians will acquire the knowledge, skills, values, and attitudes appropriate to Christian health professionals and scholars.

- **Research**
  Cultivating an atmosphere of inquiry and discovering new routes to wholeness through basic and clinical research.

- **Service**
  Ministering to the physical, mental, emotional and spiritual needs of patients in a timely and effective fashion with due regard for their privacy, dignity and valid consent; providing diagnostic and therapeutic services in primary and tertiary care settings to patients of all ages, races, religions and socioeconomic backgrounds.

- **Developing the Whole Person**
  The Christian view of wholeness holds that the needs of patients go beyond the healing of the body and that the development of students involves more than the training of the mind. We are dedicated to promoting physical, intellectual, social, and spiritual growth in our faculty, our students, and to transforming our daily activities into personal ministries.

- **Reaching the World**
  Providing whole-person care wherever the opportunity arises; participating with the world community in the provision of local medical education; providing international physicians and scientists the opportunity for professional interaction and enrichment; sharing the good news of a loving God as demonstrated by the life and teachings of Jesus Christ. These are the goals of the students, faculty and graduates of the Loma Linda University School of Medicine.

*Luke 9:6*

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

The School of Medicine relates to the three (3) major entities making up the Loma Linda University health sciences complex known as the Loma Linda Adventist Health Sciences Center (LLUAHSC). These entities are Loma Linda University (LLU), the School of Medicine faculty practice plan, 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)
   a. The Loma Linda University School of Medicine is one of eight (8) schools of the University and, as such, is ultimately responsible for its academic activities to the Loma Linda University Board of Trustees, including:
      
      - Appointment of faculty, division heads, department chairs and center directors

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• Approval of the budget developed by the School of Medicine administration as a component of the total University budget

• Appointment of the School of Medicine administrators vested with the appropriate authority to implement the policies of the Board

b. The administrator of the School of Medicine is the LLUAHSC executive vice president of medical affairs (EVP)/dean of the School of Medicine.

c. 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.

Medical school departments are classified into two categories:

• Basic science departments which includes the department of basic sciences with its divisions of biochemistry, microbiology, physiology and pharmacology and the department of pathology and human anatomy with its divisions of anatomy and pathology. These departments are concerned with teaching and research in pre-clinical, basic science subjects.

• Clinical science departments include all other departments of the School of Medicine. These departments are responsible for teaching, patient care, and research.

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

d. 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. Appeals by students who have received disciplinary action will be heard by SMEC. The minutes of the School of Medicine Executive Committee are kept in the office of the LLUAHSC 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), senior associate dean for medical student education, associate dean for basic science and translational research, associate dean for clinical faculty, chair of the Basic Science Faculty Advisory Council (BSFAC), chair of the Clinical Science Faculty Advisory Council (CSFAC), one
elected representative from the Basic Science and Translational Research Executive Committee (BSTREC) and two elected members from the Clinical Faculty Executive Committee (CFEC). Representatives from BSTREC and CFEC will have two (2) year terms with a maximum of two (2) consecutive terms.

For the purpose of student appeals, membership will also include the associate dean for student affairs and the associate dean for clinical education 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 form faculty practice plan(s) and corporation(s) utilizing the following guidelines and policies.

   b. Goals and purposes

      ▪ 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.

      ▪ To contribute to the financial support of the teaching program of the School of Medicine.

      ▪ To strengthen the Loma Linda University Medical Center as an educational and training center for the School of Medicine by supporting staff recruitment, resident education, and continuing medical education. Chairs of departments 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 will serve on Medical Center committees and task forces to help strengthen the referral base from which patients are drawn, and by providing faculty members to serve on Medical Center committees and task forces.

   c. Organization

      (1) Loma Linda University Health Care (LLUHC)
           See section V.A.

      (2) School of Medicine Faculty Employment Corporations (SOMFEC)
           See section V.B.

   d. Medical Affairs Collaborative Committee

      The Medical Affairs Collaborative Committee provides a forum for dialogue between LLUAHSC Board representatives, LLUAHSC administration, and representatives of the clinical faculty of the School of Medicine.
Roles of the Medical Affairs Collaborative Committee include:

(a) Evaluation and reconciliation of issues and policies of mutual concern to the members of the Medical Affairs Collaborative Committee.

(b) Making necessary recommendations to the Boards of LLUAHSC, Loma Linda University Health Care (LLUHC), School of Medicine core corporations, and/or the legacy corporations (see section V) for such changes as may be needed:
   - To adapt the clinical practice plan to changes in healthcare delivery.
   - To implement the healthcare ministries strategic plan.

The Medical Affairs Collaborative Committee is composed of individuals in three categories:

(a) LLUAHSC Board: chair of the LLUAHSC Board of Trustees, vice chair of the LLUAHSC Board of Trustees, and the chair of the LLUAHSC Board Finance Committee;

(b) LLUAHSC administration: LLUAHSC president/CEO who ordinarily shall serve as chair, LLUAHSC executive vice president/CFO, LLUAHSC EVP/dean, LLUAHSC executive vice president for university affairs, and LLUAHSC executive vice president for hospital affairs; and

(c) Clinical faculty representatives: president of the SOM core corporations, two cost center directors of Faculty Physicians & Surgeons of LLUSM, one cost center director of Faculty Medical Group of LLUSM, two presidents of Legacy Corporations, and CEO of LLUHC.

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 the campus serves both adult primary and tertiary care patients)

b. LLUMC Children’s Hospital

c. LLUMC East Campus – includes physical medicine & rehabilitation, orthopaedics, neurosurgery and family medicine

d. Faculty Medical Offices (FMO) and other ambulatory clinical venues – houses outpatient clinical facilities for the various specialties and an outpatient surgery suite

e. Loma Linda University Behavioral Medicine Center – cares for outpatient and
inpatients in the behavioral sciences

The president of LLUAHSC is a member of the Boards of Trustees of LLUAHSC and Loma Linda University Medical Center.

The LLUAHSC EVP/dean of the School of Medicine is a member of the Board of Trustees of LLUMC and serves as chief of staff of LLUMC.

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

a. VA Loma Linda Healthcare System

The patients at the Veterans Administration Medical Center (VAMC) 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 LLUAHSC EVP/dean of the School of Medicine is the liaison officer for the VAMC and chairs the VAMC’s Dean’s Committee.

b. Riverside County Regional Medical Center

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.

The LLUAHSC EVP/dean of the School of Medicine is a member of the Medical Staff Executive Committee of the Riverside County Regional Medical Center.

c. White Memorial Medical Center

The White Memorial Medical Center is located in East Los Angeles. 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 Executive Committee of the White Memorial Medical Center.

Also utilized are Arrowhead Regional Medical Center, Kaiser Permanente Fontana, Glendale Adventist Medical Center, Patton State Hospital, Florida Hospital, and Kettering Medical Center.

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 (section II.A.).

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, and LLUAHSC EVP/Dean of the School of Medicine. If the EVP/Dean concurs, he/she will recommend the appointment to the chancellor by way of the Chancellor’s Committee. Subsequently, the chancellor 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 signed by the chair of the department, specifying proposed rank and status. The LLUAHSC EVP/Dean of the School of Medicine or his/her designee will interview the candidate and evaluate his/her credentials and suitability and indicate concurrence with the proposed appointment by signing the application form. The application is transmitted to the office of the chancellor 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” and “voluntary status.”

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

a. Basic science faculty

   (1) Definition: A “full-time” basic science faculty member is one who has a primary appointment in one of the basic divisions of biochemistry, microbiology, physiology and pharmacology or the division of human anatomy in the department of pathology and human anatomy, and is employed by Loma Linda University.

   (2) Function: The basic science faculty are responsible for instruction of medical, 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. Full time School of Medicine faculty are expected to provide, if requested, at least two hours per week (on average) to the preparation and presentation of didactic lectures and/or tutorials.

b. Clinical science faculty

   (1) Definition: A clinical science faculty member is defined as a faculty member with a primary appointment in a clinical science department 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.

(2) Reporting relationships of clinical science faculty. Each faculty member of a clinical science department of the School of Medicine has at least two and, for some, three reporting relationships:

(a) the corporation in which they are employed;
(b) the medical staff of the hospital; and
(c) the chair of their department for the purposes of education and research.

A “full-time” or “part-time” faculty member of a clinical science department is an employee of one of the School of Medicine core corporations or legacy corporations. The terms and conditions of employment are governed by the employment contract which must be signed by each faculty member. This contract will usually be for a one (1) year term but in no case shall it be for a term greater than the faculty members’ appointment.

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.

(3) 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 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.

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 are secondary appointments.

B. Faculty rank, status and promotion guidelines

All faculty in the School of Medicine are appointed and promoted on one of three 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 LLU AHSC 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

      (1) Faculty categories: Basic Science Educator and Clinician Educator

      (2) Rank

         Instructor of ________ Department/Division
         Assistant professor of ________ Department/Division
         Associate professor of ________ Department/Division
         Professor of ________ Department/Division

      (3) 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 superior reputation as a 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. Participation in administration, teaching and research is expected. Teaching will occur in lectures, seminars, 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.

         (a) 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, 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 student, 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, involvement in course planning and evaluations using 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, 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.

(b) Research

The quality and quantity of research will be evaluated. Publications refer to papers in peer-review journals, book chapters as well as some forms of online publications. 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.

(c) 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 via a structured format on their patient care activities, through reports from patients, peers and referring physicians.

(d) 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, director of residency program. Administrative responsibilities should be defined as hospital, department, School of Medicine, University, faculty practice, regional, national or international.

(e) 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.

(4) 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 LLUAHSC 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.

(a) 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 to educational research.

- Superior reputation as an effective teacher whose contributions have been recognized beyond his or her
department.

- Evaluation as an excellent teacher with commendable evaluations supported by Educator’s Portfolio.

- A minimum of four (4) publications in 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 outstanding 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 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.

(b) 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.

**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 refereed journals or equivalent. Senior authorship is not required. Publications relating to medical education are likely.

- A clinician educator should be recognized as an
outstanding 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 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 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 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.
Scientist track

(1) Faculty categories: basic scientist and clinician scientist

(2) Rank

- Instructor of ________ Department/Division
- Assistant Professor of ________ Department/Division
- Associate Professor of ________ Department/Division
- Professor of ________ Department/Division

(3) 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.

(a) Education/Teaching

Basic Scientists and Clinician Scientists should have evaluations that show they are effective teachers. Teaching responsibilities may include lectures, seminars, conferences, 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.

(b) Research

The quality and quantity of research will be evaluated. Publications refer to papers in peer-review journals, book chapters and some forms of online publications. The basic scientist and clinical 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 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.

(c) 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 referring physicians.

(d) 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.

(e) 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.

(4) 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 LLU AHSC 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.

(a) 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 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 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 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.

(b) 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.

**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 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 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 in the investigator’s field of research at level of rank or higher (exclusive of faculty from residency or post graduate education).
- A minimum of five (5) hours of continuing medical education (CME) credit 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

(1) Faculty categories: full-time research faculty

(2) Rank

Research Instructor of _______ department/division
Assistant Research Professor of _______ Department/Division
Associate Research Professor of _______ Department/Division
Research Professor of _______ Department/Division

(3) Description and guidelines

The research track is for faculty who spend at least 80 percent 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 review 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 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.

(4) Promotion criteria

1) Assistant to Associate Professor
   - A minimum of ten (10) peer-review publications with first or senior authorship (or two (2) publications a year for five (5) years)
   - A maximum of seven (7) years is allowed for progression from the Assistant to Associate Professor level.
   - Completed Researcher’s Portfolio using LLU recommended format.

2) Associate professor to professor
   - A minimum of twenty (20) publications 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 LLU recommended format.
   - Promotion must be supported by letters from at least three (3) authorities in the investigator’s field of research at level of rank or higher (exclusive of faculty from residency or post graduate education).

d. Clinical track

(1) Faculty categories: voluntary clinical faculty

(2) Rank

Clinical Instructor of ________ Department/Division
Assistant Clinical Professor of ________ Department/Division
Associate Clinical Professor of ________ Department/Division  
Clinical Professor of ________ Department/Division

(3) Description and criteria

The clinical track is for non-geographic clinical faculty who participate over an extended period of time in undergraduate and/or residency education. Their contribution is voluntary. To maintain faculty status, they must participate in academic activities for at least 50 hours/year. Promotion is based on evaluation of clinical expertise, and the quality and quantity of teaching contributions.

(4) Promotion criteria

1) Assistant to Associate Professor
   - Recognition as an outstanding clinician
   - Teaching contribution to undergraduates and/or residents
   - Scientific contribution significantly strengthens the application but is not required.

2) Associate Professor to Professor

   Associate Clinical Professor is the usual terminal appointment. Promotion to Clinical Professor may be made under exceptional circumstances, and is based on a long-term commitment to the institution and participation in its educational programs.
## Promotion Criteria for Academic Track

<table>
<thead>
<tr>
<th>Assistant to Associate Professor</th>
<th>Educator</th>
<th>Scientist</th>
<th>Research</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Basic Science Educator</td>
<td>Basic Scientist</td>
<td>A minimum of ten (10) peer-review publications with first or senior authorship or two (2) publications a year for five (5) years.</td>
</tr>
<tr>
<td></td>
<td>Clinician Educator</td>
<td>Clinician Scientist</td>
<td>A maximum of seven (7) years is allowed for progression from the Assistant to Associate Professor level.</td>
</tr>
</tbody>
</table>

### Research

- A minimum of four (4) publications in 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.

### Teaching Productivity

- Master educators who have an aptitude for teaching and who devote a significant effort to development of the educational program and to educational research. Evaluation as an effective teacher with commendable evaluations. Teaching activities supported by Educator’s Portfolio.

### Clinical Excellence

- Recognition as an outstanding clinician for the clinician educator.

### Administrative Contribution

- Favorable evaluation of significant administrative contribution.

### National Reputation

- Superior reputation as an effective teacher whose contributions have been recognized beyond his or her department.

### Other

- A minimum of five (5) hours of continuing medical education (CME) credit focused on education in the years between appointment to Assistant Professor and promotion to Associate Professor. A minimum of two (2) hours of continuing medical education (CME) credit 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 focused on education in the years between Assistant Professor appointment 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

- 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.

*Clinicians-outside funding and/or outside recognition from applicant’s academic peers*
Promotion Criteria for Academic Track

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<th></th>
<th><strong>Educator</strong></th>
<th><strong>Scientist</strong></th>
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<tr>
<td></td>
<td>Clinician Educator</td>
<td>Clinician Scientist</td>
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</tr>
<tr>
<td>Research</td>
<td>A minimum of eight (8) publications in refereed journals or equivalent. Senior authorship is not required. Publications relating to medical education are likely.</td>
<td>Equivalent of twenty (20) 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 or administrative load and is a superior teacher.</td>
<td>A minimum of twenty (20) publications as either first or senior author</td>
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<td></td>
<td>Promotion would normally take a minimum of five years, except under very special circumstances.</td>
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<td>Research faculty (&gt;80% of time in research) are expected to be supported by extramural funding.</td>
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<td>Extramural funding at a level sufficient to maintain productivity.</td>
</tr>
<tr>
<td>Teaching Productivity</td>
<td>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 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.</td>
<td>Evaluation as an effective teacher.</td>
<td>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.</td>
</tr>
<tr>
<td>Clinical Excellence</td>
<td>*Recognition as an outstanding clinician with formal evaluations by peers and feedback from referring physicians for clinician educator.</td>
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<tr>
<td>Administrative Contribution</td>
<td>Successful major administrative role in the School of Medicine, with written evaluation of the personal contributions of the candidate. An acknowledged and successful contribution as Associate Professor over a period of time, normally not less than seven (7) years.</td>
<td>Favorable evaluation of significant administrative contribution.</td>
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<tr>
<td></td>
<td>Educator</td>
<td>Associate to Professor</td>
<td>Scientist</td>
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<td></td>
<td>Clinician Educator</td>
<td>Clinician Scientist</td>
<td>Clinician Scientist</td>
</tr>
<tr>
<td>National Reputation</td>
<td>Known nationally through activities related to education, such as lectures at conferences, contribution to education within national specialty societies, or development of public policy.</td>
<td>National peer recognition and evidence of fostering the research environment of the home department and the school.</td>
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<tr>
<td>Other</td>
<td>Promotion must be supported by letters from at least three (3) authorities in the investigator’s field of research at level of rank or higher. (Exclusive of faculty from residency or post graduate education).</td>
<td>A minimum of ten (10) hours of continuing medical education (CME) credit focused on education in the years between appointment to Associate Professor and promotion to Professor.</td>
<td>A minimum of five (5) hours of continuing medical education (CME) credit focused on education in the years between appointment to Associate Professor appointment and promotion to Professor.</td>
</tr>
<tr>
<td>Service</td>
<td>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.</td>
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</table>
2. Promotion procedures

a. Appointment and promotion: some 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 LLUAHSC 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 or biannual review of faculty. Included in that review should be agreement between the 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. The department Promotions Committee reviews the documentation of the member’s contribution and votes on the request. After a favorable vote, the Chair sends the promotion material to the LLUAHSC EVP/Dean of the School of Medicine with a letter recommending the promotion. The Dean then forwards the application to the Promotions Committee.

If the Chair and/or department Promotions Committee fails to support the
request for promotion, the faculty member may appeal directly to the LLUAHSC EVP/Dean of the School of Medicine for consideration of promotion. In that case the Chair and the department Promotions Committee are expected to provide the LLUAHSC 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

The LLUAHSC EVP/Dean of the School of Medicine refers the promotion request, along with all the documentation, to the School of Medicine Promotions Committee. The 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 LLUAHSC 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 LLUAHSC EVP/Dean of the School of Medicine.

After deciding to recommend promotion, the LLUAHSC EVP/dean of the School of Medicine forwards the recommendation for promotion to University administration for processing by the Board of Trustees. Formal notice of promotion is given to the faculty member in writing by the Chancellor of the University.

d. Documentation

The following supporting documents are required to support the promotion recommendation, and must accompany the initial recommendation to the LLUAHSC EVP/Dean of the School of Medicine:

(1) An up-to-date one-page summary curriculum vitae in the School of Medicine standard format.

(2) An up-to-date curriculum vitae utilizing the School of Medicine standard format. Include only published or in-press citations.

(3) Completed Promotion Checklist as coversheet to packet.

(4) Letter of support from Department Promotions Committee addressed to the Chair of the SOM Promotions.

(5) Letter of proposal from the Department Chair addressed to the Chair of SOM Promotions Committee.
  - 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., e.g.,
the originality or importance of the candidate’s academic contribution

specific evidence of contribution to academic administration

specific contributions to patient care

specific evidence of contributions to teaching activities

candidate’s national and international reputation as represented by appointments to study sections, memberships on editorial boards, conference leadership, invited lectureships, special honors

sources of financial support in past 3 years and future sources of support

Any additional supporting material, such as reference letters, teaching evaluations, etc.

(6) Signed candidate's personal statement.

(7) Documentation of the number of hours of continuing medical education (CME) credit focused on education in the years between appointment to Associate Professor and promotion to Professor.

(8) 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)]

(9) Reprints of two (2) papers most representative of the candidate’s research.

(10) 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.

(11) 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 rank or higher (letters should be exclusive of faculty from candidate’s residency or post graduate education).

(12) An original complete file and nine (9) 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 Discontinuation of Faculty Appointment and Severance of University Employment, Discipline and Dismissal Policy and Post-tenure Review. The award of tenure does not guarantee employment by the School of Medicine.

3. Availability and nature of tenure in faculty tracks 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 the Basic Science divisions of biochemistry, microbiology, pharmacology or physiology and 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 categories of the academic track 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 award of tenure in the School of Medicine

a. Criteria for tenure

Three 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 extramural) and the names of five 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.

(1) Research: Evaluation as a productive and independent investigator

(2) Teaching: Evaluation as an effective teacher

(3) Service: Evaluation of a significant service contribution

b. Evaluation criteria for tenure

(1) 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 and invitations to chair sessions, 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 total of four years full-time service to the school, or equivalent at another institution, a maximum of ten 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), consultations related to the research endeavors of other faculty.

(2) **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, courses coordinated.
- **Quality of effort**: collective opinions of those taught, evaluation by course directors and colleagues, student performance on examinations, 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.

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 faculty person’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.

c. **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 LLUAHSC EVP/Dean of the School of Medicine for consideration by the tenure subcommittee of the faculty Promotions Committee. Recommendation by the LLUAHSC EVP/Dean of the School of Medicine to award tenure will then be forwarded to the Chancellor and finally to the Board of Trustees which is authorized to grant tenure.

   (1) Review and either approval or disapproval occurs at each administrative level (department, Tenure Subcommittee, Promotions Committee, dean, chancellor), and a decision must be stated within nine months of initiation of the tenure request.

   (2) Typically, the tenure process is initiated in the fall (by October 1) and the written outcome of the tenure request is received by the faculty member by June 1. Faculty may appeal if tenure is not awarded by appropriate procedure described in this Handbook.

5. **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 annual reviews of the faculty member under consideration to determine if the five year record demonstrates cumulative compliance with the requirements for appointment of tenured faculty.

   Exceptions to the five-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:

(1) 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 Chair and by the LLUAHSC EVP/Dean of the School of Medicine.

(2) Tenure may be discontinued only with the concurrence of at least four of the five 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 this 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 this 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 this Handbook in sections 2.6 and 2.7.

2. Clinical science faculty of the School of Medicine

a. Reporting relationship

(1) Discontinuation of faculty appointment, including dismissal, of Clinical Science Faculty is governed by the University policies as set forth in this Handbook in sections 2.6 and 2.7.

(2) Severance of employment of a Clinical Science faculty member employed by a School of Medicine or departmental faculty corporation is governed by the terms and conditions of that member’s employment contract with that faculty employment corporation.
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

(1) A Clinical Science faculty member who chooses to resign his/her faculty appointment notifies the Chair of the department who processes the resignation through channels to the University Board of Trustees. Resignation of faculty appointment will result in termination of employment by the faculty practice corporation.

(2) A “full-time” or “part-time” Clinical Science faculty member who chooses to resign his/her employment with School of Medicine or department faculty corporation will notify the President of that corporation. Resignation of employment with the faculty corporation automatically terminates his/her faculty status. He/she may either be reclassified into another status such as voluntary 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 Loma Linda University Board of Trustees.

c. Dismissal of Clinical Science faculty

(1) 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 in this 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 LLUAHSC EVP/Dean of the School of Medicine.

(2) Procedure for dismissal of Clinical Science faculty member shall follow the discipline and dismissal policy (section 2.7) and proceed as follows:

The LLUAHSC EVP/Dean of the School of Medicine will submit the recommendation with supporting documentation to Clinical Faculty Executive Committee (CFEC) for their review and recommendation. If CFEC concurs with the recommendation for dismissal, then the Committee notifies the LLUAHSC EVP/dean of the School of Medicine who recommends both:

Termination of faculty appointment to the Loma Linda University Chancellor for further processing.

and

Termination of employment to the President of the employing faculty corporation for further processing.

The LLUAHSC 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 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 this 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, titled “Legal Recourse” which specifies that binding arbitration constitutes the sole procedure for this resolution.

2. *Clinical Science faculty* who question whether 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 this 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, titled “Legal Recourse” 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 corporation, they must follow the policies outlined in their employment contract with their employer.

III. Administrative appointments and discontinuations

A. Appointment of administrators

1. LLUAHSC EVP/Dean of the School of Medicine

   a. *Qualifications*. The LLUAHSC 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 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*
(1) Academic responsibilities

(a) To fulfill responsibilities outlined in the “job description of the dean of a school,” for recruitment and admission of students; student affairs; educational affairs; administrative affairs; financial affairs; plant management; advancement; faculty affairs; clinical affairs; and religious affairs

(b) 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 of LLUMC where appropriate. The recruitment of faculty who are members of the Seventh-Day Adventist Church will be a high priority.

(c) To develop the annual budget of the school in collaboration with department chairs, the president of LLUMC, the vice chancellor for financial affairs and under the direction of the University chancellor

(d) To be vice chair of the Council of Consultants and executive committee of the Center for Christian Bioethics

(2) Faculty practice plan responsibilities

(a) It is expected that the LLUAHSC 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 each of the clinical faculty practice corporations. Further, the LLUAHSC 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.

(b) The EVP/Dean of the School of Medicine or his/her designee will be the chair and the LLUAHSC Vice President for Clinical Faculty will be president of combined clinical faculty employment corporation(s) of Faculty Medical Group of LLUSM and of Faculty Physicians and Surgeons of LLUSM, and others should any such exist, subject to the approval of those Board of Director(s) of the corporation(s).

(c) The EVP/Dean of the School of Medicine will communicate to the School of Medicine clinical faculty actions taken by the LLUAHSC and/or University Board of Trustees pertaining to faculty practice activities.

(3) Health facilities responsibilities

(a) To serve as a member of the Board of Trustees of LLUMC and its subsidiary facilities
(b) To serve as chief of staff of LLUMC

c) To serve as a member of the Board of Directors of any corporate entity holding healthcare provider service contracts

d) To serve as a member of LLUAHSC Insurance Trust Board

e) To maintain relationships with affiliated teaching facilities as are deemed appropriate

(f) 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 LLUAHSC vice president for clinical faculty and 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 LLUAHSC in consultation with the chancellor of the University, chair of the Board of Trustees of the University, the deans of the several health-related schools and the CEO of the Medical Center. The President of the University, Chancellor of the University, the Vice Chancellor for Academic Affairs and the Chair of the Board of Trustees 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 LLUAHSC will recommend a candidate to the LLUAHSC Board of Trustees for appointment to the position of LLUAHSC 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, CFEC, and the Boards of Directors of LLUHC.

Upon announcement of his/her appointment by the LLUAHSC Board of Trustees, the LLUAHSC EVP/Dean of the School of Medicine will ordinarily be the Chair of the School of Medicine Executive Committee, and would be a Chair of the Board of Directors of LLUHC. He/she, or an appointed designee, would ordinarily serve as the Chair of the School of Medicine employment corporations and as Chair of the Board of Directors, or the Dean’s designee, of each of the legacy 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 LLUAHSC EVP/Dean of the School of Medicine or designee as Chair, and four (4) additional members appointed by the LLUAHSC EVP/Dean of the School of Medicine. At a minimum, two 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 LLUAHSC 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 Board of Trustees.

B. Discontinuation of administrative positions

Administrative appointees such as the LLUAHSC EVP/dean of the School of Medicine, assistant and associate deans, chairs, vice chairs, division heads, program directors, serve at the pleasure and sole discretion of the 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 chancellor 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) 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 the activities of Basic and Translational Research such as the strategic plans for the basic science, faculty development, equipment and space allocation and budget reviews.

b. To administer and make policy the graduate programs.
To provide teaching resources to the School of Medicine’s medical student and graduate student programs.

2. Composition
   a. LLUAHSC EVP/Dean (serves as the Chair of BSTREC)
   b. Associate Dean for Basic Sciences and Translational Research (serves as Vice Chair of BSTREC)
   c. Senior Associate Dean for Medical Student Education
   d. Associate Chief of Staff for Research from VA Loma Linda Healthcare
   e. Chairs of the Basic Sciences departments
   f. Vice Chairs of the Basic Sciences departments
   g. Center Directors
   h. Chair of BSFAC
   i. Associate Dean for Finance and Administration
   j. Representatives from the appropriate institutes
Faculty Participation in Governance of the School of Medicine
A quorum requires fifty-percent of the BSTREC membership to be present to vote on an issue.

B. Clinical Faculty Executive Committee (CFEC)

1. Purpose
   a. To administer the activities of the clinical faculty in the faculty practice plan not under the authority of LLUHC or LLUMC.
   b. To advise LLUHC leadership and the LLUHC governing Board on matters pertinent to the clinical faculty.
   c. To advise the dean as chief of staff of LLUMC on matters related to the medical staff of LLUMC.
   d. To provide teaching resources to the School of Medicine’s medical student and graduate student program.

2. Composition
   a. LLUAHSC EVP/Dean (serves as Chair)
   b. Associate Dean for Clinical Faculty (serves as Vice Chair of CFEC)
   c. Associate Dean of Faculty Practice
   d. Chief of Staff from VA Loma Linda Healthcare
   e. Chairs of clinical departments
   f. Heads of divisions that are separate cost centers
   g. Directors of institutes
   h. Chair of CSFAC

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

C. BSFAC/CSFAC

1. Purpose
   The purposes of the Basic Science and Clinical Science Faculty Advisory Councils are 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 LLUAHSC EVP/dean of the School of Medicine, and the School of Medicine Executive Committee.

c. Provide a forum for the LLUAHSC 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 LLUAHSC 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 LLUAHSC 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 LLUAHSC EVP/Dean
e. Vice Chancellor for Research
f. Senior Associate Dean for Medical Student Education
g. Associate Dean for Finance and Administration
h. Associate Dean for Admissions

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. One member will be appointed from each of the clinical faculties of VA Loma Linda Healthcare System, Riverside County Regional Medical Center and the White Memorial Medical Center. 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. Chairs of departments and division heads are ineligible to serve on CSFAC. Associate/Assistant Deans who are more than 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 LLUAHSC EVP/Dean of the School of Medicine as a non-voting, ex-officio member
d. The Clinical Science faculty representative to the Interschool Faculty Advisory Council (IFAC)
e. Administrative, non-voting invitees: Assistant and Associate Deans of the School of Medicine, President of LLUMC, Chief of Staff from VAMC, and the CEO of LLUHC.

Any member of the School of Medicine faculty may attend CSFAC meetings as a non-voting observer.

5. Elections of members

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 year terms beginning on 1 October. 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 of the ballots cast in the last election for council members from that department. Recall will occur if 50 percent 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 Clinical Science Faculty Advisory Council 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 absences without an alternate member present in an academic year will be considered the equivalent of resignation from the Council.

6. 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:

1. The Chair of BSFAC/CSFAC will be an elected position to serve a term of two years from January to December.

2. 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).

3. 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.

4. When an elected member is chosen to serve as Chair or Secretary/Chair-elect, that member's Basic Science or clinical
b. Duties of the officers:

(1) The Chair:

(a) Will schedule and preside at the BSFAC/CSFAC meetings, organize agenda items in conjunction with the LLUAHSC EVP/Dean of the School of Medicine, and prepare official communication from BSFAC/CSFAC to the LLUAHSC EVP/Dean of the School of Medicine, School of Medicine Executive Committee, and other committees/persons at the request of BSFAC/CSFAC members

(b) Will communicate with the LLUAHSC EVP/Dean of the School of Medicine about issues raised in BSFAC/CSFAC requesting a timely response at a later BSFAC/CSFAC meeting

(c) Will, in the absence of the Secretary/Chair-elect, appoint an acting Secretary from the BSFAC/CSFAC membership

(d) Will be a voting member of the School of Medicine Executive Committee

(2) The Secretary/Chair-elect:

(a) 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 LLUAHSC EVP/Dean of the School of Medicine

(b) 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

(c) Will write a summary to be sent to the campus publications for any issues of importance

7. 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 LLUAHSC 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 LLUAHSC 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 LLUAHSC 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.

8. Election of the Basic Science faculty and Clinical Science faculty representatives to the Interschool Faculty Advisory Council (IFAC)

a. The Basic Science faculty and Clinical Science faculty representatives to the Interschool Faculty Advisory Council (IFAC) will be elected by a vote of all School of Medicine Basic Science or Clinical faculty, as appropriate, in September to serve a two-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-year terms of office for the BSFAC/CSFAC representatives to IFAC 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 IFAC representative cannot attend the IFAC meetings.

d. In the event of a vacant position, the alternate will complete the term.

9. 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

(1) Membership will be composed of the current Chair and Secretary/Chair-elect plus three other members of the basic science or clinical faculty who do not have to be BSFAC/CSFAC representatives. The three faculty members of this committee will have three-year terms. Elections will be held yearly with overlapping of terms.

(2) 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.

(3) 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 Secretary/Chair-elect 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.

The nominating committees of BSFAC/CSFAC

a. Membership will be composed of the current chair and secretary/chair-elect and the LLUAHSC 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 IFAC, and members of the Policies and Procedures Committee, as well as any other nominations referred to it by BSFAC/CSFAC.

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

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 LLUAHSC. 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 be the EVP/Dean of the School of Medicine.

c. The CEO will be the School of Medicine Associate Dean for Faculty Practice and LLUAHSC Senior Vice President for Faculty Practice in LLUAHSC.

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

   (1) 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 fringe 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 of LLUHC.

b. Audited statements of expenses and incomes pertaining to the operations of LLUHC will be filed in the finance office of LLUAHSC. They will be available for inspection by the Chair of the LLUAHSC Board of Trustees and the President of LLUAHSC, upon request.

B. School of Medicine Core Faculty Employment Corporations (SOMFEC)

There are two categories of School of Medicine Faculty Employment Corporations:

- Two School of Medicine core corporations entitled: Faculty Physicians and Surgeons (FP&S) and Faculty Medical Group (FMG)
- Eight (8) legacy corporations affiliated with the Loma Linda University School of Medicine

1. School of Medicine Core Corporations (FPS & FMG)

These not-for-profit, religiously qualified corporations are 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

(1) The LLUAHSC EVP/Dean of the School of Medicine ordinarily serves as Chair of the Board of these corporations. The LLUAHSC Senior Vice President for Clinical Faculty/Associate Dean for Clinical Faculty of Loma Linda University will ordinarily serve as President of these corporations.

(2) Composition of the Board of Directors
See bylaws of FPS & FMG.

b. Financial practices

(1) 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 LLUAHSC EVP/Dean of the School of Medicine.

(2) Income ranges. Professional compensation ranges will be established annually at the department or division level in consultation with the LLUAHSC EVP/Dean of the School of Medicine. Consideration will be given to the earnings of like specialists in other church-sponsored medical institutions, in similarly financed medical schools, in all medical schools in the United States as well as the earnings of like
specialists in the geographic area in which our institution is located. Professional compensation ranges will be filed annually in the office of the LLUAHSC EVP/Dean of the School of Medicine and are available for inspection upon request to the chair of the Board of LLUAHSC, or the Chancellor of Loma Linda University. Due consideration will be given to incentives for productivity in research, teaching, practice and administration.

(3) Audit and disclosure. Corporation funds, including retirement plans and fringe 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 and to the LLUASC Board of Trustees.

c. Employment contracts and agreements

Employment contracts, statements of understanding and other agreements between Clinical Science faculty members and the School of Medicine faculty employment corporations will be developed in consultation with the LLUAHSC EVP/Dean of the School of Medicine, and be approved by the Board of Directors of the respective School of Medicine faculty employment corporations.

Any other practice organization, whether corporation, partnership, or sole proprietorship, may be formed to carry on practice activities of clinical departments only after LLUAHSC Board approval.

2. Legacy corporations of the School of Medicine

These not-for-profit departmental employment corporations of the academic clinical departments or divisions employ the “full-time” and “part-time” faculty of the clinical departments of the School of Medicine under the supervision of their respective Boards of Directors.

a. Governance and Board membership

(1) Presidents of the departmental practice corporation

The Loma Linda University Board of Trustees expects the Chairs of the academic departments and/or the heads of divisions to be responsible for and to exercise leadership in the coordination of both the academic and practice programs. It is therefore to be expected that he/she would serve as President of the respective practice corporation and Chair of its operating committee. The LLUAHSC EVP/Dean of the School of Medicine or his/her designee is expected to serve as Chair of the Board of Directors of each departmental corporation.

(2) The Boards of Directors of the Departmental Faculty Practice corporations are responsible for the orderly conduct of the department’s practice activity and should be made up of:

(a) Less than one half to be representatives of the respective department or division. The majority of the Directors shall be senior faculty members of the clinical faculty not employed in the corporation.
(b) The LLUAHSC EVP/Dean of the School of Medicine, or his/her designee.

Organizational continuity is crucial in each of the departmental or division practice corporations if they are to accomplish their tasks effectively. As a consequence, each corporation will be operated in a manner that reflects the concept of a trusteeship for the practice organization.

b. Financial practices

(1) The LLUAHSC EVP/Dean of the School of Medicine or his/her designee will collaborate on at least an annual basis with the President of each of the School of Medicine or department faculty corporations in the development of a financial plan which includes budget planning, salary ranges and allocations for medical student teaching.

(2) Income ranges. Professional compensation ranges will be established annually at the group level in consultation with the LLUAHSC EVP/Dean of the School of Medicine. Consideration will be given to the earnings of like specialists in other church-sponsored medical institutions, in similarly financed medical schools, in all medical schools in the United States as well as the earnings of like specialists in the geographic area in which our institution is located. Professional compensation ranges will be filed annually in the office of the LLUAHSC EVP/Dean of the School of Medicine and are available upon request for inspection by the Chair of the Board of University, or the president of the University. Due consideration will be given to incentives for productivity in research, teaching, practice and administration.

(3) Audit and disclosure. Departmental faculty employment corporation funds, including retirement plans and fringe 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 department corporation, the EVP/Dean of the School of Medicine, and the President of LLUAHSC.

c. Employment contracts and agreements

Employment contracts, memoranda of understanding, and other agreements between Clinical Science faculty members and the School of Medicine employment corporations/department or division faculty employment corporations, will be developed in consultation with the LLUAHSC EVP/Dean of the School of Medicine and the General Counsel, and be approved by the Board of Directors of LLUHC and the respective corporation’s Board of Directors.

Except as authorized above, no other practice organization, whether corporation, partnership, or sole proprietorship, may be formed to carry on practice activities of Clinical Science departments of the School of Medicine.
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.d. of the School of Medicine section of this Handbook. The minutes of the School of Medicine Executive Committee are kept in the office of the LLUAHSC EVP/Dean of the School of Medicine.

B. 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 Handbook. The minutes of BSFAC are kept in the office of the LLUAHSC EVP/Dean of the School of Medicine.

C. 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 Handbook. The minutes of CSFAC are kept in the office of the LLUAHSC EVP/Dean of the School of Medicine.

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 Handbook. The minutes of CFEC are kept in the executive office of LLUHC.

E. Basic Science and Translational Research Executive Committee (BSTREC). The functions and composition of this committee are listed under Section IV.B. of the School of Medicine section of this Handbook. The minutes of this committee are kept in the office of the LLUAHSC EVP/Dean.

F. 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 and the daily operations of the School of Medicine. The minutes of this committee are kept in the office of the LLUAHSC EVP/Dean.

G. School of Medicine Admissions Committee. The Admissions Committee consists of 21 members who represent a cross section of Clinical and Basic Science faculty, Administrators and students of the School of Medicine. Members of the Admissions Committee are appointed by the Dean of the School of Medicine. Selected members rotate onto the committee every three or four 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 minutes of the admissions committee meetings are kept in the School of Medicine office of Admissions.

H. School of Medicine Curriculum Committee. The Curriculum Committee is a central unit in the School of Medicine that has authority to plan, organize, monitor, evaluate and revise the curriculum. The student and faculty members are appointed by the Dean of the School of Medicine. 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 the Basic Science Course Directors Committee and the Clinical Clerkship Directors Committee.

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 of the School of Medicine. The student and faculty members are selected by the Dean of the School of Medicine and serve three year terms. The minutes are kept in the office of the Senior Associate Dean for Medical Student Education.
J. School of Medicine Promotions Committee. Members of the Promotions Committee are selected by the Dean of the School of Medicine. 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 Handbook. The minutes of this committee are kept in the office of the LLUAHSC EVP/Dean.

K. 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 LLUAHSC EVP/Dean.

L. The Medical Affairs Collaborative Committee. This committee provides a forum for dialogue between LLUAHSC Board representatives, LLUAHSC administration, and representatives of the clinical faculty of the School of Medicine. The functions and composition of this committee are listed under Section I.C.2.d. of the School of Medicine section of this Handbook. The minutes of this committee are kept in the office of the LLUAHSC President.

M. Spiritual Life & Wholeness Committee. This committee assesses, monitors, and advises on issues of the faculty, students, and employees of the School of Medicine’s wholeness. The committee will also advise the Curriculum Committee on the education of students on the topics of spiritual life and wholeness. The minutes of this committee are kept in the office of the Associate Dean for Student Affairs.
VII. Policy on Standards of Professional Behavior and Preventing Student Mistreatment

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 are learned informally by students through observation of models of professional behavior toward students, colleagues and patients.

The development and nurturing of these values is 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\(^1\), physical mistreatment\(^2\), discrimination\(^3\), excessive or unreasonable time demands\(^4\), sexual harassment\(^5\) and the use of grading or other forms of assessment in a punitive manner. Such behavior by faculty or staff, or other behavior, which is inimical to the development of mutual respect, is unacceptable.

In the history of medical education, it has not been uncommon for teachers, in an effort to motivate students to excellence, to publicly degrade and humiliate those who 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, which 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 be models of professionalism in all of their interactions and 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 non-judgmental 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.

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1. **Verbal or nonverbal mistreatment** – includes:
   a) Shouting, hostility, profanity, offensive gestures
   b) Repeated or blatant conduct directed towards any person which is intended to insult or stigmatize that person

2. **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

3. **Discrimination** – Includes disparate treatment based on gender, age, ethnicity, race, disability, or sexual orientation which stigmatizes or degrades that person.

4. **Unreasonable time demands** –
   a) Requiring a student to perform personal services such as shopping or babysitting
   b) Requiring a student to perform menial tasks with the intent to humiliate the student.

5. **Sexual harassment** – See LLU Sexual Harassment Policy included in the Student Handbook. Additional copies are available at Student Affairs offices and other appropriate campus centers.
Procedure

Any student who feels he/she may have been mistreated by residents, faculty or staff in violation of these Standards of Behavior has the right and is encouraged to initiate one or more of the following three procedural options. *If, however, the mistreatment involves sexual harassment, the procedure of the Sexual Harassment policy must be followed.* Loma Linda University School of Medicine will ensure that this process occurs fairly and shall be free of retaliation.

A. Informal Procedure

The student may meet directly with the individual involved in the complaint and come to an informal mutually agreed upon resolution. The student may wish to take someone with him/her, such as a Chief Resident, Clerkship Director, Nurse Manager, Department Chair, representative from the Dean’s office or other individual. Alternatively, the student may ask one of these individuals to intervene on his/her behalf. If the matter is satisfactorily resolved in this informal manner, there need not be a written record of the incident or situation.

B. Semi-Formal Procedure

The student may choose to report the alleged offense to any individual he/she selects from the list of trained Loma Linda University School of Medicine Ombudspersons. A list of ombudspersons will be included in orientation materials. Additional copies are available from the School of Medicine Student Affairs Office and the Loma Linda University Office of Affirmative Action.

The selected ombudsperson will function individually, but will follow procedures consistent with their training. The ombudsperson shall:

1. listen to the complaint and assist the complainant in clarifying his/her experiences and feelings;
2. advise the complainant on his/her options, including Informal, Semi-Formal and Formal;
3. inform the Dean of the School of Medicine before proceeding with an attempt to resolve the problem;
4. at the request of the complainant, talk to the accused in an attempt to work out a satisfactory solution. Where feasible, and in situations where the complainant wishes to remain anonymous, the ombudsperson shall not reveal the identity of the complainant. The ombudsperson shall then convey to the complainant the results of that discussion.
5. In keeping with ideals of professionalism and courtesy, the complainant is encouraged to avoid discussing the complaint with individuals who are not directly involved in its resolution.

If both parties are satisfied with the outcome of the ombudsperson process, the matter ends there. However, the accused must be informed that even if the complainant is satisfied, the Dean may feel it needs formal action. If the accused is not willing to participate in the ombudsperson process, the ombudsperson will inform him/her of the Formal Investigative Procedure, and will explain the options available to him/her.

If the complainant is not satisfied with the outcome, he/she may take the matter through the Formal Investigative Procedure.

C. Formal Investigative Procedure

A Formal Investigative Procedure may be initiated by the aggrieved person or an administrative official of the School of Medicine in lieu of Informal or Semi-Formal Procedures, or where such procedures have failed to resolve the problem.

**Investigation prior to formal action:** A complainant wishing to make a formal complaint should file it in writing with the Office of the Dean of the School of Medicine which will determine the method by which the investigation will be conducted. The purpose of the investigation is to establish whether there is a reasonable basis
for believing that the alleged violation of this policy has occurred. In conducting the investigation, the appropriate Administrator will be assisted by no more than three persons who may interview the complainant, the accused, and other persons believed to have pertinent factual knowledge. At all times, the Administrator conducting the investigation will take steps to ensure discretion by all participants.

The investigation will afford the accused a full opportunity to respond to the allegations after the accused has reviewed a written statement of the allegations.

Possible outcomes of the investigation are: (1) a judgment that the allegations are not warranted; (2) a negotiated settlement of the complaint; or (3) initiation of formal action described in succeeding sections of this policy.

**Process of taking formal action:** Formal action regarding complaints about student mistreatment will be taken by one of the following individuals: (1) If the accused is a faculty member, graduate assistant, or employee responsible to an Academic Administrator, formal action will be taken by the Dean of the School of Medicine or by the Dean’s designee. (2) If the accused is an employee of a non-academic unit of the University, formal action will be taken by the supervisor who makes decisions about the employment status of the accused. (3) If the accused is a student, formal action will be taken by the Dean of the School of Medicine or by the Dean’s designee.

If, after reviewing the report of the investigation, the appropriate administrative official as described above concludes there is reasonable basis for believing the alleged violation of this policy has occurred and a negotiated settlement cannot be reached, a formal action will be taken.

**Formal Action:** Except as specifically modified by other provisions of this policy, formal action involving allegations of: (1) Violations of this policy by faculty members will be taken by the Dean of the school employing the accused faculty member and will be governed by the procedures for discipline and severance set forth in the *Faculty Handbook*. (2) Violations of this policy by staff members in academic units of the School of Medicine will be taken by the Dean of the School of Medicine and will be governed by the procedures for discipline and severance set forth in the *Staff Handbook*. (3) Violations of this policy by an employee of a non-academic unit of the University will be taken by the Administrator who makes decisions about the employment status of the accused and will be governed by the procedures for discipline and severance set forth in the *Staff Handbook*. (4) Violations of this Policy by students, including graduate assistants, will be governed by the disciplinary procedures of the *Student Handbook*.

A report of the final outcome of the formal action will be submitted in writing to the Office of the Dean of the School of Medicine, the complainant, and the accused.

**Protection of complainant and others:** Investigations of alleged student mistreatment will be initiated upon receipt of a formal complaint or upon the initiative of the Office of the Dean.

All reasonable steps will be taken to assure that complainant, witnesses, or supporters of the complainant will suffer no retaliation as a result of their involvement in the process. Steps to avoid retaliation might include: (1) lateral transfers of one or more of the parties in an employment setting or a comparable move if a classroom setting is involved, and/or (2) arrangements that academic and/or employment evaluation concerning the complainant or others be made by an appropriate individual other than the accused.

In extraordinary circumstances, after reviewing the allegations and interviewing the accused, the complainant, and, if it seems appropriate, some other relevant persons, the Administrator taking formal action may, at any time during or after an investigation of a complaint of mistreatment, suspend the accused if the Administrator finds that it is reasonably certain that (1) the alleged mistreatment has occurred, and (2) serious and immediate harm will ensue if the accused is not suspended.

**Protection of the accused:** During the investigation, the accused will be informed of the specific allegations and permitted to review a written statement of the allegations and the identity of the complainant or Administrator initiating the investigation. In the event the allegations are not substantiated, all reasonable steps will be taken to restore the reputation of the accused if it was damaged by the proceeding. A complainant found to have been intentionally dishonest in making the allegations or to have made them maliciously, or a witness found to have given intentionally dishonest testimony, is subject to University discipline.

**Protecting both parties:** To the extent possible, the proceedings will be conducted with appropriate
discretion to protect the interests of both parties. After the investigation, the parties will be informed of the facts developed in the course of the investigation. The parties will be informed within 30 days about the outcome of the proceedings.

School of Medicine

**Student Mistreatment Ombudspersons 2005-2006:**

Yvonne Gollin, M.D. ext. 44464
Henry H. Lamberton, Psy.D. ext. 44630
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