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Policy Precedent

The Faculty Handbook is a resource for School of Medicine (SOM) faculty. It is not intended to be an exhaustive list of all relevant policies and procedures. It is the responsibility of each faculty member to ensure they are current with the requirements and policies herein stated.

This SOM Faculty Handbook supplements the University Faculty Handbook and provides more specific information regarding the policies and procedures relevant to the SOM. SOM Faculty shall be subject to the terms of the University Faculty Handbook, the Clinical Training Manual (as relevant) and all University Policies. In the event of an inconsistency in the terms, rights, policies, procedures or guidelines of the University Faculty Handbook relative to the SOM Faculty Handbook, then the terms of this SOM Faculty Handbook shall apply.

The School of Medicine

Background of the School

Background of the School

St. George's University School of Medicine (SGUSOM) received a charter in 1976 by an act of the Grenada House of Parliament. This followed a two-year feasibility study that highlighted the advantages of such an institution to Grenada and its Caribbean neighbors. The first class began studies on January 17, 1977. The administration, faculty and students were selected from throughout the world.

SGUSOM is listed in the World Directory of Medical Schools and is fully accredited by the Government of Grenada to confer the degree of Doctor of Medicine. The first two years of the MD program takes place in Grenada. In addition, the school offers students the option of the first year in Newcastle Upon Tyne in the United Kingdom, in the St. George's University Of Grenada School Of Medicine/ Northumbria University MD Program. This program was instituted in January 2007, in partnership with Northumbria University. At the end of the first year, students from the St. George's University Northumbria program join the Grenada cohort for year 2 of the MD program. Following successful completion of the first two years, students continue their 3rd and 4th year medical studies at affiliated teaching hospitals in the US and/or UK.

St. George's University also provides undergraduate and professional education through its School of Arts and Sciences, School of Veterinary Medicine and School of Graduate Studies. Each of the Schools are fully operational and have their own respective faculty and senate structures.

Mission Statement and Program Objectives

School of Medicine Mission Statement

St. George's University School of Medicine provides a diverse, multicultural and international environment that empowers students to learn the medical knowledge, clinical skills and professional behaviors to participate in healthcare delivery to people across the world.

Current Four-Year MF Program Objectives

1. **Medical Knowledge**
    1. Apply the multidisciplinary body of basic sciences to clinical analysis and problem solving using:
        1. The knowledge of normal structure, function, physiology and metabolism at the levels of the whole body, organ systems, cells, organelles and specific biomolecules including embryology, growth and development.
        2. The principles of normal homeostasis including molecular and cellular mechanisms
        3. The etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results, imaging investigations and causes of common and important diseases conditions.
    2. Incorporate the impact of factors including psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers.
    3. Utilize the important pharmacological and non-pharmacological therapies available for the prevention and treatment of disease based on cellular and molecular mechanisms of action and clinical effects. Identify and explain factors that govern therapeutic interventions such as clinical and legal risks, benefits, cost assessments, age and gender.
    4. Apply the theories and principles that govern ethical decision making in the management of patients.
    5. Evaluate and apply clinical and translational research to the care of patient populations.
2. **Clinical Skills**
    1. Communicate effectively with patients, their families and members of the health care team.
    2. Obtain a comprehensive and/or focused medical history on patients of all categories.
    3. Perform physical and mental status examinations on patients of all categories appropriate to the patient's condition.
    4. Document pertinent patient health information in a concise, complete and responsible way.
    5. Select appropriate investigations and interpret the results for common and important diseases and conditions.
    6. Recognize and communicate common and important abnormal clinical findings.
    7. Develop a problem list and differential diagnosis based on the history, physical findings and initial investigations.
    8. Apply effective problem-solving strategies to patient care.
    9. Perform routine and basic medical procedures.
    10. Provide patient education with respect to health problems and maintenance.
    11. Identify individuals at risk for disease and select appropriate preventive measures.
    12. Recognize life threatening emergencies and initiate appropriate primary intervention.
    13. Outline the management plan for patients under the following categories of care: preventive, acute, chronic, emergency, end of life, continuing and rehabilitative.
    14. Continually reevaluate management plans based on the progress of the patient's condition and appraisal of current scientific evidence and medical information.
3. **Professional Behavior**
    1. Establish rapport and exhibit compassion for patients and families and respect their privacy, dignity and confidentiality.
    2. Demonstrate honesty, respect and integrity in interacting with patients and their families, colleagues, faculty and other members of the health care team.
    3. Be responsible in tasks dealing with patient care, faculty and colleagues including healthcare documentation.
    4. Demonstrate sensitivity to issues related to culture, race, age, gender, religion, sexual orientation, gender identity and disability in the delivery of health care.
    5. Demonstrate a commitment to high professional and ethical standards.
    6. React appropriately to difficult situations involving conflicts, nonadherence and ethical dilemmas.
    7. Demonstrate a commitment to independent and lifelong learning including evaluating research in healthcare.

8. Demonstrate the willingness to be an effective team member and team leader in the delivery of health care.
9. Recognize one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation.
10. Participate in activities to improve the quality of medical education, including evaluations of courses and clerkships.

From Fall 2022: Four-Year MD Program Objectives

Ratified by CC 10/30/2021 for implementation in AY22-23

Medical Knowledge

By the time of graduation, all students will be able to:

1. Apply the multidisciplinary body of biomedical, behavioral, and socioeconomic sciences to clinical analysis and problem solving
2. Describe the etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results, imaging investigations and causes of common and important diseases.
3. Incorporate bio-psycho-sociocultural factors including aging, behavior, health care delivery, psychological, cultural, environmental, genetic and epigenetic, nutritional, social, economic, geographical, religious and developmental and their effects on the health and disease of individual patients and populations into clinical reasoning
4. Utilize evidence-based therapeutic strategies for the prevention, treatment and palliation of disease
5. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

Clinical Skills

By the time of graduation, all students will be able to:

1. Demonstrate effective verbal, nonverbal, and written communication skills, and build collaborative and trusting relationships with patients, families, and all members of the health care team to advance patient care.
2. Demonstrate clinical reasoning and problem-solving skills in the care of individual patients
3. Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
4. Demonstrate competence in routine manual skills
5. Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes into patient care
6. Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to seek guidance where appropriate, to continuously improve patient care
7. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

Professional Behavior

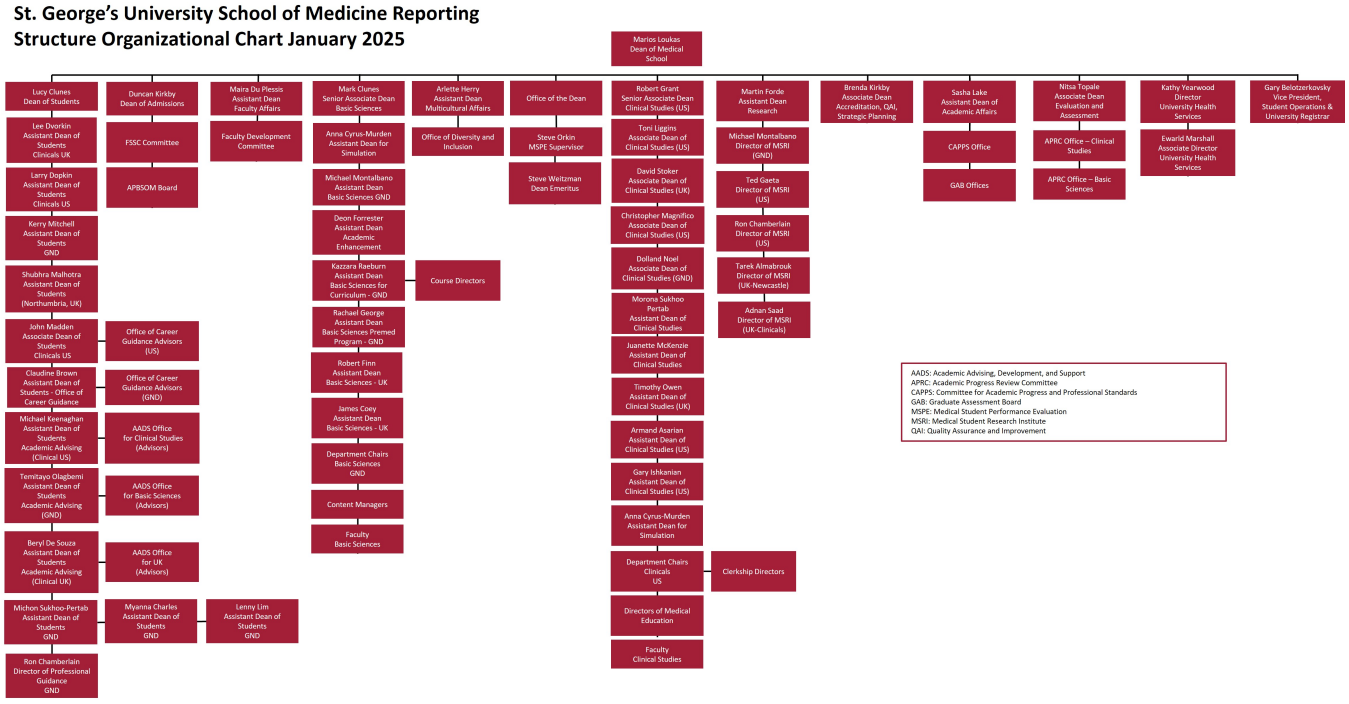
By the time of graduation, all students will be able to:

1. Demonstrate the ability to foster a positive healthy professional identity encompassing conscientiousness, excellence and a commitment to personal growth through the incorporation of new knowledge, skills and behaviors based on self-evaluation and life-long learning.

2. Demonstrate the professional qualities expected of a physician, including empathy, compassion, compliance, punctuality, reliability, responsibility, appropriate demeanor, honesty, and teamwork
3. Engage in behaviors that exemplify humility, value diversity and foster an inclusive and equitable environment free of bias
4. Display ethical behavior, including a respect for patient privacy and autonomy and informed consent
5. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care
6. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

SOM Organizational Chart

SOM Organizational Chart



School of Medicine Board

School of Medicine Board

The Board of St. George's University School of Medicine has oversight authority over the goals and mission of the School of Medicine and academic matters involving the School of Medicine. The management/administrative officers of the School of Medicine are accountable to the School of Medicine Governing Board. The School of Medicine Governing Board delegates authority to the dean and administration of the SOM to manage administrative functions of the SOM, direct and oversee all programs and activities within the SOM, and develop the strategic initiatives of SOM.

Administrative Structure of the School of Medicine

Administrative Faculty Definitions

Administrative faculty/officers are individuals who hold a letter of appointment for a specific administrative post within the SOM and/or SGU, and who perform the administrative and support functions of the SOM. Their work is directly related to the management of the educational and general activities of the institution, a department, an office and/or another unit.

Individuals considered as administrative faculty include:

- Deans
- Senior associate deans
- Associate deans
- Assistant deans
- Unit directors
- Course directors
- Content managers
- Departmental chairs
- Directors of Medical Education
- Clerkship directors

Dean of School of Medicine

The dean of the School of Medicine (Dean) is the Chief Academic Officer of the SOM. The Dean manages administrative functions of the SOM, directs and oversees all programs and activities within the SOM, and develops the strategic initiatives of SOM. The Dean's responsibilities are divided into administrative, faculty affairs, education, research and scholarly activity, clinical and fiduciary. The Dean of SOM reports to and advises the Vice Chancellor on all matters that are related to the SOM.

Vice President of Student Affairs

Lucy Clunes, PhD

The Office of Student Affairs (OSA) provides support and guidance in non-academic areas to all students in the University. The OSA oversees services and programming such as the Student Government Association and the student organizations, student advising, International Student services, and non- academic wellness initiatives, such as the Fitness center. Students who have concerns are provided with a wide range of support services. The Vice President of Student Affairs sets the strategic direction for the Office of Student Affairs and makes recommendations on related policies. The OSA works in close collaboration with the community, with the academic units and with the non-academic SGU units that serve the diverse student population, such as the Student Accessibility and Accommodation Service, University Health Services, the Department of Educational Services, Office of Institutional Advancement, Housing, Judicial Affairs, and the Department of Public Safety. The Vice President of Student Affairs reports directly to the Dean of SOM for any SOM related issues and to the Provost for non-SOM matters.

Dean of Admissions

Duncan Kirkby, PhD

The Dean of Admissions reports to the Dean of the SOM and liaises with the Office of Marketing, Recruitment and Enrollment Operations (MREO) for the full enrollment of highly qualified students in all SOM programs. The Dean of admissions oversees the Faculty Student Selection Committee (FSSC) and the Admissions Policy Board of the SOM.

Senior Associate Dean of Basic Sciences

Mark Clunes, PhD

The Senior Associate Dean of Basic Sciences provides academic and fiscal oversight for the first two years of the SOM program, and reports to the Dean of the SOM. The Senior Associate Dean of basic sciences is responsible for the management of the basic sciences academic departments, and administration of the programs and faculty supported by those departments. The Senior Associate Dean is charged with curriculum and assessment development; course and faculty evaluations, budget preparation; faculty adequacy for the curriculum; program development based on academic data; and the management and administration of the academic advisory service dedicated to students enrolled in the SOM during their basic science studies.

Senior Associate Dean of Clinical Studies

Robert Grant, MD, MSC, FACS

The Senior Associate Dean of Clinical Studies oversees the clinical training program in the US and UK and reports to the Dean of the SOM. The Senior Associate Dean is charged with curriculum and assessment development; course and faculty evaluations, screening, and monitoring of hospitals for clinical programs, working with the directors of medical education and the clinical chairs at affiliated hospitals to ensure that the Clinical Programs conforms with the Clinical Training Manual, Student Manual and Faculty Handbook. The Senior Associate Dean of Clinical Studies is responsible for the management and administration of the academic advisory service dedicated to students enrolled in the SOM during their clinical years.

Associate Dean of Clinical Studies (US and UK)

Toni Liggins, MD (US)

Christopher Magnifico, MD (US)

David Stoker, MBBS (UK)

The Associate Dean of Clinical Studies (UK) and Associate Dean of Clinical Studies (USA) report to the Senior Associate Dean of Clinical Studies. The Associate Deans of Clinical Studies UK and US are responsible for all aspects of the clinical training activities, including developing the shared third- and fourth- year curriculum with clinical partners, site visits, and monitoring activities.

Associate Dean of Strategic Planning (SP), Continuous Quality Assurance (CQA) and Accreditation

Brenda Kirkby, PhD

The Associate Dean of accreditation, QAI, and strategic planning helps to oversee the accreditation processes for the SOM and reports to the Dean of the SOM. Responsibilities include keeping apprised of accreditation standards, overseeing the preparation and timely submission of accreditation

documents, and monitoring the strategic planning initiatives set up by the SOM. The Associate Dean also ensures that a systematic process is followed to monitor compliance with accreditation standards as part of the QAI process, including the collection and review of data and dissemination of outcomes to appropriate leadership.

Assistant Dean for Faculty Affairs

Maira du Plessis, PhD

The Assistant Dean of faculty affairs reports to the Dean of the SOM and assists the Dean in all aspects of faculty affairs. The Assistant Dean of faculty affairs coordinates faculty recruitment, promotion policies and procedures, oversees systems for formative feedback for faculty, coordinates orientation for new SOM faculty, acts as a resource for Department chairs in their guidance, mentoring and development of faculty, and provides leadership in faculty development initiatives and programs that contribute to the strategic priorities of the SOM across the 4-year MD program. The administration of the faculty development unit of the Department of Educational Services and the direct support of faculty personal development is the responsibility of the Assistant Dean of Faculty Affairs.

Associate Dean for Evaluation and Assessment

Nitsa Topale, EdD

The Associate Dean of evaluation and assessment is responsible for program evaluation, educational assessment, and research for the 4-year MD Program and manages a team of faculty and staff in the Curriculum Evaluation and Assessment Division (CEAD) Office. The Associate Dean is responsible for the Academic Progress Review Committee (APRC). Reporting to the Dean of the SOM, the Associate Dean leads and manages curriculum assessment outcome data and works with the University Registrar, Senior Associate Deans of basic sciences and clinical studies and Office of Student Affairs to coordinate assessment and evaluation initiatives across the 4-year program.

Assistant Dean of Research

Martin Forde, ScD, R.Eng

The Assistant Dean of Research works with the Dean the SOM to implement strategic plans that cultivate and foster a culture of active scholarship within the School's MD curriculum, faculty, and students. The Assistant Dean of Research oversees all research activities and resources, ensuring their availability and effective utilization. Additionally, the Assistant Dean actively seeks out opportunities to foster collaboration and interdisciplinary research initiatives within the SOM and is in charge of the Medical Student Research Institute (MSRI).

Assistant Dean of Multicultural Affairs

Arlette Herry, PhD

The Assistant Dean of multicultural affairs reports to the Dean of the SOM and works closely with faculty, students, and all academic units within the SOM. The Assistant Dean of multicultural affairs works to create an environment of inclusion, both inside and outside of the classroom, via the design, implementation and oversight of programs, advising and dialogue initiatives that focus on enhancing the SOM Community's understanding relating to topics including ethnicity, race, socio-economic status, gender, nationality, sexual orientation, religion and other aspects of identity, in line with the SOM's diversity, equity and inclusion policy.

Assistant Dean for Simulation

Anna Cyrus-Murden, MD, MPH

The Assistant Dean for simulation reports to the Senior Associate Dean of clinical studies and Senior Associate Dean of basic sciences and advises them on simulation and skills lab innovations. The Assistant Dean for simulation oversees the campus and hospital simulation-based instructional technology, and is involved in advancing innovation in the curricula that will support cutting-edge clinical skills and team training activities within the SOM.

Assistant Dean of Preprofessional Programs

Rachael George, MD, MSc

The Assistant Dean of preprofessional programs reports to the Senior Associate Dean of basic sciences and ensures the appropriate foundational content is taught that will prepare students for the 4-year MD program. The Assistant Dean of Preprofessional Programs oversees and administers the programs that are part of the preclinical program in the School of Arts and Sciences, specifically the Charter Foundation to Medicine Program, Pre-clinical program and post- Baccalaureate program.

Assistant Dean for Curriculum

Kazzara Raeburn, MD, MSc

The Assistant Dean of Basic Sciences (curriculum) reports to the Senior Associate Dean of basic sciences and assists with the management and administration of the basic sciences academic programs. The Assistant Dean's specific assignments include supervision of basic science courses; curriculum and assessment development; liaison with the Student Government Association relating to academic issues and chairing of the Basic Sciences Curriculum Subcommittee.

Assistant Dean, St. George's University of Grenada School of Medicine/Northumbria University Four, Five and Six-Year MD Program

James Coey, MD

Robert Finn, BSC, PHD, FHEA

The Assistant Dean for St. George's University of Grenada School of Medicine/Northumbria University Four, Five and Six-Year MD Program (UK) reports to the Senior Associate Dean of basic sciences and assists with the management and administration of the basic sciences academic programs at the Northumbria University Campus in the UK. The Assistant Dean's specific assignments include supervision of basic science courses; curriculum and assessment development and liaison with relevant chairs and faculty to ensure cohesive content delivery between the two sites.

Assistant Dean for Curriculum Management

Michael Montalbano, MD, MPH, MBA

The Assistant Dean of Basic Sciences (curriculum management) reports to the Senior Associate Dean of basic sciences and is responsible for developing and overseeing innovative solutions for curriculum organization. The Assistant Dean oversees the scheduling of all academic activities across years 1 and 2, including lectures, small groups, laboratory sessions, simulation sessions, IMCQ sessions, hospital visits and examinations, liaises with the course directors, SGA representatives and administrative schedulers, liaises with IT and AV to ensure academic support needs are met and is a permanent member on the non-academic affairs committee for SGU and coordinates curriculum mapping.

Assistant Dean for Clinical Studies (Years 3 and 4)

Juanette McKenzie, MD

Morona Sukhoo-Pertab, MBBS

The Assistant Dean for clinical studies (years 3 and 4) is responsible for managing a group of clinical instructors regarding the educational component of the clinical program in year 3 as it relates to small group discussion sessions, NBME preparation and remediation, lectures, and assessments. The office of the Assistant Dean for clinical studies is responsible for scheduling the NBME clinical subject examinations. The Assistant Dean is accountable for monitoring student outcomes and trends, facilitating actions to ensure successful outcomes and student satisfaction. The Assistant Dean spearheads new initiatives aimed at strengthening student success, including the identification of students with academic difficulties that is based on NBME performance and collaboration with the AADS office for a pathway to success. The Assistant Dean reports to the Senior Associate Dean of Clinical Studies.

Associate Dean of Student Affairs – Clinical (Office of Student Affairs)

John Madden, MD

The Associate Dean of Student Affairs - US reports to the Vice President of Student Affairs. The Associate Dean of Student Affairs - US meets with any clinical student that has questions about policies and procedures within the SOM, as well as any non-academic concerns/issues. They advise on Leave of Absences, exam excuses, the process for appeals through CAPPS, academic timeline, professionalism issues and general advice for other concerns such as financial, medical, and personal.

Assistant Dean of Student Affairs – Wellness (Clinical) (Office of Student Affairs)

Laurence Dopkin, MD

In addition to the roles described for the Associate Dean of Student Affairs US/UK, the Assistant Dean of Wellness leads the Office of Student Affairs SOM team on wellness issues and reports to the Vice President of Student Affairs. They meet with students who have been identified as needing assistance with behavioral health, substance abuse, professionalism or other concerns. They liaise with clinical and administrative faculty, external healthcare providers, University health services and the Judicial board; are responsible for tracking students to ensure compliance with judicial or other mandates processes, provide assessments and recommendations and consulting with clinical and administrative staff.

Assistant Dean of Student Affairs – Basic Sciences (Office of Student Affairs)

Kerry Mitchell, PhD

Michon Sukoo-Pertab, MBBS

Myanna Charles, MD

Lenny Lim, MD

The Assistant Dean of Student Affairs for Basic Sciences reports to the Vice President of Student Affairs. They meet with any basic sciences student that has questions about policies and procedures within the SOM, as well as any non-academic concerns/issues. They advise on Leave of Absences (LOAs), exam excuses, the process for appeals through CAPPS, academic timeline, professionalism issues and general advice for other concerns such as financial, medical, and personal.

Assistant Dean of Clinical Academic Advising (Office of Student Affairs)

Michael Keenaghan, MD

The Assistant Dean of Student Affairs – Clinical Academic Advising, meets with any clinical student that has questions about policies and procedures within the SOM, as well as any non-academic concerns/issues. They advise on Leave of Absences, exam excuses, the process for appeals through CAPPS, academic timeline, professionalism issues and general advice for other concerns such as financial, medical, and personal. In addition, the Assistant Dean of Student Affairs is responsible for the coordination of academic advising within the SOM for years 3 and 4, as well as overseeing Associated development programs and initiatives. Selected clinicians who are faculty members (who have no role in assessing students) serve as primary advisors for students. These faculty members are available to assist students with academic and program-related questions, as well as with advice about academic options and consequences.

Assistant Dean of Academic Affairs

The ADOAA provides support and guidance in academic areas to faculty and students in the school of medicine. The ADOAA oversees the important components of satisfactory academic and nonacademic progress of all the students in SOM. The ADOAA monitors the progress through chairing the Graduation Assessment Board that certifies students for graduation once they meet all the requirements and determines the requirements for those who fail to meet the criteria. The ADOAA also chairs the Committee on Academic Progress and Professional Standards- CAPPS, which hears the appeals of the students recommended for dismissal on academic and professional behavior standards and decides on the same through. The ADOAA also hears all appeals of students that receive penalties from the Office of Student Affairs through the judicial process due to not meeting nonacademic standards. The ADOAA works in collaboration with the offices of the various Deans in School of Medicine including Dean SOM, Senior Associate Dean Basic Sciences, Senior Associate Dean Clinical, Associate Dean of Assessment and Evaluation, as well as the Office of the University Registrar. The ADOAA reports to the Dean of SOM.

Assistant Dean, School of Graduate Studies SOM

The Assistant Dean for the School of Graduate Studies (SGS) in the School of Medicine (SOM) reports to the Dean of the School of Graduate Studies and assists the Dean in every area of its graduate programs, courses, research, and scholarly activities. The Assistant Dean assist in the administration of graduate studies students and programs in the SOM, helps oversee all areas of policies, guidelines, application, and admissions of students who enter the different programs, contributes to the oversight of all graduate studies programs, serves as Chair of the Graduate Review Committee for the SOM, liaises with the Chairs of all Graduate Affairs Committees (GAC), participates in the office of research activities, and assists the Dean with the preparation of SGS accreditation related documents for graduate programs in the SOM.

Directors

Director of Medical Student Research Institute (MSRI)

Michael Montalbano, MD, MPH, MBA– Basic Sciences - Grenada

Tarek Almabrouk, MBCHB, MSc, PhD – Basic Sciences – Newcastle

Ted Gaeta, DO, MPH - Clinical Studies - US

Ron Chamberlain, MD - Clinical Studies – US

Adnan Saad – Clinical Studies - UK

The director of the MSRI reports to the Assistant Dean of research. The MSRI director is responsible for creating administrative annual reports of SOM faculty and student research outcomes and for planning, organizing, and evaluating the forums for the presentation of student research (e.g., conferences/workshops), including the senior Medical Student Research Competition Conference, Research in Clinical Years Workshop, MSRI Student Conference, and SGU Research Day. Additional duties are the development and oversight of programs aimed at recruiting faculty to mentor student research activities (including external faculty and alumni), promoting and facilitating mentor-student pairings for student research; advising faculty and students on development of student research proposals and best practices in mentoring; disseminating information on student research opportunities; working across departments to quantify the impact of research efforts; assisting students and faculty with the Institutional Review Board (IRB) process for student research proposals; and ensuring that students have necessary ethics certification prior to initiating research such as Collaborative Institutional Training Initiative (CITI) certificates.

Director of College

Directors of the college report to the director of University Campus Life in the Office of Student Affairs and to the Assistant Dean of Curriculum in the Basic Sciences. In each academic term, a community is comprised of approximately 100-120 students that are designated to a college. Each college is led by a faculty director of college with the support of the Associate director of college. The director provides a

leadership contact for every student enrolled in the college and ensures that the membership of the college is aware of the support services offered by the college and has timely access and support when required. All full-time faculty in the basic sciences are also assigned to a college.

The director of the college serves as the leader of the college, representing the college to the SOM and to the wider University community. The director is responsible for ensuring the provision of services for student well-being and student support within the College and ensures that a learning climate encouraging positive student action, good academic performance and professional growth is developed within the College.

College	College Email	Leadership Position	Name	Email
Blackwell	blackwellcollege@sgu.edu	Director	Dr. Myanna Charles	mcharle9@sgu.edu
		Associate Director	Dr. Chrystal Antoine-Frank	cantoinef@sgu.edu
Curie	curiecollege@sgu.edu	Director	Dr. Simone Pierre	SPierre4@sgu.edu
		Associate Director	Dr. Nadeira Mumin	NMumin1@sgu.edu
Fleming	flemingcollege@sgu.edu	Director	Dr. Rachael George	RGeorge@sgu.edu
		Associate Director	Dr. Alvin Billey	abilley@sgu.edu
Galen	galencollege@sgu.edu	Director	Dr. Krystal Rampersad	krampers@sgu.edu
		Associate Director	Dr. Tiffany Clementson	tclemen1@sgu.edu
Hippocrates	hippocratescollege@sgu.edu	Director	Dr. Theofanis Kollias	TKollia1@sgu.edu
		Associate Director	Dr. Jessica Milner	JMilner1@sgu.edu
McIndoe	mcindoecollege@sgu.edu	Director	Dr. Gabrielle Walcott-Bedeau	GWalcott@sgu.edu
		Associate Director	Dr. Hisham Elnosh	HElnosh@sgu.edu
Metrodora	metrodoracollege@sgu.edu	Director	Dr. Deon Forrester	DForrester@sgu.edu
		Associate Director	Dr. Morona Sukhoo-Pertab	MSukhoop@sgu.edu
Peabody	peabodycollege@sgu.edu	Director	Dr. Michon Sukhoo-Pertaub	msukhoo1@sgu.edu
		Associate Director	Dr. Fomba Kanneh	FKanneh@sgu.edu
Taylor-GND	taylorcollegeGND@sgu.edu	Director	Dr. Ahmed Mahgoub	amahgoub@sgu.edu
		Associate Director	Dr. Shellon Thomas	sthoma10@sgu.edu

Clinical Instructor Coordinator

The clinical instructor coordinator is a faculty member who is assigned by the Assistant Dean for Curriculum in Basic Sciences to coordinate the monthly teaching assignments for clinical instructors and teaching fellows in the SOM courses. The clinical instructor coordinator is responsible for the oversight of the clinical instructors and teaching fellows (facilitators) in their assigned year within the Basic Sciences. They create a monthly summary of activities and professionalism and communicate these matters to the chairs of departments. The clinical instructor coordinator receives advice and guidance about their duties and responsibilities from the assistant dean for curriculum in basic sciences. The is one clinical instructor coordinator for each year of the basic sciences and they report directly to the assistant dean for curriculum in basic sciences.

Academic Leadership Team

Years 1 and 2

Department Chairs

Department Chairs (Basic Sciences)

Department chairs are appointed by the Dean of SOM based on recommendation by the Senior Associate Dean of basic sciences, who also determines the duration of their appointment. The chairs report to the Senior Associate Dean of basic sciences. Their major responsibilities are as laid out in their letters of appointment and include all aspects of the teaching and management of the Department. This is a stipend administrative appointment and does not fall within the Faculty Senate guidelines for re-appointments and dismissals. Their responsibilities include:

- leading the department in its contribution to the mission and the goals of the university, the school of medicine and the department
- ensuring adherence to institutional policies for curriculum and assessment by departmental faculty and staff in the delivery of all courses supported by the department
- recruitment, retention, evaluation and professional development of departmental faculty and staff
- ensuring the adequate training of and support for faculty to perform their duties withing the department and SOM
- coordinate with the assistant dean of faculty affairs regarding faculty development needs in the department
- preparation and management of the departmental budget
- oversight of departmental policies regarding the administration of courses and examinations
- management of the physical resources required by faculty and staff to perform their duties at a high standard
- recommendation to the Senior Associate Dean of basic sciences regarding appointments of course directors, content managers and faculty promotions
- ensures implementation of a succession plan for all leadership positions within the department
- management and assignment of faculty FTE
- reviewing faculty performance in designated duties and implementing remedial opportunities if necessary
- participation in reviews of courses and departments
- communication with the Senior Associate Dean of basic sciences, in all aspects relating to the performance of the duties herein listed

The chair, or designee, represents the department on all statutory SOM and University bodies requiring departmental input. The chair is required to convene at least two departmental meetings per term and to minute the meetings accordingly.

DEPARTMENT	CHAIR/CO-CHAIR	DEPUTY CHAIR	ASSOCIATE CHAIR – UK
Anatomical Sciences	Kazzara Raeburn, MD, MSc	Maira Du Plessis, Ph.D., MSc. Michael Montalbano, MD, MPH	James Coey, MBBS
Biochemistry	Sharmila Upadhya, MBBS, MD, DNB	Mary Maj, Ph.D.	Robert Finn, BSc, PhD, FHEA
Clinical Skills	Dolland Noel, MD, Anna Cyrus-Murden, MD, MPH		
Physiology, Neuroscience, and Behavioral Sciences	Brenda Kirkby, Ph.D.	Juanette McKenzie, MBBS	Briana Fahey, MSc, Ph.D., SFHEA

Microbiology, Immunology and Pharmacology	Theofanis Kollias, MD	Hisham Elnosh, MBBS	
Pathology	Ewald Marshall, MD, MSc.		
Public Health and Preventive Medicine	Kerry Mitchell, Ph.D.		
Pathophysiology	Mohit Preet Kaur, MD, MBBS		
Humanities and History of Medicine	Arlette Herry Ph.D.		

Course Directors

Course directors are primarily responsible for the running and administration of academic courses, including scheduling, set-up and reporting of assessments. They are normally faculty from one of the disciplines within a given course.

Course directors for the six courses in Years 1 and 2, and for any offered electives, are appointed by the Senior Associate Dean of basic sciences after consultation with the relevant department chairs. The course directors receive advice and guidance from the Senior Associate Dean of basic sciences about their duties and responsibilities. The course director reports directly to the Senior Associate Dean of basic sciences. The major responsibilities of the course director are:

- liaise and communicate with the module coordinators (MCS), departmental chairs (DCS) and content managers (CMS) and assist the faculty and administration in the delivery of the curriculum.
- approve and communicate the course textbooks to the library for purchasing.
- coordinate the class scheduling with the senior associate dean of basic sciences office (dobs).
- coordinate and standardize the delivery of the course across all modules with MCS within the term.
- liaise with the curriculum committee, CMS and MCS to develop the curriculum of the course.
- schedule weekly meetings of all parties, including MCS, CMS, secretaries, and any faculty or staff involved in course delivery and participate in such meetings.
- report student participation and give timely feedback to students (bimonthly) on participation records for the course.
- maintain the syllabus for the course.
- ensure that the examination difficulty is equivalent across modules and disciplines and that appropriate assessments are designed using statistical analysis of items.
- coordinate the exam schedule and venues with the scheduler from dobs.
- report final course grades to the registrar.
- liaise with MCS, CMS and department chairs to confirm visiting professor selections.
- ensure that any changes in the curriculum of the course are communicated and approved by the curriculum committee, MCS, CMS and dobs before implementation.
- in consultation with the CMS balance the learning objectives for the course as appropriate.
- coordinate and collaborate with the individual MCS to ensure that the MCS:
- balance discipline learning objectives for the module as appropriate.
- coordinate the course/module student resources and populate the course SAKAI site in a timely manner.
- collect participation data for all aspects of the module.
- approve multiple-choice questions used for interactive multiple choice question sessions (IMCQs).
- assist and communicate the quality of instruction on their course/module to the cd.
- approve small-group activities and provides updates to cd for small group manual.
- maintain module gradebook entries on the course gradebook (the responsibility rotates across MCS as each module becomes active within the term).
- coordinate and collaborate with the individual CMS to ensure that the CMS:
    - monitor and develop discipline learning objectives and coordinate their selection and implementation with the MCS.
    - ensure that relevant faculty are moderating discussion forums pertaining to their discipline.

    - create IMCQ questions with input from relevant teaching faculty; after approval from cd, compilation of MCQS into IMCQ turning point files with subsequent classroom delivery by relevant faculty.
    - coordinate and propose exam questions (new or used) with input from relevant teaching faculty.
    - track the discipline representation throughout the basic sciences curriculum.
    - ensure that junior faculty are developed to cover discipline content as primary and backup lecturers
    - participate in course, phase and curriculum reviews.
- be present in Grenada at least 2-3 business day in advance of the commencement of each term and remain until the official end of each term (i.e., after the CAPPS meeting).

Content Managers

The content manager is responsible for the oversight of their discipline's content that is taught in the basic sciences. They report directly to and receive advice and guidance about duties and responsibilities from the chair of the department. The content manager also reports to the course directors of the Basic Principles of Medicine 1, 2 and 3 and/or Principles of Clinical Medicine 1 and 2, courses as applicable for the discipline- specific content taught in these courses. The content manager is appointed by the chair of the department, in consultation with the Senior Associate Dean of basic sciences. The major responsibilities of the content manager are:

- liaise and communicate with the Course Director (CD), Module Coordinators (MCs) and Departmental Chairs (DCs) and assist the faculty and administration in the delivery of the curriculum.
- monitor and develop discipline content and learning objectives and coordinate their selection and implementation with faculty and MCs.
- ensure that relevant faculty are moderating discussion forums pertaining to their discipline.
- create IMCQ questions with input from relevant teaching faculty; after approval from CD, compilation of MCQs into IMCQ Point Solutions file with subsequent classroom delivery by relevant faculty.
- organize clinical instructor training sessions for small groups and provide input to cases used for small groups.
- coordinate and propose exam questions (new or previously used) with input from relevant teaching faculty.
- prepare and administer exams in coordination and collaboration with the CDs and MCs.
- track the discipline representation in the basic sciences curriculum.
- ensure that junior faculty are developed to cover discipline content as primary and backup lecturers.
- select Visiting Professors (VP) and liaise with CDs, DMs and department chairs to confirm and finalize VP selection.
- provide the list of textbooks and educational materials to the CDs for the discipline.
- liaise with relevant part-time faculty teaching his/her discipline content.
- select and supervise teaching and laboratory Assistants.
- participate at all meetings at which input from DMs is mandated.
- participate in course, phase and curriculum reviews.
- organize clinical instructor training sessions for small groups and provide input to cases used for small groups.

Module Coordinators

Module coordinators are faculty from one of the disciplines within a course, who are responsible for overseeing the coordination and posting of material and content for a specific module within the larger

course. This includes the tasks and responsibilities listed below. They are appointed by the Content (Discipline) manager, in conjunction with discussion with the Course Director. The major responsibilities of the module coordinators are:

- ensure faculty have submitted all resources prior to module start: Lectures slides, directed learning activities (DLAs), small group (SG) materials, and objectives for the module.
- ask content managers to provide a list of objectives for each module Associated with each learning activity, lecture, small group etc.
- check that course materials (lecture handouts, DLAs, small group materials, practice questions) are properly formatted.
- work with module secretary to ensure all resources are loaded before the start of the module and that they are labelled and uploaded in an organized sequence.
- check that the SL mirror site has the lecture slides and Panopto links available (year 1)
- form a list of educational activities and objectives for each activity within the module
- coordinate submission of Examsoft quiz questions and IMCQ questions for review
- create and review questions for Exam soft quizzes
- coordinate weekly gradebook updates with module secretary and faculty.
- year 1: Coordinate communication between NU/SGU faculty, discipline managers, course director and staff
- with module secretary, post schedule of faculty themed office hours on Sakai. All faculty teaching in a given week should offer office hours and themed office hours should be scheduled each week.
- monitor the course email and respond to general/administrative queries for the module and forward email as needed to faculty, course directors or content managers.

Years 3 and 4

Chair and Associate Chairs of Clinical Departments

Chair and Associate Chairs of Clinical Departments

The Chair and Associate chairs of a clinical department are appointed by the Dean of the SOM upon the recommendation of the Senior Associate Dean of Clinical studies and report to the Senior Associate Dean of clinical studies. The chairs of clinical departments are responsible for:

- developing and implementing the educational goals, objectives, must-see patient list, syllabus, curriculum, curriculum mapping, and guidelines in their clinical discipline as published in the Clinical Training Manual
- coordinating the program for this discipline in all hospitals in which it is taught
- conducting biannual departmental meetings and annual site visits to affiliated hospitals to ensure that the programs at different affiliated hospitals are comparable and conform to the Clinical Training Manual
- tracking national recommendations relevant to their subject matter
- assuring comparability of educational experiences and equivalency of student assessment and feedback across the SGU SOM Clerkship Sites
- collaborating with SOM leadership to ensure vertical integration of the curriculum
- publishing a schedule of office hours to students and DMEs

Department	Chair	Associate Chair
Internal Medicine	Jeffrey Brensilver, MD	Jimmy Chong, MD
		Stanley Bernstein, MD
		Gary Ishkanian, MD
Surgery	James Rucinski, MD	Lee Dvorkin, MD, FRCS
Pediatrics	Warren Seigel, MD, MBA, FAAP, FSAHM	Marry-Anne Morris, MBBS, FRCPCH, MD
Obstetrics/Gynecology	Paul Kastell, MD, FACOG	Timothy Hillard, BM, DM, MRCOG, FRCOG (UK)

		Michael Cabbad, MD
Psychiatry	Amy Hoffman, MD	Elizabeth Ryzner, MD, MSc
Family Medicine & General Practice	Everett Schlam, MD	Adnan Saad, MRCS, MBBS, MRCGP, BSC
Emergency Medicine	Theodore Gaeta, DO, MPH	

Director of Medical Education (DME)

The Director of Medical Education (DME) at each affiliated hospital is the hospital administrator responsible for the SGU student program in the Clinical years and is the liaison with the SOM. DMEs receive formal appointments to the SOM's faculty, that are commensurate with their qualifications and duties. The DME is appointed by the Administration of the affiliated hospital.

The DME is responsible both to the hospital administration and to the SOM. The DME in the US reports to the Senior Associate Dean of clinical studies (US) and in the UK to the Associate Dean of clinical studies (UK).

The DMEs principal role is to supervise the clinical program and ensure its quality and its conformity with the University's guidelines as described in the Clinical Training Manual, SOM Faculty Handbook and student manual. The duties of the DME include the following:

- recommend clerkship directors for appointment to the SOM department chairs
- recommend the appointment of faculty members
- consult with the clerkship directors to ensure that teaching timetables and educational content meet the requirements of the Clinical Training Manual
- consult with the clerkship director to evaluate faculty
- supervise the student coordinator/secretary (the Medical Education Coordinator) at the hospital in terms of maintaining academic and health files on each student, scheduling rotations and communicating with the Office of clinical studies and/or the Registrar in the UK
- attend the faculty meeting(s) and other meetings in the US and UK
- promote the activities of SGUSOM
- review and provide feedback to all clinical faculty Associated with teaching SOM students in collaboration with the department chairs
- monitor student progress and inform the Office of Student Affairs and the Senior Associate Dean of clinical studies as soon as possible of students who are having difficulties for whatever reason
- liaise with the SGUSOM departmental chairs, Associate Deans and Deans
- ensure all students are assessed in accordance with SOM policy and the Clinical Training Manual by the clerkship director and that all assessments are forwarded to the Office of clinical studies
- coordinate and disseminate feedback from the Dean of the SOM, Senior Associate Dean of Clinical Studies and department chairs to the clerkship directors and clinical faculty
- review the overall program with the Deans, department chairs and accreditation bodies at the time of their visits to the hospital
- participate in accreditation activities for SOM
- provide data upon request, as required for accreditation, progress and annual reports
- submit grades within 4 weeks to the registrar's office
- publishing a weekly schedule of office hours per week based on the number of students during the rotation

Clerkship Directors

Clerkship directors (CDs) are appointed for each core clerkship at each affiliated hospital by the Dean of the SOM, on the recommendation of the Director of Medical Education (DME) of their respective hospital. They are administratively responsible to the DME and academically to the SOM Clinical chairs of their departments and Senior Associate Dean of clinical studies.

Clerkship directors oversee the clinical education of third year medical students in their respective clerkship in their respective hospital site. The clerkship director is responsible for building and maintaining a positive learning environment and managing and evaluating the course in line with the 4-year MD program objectives of the SOM. The clerkship director assures comparability of educational experiences by implementing the SGU SOM curriculum as defined in the Clinical Training Manual. A CD is an appointed member of the SGUSOM clinical faculty. The responsibilities of the CD are to:

- provide a program of teaching for their specialty, consistent with the curriculum in the Clinical Training Manual
- meet all students immediately after their arrival and provide an orientation to their core clerkship which shall include a review the curriculum for the clerkship as published in the Clinical Training Manual and student manual
- supervise the teaching of the students and evaluate teaching faculty
- meet with the students as required by the guidelines in the Clinical Training Manual and student manual and undertake an individual, formal mid-core evaluation of all students
- be responsible for the final grading of the student
- interview and advise students whenever any problem arises and report any student having difficulties to the DME as early as possible
- attend SOM departmental meetings
- promote the activities of SGUSOM
- be responsible for all sub-internship, primary care and elective rotations on their service.
- review the overall program with the Deans, Departmental chairs and accreditation bodies at the time of their visits to the hospital.
- participate in accreditation activities for SOM
- provide data required for accreditation, progress and annual reports
- submit grades within 4 weeks to the registrars office
- publish a weekly schedule of office hours per week based on the number of students during the rotation

Councils and Panels

Chairs Council

The Chairs Council consists of the chairs of all departments in the medical program. The Chairs Council meets annually in Grenada or via an appropriate electronic platform such as Zoom, and is chaired by the Dean of the SOM. The Chairs Council serves as a forum to exchange ideas about medical education and the SOM curriculum.

Clinical Council US

The Clinical Council consists of the DMEs from affiliated hospitals, all clinical chairs and associate chairs, and all assistant and associate deans. The Clinical Council meets 6 times a year and is chaired by the Dean Emeritus of the SOM. The Clinical Council is an advisory body to the senior associate dean of clinical studies regarding the clinical program. It also discusses non-curricular issues including student advising, the learning environment, and faculty development.

Clinical Council UK

The Clinical Council UK is chaired by the dean of clinical studies (UK) and consists of the associate chairs of the clinical departments and the DMEs in the UK. This council meets at least twice per year to discuss all relevant issues regarding the clinical years in the UK. The UK Clinical Council is an advisory body to the senior associate dean of clinical studies regarding the UK clinical program.

The Basic Sciences Dean's Council

The Basic Sciences Dean's Council is chaired by the senior associate dean of basic sciences and is comprised of the basic sciences department chairs. The Council meets 6 times a year. This council is an advisory body to the senior associate dean of basic sciences regarding the basic sciences program. It also discusses non-curricular issues including student advising, the learning environment, and faculty development.

Diversity, Equity, and Inclusion (DEI) Council

The Diversity, Equity and Inclusion (DEI) Advisory Council is chaired by the assistant dean for multicultural affairs and is comprised of representatives from basic sciences and clinical faculty, and students. The DEI Advisory Council is responsible for the development and evaluation of DEI policies and initiatives and is an advisory body to the Dean of the SOM regarding DEI matters.

Faculty Panel on Academic Professionalism (FPAP) for SOM

The FPAP deals with all professional behavior issues that occur in any course activity settings, or with faculty interactions and communications, or peer interactions within the course setting whilst students are enrolled in the basic sciences courses and clerkships, e.g., missed examinations, examination compliance issues, cheating, plagiarism, and/or behavior contrary to the outcome objectives and expectations provided in the student manual, clinical training manual and syllabus. The FPAP determine academic consequences of non-professional behavior within the course structure and can escalate egregious incidents to the Judicial Board which may apply further sanctions as appropriate.

Where appropriate, any course and examination noncompliance issues may be referred to a FPAP hearing. The Panel Hearings will be administered by the office of the senior associate dean of basic sciences or senior associate dean of clinical studies, as appropriate. An associate/assistant dean of basic sciences or clinical studies, who is not involved directly in student support, will Chair the meeting, and the membership of the panel will be comprised of at least 2 other faculty of the School of Medicine as appointed by the Senior associate Dean of basic sciences or clinical studies. The faculty serving on the panel will be MD faculty of the SOM, that are not involved in student advising, and that have experience with the standards for promotion and progression outlined in the student manual and clinical training manual.

A quorum for the committee is 3, and decisions are reached by simple majority in which the Chair has a casting vote in the event of a tie. The committee may refer the student to an appropriate support service, or when appropriate, and as outlined in the course syllabus, recommend application of the appropriate academic penalty published in the course syllabus. The panel may reduce the penalty applied but cannot exceed that published in the syllabus. The committee may also require evidence of remediation and can define a customized remediation pathway for any infractions related to lapsed professional behavior. Course grades may be held as incomplete (I) until the student demonstrates any remediation outcomes as defined by the FPAP. The recommendation of the Panel is passed to the senior associate dean of basic sciences or clinical studies for action and communication of the recommendation to the student.

Curriculum Committee (CC)

The CC is responsible for the management of the 4-year MD program at all sites. It is comprised of faculty, administrative representatives and students from the SOM representing all phases of the curriculum. The CC integrates the functions of its subcommittees (described below) that evaluate different aspects of the MD program and forms the governance structure for the curriculum. All subcommittees report their recommendations to the CC for final approval.

Basic Sciences Curriculum Sub-Committee (BSCSC)

The BSCSC is responsible for the oversight of the basic sciences courses at all sites; the BSCSC is comprised of MD and PhD faculty of the SOM. The BSCSC evaluates and monitors the courses delivered in the basic sciences to ensure that the course, module and learning objectives and outcomes at all sites are equivalent and integrate with the program objectives of the SOM.

Clinical Curriculum Sub-Committee (CCSC)

The CCSC is responsible for the core clerkships curriculum, electives and sub-internship curriculum at all sites in the clinical years; the CCSC is comprised of MD faculty from the SOM. The subcommittee evaluates and monitors the courses delivered in the clinical years to ensure that the course learning objectives and outcomes at all sites are equivalent and integrate with the program objectives of the SOM.

Student Assessment and Program Evaluation Sub-Committee (SAPESC)

The SAPESC is responsible for monitoring the outcomes data of the assessments in the SOM, monitoring validity, reliability, and discipline performance within the assessments of the SOM. The committee is also charged with monitoring the student evaluation data for the courses and clerkships and covers all phases of the curriculum.

Vertical and Horizontal Integration Sub-Committee (VHISC)

The VHISC is responsible for identifying continuity gaps and unplanned redundancies and reviewing continuity of content threads within the curriculum across the 4-year program.

Academic Resources Sub-Committee (ARSC)

The ARSC is responsible for reviewing the adequacy of educational resources, including facilities, IT resources, library and simulation resources. The ARSC determine the facilities required for any curricular initiatives.

Committee for Academic Progress and Professional Standards (CAPPS)

The Committee for Academic Progress and Professional Standards (CAPPS) is chaired by the dean of academic affairs and is an appellant committee of faculty that reviews appeals from students that have been recommended for dismissal by the senior associate dean of basic sciences or the senior associate dean of clinical studies. CAPPS can uphold the recommendation for dismissal, in which case students have the option to withdraw or to be dismissed. CAPPS can accept the appeal and retain the student on a period of academic focus or probation with conditions. The CAPPS is the only body to which a student may appeal a recommendation for dismissal. CAPPS decisions are final; there is no mechanism for further appeal. CAPPS reports to the dean of academic affairs.

Faculty Student Selection Committee (FSSC)

The FSSC is chaired by the dean of admissions and reports to the Dean of SOM and reviews applications for entry into the School of Medicine. The goal of the FSSC is to identify and place applicants who will embody the school's mission, fulfil the 4-year MD program objectives, and become valuable additions to the global healthcare community.

Its majority is composed of teaching faculty members supplemented by administrative deans. The committee ensures that admissions procedures progress ethically in accordance with FSSC bylaws (Appendix XIII) and policies and facilitates the review of performance outcomes relevant to admissions.

Graduation Assessment Board (GAB)

The SOM Graduation Assessment Board (GAB) is chaired by the dean of academic affairs and consists of faculty members appointed by the dean of academic affairs after being nominated by the Senate. The GAB meets regularly during the year to determine which students are meeting graduation requirements. The GAB is responsible for reviewing students records for graduation requirements and approving all candidates for graduation. Students with deficiencies may have been reviewed by the APRC and may have outstanding requirements to be met prior to qualifying for graduation. All deficiencies must be addressed, and graduation requirements met for the GAB to approve students for graduation.

Administrative Committees

Academic Progress Review Committee (APRC)

The Academic Progress Review Committee (APRC), which is composed of SOM faculty and chaired by the associate dean for assessment and evaluation, reviews the academic performance of students following each major assessment and at the end of an academic period. Based on its review of students' timeline and academic achievement, the APRC makes recommendations about the progress, promotion and retention of students according to the established MD standards. During interim reviews, the APRC identifies students that are not likely to meet satisfactory academic progress standards and makes recommendations to AADS for advising and academic support.

During its end of term performance review, the APRC identifies students who are deficient in meeting standards. These students may be allowed to remain in their program on Monitored Academic Status (MAS) with specific requirements, or they may be recommended for dismissal. Students have the option to appeal any recommendation for dismissal to the Committee for Academic Progress and Professional Standards (CAPPS). Students who are retained will be placed on a Period of Academic Focus with stipulations. This committee reports to the senior associate dean of basic sciences and senior associate dean of clinical studies.

Faculty Professional Development Committee (FPDC)

The FPDC is chaired by a member of the SOM faculty who is appointed by the associate dean for faculty affairs. The FPDC supports all faculty in the SOM in the professional development necessary for the fulfillment of their various activities relating to the educational mission of the SOM. Its majority is appointed faculty with experience in medical education, from the basic sciences and clinical years. Its charges include piloting initiatives to excite faculty, reward excellence and increase teaching efficiency, assessing faculty satisfaction with existing professional development activities and liaising with other units across SOM to support a diverse range of professional development activities. This committee reports to the associate dean for faculty affairs.

Judicial Board

Please refer to Appendix XVI.

Learning Environment Committee (LEC)

The LEC reviews anonymous, aggregate-level data on the learning environment obtained from student surveys and other sources (e.g., summative reports from Judicial Affairs) and makes recommendations to mitigate negative influences and enhance positive influences on the learning environment. The LEC reports its findings and recommendations to the Dean of the School of Medicine and shares a report of its activities with the Curriculum Committee on an annual basis or more often as appropriate.

Supplemental Academic Support Committee (SASSC)

The SASSC reports to the senior associate dean of basic sciences and is responsible for evaluating and monitoring the supplemental programs and activities that are targeted at 4-year MD students, but that do not contribute credit hours for the MD program. The committee defines and guides the supplemental activity opportunities for the SOM students in support of the 4-year curriculum.

Offices/Units/Divisions

Office of the Dean

The Office of the Dean of the School of Medicine (Office of the Dean) provides strategic guidance and directly supports the Dean in all administrative and academic aspects of the SOM. The office is responsible for the administrative functions of the SOM, directs and oversees all programs and activities within the SOM, and develops the strategic initiatives of SOM. The responsibilities of the Office of the Dean are divided into administrative, faculty affairs, education, research and scholarly activity, clinical, and fiduciary.

Office of the Senior Associate Dean of Basic Sciences

The office of the senior associate dean of basic sciences is staffed by faculty administrators of the SOM. The assistant dean for curriculum management, the assistant dean of basic sciences, the assistant dean of basic sciences for Northumbria, the assistant dean for simulation, and the assistant dean of basic sciences for the preclinical sciences program all work within the office of the senior associate dean of basic sciences and manage course delivery and assessment in the pre-clerkship phase of the curriculum.

Office of the Senior Associate Dean of Clinical Studies

The office of the senior associate dean of clinical studies is staffed by faculty administrators of the SOM. The assistant deans for clinical studies UK and USA work within the office of the senior associate dean of Clinical studies and manage all aspects of the clerkship phase of the curriculum.

Office of Student Affairs

The Office of Student Affairs (OSA) provides support and guidance in non-academic areas to all students in the University. By providing a supportive environment the goal, is to help students remain

focused on academic success, and encouraging them to exhibit the highest standards of professionalism in their chosen fields is at the very center of their activities. This is accomplished by assisting students to access the services and support mechanisms available during their tenure at St. George's University. The Office of Student Affairs acts as the main point of contact for all student queries related to their non-academic well-being and the main triage center for all students to get advice for any issues that may be affecting their academic studies.

Academic Advising, Development and Support Department (AADS)

The AADS is responsible for the coordination of academic advising with the SOM, as well as overseeing development programs and initiatives. This includes advising students on their academic status, timelines and progress in preparation for USMLE Step 1; training of faculty academic advisors; acting as a liaison between the faculty advisors, DES and the office of the senior associate dean of basic sciences; coordinating the scheduling appointments for students identified by the Academic Performance Review Committee; ensuring student compliance with academic advising meetings, and documentation, reporting and outcome analysis. The department reports to the director of AADS.

Office of Career Guidance (OCG)

The office of career guidance (OCG) is staffed by associates of University Support Services, and faculty and alumni of St. George's University School of Medicine. The office reports to the Dean of Student Affairs. OCG is designed to assist medical students in obtaining postgraduate residency. Complete information on examination requirements, clinical rotation time schedules, and obtaining postgraduate training is provided to help students navigate the residency application process.

The OCG also counsels students in specialty and residency selection, interview skills, CV preparation, and the residency application process in the United States, the United Kingdom, Canada, and other non-US programs. The OCG also acts as a liaison with the Educational Commission for Foreign Medical Graduates (ECFMG).

Curriculum Evaluation and Assessment Division (CEAD)

The CEAD, under the guidance of the associate dean for evaluation and assessment, is responsible for program evaluation, educational assessment and research, and quality assurance for the 4-year MD Program. The division is responsible for curriculum evaluation and assessment initiatives and overseeing the assessment of student performance and outcomes to foster opportunities for student performance enhancement and continuous quality improvement in medical education. It also plays an integral role in quality assurance and accreditation reporting and carries out data analysis and other projects in support of initiatives undertaken by the SOM dean, the Curriculum Committee, and its various subcommittees.

Office for Medical Student Performance Evaluation (MSPE)

The MSPE Team is responsible for the composition of Medical Student Performance Evaluations (MSPE) for all graduating students. This document is a critical component of residency and fellowship applications.

In addition to its composition duties, the office processes document requests for MSPEs and transcripts for current students and graduates, sending them to residency/fellowship matching services as well as individual hospital programs. They provide related guidance to students/graduates regarding MSPE-related matters, are responsible for the creation of SGU Department Chair's Letters for students/graduates in support of their residency applications and provide students with unofficial copies of their MSPEs for their records, among other such tasks.

Office of Student Accessibility and Accommodation Services (SAAS)

The SAAS considers requests for accommodations, and determines student eligibility for accommodations and reasonable accommodations for eligible students. The office is responsible for meeting with students who have requested appointments and/or submitted applications to discuss eligibility and needs and to engage in an interactive process and dialogue with the students. SAAS considers information and documentation provided by students, consults with relevant individuals as appropriate, and collaborates with faculty and staff regarding essential course and/or program requirements and appropriate reasonable accommodations. The office reports to the Office of Student Affairs.

Office of the Ombudsperson

The SGU ombudsperson reports directly to the provost and provides a safe and informal channel for students, faculty, and staff to discuss concerns about the integrity of their academic and work environment. The Ombudsperson works with faculty, staff, and students who have witnessed, committed or suspect wrongdoing; are considering filing a formal complaint; do not know where to bring their issue; seek mediation to resolve an interpersonal conflict; are experiencing harassment, bullying or unwanted attention; feel unfairly treated, compensated, demoted, etc.; need coaching to handle a sensitive issue and/or want a place to safely express their frustration or concern.

Vice President for Accreditation and Office of Accreditation and Licensure Affairs

Chancellor and is responsible for the ongoing accreditation and licensing of the constituent schools of the university by multiple accreditation agencies and governmental authorities.

The primary responsibility of the VP-A is to lead and manage all required submissions for accreditation. The VP-A is responsible for ensuring the on-time submission to and receipt of all correspondence and applications to those agencies and authorities with the aid of designated resources within the various schools, and both internal and outside legal counsel. The VP-A works closely with appropriate campus constituents to prepare, review, and disseminate accreditation reports, while serving as a resource and partner for program-specific accreditation efforts.

Office of Clinical Education Operations (CLINED)

The office of clinical education operations supports students throughout their clinical years. The office of clinical education operations includes providing transition and operational support for clinical students, placement for third year rotation, assistance with fourth year scheduling, scheduling of NBME clinical subject examinations, hospital paperwork, health compliance (student health records), unaffiliated paperwork and scheduling, collection of clinical evaluations and working with hospital partners on any operational issues. CLINED reports to the vice president of clinical education operations.

New Student and Student Clinical Coordinators

The clinical new student coordinators serve as the transition coordinators to ensure students have a point of contact after they successfully complete term 5 and to arrange third year scheduling so students can complete all their third-year requirements within the first clinical year. They are responsible for placing clinical students into core clerkships at approved affiliated clinical sites in the United States or the United Kingdom.

The clinical student coordinators work with the students progressing into their final year of medical school. They are responsible for working with clinical students to arrange their elective rotations at approved clinical training sites. In addition, they are responsible in ensuring student schedules are updated accordingly and enrollment status is correct. In addition, the clinical student coordinators are responsible in ensuring students are meeting their graduation timelines and provide advisement when needed. Clinical student coordinators report to the vice president of clinical education operations.

Office of the University Registrar

The Office of the University Registrar (OUR) supports the instructional and student progress endeavors of the University by providing quality services to students, faculty, academic and administrative departments, and the public.

OUR services include course record management, final exam scheduling, the publication of the student manual and catalog, academic record creation and maintenance, student registration, grade processing, transcript issuance, student certification, degree audit, monitoring of academic and administrative policies, licensing and verification, student and course information system operations, retention and graduation outreach, the dissemination of accurate, timely, and complete information, and service on/to university committees.

Nondiscrimination Statement and Title IX Information

SGU Nondiscrimination Statement Publication

The following language is the full nondiscrimination statement that should be published in the locations listed below, as required by OCR.

It is the policy of St. George's University ("University") to provide an educational and working environment that provides equal opportunity to all members of the University community. To the extent applicable, the University prohibits discrimination, including discrimination against persons in the United States on the basis of race, color, national origin, religion, sex, disability, or age. In accordance with Title IX of the Education Amendments of 1972, the University does not discriminate on the basis of sex in its education programs and activities against a person in the United States, including with respect to admissions and employment.

The following person has been designated to handle inquiries regarding discrimination prohibited under Title IX against persons in the United States:

Toni Johnson Liggins M.D.
Associate Dean, Clinical Studies (US)
Title IX Coordinator
Address: 3500 Sunrise Highway, Bldg 300, Great River, NY 11739
Telephone No.: +1 (631)665-8500 X1634
E-mail: Title-IX-Coordinator@sgu.edu

Further information regarding the application of Title IX is available from the U.S. Department of Education's Office of Civil Rights (OCR) at https://www2.ed.gov/about/offices/list/ocr/index.html or by phone at 1-800-421-3481.

Other inquiries regarding the University's nondiscrimination and sexual misconduct policies, including any allegations of discrimination against persons outside of the United States, can be directed as follows:

Students	Office of Student Affairs	473-444-4175 ext.3698 studentaffairs@sgu.edu
Students	Office of Judicial Affairs	473-444-4175 ext. 3137 judicial@sgu.edu
Faculty	Office of Human Resources	473-444-4175 ext.3762 FacultyHR@sgu.edu
Staff	Office of Human Resources	473-444-4175 ext. 3380 hr@sgu.edu
Vendors	Office of Vice President of Business Administration	473-444-4175 ext. 4031 dbuckmire@sgu.edu
Any Report	Ethics Point at:	1-844-423-5100 Online here

School of Medicine Faculty Senate

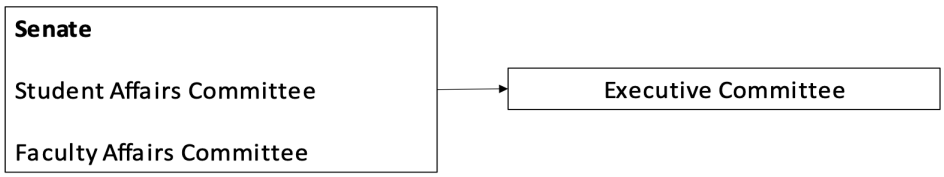
The SOM Faculty Senate is an advisory body to the Administration. Details of the constitution and organization of the Senate and Senate committees are presented in the Faculty Senate by-laws (see Appendices).

Resolutions regarding SOM faculty and student issues are forwarded from the individual committees to the Senate Executive Committees or directly to administration as indicated in the committee's by-laws. Approved resolutions from the Senate Executive Committee are forwarded to the senior associate dean for Clinical or basic sciences as applicable.

SOM Faculty Senate and Shared Governance

The SOM faculty senate deals with subjects of interest to the faculty, administration and the student body. It is the major legislative, advisory and review body of the faculty and ensures that faculty participate in the academic affairs of the University. The senate is the body which deliberates over issues relating to academic policies, the academic program and its structure, assessments, curriculum integration, and educational facilities. The Senate serves in an advisory role to the university community and administration. It is responsible for maintaining communication between the faculty, and the administration, student body and staff. It establishes rules and procedures for its standing committees and is responsible for overseeing the election of its members as indicated in the by-laws.

Diagram of the SOM Faculty Senate and Shared Governance Structure:



Shared Governance Committees

Curriculum Committee (CC)

Committee for Academic Progress and Professional Standards (CAPPS)

Faculty Student Selection Committee (FSSC)

Graduation Assessment Board (GAB)

Basic Sciences Curriculum Sub-committee (BSCSC)	Implements and oversee the basic sciences curriculum of years 1 and 2
Clinical Curriculum Sub-committee (CCSC)	Implements and oversees the clinical curriculum of years 3 and 4
Student Assessment and Program Evaluation sub-committee (SAPESC)	Manages the student assessment program and the evaluation of the educational program
Vertical and Horizontal Integration sub-committee (VHISC)	Manages continuity and integration across basic and clinical sciences
Academic Resource Subcommittee (ARSC)	Evaluates the education resource needs of the Basic sciences and clinical programs

Faculty Affairs Committee (FAC)

The charge/remit of the School of Medicine Faculty Affairs Committee is to advise the senate on policy issues related to the cultural, social and material welfare of faculty, and their educational working environment. This includes review of guidelines for grievances and appeals, promotions subcommittee, issues regarding hospital or campus facilities and faculty compensation and benefits.

Student Affairs Committee (SAC)

The charge/remit of the School of Medicine Student Affairs Committee is to advise the Dean of the SOM and the Office of Student Affairs on issues perceived by the students as impacting their non-academic environment, to receive and document issues of student affairs on campus or hospitals, consider and provide feedback on program proposals that may enhance the quality of student life and emphasize a safe environment with a focus on learner wellness, including the creation and promotion of current and new wellness resources, and direction of students to both on and off-campus resources.

Role of the Senate Officer

The Senate Officer is an administrative position and reports to the President of the SGU Senate and to the Presidents of the respective School Senates. The Senate Officer's main role is to ensure that Senate policies and procedures are applied and interpreted accurately, consistently, and fairly for the University community. Their specific senate-related responsibilities include:

- Collect information for and establish the agenda for all senate meetings, in consultation with the relevant Chair of the SGU senate and the chairs of the respective School senates.
- Organize, coordinate, and attend all Senate meetings. Ensure accuracy, proper formatting and distribution of agenda; ensure meeting efficiency and organization; record, write, maintain, and distribute decision minutes. Consult with chairs/Directors, committee chairs and others regarding their submissions to Senate. Advise and assist the Chair and Vice-Chair of Senate regarding meeting procedures as appropriate.
- Act as a resource to the Chair at Senate meetings.

- Schedule and coordinate the activities of the standing committees of Senate; forward information to committees as appropriate; act as a liaison among committees and between committees and the Committee chairs as needed; ensure that the efforts of the committees are coordinated with each other and with university policy; and forward and track the status of committee recommendations.
- Act as a resource and provide advice to the committees on senate policies and Procedures.
- Coordinate the entire nomination and election process, for Senate and Senate Standing committees
- Manage the office of the Secretary of Senate. Ensure the integrity of systems designed to maintain records of Senate, and other related documents

Policies for Faculty

Faculty Professional Conduct

Professional Responsibilities and Expectations

Members of faculty must perform their duties as set forth in their employment/appointment letters, the Clinical Training Manual, the University Faculty Handbook and/or the SOM Faculty Handbook. These duties will vary based on their academic track and will include, but are not limited to:

1. Responsibility to an academic discipline/content area:
    - Each member of faculty should contribute to curriculum review, program planning and innovation, scholarly productivity, and actively participate in professional societies, especially keeping abreast of the latest research and development in their disciplines, as per the stated requirements for their respective academic track.
2. Responsibility as a professional educator:
    - Each member of faculty should be an effective medical educator, adhere to decisions made by the SOM Curriculum Committee (and approved/ratified by the SOM Board as applicable) and to provide high quality and meaningful education to the satisfaction of the SOM.
3. Responsibility to the SOM:
    - Each member of faculty should participate in non-classroom activities, service to the university community such as committee work and appropriate administrative work.

It is the function of the relevant department chairs and the senior associate deans to ensure that all faculty are fulfilling their responsibilities. Department chairs will meet regularly with faculty to establish that they are meeting the expectations as per their letters of appointment based on their academic rank.

Expectations for all faculty include:

- Prompt attendance at all assigned educational activities
- Obtaining of written approval from the department chair and senior associate dean of basic sciences a minimum of 30 days in advance, for faculty members in years one and two who expect to be absent from their duties. If urgent or emergent delay or absence occurs, the department chair and course director must be informed as soon as possible.
    - Faculty who fail to return by the specified date, and who do not have an LOA to cover that period will be placed on unpaid leave, until such time as they directed to return to work and may be subject to dismissal.
- Compliance with the policies of hospitals / healthcare facilities, for clinical faculty at affiliated hospitals, as applicable.
- That the expected time in office (i.e., on campus work hours) for all basic sciences faculty is at a minimum from 8am to 5pm Monday to Friday with an expectation of a minimum of 40 hours a week. Some after-hours or weekend hours may also be necessary.

- Being on-campus during work hours. Content delivery and time-in-office takes place on campus and remote or online work is not permitted unless otherwise detailed in the faculty member's appointment letter (e.g., for delivery of online, asynchronous courses) or as determined to be necessary by the university administration, in relation to exceptional circumstances, e.g., infectious disease outbreaks, natural disasters, or severe weather.

Academic Freedom Statement

1. Medical educators are entitled to full freedom in research and in the publication of the results, subject to the adequate performance of their other academic duties and other relevant university policies; but research for pecuniary return must be based upon a written understanding with the institution. Any such research shall also be subject to the University's Policy on Intellectual Property accessible at Information Technology Computing Policies and Information Technology Data Classification Policy.
2. Medical educators are entitled to freedom in the classroom in discussing their subject, but they should be careful not to introduce into their teaching controversial matter which has no relation to their subject.
3. College and university medical educators are citizens, members of a learned profession, and officers of an educational institution. Their special position in the community imposes special obligations. As scholars and educational officers, they should remember that the public and their students may judge their profession, their professionalism and their institution by their utterances. Hence, they should at all times be accurate, should exercise appropriate restraint, should show respect for the opinions of others, and when speaking as individuals, should always indicate that are not speaking for the University unless authorized to do so.

Definition and Components of Academic Freedom

"Academic freedom is the principle of freedom of expression for scholars engaged in discipline-related teaching, learning, research, publication and service. Academic freedom is the foundation of intellectual discovery; it ensures an open search for knowledge and "nourishes the environment within which students develop critical habits of mind" essential to the citizenry of a democratic society. Academic freedom entails both rights and responsibilities."[2]

Components of Academic Freedom*[3]

In Research & Publication	Academic freedom includes the liberty to conduct research and draw conclusions rooted in evidence. Academic freedom defends researchers' right to choose methodologies, draw conclusions, and assert the value of their contributions, but does not protect against critiques of their claims.
In Teaching & Learning	Academic freedom includes the individual instructor's right to select course materials and content, pedagogy, make assignments and assess student performance. These should be germane to the subject matter. Limits may arise where (1) coordination among instructors for common courses requires agreement on matters of content, syllabi, materials and examinations; (2) there are institutional constraints and concerns rooted in the religious aims of the university, which should be explicitly laid out in writing for instructors prior to appointment; (3) the manner of instruction substantially impairs the rights of others or…demonstrates that the instructor is professionally ignorant, incompetent, or dishonest with regard to their discipline or fields of expertise."
In Public Expression	Academic freedom includes the right to bring relevant expertise to the larger community.." and through any mode of communication (including speech, writing and electronic media).As experts operating in the public sphere, faculty must "be accurate, should exercise appropriate restraint, [and] should show respect for the opinions of others."

[2] From: https://www.oah.org/about/governance/policies/academic-freedom-guidelines-and-best-practices/

[3] *Note: Academic Freedoms are subject to University Policies, including but not limited to the policy on intellectual property.

Non-involvement of Healthcare Providers in Student Assessment and Promotion

Healthcare for purposes of this section is defined as psychiatric care, psychological counselling, and physical health services. Generally, any preceptor/SOM faculty or University employee that provides healthcare services to a student must have no role in the assessment or promotion decisions of any student, provided, however, Preceptors/SOM faculty or University employees are not precluded from large class teaching with students for which they provide healthcare services and may contribute assessment items for standardized written examinations for which cohorts are scored. However, providers should play no part in assessment of small groups or individuals, or promotion and retention decisions for students to which they provide healthcare. Providers will, therefore, play no role in APRC, CAPPS, GAB, or any process in which individuals/small groups are assessed. This prohibition shall not apply to the provision of emergency care and shall not preclude a preceptor/SOM faculty/employee from providing emergency healthcare to a student if they play a role in individual student assessment, promotion or retention decisions, however, instances must be declared, and the preceptor/SOM faculty/employee recused in any cases that involve the individual.

Public and Community Service and Conflict of Interest Policy

The SOM encourages its full-time faculty to engage in public and community service that would enhance their professional competence and be beneficial to the University and the community. However, they may not engage in such service if it may interfere with the competent discharge of their duties, or it creates a conflict of interest with their employment.

Overview: A conflict of interest exists when your private interest interferes in any way – or could be perceived to interfere – with the interests of the University. A conflict of interest may also exist when your interests or activities appear to or do affect your ability to make objective decisions for the University. You are expected to use good judgment and avoid situations involving conflicts of interest, which can undermine the trust that others place in us and damage our reputation. A few points to generally follow are to:

- Always make business decisions in the best interest of the University.
- Disclose to Compliance any relationship, outside activity, financial interest or other situation that may present a possible conflict of interest or the appearance of a conflict of interest.
- Proactively address situations where you or a family member's financial interests may conflict with the University's best interests.

Outside Employment: We do not prohibit Faculty from engaging in outside employment, but Faculty cannot maintain outside employment that affects job performance, or any kind (including consulting or faculty positions) with a competitor, supplier or customer.

Personal Investments: Faculty are not permitted to have a substantial ownership interest in any organization that may do or does work with the University. This includes investments in property or any business providing goods or services directly to the University or to students, faculty, employees, contractors, vendors and other visitors traveling for or on behalf of the University, unless disclosed and approved through the annual disclosure process. This rule applies to a direct and indirect ownership interest.

- Direct or indirect interest may include interests held by a spouse, domestic partner, significant other, dependent children or siblings ("Family Members"), or friends and associates, who are deemed to benefit from any arrangement or transaction.
- A "substantial ownership interest" is an ownership interest of greater than 5 percent of total net worth of Faculty and Family Members, or greater than 1 percent of the outstanding equity securities of a company.

Advisory, Board or Civic Activities

Faculty may be invited to serve as members of boards of directors, advisory boards, accrediting teams or committees related to another organization. Approval may be granted if the outside organization does not compete with, oversee, accredit or impose regulations on the University, does not do business with the University, and if the obligations to serve can be met on your own time. In all such cases, the activity should be disclosed to your Department Chair, Dean of the Medical School and to the Chief Compliance Officer or the General Counsel.

Annual Disclosure: Circumstances can change and new conflicts can surface over time, which is why it is important to reassess your situation from time to time and discuss any potential conflicts with your Department Chair and Compliance. All Faculty must disclose and/or update any disclosures previously made on before June 30th each year to the Chief Compliance Officer. All disclosures affirm that Faculty have received a copy of the Conflict of Interest Policy ("COI Policy"), have read and understood the COI Policy and, have agreed to comply with the COI Policy. In doing so, Faculty shall identify any relationships, positions or circumstances in which he or she is involved that he or she believes could contribute to a conflict of interest. If a conflict was disclosed and documented through this process previously, Faculty are only required to provide an update annually.

The annual disclosure form can be found at the following link: **COI Disclosure Form**

Social Media Policy

Policy Statement

SGU authorizes the creation and use of University social media accounts, provided their use is professional, protects the reputation and brand of the University, and complies with SGU policies, applicable laws, and regulations.

Reasons for Policy

The University recognizes the value of social media platforms for a range of business goals and must balance its support of social media with the preservation of SGU's brand identity, integrity, and reputation. The social media policy exists to guide SGU faculty and staff, students, and any external designated parties who manage social media channels on behalf of St. George's University. For the purpose of this policy, "social media" refers to, but is not limited to, blogs (web-based journals) and microblogs (e.g. Tumblr), collaborative websites (e.g., Wikipedia, etc.), message boards, social networking sites (e.g. Facebook, LinkedIn, Twitter, Snapchat, Pinterest, WhatsApp), social networking features (University Portal), podcasts (multimedia distributed over the internet), video sharing (e.g. YouTube, TikTok), and photo sharing (e.g. Instagram).

Entities affected by this policy

This policy applies to all units of the University community, a group which includes all employees who work for St. George's University and any external designated parties empowered to post on behalf of the University as well as students, student groups, alumni, and alumni groups posting on SGU pages or as administrators of social media using the SGU brand.

For the full policy, please refer to the office of University Communications Social Media policy, which is available at:

https://mycampus.sgu.edu/office-of-university-communications/Social-Media-policy

Procedure for Requesting Permission for Specific Service Requirements

For the types of service as described in section 5 above. The procedure for requesting permission is:

1. The individual's application: The individual must submit a formal written request to his or her department chair with the following information:
    1. The organization with which the individual will be engaged.
    2. A copy of the contract or agreement governing the engagement.
    3. A description of the activity in which the individual will be engaged, including starting and ending dates.
    4. Scheduled and unscheduled time and tasks.
    5. A description of the anticipated impact on the duties of the employee.
    6. Potential benefits to the professional development of the individual
    7. Potential benefits to the University.
2. Administrative Review: The appropriate senior associate dean will send the request with their recommendation to the University's Legal Counsel and Chief Compliance Officer, as appropriate, and their subsequent recommendation will be provided to the Dean.
3. The appropriate senior associate dean of the SOM issues a decision of approval/disapproval, and their decision shall be final.

Professional Practice by Full Time Faculty and Visiting Professors in Grenada During Years 1 and 2

Physicians associated with St. George's University (SGU) have offered professional care to residents of Grenada for many years. The value of their service is incalculable, and the presence of SGU's skilled physicians has meant the difference between life and death for several residents of Grenada. Full time faculty physicians and visiting professors in Grenada during Years 1 and 2 must observe the following regulations if they wish to practice medicine while in Grenada. They:

1. must be licensed in Grenada and have obtained permission from the senior associate dean of basic sciences.
2. must fulfill all requirements that are stipulated by the Grenada Medical & Dental Council.
3. must receive written permission from the senior associate dean of basic sciences to practice outside of the University and must arrange their own medical indemnity insurance for such practice.
4. may practice at the General Hospital and other Government facilities with permission from the Ministry of Health.
5. may not engage in private practice on university premises or use any University facilities for this practice
6. may, with prior permission from the senior associate dean of basic sciences provide medical care for students, faculty, staff and their immediate families within the facilities of the University. They may carry out procedures in which they are specifically qualified (e.g., placing cardiac pacemakers) if the referring physician is fully registered in Grenada.
7. may provide emergency assistance in any situation where their specific training may be necessary to save life or limb.

8. must provide and maintain an up-to-date certified copy of their license to practice on file in the University Business Office and a photocopy in their human resources file in the senior associate dean of Basic Science's office.

Opportunities for Faculty-Student Interaction

Faculty members in the basic sciences component of the SOM 4-year MD program are responsible for establishing appropriate opportunities for interactions with students in addition to scheduled lectures. A minimum of ten (10) hours per week of faculty-student interaction are required of those faculty not teaching in a laboratory or practical settings, and six (6) office hours for those that have laboratory assignments.

In addition, themed office hours should be offered as relevant to the faculty member's basic sciences content. The standard expectation is one themed office hour per 2-3 hours of lecture content delivered. Additional themed office hours may be offered based on need or content complexity. The format for these themed office hours is at the discretion of the faculty member. All themed office hours must be advertised to all students enrolled in the course, recorded in Zoom or other appropriate program, uploaded to Panopto, and the link made available to the class. Themed office hours should facilitate review and clarification of material previously taught and should not be used for the delivery of new content. However, new forms of delivery/review for previously taught material, such as the use of cases or MCQs, are encouraged.

Faculty-student interaction can be facilitated through a mix of electronic forms (e.g., Zoom, chat rooms, discussion forums) and scheduled office hours. A schedule of office hours including themed office hours will be made available for each module.

Faculty members in the clinical years three and four should publish a weekly schedule of their office hours per week based on the number of students during the rotation.

All academic advisors must publish their office hours or availability of appointments to students, their DMEs and the Clerkship Directors.

Faculty Business Meetings

The Dean of the School of Medicine convenes a business meeting for all SOM faculty at least once per year.

The senior associate dean of basic sciences convenes a business meeting for all faculty of the basic sciences years a minimum of once a year.

The senior associate dean of clinical studies convenes a business meeting for all faculty in the clinical science years a minimum of once a year.

All faculty are required to attend those meetings relevant to them or to submit apologies to the organizer.

The department chair coordinates the date for the start of the academic term for the various faculty within their department in consultation with the senior associate dean of basic sciences or clinical studies. Faculty of the department should report for duty by the date as specified by their chair unless other University duties prevent them from doing so.

Required Faculty Orientation Sessions

All new faculty, including new clinical instructors, clinical affiliate faculty and teaching fellows, are required to attend the in-person orientation session on the specified date prior to the start of their first academic term, as organized by the associate dean for faculty affairs, and/or to complete the online new SOM faculty Orientation training (as relevant and directed).

Attendance at an additional orientation session specifically for clinical instructors and teaching fellows is also required each term, for both new and returning faculty. This is organized by the associate dean for curriculum, basic sciences.

For either orientation session, a failure to attend without a valid reason will result in forfeiting the salary for the period on which they were absent until the actual date on which the faculty member rejoins the department. If a faculty member has approved leave during or immediately following the orientation session, then they are expected to report for the orientation session and then proceed to or complete their period of leave. If any new faculty in Years 1 and 2 fail to report for work by the end of the first month in which their appointment began, then their appointment will be cancelled, and a replacement will be recruited.

Professional Meetings and Business Travel

After one full contractual year has been completed, and upon acceptance of the subsequent offer for renewal of appointment, each faculty member in the basic sciences at the rank of Instructor and higher becomes eligible to receive financial support for participation in one professional meeting per year according to university guidelines and policies.

While attending a professional or business meeting, each member of faculty in the SOM basic sciences is allowed to purchase textbooks. Sums up to the allowed maximum in any year will be reimbursed upon approval of the submission of an acceptable reimbursement form and all necessary associated receipts. Reimbursements are issued only for the term in which the actual purchases are made. A request for reimbursement must be made within 30 days after the meeting.

For research fellows, attendance at an international medical conference is strongly encouraged within their first year of employment and will be reimbursed by SOM. Research fellows must obtain the approval of the Director of MSRI and the senior associate dean of basic sciences prior to submission of an abstract, associated conference registration and the making of travel plans.

Reimbursement for travel and expenses incurred by a faculty member during university business e.g., teaching, will be as per the Travel & Expense Policy.

Responsible evaluation of conference validity

Faculty must evaluate whether or not a scientific or educational conference is potentially predatory, prior to registering, booking flights, making hotel arrangements and applying for a Leave of Absence.

Before authorizing use of the conference allowance by a member of faculty, Department chairs must similarly evaluate the conference, review the provided conference schedule and then determine if: 1) attendance at the conference directly benefits department teaching or educational activities; 2) attendance benefits the scholarly and/or research activities of the faculty member (particularly if the faculty member will be applying for promotion); 3) appropriate coverage of the faculty member's educational responsibilities is possible during the time of the conference and 4) the expected benefits of the trip justify the travel time and the overall use of the conference allowance. A department chair may refuse to authorize the conference allowance if their assessment finds that the conference is likely to be predatory, and/or if they are not satisfied that items 1) - 4) are being appropriately met.

Guidelines for evaluating whether a conference is legitimate or predatory:

a. Does each day have an appropriate number of scientific or professional sessions?
b. What is the duration of the conference?
c. Where is it being held?
d. Is it being organized by a known professional society or organization?
e. Does it have a suitably detailed website and schedule relative to when it is scheduled for?
f. Did the organizers contact/reach out to the faculty member via email?

Signs that a conference might be predatory therefore include:

- Very vague or very general scope (multiple specialties; listed sessions and topics are wide ranging, e.g., from neuroscience to anatomy to public health, etc)
- More breaks or "social sessions" than there are scheduled workshops, lectures, or seminar
- Unusually short duration (1.5 to 2 days): most major conferences are around 3-4 days
- Held in a popular tourist destination (London, New York, Paris, Tokyo)
- No society or professional organization links or affiliations
- Generic or vague website
- Schedule does not contain specifics of the keynote speakers and a detailed schedule close to when the conference is scheduled to occur. Most legitimate conferences will finalize the details at around 4-6 months prior
- The organizers contacted you to invite you to attend!
- The website or organizers state guaranteed fast acceptance of papers or posters (no mention of a peer-review process should also be a red flag)

Faculty Professional Development and Training

All faculty are referred to the SOM Faculty Portal and to the SGU Faculty Training and Development site.

Faculty are expected to maintain both their content specific knowledge and a knowledge of the latest advances in teaching pedagogy through participation at professional meetings and conferences, seminars, webinars, online certificate programs, CMEs, etc.

Faculty must complete mandatory training modules as directed and/or as per the requirements of the School of Medicine and SGU e.g., FERPA, preventing sexual harassment, etc.

Post-Graduate Certificate in Medical Education (PGCME)

Junior faculty (clinical instructors, teaching fellows, and lecturers) can develop their skills as medical educators through participation in the PGCME program. This certificate program introduces participants to several aspects of education, with an emphasis on medical education and research, covering a broad range of topics relevant to medical educators. The current curriculum has been designed with the goal of developing junior faculty members' knowledge and practical skills as clinicians, educators, and scholars. The program includes 33 sessions over the course of 5-6 weeks.

Participants evolve into a professional learning community, as they actively participate in a variety of seminars, workshops, group interactions, and hands-on sessions and complete a variety of assignments working toward the development of an enhanced professional portfolio of their achievements as medical educators. In addition, modular components offered during the second half of the program provide participants with an opportunity to focus on instructional design and administration, medical education research, or enhanced clinical skills. This program is free of charge.

Clinical instructors, teaching fellows, and lecturers are eligible to enroll for the PGCME program once they have completed one full year of employment, have accepted a renewal of their employment, if

their appointment was for a period of one year, and have demonstrated both a high level of professionalism and evidence of quality in teaching. Prior approval of the department chair and assistant dean for basic sciences must be obtained prior to enrolling.

Foundations of Teaching and Learning Program: MGH Institute of Health Professions Course

A total of 20 faculty members at the rank of clinical instructor, teaching fellow, and lecturer can participate in the Foundations of Teaching and Learning program offered each semester (twice per year) from MGH Institute of Health Professions. This program is fully sponsored by SGU for junior faculty. Faculty must have completed the PCGME at time of application for the MGH Foundations of Teaching and Learning Program to be eligible to apply.

Medical Educator Learner Expectations

The school holds professional behaviors and attitudes in high regard, including altruism, integrity, respect for others and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between medical educators and learners.

In the context of medical education, the term “medical educator” is used broadly to include peers, resident physicians, full-time, affiliate and volunteer faculty members, clinical preceptors, nurses, and ancillary support staff, as well as others from whom students learn.

The following sections C, D, E are from LCME Standards Academic Year 2020 – 2021 AAMC Publication Date June 4, 2015.

SOM Policy on Volunteers for the General Hospital

Section 1. Background and purpose

Finalized: May 3, 2022

This policy was developed by the Office for Faculty Affairs, and was approved by:

- Dr. Tyhiesia Donald, Medical Director, Ag.
- Dr. Shawn Charles, Chief Medical Officer, Ag.
- Dr. Dolland Noel, Director of Medical Education
- Dr. Marios Loukas, Dean of School of Medicine

Section 2. Scope

This Volunteer policy for the Grenada General hospital applies to all appropriately qualified faculty in full-time employment with the SGU School of Medicine (SGUSOM), who chose to volunteer for evening, weekend and/or public holidays shifts at the hospital. It defines the procedures and application process necessary to be assigned as a volunteer to a Department at the General Hospital in Grenada. It is effective from April 1, 2022.

Section 3. Policy statement

The SGUSOM faculty have a valuable diversity of clinical experience. In order to benefit both the community of Grenada, and the physicians employed by the SGUSOM, faculty can apply as volunteers at the General hospital in their spare time (i.e., non-working hours). This enables them to maintain their clinical skills and clinical knowledge, through the provision of healthcare to the Grenadian community. Limited Registration (which expires at the end of the contract with SGU) and License are required. Fees may be waived by GMDC if faculty are volunteering at the hospital.

Section 4. Procedure

1. A General Hospital Volunteer Review committee will be formed, composed of:
    1. Dr. Dolland Noel Director of Medical Education & Associate Dean of Clinical Studies
    2. the Medical Director, Dr. Tyhiesia Donald
    3. the Director of Emergency Medicine, Dr. Sonia Phillip
2. In January and August, interested faculty who hold an MD, MBBS or suitable equivalent medical degree can apply via email to the Hospital administrative assistant McQuiva Wilson MWilson@sgu.edu in the Clinical Teaching Unit
    1. Cc to: medicaldirectorgrenada@gmail.com
3. They should include a letter of intent as to why they wish to volunteer
4. Contained in the letter should be details of their:
    1. Current academic position/rank (e.g., Clinical Instructor, Lecturer)
    2. Current SOM Academic Department (e.g., Pathology, Pathophysiology)
    3. General Hospital Department choice, indicating their ranked preference for
        1. Emergency Medicine
        2. Internal Medicine
        3. Pediatrics
        4. OB/GYN
        5. Orthopedics
        6. General surgery
5. Upon receipt of their application and its approval by the Review Committee, the applicant will be sent the GMDC's requirements in order to obtain a Provisional license (usually valid for 1-2 years)
6. A master schedule of volunteer opportunities will be sent by the Clinical Training Unit (CTU), to which the faculty member will then respond with their availability.
7. A week-long orientation will be held at the beginning of each Semester, including relevant lectures from each of the above listed Hospital departments, covering e.g., notifications, signing in and out, management of emergencies in the respective departments, etc.
    1. Additional guidance and mentoring will be provided initially for each volunteer, until it is established that they are fully familiarized with the systems and procedures of the relevant Department and the general hospital.
8. In the event that a faculty member does not wish to be kept in the system in an ongoing fashion or for the upcoming semester, they should submit a written notice of discontinuation to the administrative assistant as described above, 1-month prior to their last scheduled session.
9. The General Hospital will maintain a list of active SGUSOM faculty volunteers and will share it regularly per semester with the Office of the Dean, SOM.
10. Medical indemnity will be covered by government for doctors volunteering within the hospital only. A letter will be issued by the Medical Director to the GMDC on acceptance into the program indicating that the doctor will be volunteering at the St. Georges General Hospital.
11. The volunteering will take place in the evenings, weekends and/or public holidays. Any hospital volunteer time will be in addition to the normal working week required of full-time SOM faculty, i.e., 40-hours, Mon-Fri 8am to 5pm as defined in the 2022 SOM faculty handbook.
    1. Faculty may not request modifications to their work schedules and educational responsibilities in order to facilitate their volunteer time at the General Hospital.
12. Faculty are required to be registered in order to practice.

Section 5. Definitions

- Volunteer: *pro bono* provision of skills, knowledge and services, in addition to standard working hours for faculty that are defined in the 2022 SOM Faculty handbook.

Section 6. Stakeholders

- General Hospital
- Ministry of Health, Grenada
- SOM Faculty with MD, MBBS, or other medical qualifications
- Dr. Dolland Noel

- GMDC: Grenada Medical and Dental Council
- CTU: Clinical Training Unit
- Qualified physicians current employed as faculty in the SOM

Section 7. Summary/additional information

n/a

Medical Education Guiding Principles

Duty:	Medical educators have a duty to convey the knowledge and skills required for delivering the profession's standard of care and to instill the values and attitudes required for preserving the medical profession's social contract with its patients.
Integrity:	Learning environments that are conducive to conveying professional values must be based on integrity. Students learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.
Respect:	Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Medical educators have a special obligation to ensure that students and residents are always treated respectfully.

Responsibilities of Medical Educators and Learners

Medical educators, as defined under Medical Educator Learner expectations above, who interact with students, should:

- treat students fairly and respectfully
- maintain high professional standards in all interactions
- be academically prepared and punctual
- provide relevant and timely information
- provide explicit learning and behavioral expectations early in a course or clerkship
- provide timely, focused, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship
- display honesty, integrity and compassion
- practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive
- solicit feedback from students regarding their perception of their educational experiences
- encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

Relationships Between Faculty and Students

Students and faculty should recognize the special nature of the medical educator-learner relationship which is in part defined by mutual trust and respect, professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students and faculty should strive to develop an appropriate and professional relationship characterized by mutual trust, openness, acceptance and confidence. For both parties, this requires that they recognize the potential for conflict of interest and respect appropriate boundaries.

All faculty are required to conform to the SGU anti-fraternization policy:

Accessed on 28-Nov-2021, from: SGU Portal >Faculty HR > SGU policies > Non-fraternization.

SGU Policy on Non-fraternization

Relationships between individuals in inherently unequal positions may undermine the real or perceived integrity of the supervision and evaluation process, as well as affect the trust inherent in the educational environment. It is the policy of the University that respect for the individual in the University community requires that amorous or sexual relationships not be conducted by persons in unequal positions. The University considers it inappropriate for any member of the faculty, administration, or staff to establish an intimate relationship with a student, subordinate, or colleague upon whose academic or work performance he or she will be required to make professional judgments or who may have real or perceived authority over the student. The University considers it a violation of this policy for any member of the faculty, administration, or staff to offer or request sexual favors, make sexual advances, or engage in sexual conduct, consensual or otherwise, with a person who is:

- Enrolled in a class taught by the faculty member or administrator
- Receiving academic advising or mentoring from the faculty member or administrator
- Working for the faculty member, administrator or staff
- Subject to any form of evaluation by the faculty member, administrator or staff.

Please note that the list above is not exhaustive and other situations of fraternization may also result in a violation of this policy. In all such circumstances, consent may not be considered a defense against a charge or fraternization in any investigation or proceeding conducted under this policy. Teaching and research fellows, doctoral and graduate assistants, tutors, interns, and any other students who perform work-related functions for the University are also subject to this policy. In the case of a pre-existing relationship between a faculty member and a student or subordinate, the faculty member has an affirmative duty to disclose this relationship to the Dean's Office so that any potential conflicts of interest can be resolved.

Appropriate Supervision of Students

All SGUSOM students must be appropriately supervised by a qualified faculty member, for all clinical activities during which patient care is being provided. Clerkship directors are responsible for assigning the faculty responsible for the supervision of students during their clinical experiences. The requirements are as laid out in as per the policy on student supervision Appendix XVII.

Learning Environment Policy

In the SOM program at SGU, students learn in a variety of social, didactic, small-group, and clinical settings. The learning environment, which includes the physical, social, psychological, and cultural environment surrounding learning, is a core component of students' educational experiences. The learning environment has an important influence on the effectiveness of SGU's medical program and as such, SGU values a positive learning environment and works to identify, prevent, and remove negative influences on the learning environment. SGU does not tolerate student mistreatment, retaliation, or other negative behaviors that are prohibited in other policies (such as discrimination).

The learning environment is continuously assessed and monitored by the SOM Learning Environment Committee (LEC). The learning environment policy is in Appendix XVII.

Recruitment and Appointments

SGU serves an international culturally diverse student body in the SOM. The recruitment of a representative faculty body to serve the teaching and support of this student population is a priority of SGU.

SGU is an Equal Employment Opportunity Employer and considers applications for all positions without regard to race, ethnicity, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other legally protected status.

The University strives to maintain the highest standards of teaching, research, and service; therefore, it is essential that the faculty be composed of individuals with appropriate professional qualifications and the personal integrity expected of physicians and physician educators. The University verifies professional qualifications and background checks of all appointed faculty.

The faculty members at the University are encouraged to engage in scholarly and creative work. Each will be judged according to his/her total academic performance as per the requirements of their track.

Departmental Human Resource Requirements

Human resource needs for faculty and staff in each Department are determined jointly by the department chair and the senior associate dean of basic sciences or senior associate dean of clinical studies, as appropriate.

Vacant employment positions are advertised under the Employment Opportunities link in the My Account tab of the SGU homepage. Additional external advertising is arranged by the Talent Acquisition within the Office of Human Resources. The procedure for recruitment of faculty in the basic sciences is as per the policies listed here Human Resources Portal.

Employed Faculty Appointments

Employment Agreement

For faculty whose appointment includes salaried employment at SGU, an employment agreement is reached with an individual at the time of appointment to the faculty. The following are taken into consideration: teaching experience, professional expertise, and experience within the individual's profession, administrative duties, and level of education achieved by the appointee. The appointment is contingent upon the completion of a background check (and the University's satisfaction with the results and findings thereof). Initial appointments and renewal are usually for one year; subsequent appointments may be for longer periods.

To teach in any Courses offered by the University other than in the SOM, a basic sciences faculty member must be granted permission from both their department chair and the senior associate dean of basic sciences. Such permission must specify the school in which the course is to be offered, the name of the course, its duration and time-load expectation.

Upon acceptance of an offer of employment at SGU, all faculty shall execute in writing an acknowledgment of acceptance, which may be part of their appointment letter, of the SGU Confidentiality Policy and the Compliance Statement for Employees with Access to Student Records and/or Information. Thereafter, on an annual basis, each faculty member shall execute, in writing, acknowledgment of acceptance of the SGU Confidentiality Policy and the Compliance Statement for Employees with Access to Student Records and/or Information, which can be accessed via the Human Resources Portal.

Salary Structure and Annual Cost of Living Adjustment

The University's agreement on the salary structure and annual cost of living adjustment (COLA) payable to employed faculty members has the following terms:

1. Each faculty member is paid according to the Faculty Compensation Plan introduced in 2007.
2. The annual salary is subject to Grenada income tax and is paid over a 12-month period.
3. Each member of faculty holding the rank of Instructor or Lecturer or above, will be eligible to receive an annual performance bonus. Such bonus will be paid on 31st October of the following academic year. To be eligible to receive such performance bonus, a faculty member must be actively employed by the University at the time such bonus payments are made and have fulfilled the stated criteria.
4. The COLA is determined by the Administration and is incorporated into base salaries.
5. All increases in faculty base salaries (application of steps) are affected on July 1 each year.
6. The basic appointment is for a period of 12 months each year with a professional commitment to the University of 10 months, unless otherwise specified.

- clinical instructors, research fellows and teaching fellows, are required to fulfill a professional commitment for a period of 11 months in each 12-month appointment period.
- Under the guidance and with the approval of their department chair and the assistant dean for curriculum management, each clinical instructor can additionally spend up to 60 hours per month providing extra academic assistance to students. This is performed outside of regular working hours, i.e., evenings and/or weekends, and is reimbursed at a rate of US$10.00 per hour.

SGU SOM offers US$300.00 that can be utilized by a clinical instructor a single time only during the duration of their employment with SGU. This money can be used to pay the fee for a board exam, or for an approved professional development activity, to be approved by the assistant dean of basic sciences for curriculum management, such as a conference or online course.

Costs associated with acceptance of a research paper for presentation at an international medical conference will be reimbursed by SOM up to a maximum limit as specified in the current SGU policy on conference attendance, to cover:

- cost of travel
- hotel accommodation
- conference registration

Approval of the course director, chair of the department, and assistant dean of basic sciences must be obtained prior to submission of an abstract, associated conference registration and the making of travel plans by a clinical instructor or teaching fellow.

Tenure

The University does not utilize a tenure system and continued employment and/or contract renewal is not guaranteed. To ensure continued high educational standards, each course and faculty member is evaluated as per the appraisal processes described in this manual.

Appointment Renewals

Each appointment is renewable, at the option of the University, upon acceptance by the appointee for one year for all clinical instructors, teaching fellows, and demonstrators; all other basic sciences faculty appointments are for one year initially and then may be renewed for up to 2-year intervals, and at 3-year intervals for affiliate clinical faculty.

All decisions relating to appointment renewals will be made by the department chair in consultation with the senior associate dean of basic sciences or senior associate dean of clinical studies, as applicable, prior to the end of the faculty member's appointment.

Recommendations for appointment renewal are based on the following:

1. The performance of the faculty member is to the satisfaction of the course director, department chair, DME and relevant senior associate dean with respect to knowledge, attitudes and skills
2. Absence of concerns about non-cognitive attributes (such as regularity, sincerity, honesty, dedication, cooperation, congeniality, collegiality, promptness, attending to clinical duties with diligence, etc.) and performance
3. Absence of concerns relating to general professional behavior, such as unreasonable requests for excessive Leaves of Absences (LOAs), unprofessional behavior, executing departmental responsibilities or lateness in resuming duties after the annual summer and winter breaks scheduled for the relevant course

Training requirements for Faculty

SGUSOM requires all core clerkship medical residents at affiliated sites to complete a series of faculty development modules on medical student teaching and assessment.

All SOM faculty are required to complete a new faculty orientation session, which will include an orientation to the School of Medicine, its mission statement and MD program objectives, the administrative structures and curriculum overview. This orientation will be run on site each term, and available as self-directed learning modules for off-site faculty.

Additional mandatory HR training may be periodically required, as per the requirements of the University regarding compliance policies such as anti-harassment, etc. This is communicated by HR as needed.

Attendance at Meetings

The SOM holds several important meetings each year, which includes the SOM faculty meetings in February/March and October, the clinical department meetings and the SOM faculty business meetings of the dean, senior associate dean of basic sciences and senior associate dean for clinical studies. Attendance is mandatory as per the faculty member's position, either in person, or virtually, depending on the format and location of the meeting. Anyone unable to attend should submit their formal apologies in writing to the organizer of the meeting.

Department chairs and DMEs are responsible for notifying their faculty as to the dates and formats for upcoming meetings.

Meeting dates are advance notified to faculty via the quarterly SOM faculty newsletter, posted on the SOM section of the SGU faculty training and professional development portal site, and sent as save-the-date meeting invites via Outlook email.

Behaviors Leading to a Warning, Unpaid Leave of Absence, Suspension and/or Non-Renewal of Employment

Faculty are expected to conform to all the conditions in this handbook and all University and SOM policies. Non-compliance could lead to a range of results. For example, depending on the severity of the issue, faculty may be issued a warning letter, lose their eligibility to receive their performance bonus, be suspended pending investigation, be placed on unpaid leave, and/or have their employment ended (either via non-renewal of appointment, or dismissal for cause), individually or in combination (e.g., suspension and loss of performance bonus). Generally, a warning letter is accompanied by loss of eligibility to receive performance bonus, as well as 1 year delay to applying for promotions to the next academic rank, with the year counting from the date that the letter is issued.

Examples of some issues that could lead to the above include, but are not limited to: (note: this is a non-exhaustive list):

1. continuous underperformance in content delivery as demonstrated by student evaluations of 1 or 1.5 standard deviations below the mean, for 4 or more academic terms
2. demonstrable and documented non-cognitive issues including irregularity/lack of timeliness, lack of dedication, lack of congeniality, creation of hostile work environment, etc.
3. unreasonable or unjustifiable requests for Leaves of Absences (LOAs)
4. unprofessional behavior that is inconsistent with the professional expectations of faculty of St. George's University School of Medicine
5. consistent failure to execute departmental responsibilities
6. delayed return without appropriate notification and authorization (e.g., without a medical leave of absence)
7. unexplained lateness in resuming duties after the annual summer and winter breaks scheduled for the relevant course.
8. failure to conform to required SGU standards as per FERPA, policies on harassment, anti-fraternization policy, and/or any other school or SGU policy and/or manual.

Faculty who are placed on an unpaid leave of absence for any reason will resume their academic activities at the determination of the relevant senior associate dean. They will receive clearance and the timeline for their re-introduction to the academic program from that office.

If the department chair or senior associate dean of basic sciences recommends dismissal of a clinical instructor or a teaching fellow prior to the end of their appointment, the clinical instructor or Teaching Fellow will be given one month's written notice by the senior associate dean of basic sciences.

End of the Employment Relationship at End of Appointment Term

The end of a faculty member's employment relationship at the conclusion of the faculty member's appointment term shall be made by notice of non-renewal of appointment. However, the failure to provide notice of non-renewal shall not entitle the faculty member to an automatic renewal of his/her appointment, or continued employment/appointment and any such renewal shall be wholly within the discretion of the SOM. The senior associate dean shall notify the faculty member in writing of the decision not to renew said appointment, no later than ninety (90) days prior to the expiration date of

the faculty member's current appointment. A faculty member who wishes to resign must give the University not less than ninety (90) consecutive days' notice or 30 days' notice (clinical instructors and teaching fellows).

There is no right to a grievance hearing or appeal if the University chooses not to renew an appointment, or a faculty member resigns.

Appeals of Termination

If a faculty member is dismissed for cause prior to the expiration of such faculty member's appointment or appointment term, except where otherwise provided in the faculty member's appointment letter, and/or this Faculty Handbook, said faculty member has the following rights:

1. Request a hearing before the associate dean for faculty affairs by filing a written request to them within fifteen (15) days after said faculty member receives notice of dismissal.
2. The determination by the associate dean for faculty affairs shall be final and binding.

Faculty Evaluations and Review

Summary Overview of the Faculty Appraisal and Evaluation Process

SGUSOM recognizes that regular, timely and formally documented assessment of faculty academic performance and progression towards promotion (where applicable) is desirable for maintenance of faculty quality, ongoing quality of student educational experience, and enhancement of faculty retention, in additional to being an accreditation standard requirement.

The SGUSOM policy on faculty appraisal has the establishment and regular review of SMART (specific, measurable, achievable, relevant and timely) goals as its base. Timely and structured feedback is provided to all full-time teaching faculty who significantly interact with medical students, by those who are best placed to assess their performance, namely the DMEs and clerkship directors and/or department chairs. The collaborative discussion and associated feedback is based on utilization of self-reflective evaluations, coupled with student assessment data. The process described in the policy enables comparative review of faculty and multi-level administrative oversight across courses, departments, clerkships, hospitals and geographic locations.

Faculty perform a yearly reflective self-evaluation using an online survey form, which is submitted for subsequent review to either their department chair, or to the DME and Clerkship director. For basic sciences faculty and smaller departments, this can be direct to the department chair, or can be delegated by the Chair to the relevant DME and clerkship director for larger clinical sites.

Focus topics within the reflective self-evaluation vary slightly between the basic sciences and clinical faculty, to reflect differences in content delivery and because basic sciences faculty receive a financial performance bonus. Focus topics for both self-evaluations enable identification of teaching contributions and standards met, establish and discuss short and long-term goals, explore faculty interest in promotion, and track progress towards meeting promotion standards with regard to professional development, publications, etc. In addition to the yearly summative evaluation (which is the basis for their financial performance bonus award), basic sciences faculty are required to attend an interim performance bonus evaluation with their chair. Clinical faculty who are interested in or who are working towards promotion, are encouraged to arrange an additional yearly meeting with their DME and clerkship director to specifically assess their progress towards meeting the necessary promotion standards for their track.

At the scheduled yearly summative evaluation, SOM faculty meet either face-to-face or virtually, with either the DME and clerkship director, or the department chair, to discuss their submitted reflective self-evaluation, along with the data compiled from student evaluations of their teaching (end of module, end of course or end of clerkship) and any other relevant faculty development data such as attendance at online workshops, completion of required training modules, completion of end of faculty development surveys, participation or attendance at medical education grand rounds, compliance with performance standards, etc. At the end of the in-person meeting, a summative evaluation is submitted using an online form by either the department chair or the DME and clerkship director, and a PDF copy is sent to the faculty member for their files. Any areas of concern or requirements for remediation are noted in this summative evaluation.

If the summative evaluation is submitted by the DME and clerkship director, then the summative evaluations for all faculty in a department across the various clinical sites is compiled administratively by the Office of the senior associate dean for clinical studies and sent to the relevant clinical department chair for review. The department chair reviews the summative evaluations and submits an executive appraisal report to the relevant senior associate dean of basic sciences or clinical studies. The executive appraisal report from the department chair identifies any sites and faculty requiring remediation. A remediation plan will be developed by the faculty member in collaboration with the DME and clerkship director and/or the department chair and filed with the Office of the relevant senior associate dean. The executive appraisal reports and any remediation plans are compiled by the respective Office (senior associate dean of basic sciences or for clinical studies respectively) and submitted to the Dean.

Depending on the reviews and discussion, a peer-review task force may be used to provide additional feedback. See Section D. 5.

Overview of Student Satisfaction Evaluations Process

The assessment of student satisfaction in relation to teaching takes place regularly throughout the curriculum.

Student Satisfaction Evaluation Process

1. Years 1 and 2

All full-time teaching faculty are evaluated at the end of each module that they contribute to. Clinical instructors and teaching fellows are evaluated at the end of each session they facilitate. All module and end-of course evaluations are administered by The Office of Institutional Advancement (OIA), on behalf of the SOM, using the designated SGU evaluation software.

Student evaluations relating to instruction and course performance are one component of the cumulative performance information that is used to inform decisions relating to faculty appointments, renewals, promotions, remediation, and dismissal. Course directors and department have access to the evaluations of all faculty under their administrative purview. Each individual faculty member also receives their feedback and can see their scores relative to the mean of all the faculty contributing to that module or course.

2. Teaching Faculty Review - Years 3 and 4

Formal evaluation of clinical faculty occurs at yearly performance review meetings, as described in Section D.1 above, along with feedback from clerkship directors, DMEs, students and site visits by SGU chairs and deans. The basis for student evaluation of faculty is the confidential electronic questionnaire that all students complete at the end of each core clerkship (see Appendix 4). The DME, clinical department chairs and SGU administration have access to students' anonymous responses. Informal

local knowledge of faculty, although difficult to formalize, constitutes an integral part of day-to-day faculty evaluation. Written reports because of site visits made by clinical department chairs and deans add an additional level of evaluation.

Ultimately, the DME is responsible for ensuring that:

1. the faculty teaching SGU SOM students are of high quality
2. the faculty teaching SGU SOM students at each hospital is evaluated appropriately as per the current policy for clinical faculty performance evaluations
3. feedback to the faculty is timely and formalized

Responsibilities for Preparation of Faculty and Course Evaluations

The senior associate dean of basic sciences or clinical studies reviews the questions being used for the evaluations and may request that additional and/or revised questions be placed in the survey for a variety of reasons, including, but not limited to addressing any specific curricular changes that are planned or any other items that may be deemed appropriate.

The evaluation of Visiting Professors (VPs) and part-time (PT) faculty is the responsibility of the hiring/inviting department chair and occurs following each course administration. The chair reports the results of the evaluation to the senior associate dean of basic sciences along with justification for the renewal of the VP/PT faculty appointment. The evaluation survey used is the same as that used by the SOM for all full-time faculty.

The evaluation of basic sciences electives is the responsibility of the respective department chair and occurs following each administration of the selective. The chair reports the evaluation results to the senior associate dean of basic sciences office. The evaluation survey is the same as that used by the SOM for all mandatory courses in the MD program, although additional questions can be formulated by the department chair.

Faculty Remediation Based on Student Satisfaction Surveys

1. Remediation of Faculty with below average student evaluations

Composite student evaluations of teaching data for all faculty in all modules and courses are sent to the associate dean for faculty affairs each term and to the Office of the relevant senior associate dean (basic sciences or clinical studies) for review. Faculty who consistently (≥ 2 consecutive terms) receive student evaluations that are >1 standard deviation below the faculty average will be sent a Letter of Concern from the senior associate dean of basic sciences or senior associate dean of clinical studies, to give them the opportunity to identify and resolve the contributing factors. The faculty member will then develop and implement an improvement plan in consultation with their Chair or DME and will file it with the associate dean for faculty affairs or a nominated administrator in the Office of the senior associate dean for clinical studies. Evaluations from the Peer Review Task Force will also be used to provide feedback for lecturing faculty. A timeframe will be specified in the improvement plan, during which the specified improvement must occur.

If the faculty member's evaluations do not improve in the time specified, then the faculty member will be placed on a formal warning and notified of such in writing by the senior associate dean of basic sciences or clinical studies, as applicable. The warning will involve a period of close monitoring for a defined period, during which faculty are expected to make substantial changes and demonstrate

substantial and sustained improvement in their evaluations by improving to the faculty average or higher. Faculty who are placed on a warning for low evaluations, or any other reason, are not eligible to receive their performance bonus for any academic year containing a warning period.

Continued failure to substantially improve once on a warning, or failure to improve within the timeframe specified and/or receiving multiple warnings may result in non-renewal or termination. A warning is lifted when both the department chair and the senior associate dean of basic sciences or clinical studies, as applicable, both agree that substantial improvement has occurred and been sustained for a minimum of two full academic terms. The faculty member will be notified in writing of the lifting of the warning.

2. Faculty Peer Review Task Force

The following process can be implemented in response to student assessments of teaching, during the yearly appraisal process, in the faculty member's self-evaluation, and/or as identified by the clerkship director, DME, department chair, senior associate dean and/or Dean of the School of Medicine.

A Peer Review Task Force reviews the teaching of faculty who have been identified as requiring remediation as per the process described above. The task force is comprised of a minimum of two experienced faculty who are consistently evaluated in the top 33rd percentile, and who have a track record of effective teaching and student engagement based on student assessments, or as assigned by the DME.

Narrative feedback from the Peer Review Task Force members, based on their observations of the faculty member's teaching, e.g., via attendance at ward rounds or lectures, is provided to the relevant senior associate dean and to the chair of the department. The chair is responsible for discussing the Peer Review Task Force's evaluation with the faculty member and for coordinating any necessary remediation efforts. Administrative oversight and tracking of the remediation implemented will be carried out from the Office of the relevant senior associate dean.

Professionalism Issue Reporting

All faculty in Years One and Two can contribute to an online form for the recording of any professionalism issues that arise in relation to a particular clinical instructor or teaching fellow. This form is reviewed regularly by the Year One and Two clinical instructor coordinators. Based on their review, they will notify the assistant dean of basic sciences for curriculum, who can then schedule a meeting with the clinical instructor and the department chair, to address any issues raised.

Other sources for reporting faculty unprofessional behavior include via submitted student evaluations of faculty teaching at the end of module, course and/or core, which contain questions relating to unprofessional behavior, surveys of the learning environment, the Student Government Association (SGA), clinical instructor coordinators, course director, DME and/or department chair as well as any other methods of reporting outlined by University Policy and Manuals.

Student evaluations are one of several criteria that are monitored in relation to student satisfaction. The chair of the department, after consultation with the Sr. associate dean of basic sciences or clinical studies, as applicable, may provide written notification (this may be done through email) to a member of their faculty indicating they are below expected performance or have been found to engage in unsatisfactory behaviors relating to their professionalism. This can be followed by a Letter of Concern or a formal written warning, or non-renewal or dismissal if the faculty member exhibits ongoing failures or deficiencies relating to their primary teaching and/or Departmental activities and does not conform to the established plan for remediation, including but not limited to the following academic responsibilities:

- Office hours
- Presence on campus and in-office during designated working hours

- Availability to students
- Responsiveness to students
- Professional deportment
- Collegiality
- Cooperation
- Fulfillment of SOM education mission
- Vacation or personal time
- Compliance with institutional policies or procedures

Notwithstanding the above, nothing in this Handbook shall prohibit the University from disciplining, suspending or summarily dismissing any faculty member for gross misconduct or as otherwise authorized by law.

Leaves and Vacation-Time Teaching

Medical Leave

1. After not less than one 18-week term of continuous service, a full-time member of faculty shall be eligible for paid medical leave on the submission of a medical certificate from a registered medical practitioner, which is acceptable to the University. If medical leave is required during the time that a faculty member is taking leave for vacation, then no certification is necessary, unless such medical leave extends beyond the vacation period.
2. If a member of faculty is ill and unable to perform their required duties, the faculty member must submit a Sick Day notification, which will notify the Departmental Chair and other relevant faculty (e.g., clinical instructor Year Coordinators). Wherever possible, Sick Day notifications should be submitted the night before, or early on the day, so that alternative arrangements can be made to cover scheduled events.
3. After a maximum of two consecutive Sick Day notifications, the faculty member shall then be required to submit a medical certificate directly to HR (facultyhr@sgu.edu) from a registered medical practitioner that states the date on which the faculty member is expected to return to work, and to submit a leave of absence for medical reasons.
    a. A total of 5 incidences of 2 days of Sick Days are permitted in a single calendar year, to a maximum of 10 days. These five sets of two days cannot be taken consecutively.
    b. More than 5 incidences of 2 days of Sick Day notifications or more than 2 periods of Medical Leave of Absence in a single term may result in the faculty member being placed on paid leave (as per the eligibility terms below) or unpaid medical leave, to enable them to resolve their medical issues.
4. The following schedule represents faculty members' eligibility for paid medical leave for a medically certified disability:
    a. After not less than one 18-week term of continuous service, faculty members will be eligible for 5 days of paid medical leave during the academic year
    b. After not less than one year of continuous service, faculty members will be eligible for 10 days of paid medical leave during the academic year.
    c. After not less than two years of continuous full-time service, faculty members will be eligible to receive full base salary up to a maximum of three months of medical leave during any three-year period.
    d. After not less than five years of continuous full-time service, faculty members will be eligible to receive full base salary up to a maximum of three months of medical leave, plus 50% of their base salary, for an additional three months during any three-year period.
5. If medical leave is required in excess of six months the University will cease to have any financial obligation, regardless of length of service. No further salary would be paid until the individual is able to return to duty.
6. Administration reserves the right at any time to require either a second opinion or an Independent Medical Exam and will cover the cost of an independent review if required. Based upon information received in the independent medical report, the administration will use its discretion as to whether any further leave will be granted.

7. Faculty members are ineligible for professional travel during a period of medical disability/leave. Any bonus payments accrued during the academic year in which a medical leave occurred will be based on actual time worked.
8. Elective medical treatments/surgeries are not considered covered under a medically certified leave and should be scheduled during the vacation period and/or in consultation with the department chair to avoid disruptions to the department's activities.
9. Administrative disciplinary action up to and including termination of employment will be taken if it is found that a false medical leave certificate was presented.

Definitions:

- Sick day: a single period of acute medical illness for which a physician-issued medical certificate is not required
- Medical leave: a period of medical illness of more than 2 days, which requires a physician-issued medical certification and submission of a medical leave of absence.

Compassionate Leave

A member of faculty may be granted paid compassionate leave for the following after completion of two years of continuous service:

1. A serious health condition of an immediate family member such as spouse, long-term or common-law partner, child (including adopted, stepchildren and legal guardians), sibling or parent: maximum of 10 days paid leave per year. The University reserves the right to request a medical certificate for a family member's serious health condition.
2. The death of an immediate family member as defined above: maximum of 5 days paid leave. This may be increased to 8 days paid leave if travel time is required. The faculty member may choose to use part of their personal leave allowance if an extension to this time is required. The University reserves the right to request a death certificate.
3. The death of a relative, more broadly defined as niece, nephew, aunt, uncle, cousin or grandparent: a maximum of 2 days and of 5 days if substantial travel is required. The University reserves the right to request a death certificate.

Faculty should request compassionate leave for a, b or c., above in writing to the senior associate dean of basic sciences. After the number of days mentioned in a and b above, additional unpaid leave may be granted for a period not to exceed one semester with the approval of the Chair of Department and senior associate dean of basic sciences.

Maternity Leave

1. After not less than 18 months of continuous service, a full-time member of faculty shall be eligible for paid maternity leave during the advanced stage of pregnancy and/or in the period immediately following confinement, up to a maximum of 3 months. In cases of medical complications, the medical leave policy as stated in this handbook would apply as a supplement to this policy. No administrative stipends will be paid during this period.
2. Faculty are required to submit a medical Leave of Absence during this time, with accompanying physician's note as to period of confinement and expected delivery date or specifying date of delivery and expected return date.
3. In cases of subsequent pregnancies, a full-time member of faculty shall be eligible for paid maternity leave as outlined in (a) above if a period of 2 years has lapsed between the date returned to work from a previous maternity leave and the date of confinement of a subsequent pregnancy.
4. Leave for maternity (if in excess of one month) may affect eligibility for professional travel, and bonus eligibility will be based on time worked.

Paternity Leave

After not less than 18 months of continuous service, full-time faculty who are fathers will be granted up to 10 days paid paternity leave during the advanced stage of pregnancy and/or in the period immediately following confinement of his significant other. Additional unpaid leave may be granted for a duration agreed upon by the member of faculty, the department chair and the senior associate dean.

Personal Leave

After not less than two years of continuous service, a full-time member of faculty may be granted unpaid leave for reasons of extenuating personal needs not necessarily related to health. This leave must be approved by the appropriate department chair and dean. The administration will use its discretion as to the period granted based on the individual circumstances.

If personal leave is required and approved for more than one month, this time will be deducted from the time accumulated for sabbatical leave or in relation to any bonus or merit related payments (which will be pro-rated accordingly). It may also affect eligibility for professional travel.

If a period of personal leave is required in excess of 30 days, a decision will be made on a case-by-case basis but will be directly related to length of service. There is no guarantee that a position will be held open if a period of personal leave is required that is in excess of one full academic semester.

Vacation Leaves

i. Process

Vacation times for faculty will be designated by the department chair, or department chair in consultation with the assistant dean of curriculum management (for clinical instructors and teaching fellows).

Clinical instructors and teaching fellows do not need to submit LOA forms for vacation leaves for these designated, standard times that are fixed as per the email of dates that is sent out to them from the assistant dean of curriculum management. Any clinical instructor or teaching fellow who wishes to either apply to leave early or arrive late relative to the end and beginning of term respectively will need to submit an LOA for approval. If approval is not granted, the clinical instructor or teaching fellow will be expected to remain until the designated end of term, or to report to the orientation session at the start of term as scheduled.

ii. Leave Durations

Unless otherwise stated in their letter of appointment, full-time faculty are permitted leave as per the table shown below, not including designated public holidays or periods of closure of the University:

Demonstrators, Non-Clinical Instructors, Lecturers, Assistant Professors, Associate Professors, Professors	45 work days
Clinical Instructors, Teaching Fellows, Research Fellows	20 work days

This is the total leave time allowed during the academic year, from July 1 through to June 30 the following year.

iii. Leave Expectations

The designated leave duration as shown above represents the total allowable vacation time per academic year. Leave cannot be rolled over from year to year, and leave is calculated from July 1- to June 30 the following year. The specific duration and timing of the vacation allowance is at the discretion of the department chair. Depending on the academic and/or administrative load of the

faculty member, it may be necessary for faculty to take their vacation leave in smaller blocks of e.g., 10-15 days, rather than in a single, consecutive block of 45 days. All periods of leave of 15 days or more need to be agreed in advance at least 2 months prior to the first day of the leave and confirmed via submission and approval of a Leave of Absence form. All periods of leave outside of periods of closure of the University or School, regardless of duration, require submission of a Leave of Absence form.

During the first year of a new appointment, a new faculty member is ineligible for paid vacation leave. Unpaid leave can be requested and granting of unpaid leave is at the at the discretion of the Chair and senior associate dean. Please refer to the relevant policy sections in the appendices of this document for other types of leave.

The expectation is that most vacation or personal leaves will be taken during times of reduced teaching load (which varies with the specific courses and departments). Any leave taken during times when the Department is involved in active teaching is considered exceptional and must be discussed and planned with the assistance of the relevant course leadership, i.e., the course directors and department chairs, and, in the case of clinical instructors, with the assistant dean for basic sciences – curriculum, and the Year 1 and 2 clinical instructor coordinators. Additional leave during the academic term should be pre-arranged prior to the start of the term, unless there is an unforeseen type of leave required (e.g., medical, compassionate) that necessitates short notice.

Any faculty member who does not return to campus by the date specified by their department chair or by the assistant dean for curriculum (basic sciences) as their official start date for the term and who does not hold a medical or non-medical LOA will be placed on unpaid leave, until such time as they officially return to work or as per the stipulations of the unpaid leave. If a faculty member is placed on unpaid leave, the faculty member will need to discuss the terms of re-integration (e.g., dates, departmental needs etc.) with the chair and relevant associate dean.

Faculty will generally not be permitted to take an extended leave of absence when there are course-related activities underway including lectures, labs, small groups, exams or review sessions.

Specifically for clinical instructors (taking exams), a maximum of 3 clinical instructors will be allowed a permitted leave during any single time during an academic term This is monitored by the relevant year clinical instructor coordinator, in consultation with the assistant dean of curriculum for basic sciences.

Requests to extend the period of leave once a faculty member is already on an approved LOA, will be viewed as undesirable behavior, unless it is for a documented medical or family emergency that has arisen in the interim.

If a faculty member intends to resign before the official end of their appointment, they should notify the Course Director and the department chair, at least 1 month (clinical Instructors, teaching fellows, research fellows) or 3 months (all other faculty) prior to the end of their appointment, to enable a replacement to be found. Once an appointment is renewed, the faculty member is expected to fulfill the obligations of the appointment and complete the term of their appointment.

Faculty may not use vacation time as part of their notice period when leaving the university.

1. Leave to Sit Board exams or for Residency Interviews

Planned board examination dates (e.g., USMLE, PLABS) should be identified prior to the start of each term, to prevent disruption to teaching activities.

A maximum of 5 working days leave to sit a board exam can be granted at the discretion of the assistant dean for curriculum (for clinical instructors) and department chair (all other faculty). This can be granted after they have satisfactorily completed the first full period of employment, unless otherwise agreed prior to hire. These are paid leave.

Faculty are permitted 3 working days in any 6-month period to enable them to attend interviews for a residency program. The faculty member should provide proof of interview dates when submitting their Leave of Absence Form. Any additional leaves must be taken as part of the faculty member's vacation allowance or as unpaid leave.

2. Process for submitting Leaves of Absence

Leaves of Absence (LOA) for any of the categories of Absence listed in section E.1 above must be applied for using the LOA electronic form and the relevant signatures must be obtained. Faculty should not make travel plans until they have received confirmation of the approval of their leave from Human Resources.

The general process for signatures for faculty LOA forms is as per the LOA form in terms of the signatures required:

- clinical instructors: Year 1 or 2 clinical instructor coordinator > associate dean of basic sciences - Curriculum > chair of department > Office of the senior associate dean of basic sciences

All other faculty: course director > chair of department > Office of the senior associate dean of basic sciences

Study Leave

The purpose of this leave is to enable full-time faculty members to pursue a course of study or to undertake research which would improve the potential of the member of faculty to serve the University.

A full-time member of faculty may be granted study leave without pay at the discretion of the department chair and senior associate dean, after they have satisfactorily completed the first full period of employment, unless otherwise agreed in writing prior to hire. The length of the leave will also be at their discretion.

A full-time member of faculty who is granted study leave must assist in identifying a suitable temporary replacement to assume his/her teaching duties and this replacement must be approved by the relevant chair and course director(s). The total cost of a replacement, including compensation and any relevant expenses (travel, accommodation etc.) must not exceed the gross base salary of the faculty member granted leave. If after a replacement has been recruited, the member of faculty who has been granted leave is unable to take the leave as scheduled, then the member of faculty will forfeit the right to return to work with pay until after the expiration of the replacement's appointment.

The time given for unpaid study leave may affect eligibility for professional travel and will be deducted from the time accumulated for sabbatical leave.

Jury Duty

Members of faculty who receive a summons for jury duty must notify their department chair immediately and submit a copy of the summons indicating the length of the case for their files. Faculty members will be eligible for full salary during the duration of their civic duty up to a maximum of 20 paid days.

Sabbatical Leave

1. General

1. Sabbatical leave provides an opportunity for full-time faculty members to engage in scholarly or creative activities that will enhance their professional growth and teaching abilities. It is a leave of absence from all departmental/school teaching, service and administration responsibilities.
2. While sabbatical leave can be considered a reasonable expectation, it is not a mandatory right of any faculty member. Eligibility for sabbatical leave in accordance with the policy and procedures detailed below, does not of itself constitute entitlement to such leave. It is leave which is to be approved at the discretion of the applicable Chair of department, the Dean of the relevant School and the Provost. Sabbatical leave is not granted for the purpose of taking full or part- time employment at another institution and faculty must not engage in such employment.
3. Sabbatical leave may be granted at full salary for four (4) months.
4. Leave will be granted only if the chair of department and dean are assured that the leave will not adversely affect the department's programs, including teaching, other scholarly activity, clinical and/or administrative responsibilities.
5. This University-wide policy and the procedures contained herein, aim to ensure that sabbatical leave is administered fairly and consistently, as well as outlining the application and approval process.

2. Eligibility

1. To be eligible for sabbatical leave, a faculty member must have had at least six (6) years (72 consecutive months) of continuous full-time and active service at the University.
2. Time spent on leave in excess of 2 months per year, over the 6-year duration preceding the intended sabbatical time will not count toward the accumulation of service for sabbatical leave.
3. Periods of temporary or part-time employment with the University do not count toward the accumulation of service for sabbatical leave.
4. Full-time faculty from the rank of lecturer and up constitute the eligible faculty. Rank-only, non-track positions are not eligible for sabbatical.
5. Eligible faculty members whose application for sabbatical leave has been denied may apply again 6-months from date of notification of refusal.
6. A faculty member who has formally indicated in writing, an intention to leave the University or an intention to retire, is not eligible for sabbatical leave.
7. Affiliate faculty are not eligible for sabbatical leave.

3. Sabbatical Leave and Replacement Teaching Arrangements

1. The possibility of making satisfactory arrangements for the continued work of those on sabbatical leave to be carried out by other colleagues, is a significant consideration in the granting of sabbatical leave. It is generally expected that colleagues will cover the duties of faculty on sabbatical leave. This should not result in a work overload for any faculty member.
2. It is possible that the expertise of those who wish to proceed on leave may not be easily replicated within the department. In such circumstances, the University may consider that replacement expertise may have to be brought in and the applicant is expected to assist in the identification of any replacement faculty.
3. In cases where approval of sabbatical will necessitate a request for temporary teaching replacement, chairs of department must make a case in writing to the provost, through their respective deans. chairs of departments should await the decision of the provost and the finance department before giving department endorsement to the leave application.

4. Sabbatical Application requirements

1. Faculty members considering applying for sabbatical leave shall consult with the Chair of the department prior to making formal application.
2. Leave may not be granted when the ongoing program of instruction results in costs exceeding one sixth (1/6) of the annual salary of the applicant.

3. A faculty member requesting sabbatical leave must submit a formal application with a sabbatical plan for the period, to the dean of their respective School, through their chair of department, with copy to the associate dean for faculty affairs. Sabbatical leave must be requested sufficiently in advance and must be done at least six (6) months in advance of the start of the proposed leave.
4. Absence must be planned to allow the work of the department or section to continue with the least inconvenience and lowest additional cost, during the faculty member's absence.
5. When sabbatical leave is requested by more than one person in the department, for the same period of time, special readjustments in sabbatical leave dates must be made given the teaching, scholarship and service obligations of the department.
6. Approval of the leave must be given by the chair of department and dean of the SOM. A letter of support from the Chair of the department must accompany the request.
7. An updated copy of the applicant's *curriculum vitae* must be submitted together with the application.
8. The sabbatical plan for the period of leave needs to be outlined, including:
    1. a summary of the proposed leave activities
    2. the dates of requested leave
    3. a description of the project, including its rationale and its significance for the applicant's discipline, scholarship and overall professional development
    4. a brief description of the work to be produced, such as papers, books or grant proposals, as well as any supporting documents from collaborators and/or publishers
    5. if applicable, a description of any special circumstances that make such leave particularly desirable, for example, collaboration in a funded project.
9. As a prior condition to the granting of sabbatical leave, the faculty member must agree, in writing, that on the completion of leave he or she will return to his or her employment with the University for at least one (1) year and if he or she fails to comply with this requirement, he or she will refund to the University the full salary and any such other benefits and compensation the University has paid to the individual, or on his or her behalf, during his or her leave.

5. Processing Sabbatical Leave

1. The application for sabbatical leave must be forwarded to associate dean for Faculty affairs, and from there to the Office of the senior associate dean of basic sciences and on to the Office of the Dean of the School of Medicine, with the appropriate dean's and chair of department's signatures and formal recommendation.
2. Once eligibility is established, a letter of approval or denial of the sabbatical leave is communicated by the provost to the applicant, with copies to the relevant Dean, associate dean for faculty affairs and chair of department.
3. The letter of approval will include dates, the post-sabbatical service requirement and any special contingencies that are attached to such leave.
4. The dean of the School of Medicine reserves the right to consult independently with the chair of the department, the senior associate dean of basic sciences and/or the applicant about the applicant's proposed leave, regarding the potential impact on the department and/or School's resources.
5. In the event that a request for sabbatical leave is denied, the faculty member shall receive written notification of such from the office of the dean of the School of Medicine, stating the reasons for the denial. They will subsequently become eligible to reapply after 6 months of date of receipt of such.

6. Renumeration/ Compensation

1. Compensation during the term of an approved sabbatical leave shall consist solely of the faculty member's base salary amount applicable at the time the sabbatical leave begins. Faculty members will not earn stipends while on a sabbatical leave. Salary payments made during a sabbatical leave shall be payable at the University's customary payment intervals, in the currency that the faculty member generally receives, and will be subject to normal tax and other withholding requirements.

2. Faculty members who are eligible to apply for a sabbatical leave, but choose not to do so, are not eligible to receive a cash or "in-kind" payment in lieu of the paid sabbatical leave.
3. Faculty whose employment terminates before a potential sabbatical leave is earned, will not be eligible to receive any cash payment or pro-rated sabbatical period.
4. Sabbatical leave cannot be split. It can only be used as a single continuous block of time.

7. Accruing Leave for the purpose of Sabbatical Eligibility

1. For faculty who take sabbatical leave, another six years (12 semesters) of continuous full-time employment and active service must pass before another sabbatical leave may be taken.
2. The new sabbatical eligibility time will begin to accumulate on the date the faculty member returns from their sabbatical. The time spent on sabbatical does not count towards a faculty member's next sabbatical leave.
3. Sabbatical leave may not be accrued and used collectively. For example, should a faculty member not apply for sabbatical leave after the first qualifying six (6) years and, after twelve (12) years continued full time service time then applies, that faculty member does not qualify for a sabbatical of one (1) academic year.

8. Appropriate Activity

Scholarship, including research, should be the primary focus of the sabbatical leave, although engagement in pedagogical development may be an appropriate sabbatical component. Faculty members on sabbatical leave must utilize such leave constructively and give full time to the project and purpose for which the leave was granted. Faculty on approved sabbatical leave remain subject to University policies, including but not limited to the policy on intellectual property.

A faculty member on sabbatical leave, receiving full salary from the University, shall not engage in paid employment elsewhere.

9. Post-Sabbatical Service Requirements

1. Given that sabbatical leave exists, in part, for the benefit of the University's academic programs, approval is contingent on fulfilling the commitment of one (1) year of post-sabbatical service.
2. Upon completion of the sabbatical leave, the faculty member shall submit a final written report to the associate dean for faculty affairs and the chair of department. The associate dean for faculty affairs will forward copies to the Dean of SOM.
3. The report must be submitted within three (3) months of the completion of the leave.
4. The report must clearly specify the activities undertaken during the leave, and how such activities have: (i) helped in achieving the agreed purpose for which the leave was granted (ii) contributed to the recipient's professional development and the department/school and (iii) in light of these, how his or her professional development plan may change to reflect these recent achievements.
5. Recipients must provide copies of any articles, books or other scholarly outcomes resulting from the sabbatical leave to his or her chair of department as soon as available, but not exceeding six (6) months after completion of the leave. A request to submit after this period, must be made to the chair of department and include justifiable reasons.

10. Sabbatical Records

The dean of the respective school shall maintain information about all sabbatical leaves granted and denied each year and maintain a database of all sabbatical reports submitted.

Course, Phase, and Curriculum Reviews

Course Review

All courses within the basic sciences shall be reviewed periodically. Courses will be reviewed at four (4) year intervals as per the Course, Phase and Curriculum Review policy in Appendix 2.

The goal of the course review is to ensure that instructional methodology and content of the course is academically sound and in step with the educational mission of the University's Medical School and the MD Program Objectives. The review will include the gathering of data including student feedback, assessment data, faculty reflections on the curriculum, learning objectives and mapping, clinical experience, completion rates, and resources as well as reflecting on the improvement plan generated from the previous review.

Clerkship Review

All clerkships within the 3rd year shall be reviewed periodically. Clerkships will be reviewed at four year intervals.

The goal of the clerkship review is to ensure that instructional methodology and content of the clerkship is academically sound and supports the educational mission of the SGU SOM. The review will include the gathering of data including student feedback, assessment data, faculty reflections, learning objectives and mapping, required clinical experiences, remediation plans, resources as well as reflecting on the improvement plan generated from the previous review.

Phase review

The different phases of the curriculum (both Foundations phases [Year 1 and Year 2] and clinical phases [Core clinical rotations and clinical electives]) will be reviewed once every four years in a schedule outlined by the Curriculum Committee.

The goal of the phase review is to ensure that instructional methodology and content of each phase is academically sound and in step with the mission of the SOM. The review will include the gathering of data from the Curriculum Subcommittee reviews of each course/clerkship, including analysis of aggregate student feedback, assessment data, faculty reflections, comparability, learning objectives and mapping, clinical experience completion, resources, previous improvement plan and sequencing.

Faculty and Grievance Policy

Grievance Policy Statement

Grievance Policy Statement

A grievance is a work-related problem that is not due to an act or omission that relate to disciplinary action as described in the Faculty Disciplinary Proceedings section of the SGU University Handbook. A grievance can arise out of an improper application of university policy or violation of their appointments. It is a process through which an individual can address complaints and seek remedies, usually in instances where a perceived administrative injustice is perpetrated, or there is a breakdown in inter-collegiate relations, or dissatisfaction with formal Faculty representative structures and their operations. Employment decisions are not subject to the grievance procedures, nor are allegations of misconduct and/or serious violations of workplace policies, including, but not limited to, harassment, discrimination, sexual misconduct, violence, theft and allegations of violations of law are not subject to the grievance procedure. The grievance procedure should also not be used to challenge the desirability of an academic unit, or any SOM or University policies. Once a grievance is filed, the matter may not be tabled or discussed in any university body, except those entrusted with finalizing the proceedings. The filing of a vexatious, intentionally false grievance against any member of the University may constitute misconduct for which disciplinary action may be appropriate.

A grievance is a process through which an individual faculty member can address complaints and seek remedies, usually in instances of a breakdown in relations with their faculty colleagues or an administrative faculty member.

The formal procedures described here are intended to be used when attempts to resolve the issue informally have been unsuccessful . Faculty who feel aggrieved must first seek a resolution at level of their department, or office prior to filing a formal grievance in order for the grievance to be heard.

Discipline, renewal or non-renewal of faculty employment contracts is not dealt with in terms of this grievance procedure. Once a grievance is filed, the matter may not be raised or discussed in any University body, except those entrusted with finalizing the grievance or conflict proceedings. The filing of a patently unsubstantiated grievance against a faculty member or administrator constitutes misconduct and may result in dismissal of the instigator.

Definitions for Purposes of this Section of the SOM Handbook

Faculty member: All faculty at the rank of professor, associate professor, assistant professor, lecturer, clinical instructor, teaching fellow, demonstrator and research fellow including those with fixed-term and visiting status.

Administrator: a person holding an appointment such as:

1. Assistant and associate deans
2. Course directors
3. Chairs
4. Directors (e.g., clerkship, unit directors)
5. Directors of Medical Education (DME)
    1. Any other position so listed for which there exists an administrative appointment letter, unless otherwise exempted as per this document.

Certain administrative members of the university including, but not limited to; the chancellor, the president, the vice chancellor, the dean of the School of Medicine, members of the Office of General Counsel, chief compliance officer and dean emeritus are not subject to grievance under this Policy.

Faculty to Faculty Grievances: Senate Committee

For grievances between SOM faculty who are SOM senate voting members, the procedure to be followed is as per the current SGU Faculty Handbook and grievances are reviewed by a panel overseen by the SOM senate.

Faculty to Student Grievances

Breeches of professionalism by students in an academic setting must be reported by teaching faculty to the Office of Student Affairs in a timely manner.

Student to Faculty Grievances

Students have multiple avenues by which they can raise grievances against faculty in the case of professional misconduct in the context of the faculty member’s performance of their duties in an institutional setting, depending on the nature of the grievance, which will be handled in accordance with relevant University policies and handbooks.

Faculty to Administrator Grievances

This section applies for grievances filed by faculty against an administrator (i.e., faculty who holds an administrative faculty position in the SOM as detailed above in Section 1 above). For any such faculty members, a separate procedure to that listed in the SGU faculty Handbook is followed since most faculty holding administrative positions are exempted from membership as voting members of the SOM Faculty Senate as per current SOM faculty senate bylaws. These are handled as follows:

INSTITUTING AN ADMINISTRATIVE GRIEVANCE

Any faculty member who feels aggrieved by an Administrator may file a grievance in the following manner, once all reasonable attempts to resolve the issues informally have been unsuccessful.

(1) Filing a Grievance against an administrator

The process is initiated by filing a written complaint with the administrator's direct supervisor. The complaint must set forth the actions giving rise to the complaint and the remedy being sought to address the situation. Only matters subject to grievances as defined in the beginning of this section will be grievable.

(2) Resolving an administrative grievance

Upon receipt of a written grievance, the named supervisor of the administrator against whom the grievance is filed shall endeavor to resolve the grievance through mediating communication between the Complainant and the Respondent. If mediation fails to resolve the grievance, the supervisor shall move to appoint a formal Administrative Grievance Committee as described below to hear the grievance.

(3) Administrative Faculty Grievance Committee

If a grievance cannot be resolved by mediation as described above, then the following process will be followed:

1. A written notice of a formal hearing will be provided 10 days in advance to the Complainant and Respondent.
2. The named supervisor must appoint a Chair for the Administrative Faculty Grievance Committee within 10 (ten) business days and inform the Complainant and Respondent in writing of this appointment.
    1. The Chair shall not be from the department in which either the Respondent or the Complainant holds their primary appointment.
    2. The Chair must be a full-time faculty member at SGU and hold a rank and administrative appointment level equivalent to or higher than that of the Respondent.
3. The supervisor shall appoint three (3) faculty Members within 10 (ten) business days to serve as members of the Grievance Committee and inform the Complainant and Respondent in writing of the names of the members.
    1. All 3 members must be full-time faculty at SGU and hold a rank and administrative appointment level equivalent to or higher than that of the Respondent.
    2. The members shall not be from the department in which either the Respondent or the Complainant hold their primary positions.
4. The Complainant and/or the Respondent may object to any one of the Administrative Grievance Committee members but must state her/his reasons for the objection(s) in writing within 5 (five) business days of being informed in writing of the names of the members of the Committee a.
    1. The Chair of the Administrative Grievance Committee shall consider any objections lodged in terms of (4) above and make a ruling whether to dismiss a member of the Committee. Should a member or members be dismissed the Chair shall replace such a member or members and inform the Complainant and Respondent in writing accordingly. No further objections relating to the Committee membership from either the Complainant or Respondent will subsequently be allowed.

2. The Chair shall be a non-voting member and will conduct the Grievance hearing in accordance with the rules in C.3.3.1 below.

(4) The formal hearing of a grievance and appeals process

A formal hearing is not an open public hearing and the following persons may attend such a hearing: the Administrative Faculty Grievance Committee members, the Complainant, the Respondent and such witnesses as may be required. A hearing by a Grievance Committee is not a court of law but is rather an administrative tribunal and an excessive legal approach will not be entertained. The following process will be followed during the hearing although the Chair of the Administrative faculty Grievance Committee may deviate from the order of proceedings with the consent of the Complainant and the Respondent. The Chair shall review the process with the members prior to the hearing to ensure the members understanding.

1. The Chair of the Committee will present an outline of the grievance as contained in the written complaint to the Respondent.
2. The Respondent will be asked if she/he admits to the alleged conduct.
3. Should the Respondent admit to the allegations, the process will move to the stage set out in section (5) n and o below.
4. Should the Respondent deny the alleged conduct, the Chair will conduct the hearing in the following manner:

(5) Conduct of the Hearing

The Chair will:

1. Allow an opening statement by the Complainant followed by an opening statement by the Respondent.
2. Allow the presentation of evidence by Complainant in support of the allegations.
3. Allow questions by the Committee members and Respondent, relating to the evidence given except where the evidence is given in camera as contemplated in (b) above. Questioning in the form of cross examination as in legal proceedings is not allowed.
4. Allow the presentation of evidence on by Respondent.
5. As the hearing represents an administrative tribunal and not a court of law, the law of evidence does not strictly apply. Where deemed appropriate based on the circumstances, the Chair of the Committee may rule that evidence can be given in camera in the presence of the Committee alone.
6. Allow questions by the Committee members and Respondent, relating to the evidence given except where the evidence is given in camera as contemplated in (b) above. Questioning in the form of cross examination as in legal proceedings is not allowed.
7. The Chair of the Committee shall preside over the hearing and the sole adjudicator of the relevance, admissibility and any other procedural matter during the hearing.
8. The proceedings are closed by a statement by the Complainant followed by a statement by the Respondent should they so wish.
9. Evidence (testimony, exhibits and documents) that is not presented at the hearing will not be considered.
10. The Administrative Faculty Grievance Committee must deliberate and determine the facts as it relates to the grievance alleged immediately after the close of the proceedings as envisaged in (g) above.
11. A fact is deemed proven when the majority of the Committee believes it has been established by a preponderance of the evidence. Determinations of credibility can be considered.
12. If it is found by majority vote that the grievance is substantiated by a preponderance of the evidence, the Panel must find that the Respondent caused the grievance as alleged and consider the appropriate remedy.
13. If the Respondent's defense is substantiated by a preponderance of the evidence, the Committee must find for the Respondent and dismiss the grievance.

14. Either finding will be communicated in writing to the Complainant and Respondent respectively. Should the Committee find that the Respondent caused the grievance as alleged, it must inform the Respondent of the finding and remedy it will recommend to the Supervisor for implementation in writing within 24 (twenty-four) hours after the decision is made.
15. The Chair of the panel must inform the named Supervisor in writing of the findings and recommended sanction(s) within 24 (twenty-four) hours after the decision is made.
16. A verbatim recording of the entire grievance hearing must be made and preserved.

(6) Appeals Process for Administrative Faculty

An administrative faculty member who disagrees with the determination of the Administrative Grievance Committee has the right to appeal the decision of the Administrative Faculty Grievance Committee and the recommended remedies in the following manner:

1. A written appeal must be submitted to the Dean of SOM by giving Notice of Appeal in writing to the University Dean of SOM within 10 days of receiving the written notice of the Administrative Committee's decision.
2. The notice of appeal must clearly state the grounds for the appeal, and be based on one or more of the following: due process errors affecting the outcome of the hearing, findings and/or recommendation are not substantiated by the evidence, errors in determining the facts substantiating one or more findings and/or new relevant evidence not available at the time of the hearing and/or the remedy is inappropriate or unreasonable. The Respondent may file a statement arguing grounds of appeal.
3. The Dean of SOM may consult with the Chair of the Administrative Faculty Grievance Committee in connection with any questions the Dean may have regarding the underlying matter.
4. The Dean will review the transcript of the proceedings, exhibits and documents submitted into evidence within 30 (thirty) days of receiving the notice of appeal and render a decision.
5. The Dean's decision after review is final and binding

(7) Remedies

An administrative Grievance Committee upon finding an administrative faculty member was found to have engaged in the alleged conduct may recommend a variety of remedies, including but not limited to, an order to cease and desist from the conduct, an order to comply with one more requirements, an oral reprimand, a written reprimand, referral for consideration of appropriate disciplinary measures.

Full Time Equivalent (FTE) Policy

FTE Statement

Full time faculty commit 100% of their work to their academic position, which equals a Full Time Equivalent (FTE) of 1.00. While the nature of academia does not easily allow a precise definition of workload in terms of hours, for example a 40-hour work week, the hour equivalent has been chosen for the definition of the Faculty FTE, allocating 1600-hour equivalents for a one year (including annual vacation time), fulltime, ten-month teaching faculty positions (Lecturers, Assistant, Associate and Full Professors). Clinical instructors, Demonstrators and research fellows are under a 20-day vacation annual appointment, and their workload is adjusted accordingly.

It is understood that this time allocation does not define a 40-hour work week by the clock but serves as a rough estimate for the average minimum time needed to fulfil the requirements of the position. Some faculty members may spend more time for the tasks assigned, and others less. The key requirement is a successful, high-quality delivery of the program.

While an hour-based FTE, such as the one currently in use at SGUSOM, does not necessarily mirror the actual time spent for certain activities, it is a useful instrument to compare the workload of different individuals within a similar setting such as within a department, and between the various SOM departments.

FTE Monitoring

Each faculty member is asked to self-report on a regular basis, with intermittent updates as appropriate, their amount of time out of their 1.0 FTE dedicated to the following areas by entering their data, as applicable based on their specific assignments, in an Excel workbook or online form that collects the following data:

- Teaching (with subsections relating to lectures, mentorship, small groups, DLAs, IMCQs, question writing, office hours, clinical teaching, practical, wet and simulation labs, etc.)
- Research
- Administration (including stipend positions such as department chair and Course Director)
- Service

All other items allow for reporting by those SOM faculty who contribute to other programs, including preclinical courses that are part of the preclinical and charter foundation programs pathway routes to MD, that are administered via the School of Arts and Sciences.

The cumulative percentages of their 1.0 FTE dedicated to each of the above areas for each individual faculty member is then reviewed by the department chair before it is submitted to the office of the senior associate dean of basic sciences. The assistant dean for faculty affairs oversees the FTE data collection and process, on behalf of that office. The senior associate dean of basic Sciences then reviews the departmental FTEs and discusses workloads or any modifications to such that are needed with the department chair.

Overview of FTE Categories

Teaching

- Preparation and delivery of lectures, ITI sessions, small groups, SIM labs, etc., including the preparation of course material
- Preparation and delivery of formative and summative student assessments, including written examinations, practice quizzes, IMCQs, SOAP notes, and practical examinations.
- Immediate course administration (that does not fall under the category Administration below), including Module Coordinators, Lab Coordinators, ITI Coordinators, etc.
- Academic advising (mostly through AADS)
- Mentoring of junior faculty members
- Office hours (individual student consultation via email, discussion forum, themed office hours, video conferences, onsite meetings, etc.)
- Meetings organized by course directors, content managers, etc. with course faculty to coordinate teaching efforts and ensure high quality outcomes
- Development of new programs and courses

Administration

- Assistant and associate deans
- Department chairs and Deputy department chairs
- Course Director
- Content managers
- MSRI or another Director

- Ombudsman

Research, Scholarly and Creative Activities

- Published peer-reviewed literature, do bench research, and engage in educational studies, including presentation of results and publications
- Serve as Faculty mentors to junior faculty
- Authorship of textbooks or book chapters
- Attendance and participation in academic conferences, both discipline-specific and educational
- Continuing Medical Education credits
- Supervision of graduate student research and thesis writing (MD/MSc, MPH capstone, etc.)

Service

- Service to the institution
  - Participation in governance, including chairing and membership of senate committees
  - Participation in and chairing of administrative committees or any ad-hoc committees
  - Review of application packages, interviewing and ranking candidates, in the hiring/ recruitment process
  - Participation in surveys run by the institution/administrative units
  - Faculty advisor to student organizations
- Service to the discipline
  - Editorial boards, review for academic journals, membership and contributions to discipline associations
  - Clinical practice (requires assignment / approval)
  - National Committees/boards to discipline associations
- Service to Community
  - Faculty advisor to student organizations that help the community
  - Outreach community work

FTE Work Assignment

It is the responsibility of the department chair to ensure a fair distribution of workload and a reasonable breakdown into the different FTE categories for each faculty member, as is deemed essential for successful delivery and high quality of the programs offered or contributed to by the department.

For candidates to be promoted into higher academic ranks, the department chair is responsible to allocate sufficient time to enable the faculty member to fulfil those standards that are required for promotion (see Promotions Criteria in this SOM Faculty Handbook). A faculty member who wants to challenge their work allocation can appeal to the senior associate dean of basic sciences.

Appointments to administrative roles, which have variable FTE allocations depending on the role, are at the discretion of the Sr. associate dean of basic sciences, after discussing recommendations with the department chair.

FTE Category Breakdown

The following table gives an overview of the range within the different categories of the FTE that can contribute to each faculty member’s 1.00 FTE. These are minimum requirements for all full time, SOM faculty in Years 1 and 2.

No faculty member should be assigned below the lower limit of each category. No exceptions can be made in the teaching category without prior approval of the senior associate dean of basic sciences. The administration category is an exception to this rule.

Academic Rank	Teaching	Research	Administration*	Service
Research Fellow	0-20%	80-100%	0%	0-20%
Clinical Instructor/Teaching Fellow	80-100%	0-20%	0%	0-20%
Lecturer	70-90%	0-20%	0-20%	5-20%
Assistant Professor	50-90%	0-20%	0-50%	5-20%
Associate Professor	50-90%	0-20%	0-50%	5-20%
Professor	50-90%	0-20%	0-50%	5-20%

Table XX. FTE category requirements by rank.

* Course Director, content manager, Module Coordinator, Small Group Coordinator, ITI Coordinator falls under the administration category.

FTE Calculation Guidelines

FTE Calculation Guidelines

- One hour per every work week (vacation periods excluded) constitutes a 2.5% workload or an FTE of 0.025
- One day per every work week (vacation periods excluded) constitutes a 20% workload or an FTE of 0.20

Administrative Appointments

Administrative appointments refer to department chairs, and to assistant and associate deans. Detailed guidelines for these administrative positions and other leadership roles (course directors, Discipline Managers, Module Coordinators, Small Group Coordinators, ITI Coordinators, etc., are considered under Teaching) are provided in the FTE form and their responsibilities and specific FTE distribution are as per their relevant appointment letter.

Continuous Quality Improvement of FTE Calculations

FTE regulations and forms developed by the office of the senior associate dean of basic sciences are under continuous review, considering feedback from individual faculty members at the time of submission of the FTE, department chairs, and with input from the Faculty Affairs Committee of the SOM Senate.

Appointment and Promotions Criteria

General Guidelines

The following guidelines, effective July 1st, 2024, are intended to assist and inform both the appointment process and for those seeking promotion into the ranks of Assistant Professor, Associate Professor, and Professor. These guidelines describe the overall processes and link to the formal procedures for SGUSOM, including required documentation and deadlines. Further information relating to promotions is included on the SOM Faculty portal page, under the Promotions tab.

Criteria for initial appointment and promotion to each rank are as per the expectations for each academic track, as listed this handbook, section I. Academic tracks. Excellence and productivity are critical elements within each category. All faculty must maintain high ethical standards and demonstrate the professional integrity expected of role models of medical and graduate students in the health sciences.

For basic sciences faculty, appointments are for one year in the first instances and then for one or two years subsequently.

For clinical sciences faculty, reappointments are every three years, except for those holding the rank of Professor.

Certain faculty positions are non-track, rank-only positions, as designated in the faculty member's appointment letter. There is not a promotion track for these ranks. Faculty in non-track, rank-only positions who have met the necessary standards can apply for a vacant position if they meet the necessary standards, as per the usual application and hiring process described. If offered the position, they would then resign from their non-track, rank-only position and be appointed into the new position, in the relevant track and rank. A vacancy is required for this transition. Please see the section in this document in relation to academic tracks.

Overview of the Appointments Process

Basic Sciences Faculty Appointments

Basic sciences faculty are initially appointed following a search process undertaken in accordance with SGU policy. The rank and salary level of appointment will depend on the position being filled and will be at a rank and salary level commensurate with the applicant's credentials and experience at the time of appointment. It is assessed by the Faculty Affairs Promotion Subcommittee, as described in Section C below.

All basic sciences faculty appointments are made following candidate review by a hiring committee composed of internal department and other SOM Department full-time faculty members, including the chair of department. There is an initial review of candidates CVs, followed by subsequent telephone interviews, an oral presentation, and onsite interview process (where feasible). Based on the recommendation of the hiring committee, the department chair then makes the appointment recommendation to the Senior Associate Dean of basic sciences, including the rank as per the Faculty Affairs Promotion Subcommittee recommendation, and salary level for the rank.

The Senior Associate Dean of basic sciences then makes the recommendation to the Dean of the SOM. The Dean of the SOM makes the recommendation to the Provost, who then notifies the candidate in writing of the appointment offer. If agreeable to the appointment, the candidate must sign and return the appointment letter to the Office of the Senior Associate Dean of basic sciences. The appointment letter contains the terms of the appointment, responsibilities and lines of communication. The renumeration for the faculty position is included in the appointment letter.

Clinical Sciences Faculty Appointments and Reappointments

The SOM formally appoints all clinical faculty at affiliated hospitals who teach SGUSOM students (who are designated as affiliate clinical faculty). To be eligible for appointment and reappointment to an SGUSOM faculty position at an affiliated hospital, the appointee must be on staff at the affiliated hospital within the applicable clinical department.

The basic process for appointment of clinical faculty is:

The Director of Medical Education (DME) or relevant clerkship director reviews the appointee's CV and then initiates an affiliate clinical faculty appointment by sending a written proposal and the applicant's CV to the Senior Associate Dean for clinical studies.

The Senior Associate Dean for clinical studies ensures that the appointee's CV is reviewed by the relevant SGU department chair and requires written approval/recommendation of the appointment by both the department chair and DME or clerkship director.

The Faculty Affairs Promotion Subcommittee reviews all tentative appointments in relation to the promotions criteria for a given rank within the relevant track and makes a recommendation to the department chair and Senior Associate Dean for clinical studies regarding the appropriate appointment level and rank that the applicant should be placed into (e.g., Assistant or Associate Professor, Clinician Educator track).

The Senior Associate Dean for clinical studies makes the appointment recommendation to the Dean of the SOM.

The Dean of the SOM then notifies the candidate in writing of the appointment offer. If agreeable to the appointment, the candidate must sign and return the appointment letter to the Office of clinical studies. The appointment letter contains the terms of the appointment, responsibilities and lines of communication.

Any renumeration for the faculty position is included in the appointment letter. However, in general, SGU does not employ or salary affiliate clinical faculty and offers no Associated privileges or benefits.

Appointment of Department Chairs and DMEs

Clinical department chairs are selected by the Senior Associate Dean of clinical studies with the approval of the Dean of the SOM. Clinical department chairs report to the Senior Associate Dean of clinical studies, as per the SOM Organizational chart.

Basic sciences department chairs are appointed by the Dean of SOM based on recommendation by the Senior Associate Dean of basic sciences, who also determines the duration of their appointment. The basic sciences chairs report to the Senior Associate Dean of basic sciences, as per the SOM Organizational chart.

DMEs are chosen by the hospital in consultation with the Senior Associate Dean of clinical studies and Dean of the SOM.

Clerkship directors are recommended for appointment by the DME and approved by the appropriate clinical department chair. Upon written approval of the department chair, the Dean of the SOM issues the appointment.

Overview of Promotions Process

Following their initial appointment, faculty at the rank of instructor (except for clinical instructors), lecturer, Assistant professor, and Associate professor may qualify for promotion in accordance with SOM policy herein described once they meet the necessary standards for their track as described in Appendix 5 of this Faculty Handbook. Neither a vacancy nor the creation of a new position is required for promotion to these ranks.

To be eligible for promotion to a faculty position at an affiliated hospital, the appointee must be on staff at the affiliated hospital within the applicable clinical department.

The basic process for promotion is:

- A call for promotions applications is sent to faculty by the SOM Faculty Affairs Committee.
- Eligible faculty submit their applications.
- the ad hoc Faculty Affairs Subcommittee for Promotions (FASP), which is a subcommittee of the SOM Faculty Affairs Committee, reviews candidates' applications. This committee is composed of full-time faculty, who are appropriately qualified to consider the promotions applications as per the standards defined in the Subcommittee for Promotions policy.
- The Chair of the FASP notifies the Chair of the Faculty Affairs Committee and then forwards the FASP's recommendations, both favorable and unfavorable to the Assistant Dean for faculty affairs.
- The Assistant Dean for faculty affairs reviews the recommendations to document for completeness and then passes them to the relevant Senior Associate Dean.
- The Senior Associate Dean arranges for qualified external reviewers, who makes a recommendation in support or in refusal of each of the promotion recommendations.
- The Senior Associate Dean of basic sciences or clinical studies reviews the forwarded recommendations, and then forwards the recommendations to the Dean of the SOM.
- The Senior Associate Dean of basic sciences or the Senior Associate Dean of clinical studies will make final decisions in the event of a discrepancy between nominees recommended by the external reviewers and those made by the FASP.
- The Dean of the SOM reviews the forwarded recommendations and makes the final promotion decision and issues the letter of appointment accordingly.

Experience Exceptions from Promotion

In exceptional cases, the chair of a department may nominate a faculty member for promotion prior to meeting the stipulated timelines in his/her rank. In such cases, the faculty member is deemed to have substantially exceed the minimum promotion requirements, including excellence in teaching and scholarly activity. The department chair consults with other chairs within the SOM prior to putting such a faculty member up for early promotion. Specifically, the department chair provides the supportive documentation to the Senior Associate Dean of basic sciences or clinical studies, who then initiates a meeting of all department chairs within the basic sciences or clinical years to discuss the candidate.

One of the SOM department chairs electively serves as the chair of the meeting. If a consensus for early promotion eligibility is reached, then the chair of the SOM chairs meeting issues a letter of support as part of the promotion package, and the Chair of the Department can put his/her faculty member up for consideration for early promotion.

Demonstrator Elevation Guidelines

Overview of the Demonstrator Elevation Process

Elevation, or movement to the next demonstrator level (e.g., from Level 1 to Level 2), is on the recommendation of the department chair/office head. It varies from a promotion, which is a change in academic rank, e.g., from Assistant to Associate Professor, in that it does not require a formal portfolio.

Faculty who will be eligible to move to the next Demonstrator level should notify their Department chair 6 months prior. Elevations requests are processed twice per year, in January and August, and will be effective July 1 and January 1 respectively.

Elevation requires fulfilment of the education standard, experience standard and acceptable performance in the role. Acceptable performance includes demonstrable competence, evidence of professional growth and development and full involvement in departmental or service activities.

Details and timeframe

There are 4 levels within the Demonstrator rank: numbered from 1 (entry) to 4. Elevation to the next level is by recommendation of the Department chair/Office head. Elevation does <u>not</u> require

submission of a formal portfolio. The elevation is at the discretion of the Department Chair, with corresponding budgetary approval from the Senior Associate Dean of Basic Sciences. Applications for elevation will be submitted by the Chair in January or July each year and will be effective from July 1 or January 1 respectively (i.e., 6 months after the initial application).

Candidates who will be eligible to move to the next level should notify their Department chair/Office head 6 months prior to the date they intend to submit on.

Elevation to the next Demonstrator level is dependent on fulfilment of all criteria listed below:

1. Meeting the required education standard: Bachelors degree
2. Meeting the required experience standard of 2 years in previous level within current rank in the SOM , by July 1st or January 1st, as relevant to date of submission)
3. Acceptable performance, as assessed by the department chair/unit Office head.
    a. Performance components and expected standards will vary with the exact role and will be determined and communicated by the Department chair/office head, but should include:
        i. Demonstrable competence
        ii. Evidence of professional growth and development, e.g., involvement in faculty professional development programs, workshops, or online courses/certificates
        iii. Full involvement in support of departmental/unit/office educational and service activities

The Department chair/Office head will meet with the faculty member to determine that 1-3 above have been satisfactorily met, after which they can make a recommendation in writing to the Senior Associate Dean of Basic Sciences for elevation of the faculty member.

Requests for elevation will be submitted in January or July of each year and will be effective from July 1 for January applications, or January 1 the following year for July applications. Elevation requests submitted outside of this time will not be considered. Unsatisfactory performance area(s) may result in a delayed recommendation for elevation from the Department chair/Office head. Feedback as to how to remediate these performance deficiencies will be communicated in writing to the faculty member when they initially notify their Chair that they will be applying for elevation and will state the next year in which the faculty member will be eligible to reapply.

Movement from Demonstrator to Instructor

There is no direct elevation or promotion pathway from Demonstrator level 4 to Instructor. To obtain an Instructor role within or external to the Department/Office, the following process would apply:

- Faculty member would apply for an advertised position, and proceed as per the usual hiring process
- If offered the position, they would resign from their demonstrator role and move into the new Instructor position.

Demonstrators who intend to apply for an academic position are encouraged to meet with their Chair/ Office head and review the rank and track criteria to guide their CV development.

Terminology:

- Elevation: movement from one level to another within Demonstrator rank, e.g., Level 1 to 2
- Level: defined salary step within Demonstrator rank
- Promotion: change in academic rank from, e.g., Assistant to Associate professor that is dependent on submission of a formal portfolio detailing the criteria for that track and review by the SOM Senate ad hoc promotions subcommittee.

The exact breakdown of an individual's FTE will be determined and communicated by the Chair.

Addressing an Unfavorable Promotion Decision

Within one week of receiving notice of an unfavorable promotion decision from the Faculty Affairs Promotion Subcommittee, the Senior Associate Dean of basic sciences or Senior Associate Dean for clinical studies, as appropriate, will schedule a meeting with the faculty member, the Assistant Dean for faculty affairs and the relevant chair of department to review the basis for the unfavorable decision.

The FSAP will provide a written summary of the reasons for the unfavorable decision to the applicant, the applicant's chair of department and to the relevant Dean.

If a candidate wishes to further appeal the unfavorable promotion decision, they must submit a written request to the Dean of the SOM, no later than 1 week after the date of the meeting described in the previous paragraph. The Dean of the SOM will convene a Promotion Appeal Committee composed of 6 members of the full-time faculty (1 of whom is designated as chair and is non-voting), who are not members of the same department as the applicant, and who are hold a rank or experience level equal to or higher than that which the candidate is applying for.

The Promotion Appeal Committee will then analyze the portfolio as per the stated criteria for promotions in this document and will make a recommendation accordingly, within 2 weeks of being convened. In the event they disagree with the original FSAP's decision, i.e., they make a recommendation supporting promotion, then they must clearly document their grounds for doing so. The recommendation to overturn the initial Promotions subcommittee's decision must be supported by a majority vote from the voting members of the Promotion Appeal Committee.

Promotion Timeline

Promotion Timeline

Promotions applications for faculty take place twice yearly. For deadlines in terms of the call for nominations and overview of the nomination and promotion process, faculty should refer to separate announcements that are sent twice a year from the SOM Faculty Affairs Committee and to the relevant Sakai site.

Approved promotions from the Spring term promotions review are effective July 1st, and those of the Fall term are effective January 1st.

For a promotion to be implemented, a faculty member must be employed/hold a letter of appointment, and not be on a notice of non-renewal, at the time that the promotion would take effect (e.g., July 1). If they have submitted a notice of resignation, or have been informed they will not be renewed as per the university's policy and are subsequently on a period of notice (1 or 3 months, depending on the position), then they are no longer eligible to apply for or be considered for promotion. Any promotion application that has already been submitted and is already under review or is pending based on a conditional fulfilment as defined in a previous promotions round, e.g., pending completion of a degree or other requirement, will not proceed further.

Number of Affiliate Clinical Faculty

The number and type of affiliate faculty needed is determined by the anticipated size of the student body in years three and four and the clinical training capacity of each affiliated hospital. The latter results from the anticipated size of the student body in each rotation at each hospital and input from each hospital's DMEs. In this way, the school ensures that sufficient faculty are appointed at each

hospital to support the educational program. This calculation considers that clinical faculty in the hospitals usually have other responsibilities, including patient care and involvement in other training programs.

Responsibilities – Affiliate Clinical Faculty

The School of Medicine provides written information which detail the responsibilities of clinical faculty, the clinical curriculum, student policies and procedures and general rules and regulations of SGU. The SOM Faculty handbook, Clinical Training Manual and Student Manual are the key resources for the clinical faculty relating to the clinical training program and their role in the clinical training program. All faculty are required to comply with the terms in the SOM Faculty handbook, Clinical Training Manual and Student Manual which are provided to each affiliated hospital. The faculty can find additional information in the Student Manual which describes the entire Four-Year MD Program. The Clinical Training Manual, the Student Manual and this SOM Faculty Handbook are available on the SGU website.

Termination Process – Affiliate Clinical Faculty

All affiliate faculty appointments are appointments for at-will positions and may be terminated by SGU with or without cause, at any time. If a faculty is no longer on staff at the relevant hospital and/or is not actively performing duties on behalf of SGU, their appointment may be terminated by the Office of the Dean of SOM.

Faculty Reviews and Preparation for Promotion

It is the responsibility of the department chair or DME to work with their faculty to ensure they are progressing acceptably in both their professional development and in order meet the stated promotions criteria when they are next eligible for promotion, as applicable for those who wish to apply for promotion to the next rank within their track.

Each chair or DME will meet at least once per year with the faculty member, to assess their teaching workload based on their individual, hospital-established FTE or equivalent, student evaluations, and departmental and other contributions as relevant to the requirements for the rank, and/or level being applied for within their designated track. These meetings should be formally documented, and a summary of the faculty member's action plan will be maintained in the Departmental records.

Faculty who are not performing as per the expectations of the position, or who are at risk of not meeting the promotions requirements e.g., because they lack the stated number of publications or their average student valuations are below the minimum required, should establish a detailed remediation plan for the upcoming term or year(s) as applicable which will be approved by the chair or DME and monitored subsequently. A continued failure to improve or an ongoing decrease in overall performance may result in non-renewal. Faculty will not be recommended by the chair or DME for promotion if they fail to fulfill the details of the remediation plan or if they do not meet the relevant standards for promotion within that track.

SOM Academic Tracks

Overview and Designations for Academic Tracks

A faculty appointment designation is termed a track. Tracks are used internally for appointments and promotion decisions. Each track defines the responsibilities of the role and the corresponding promotion criteria. Each track has service time and general academic requirements that apply to all faculty, along with track-specific academic and professional standards.

For each of the stated tracks, the primary focus area is as per the listed expectations for that track. E.g., for the Educator track, educational excellence and contributions to teaching are the major contributors to the initial appointment and to promotion to the ranks within that track.

For all tracks, there is a secondary expectation of contributions to other fields commensurate with full participation in the scholarly community that is the School of Medicine and St. George's university. This includes scholarly activity, administration and service to the university community, as appropriate to the faculty members' seniority, and as defined by the associated promotions criteria for the track. The distribution of activities for each individual faculty member within a defined track will be determined in consultation with their Chair of Department.

The sequence of the overall position description, for the purposes of appointments and promotions is:

1. Descriptor: adjunct, part-time, visiting, affiliate, full time, clinical Instructor, emeritus
    1. In some cases, this is the full rank descriptor, e.g., for clinical Instructor and other non-track positions.
2. Rank, as shown below
    1.

3. Tracks: Education, Clinical, Research

Examples of the composite position descriptions:

- Full-time Associate Professor (Educator track)
- Part-time Instructor (Research track)
- Affiliate Professor (Clinician track)
- Full-time Demonstrator (Rank only, non-track)

In some cases, certain positions have a rank-only designation that does not specify a track, e.g., full-time Demonstrator (Rank only, non-track), Full time clinical instructor (Rank only, non-track). That means that this is a single fixed rank position and that there is no associated promotions route.

When describing their title in an every-day context, the parenthetical designations indicating the track, should not be mentioned, e.g., on an email signature line or when signing a letter. However, they remain associated with a faculty member's documents such as appointment, re-appointment and promotions letters, CVs and administrative records. For new faculty, it will be stated in their letter of appointment. For faculty who were already appointed to an SGU position prior to the implementation of this policy, they will be re-issued a letter of appointment.

Description of Tracks

Educator Track

The educator track is for basic sciences and clinical years faculty whose teaching and professional service contributions are vital to the academic mission of the SOM. They are highly involved with and contribute to student development, in the context of the academic mission of SGU regardless of their primary appointment. Excellence in the provision of education is the major expectation for their appointment and subsequent promotion.

Clinical Track

This track is for faculty who are full-time clinicians, whose primary contributions are to the clinical service mission of the hospital they are affiliated with. Their contributions are mainly patient care and supporting activities. Teaching is minimal and when it occurs, is supplemental to their primary clinical duties and occurs in the context of patient-centered or focused encounters.

Research (Basic Sciences/Clinicians) Track

For faculty whose primary contribution and focus is unique scholarship that is inventive, and with tangible practical applications. They are expected to evidence a substantial record of publications, i.e., non-predatory, peer-reviewed journal articles on e.g., original observations, healthcare solutions, multicenter trials, etc., and to obtain research grants.

Category	Primary responsibility
Educator Track: Basic Sciences Educator (degree as per Rank requirement)	Classroom and non-classroom settings including lectures, small groups, seminars, online/distance learning Usually: Full-time SGU faculty whose salary is paid by SGU.
Educator Track: Clinician Educator (MD or equivalent, e.g., MBBS)	Classroom and non-classroom settings including lectures, small groups, seminars, online/distance learning Usually: Full-time SGU faculty whose salary is paid by SGU.
Clinical Track: SGU clinical faculty in US or UK hospital and Grenada Genera (MD or equivalent, e.g., MBBS)	Clinical practice setting, or during practice-related activities, including clinical rounds, bedside, examination rounds, and clinics. Usually either: Full-time faculty whose salary is paid by SGU or Faculty with SGU appointment who are hired and paid by an affiliated hospital or clinical- center (indicated by “Affiliate” designation) or Part-time faculty whose salary is paid by SGU
Researcher Track: Basic Scientist Researcher (Degree as per Rank requirement or Clinician Researcher (MD or equivalent, e.g., MBBS)	A researcher either in a laboratory, clinical laboratory or community setting whose primary role is research. They have little or no teaching responsibilities. Usually, they are Full-time faculty whose salary is paid by SGU

Clinical Track

This track is for faculty who are full-time clinicians, whose primary contributions are to the clinical service mission of the school. Their contributions are mainly patient care and supporting activities. Teaching is minimal and when it occurs, is supplemental to their primary clinical duties and occurs in the context of patient-centered or focused encounters.

Category	**Teaching occurs in:**
Clinical Practice (MD or equivalent, e.g., MBBS)	Patient-centered or patient-focused encounters.

Research (Basic Sciences/Clinicians) Track

For faculty whose primary contribution and focus is unique scholarship that is inventive, and with tangible practical applications. They are expected to evidence a substantial record of publications, i.e., peer-reviewed articles on e.g., original observations, healthcare solutions, multicenter trials, etc., and to obtain research grants.

Category	**Original Research Occurs in:**
Basic Scientist Researcher (Degree as per Rank requirement)	Educational institution Laboratory Clinical laboratory Community
Clinician Researcher (MD or equivalent, e.g., MBBS)	

Transferring to Another Track

Faculty will apply for and be appointed to a position that has a defined track, or in some cases, will chose in consultation with their Chair of Department (for those who held an appointment prior to the implementation of the track system). Changes of track are permitted based on a recommendation of the faculty member's chair of department to the relevant senior associate dean and the senior associate dean's subsequent approval.

Terminology for Faculty Positions

Faculty Position	**Definition:**
Adjunct	This is a voluntary, non-paid role. Faculty whose primary appointment is in another school such as SVM, can hold an adjunct appointment in the SOM.
Part-time	These are usually annual appointments that are subject to renewal, mutually acceptable to the administration and the individual. Part-time is usually paid by the hour and is defined as a minimum of 6 weeks continuous teaching. Timeframes over 6 weeks are individually determined on a one-on-one basis.
Visiting	These are positions that utilize external, non-SGU faculty, who make a <100% time commitment. They are limited time contribution of a maximum of 1 continuous month. SGU pays a stipend/per diem, in addition to travel and living expenses.
Affiliate	This appointment primarily refers to clinical faculty at SGU's affiliated hospitals and clinical centers. These are generally uncompensated appointments and are made as per the policy described in the current SOM faculty

Faculty Position	Definition:
	handbook F.2. Responsibilities – Affiliate clinical faculty. The same academic ranks apply as described above (e.g., affiliate associate professor, affiliate professor), and are based on the academic and professional qualifications of the appointees. The rank for appointees is determined by the FSAP.
Full time (100% commitment)	These are employed faculty, with a full-time commitment (1.0FTE) to SGU. All full-time faculty members are bound by the letters of their SGU letter of appointment and by the SOM faculty handbook. The academic ranks covered by full time faculty appointments are as per the rank scheme previously described. They will hold a track designation as per this handbook.
Clinical instructor	These are full-time Faculty who must possess at minimum an MD or MBBS (without residency) without additional postgraduate degree, but with a completed internship. This is a rank-only, non-track appointment.
Emeritus	This is a merit-based position, recognizing years of service and commitments. The criteria and process for requesting and being appointed as Emeritus Professor is as per the information provided under the SOM Faculty/Staff > HR portal >Employee resources > Emeritus status. Generally, part-time, affiliate and adjunct faculty are not eligible for this appointment.

Table 3. Terms and definitions for faculty designations.

Track Elevation Requirements

All faculty must fulfill all the required standards as per: section G. Foundational requirements (1. Service time, 2. Academic requirements and 3. General requirements), PLUS the minimum stated requirements as per

section I.1. Track specific requirements.

Within the track-specific requirements, there are additional criteria for faculty applying for promotion from Assistant to Associate and Associate to Professor.

Criteria for elevation to each rank within a track is as per the Foundational requirements and Track-specific categories described below. Excellence and productivity are critical elements within each category. Furthermore, all faculty must maintain high ethical standards and demonstrate the professional integrity expected of role models of medical professionals in the health sciences. For promotion to each rank, achievements are evaluated by peers both within and outside SGUSOM. Promotion decisions are based on a positive recommendation from the ad hoc Faculty Affairs Promotion Subcommittee (FSAP), as per the Section X.C.

For a member of faculty to be promoted from the rank of Lecturer and above, the promotions process must be followed as per the described policy in this handbook.

Track Appointments Process

The SOM formally appoints all faculty, including faculty at affiliated hospitals, who teach students in the clinical years (i.e., affiliate clinical faculty). Two factors determine faculty rank. The first is the academic qualifications as listed under section in the Appointments and Promotions Criteria. The second is their contributions to clinical teaching as specific for their designated track. The rank is determined by the Faculty Affairs Subcommittee for Promotions (FSAP).

Foundational Requirements (all tracks)

Service Time

Rank	Minimum Requirements at time of appointment or application for promotion:
Demonstrator	n/a

Rank	Minimum Requirements at time of appointment or application for promotion:
Instructor (non-Clinical) or Lecturer	n/a
Assistant Professor	2 years actively at rank at previous position (i.e., instructor or lecturer)
Associate Professor	3 years actively at rank in previous position (i.e., Assistant Professor)
Professor	5 years actively at rank in previous position (i.e., Associate Professor)

The service time must be active time spent in rank, i.e., where the faculty member is actively participating in the activities as per their designated track. An extended period (≥6 weeks) where the faculty member is unable to contribute to teaching or educational activities, that cannot reasonably be made up for by involvement during the faculty member's normal vacation time, e.g., sick, maternity or unpaid leave, does not contribute to the minimum service time requirement and is not counted when calculating the minimum service time requirement. The experience standard periods specified are for actual time spent contributing to teaching and educational activities. Any inactive periods will result in the need for an extension to the faculty member's timeline with regards to their eligibility for promotion, e.g., applying in the next promotion round or whenever they have met the service time requirement.

General Academic Requirements

Rank	Minimum Requirements at time of appointment or application for promotion:
Basic Sciences	
Demonstrator	Batchelor's degree or equivalent
Instructor	Master's degree in an appropriate discipline
Assistant, Associate and Full Professor	Terminal/professional degree: MD, MBBS, PhD or equivalent
Clinical Faculty	
Clinical teaching fellow	MD or MMBS (without residency) without a postgraduate degree or internship.
Clinical instructor	MD or MBBS (without residency) without postgraduate degree, but with a completed internship.
Lecturer	MD or MBBS (without residency) without postgraduate degree (e.g., MSc, MPH, MBA or other appropriate degree) in an appropriate field of study.
Assistant, Associate and Full Professor	MD or MBBS plus a postgraduate degree in their field, or board certification

Track-Specific Requirements

For each rank, the faculty member is expected to display an appropriate level and combination of evidence as relevant to the rank being applied for. The weighting of activities will vary, depending on the primary area of focus. The more senior the rank, the higher the expectation in terms of evidence that will be required to be provided for promotion to that rank.

It is not expected that a faculty member will demonstrate achievement of all the specified examples/ standards, but that their achievement will be at a level/standard commensurate with the rank of their appointment/promotion and activities. For example, a faculty member in the Educator track with a primary focus on teaching who has a substantial service contribution as e.g., an assistant dean or a Chair of Department, would reasonably be expected to have less evidence of contribution to the scholarship component.

For all tracks, the requirements are:

1. Primary focus area as per the stipulations of the track (Education, Research, etc.)

2. Distinction in primary focus area
3. Secondary contributions to academic and clinical mission of SGU

The diversity of SGU faculty in terms of their backgrounds and educational training means there is a natural level of variation in levels of qualifications and experience.

Generally, faculty in the Teaching tracks will have different expectations and associated standards in respect to their teaching and pedagogical contributions, compared to faculty in the Investigator track.

For all tracks, there is a secondary expectation of contributions to other fields, including scholarly activity, administration and service to the university community, as appropriate to the faculty members' seniority and teaching responsibilities as defined in their letter of appointment, and as defined by the associated promotions criteria for their track.

This secondary expectation includes contribution to the administrative and committee services that support the educational mission of the School of Medicine and SGU.

All scholarly activities of the applicant must carry an St. George's University affiliation to be counted towards fulfilling the specified promotions requirements.

Quantitative Standards for each Track-Specific Requirement

The quantitative standards are as shown in the tables in Appendix 8.

Educator Track

The primary requirement for this track for appointments and promotions is provision of evidence relating to teaching. This includes:

- Direct teaching to SOM students in classroom and non-classroom settings including small groups, ward rounds, etc.
- Contributions to Curriculum and/or program development
- Demonstrable educational administration or leadership
- Documentable availability to and communication with students
- Reliability and enthusiasm relating to contributing to activities and working as a fully participatory member of the teaching team

Service contributions include those to the Department and School of Medicine, documented leadership role in School, University or affiliated hospital, and modeling of required professional and ethical standards. For faculty at senior levels there is an expectation of substantial contributions to university community via e.g., accreditation preparation, strategic planning, etc.

Clinical Practice Track

The primary requirement for this track for appointments and promotions is provision of evidence relating to exemplary clinical care.

Research Track

This track is for faculty in the basic sciences or clinical field whose primary focus is the scholarship of discovery via bench, community (including the educational setting) and/or clinical research, and who document their role via publications in peer-reviewed journals; obtain grants and obtain peer recognition at the national and/or international level.

Due to their associated clinical responsibilities, the overall publication expectation is modified for clinical Investigator track faculty, compared to that for basic sciences Investigators and will be counterbalanced based on their involvement in the other associated track areas.

Faculty in this track are expected to produce high quality research that is published in peer-reviewed, non-predatory journals that is expected to have a significant health or societal impact on clinical care, healthcare and/or medical education. Other acceptable scholarly endeavors include patients and digital and electronic publications, if they are disseminated in a long-term format, that will remain accessible to and applicable by the wider scientific community outside of SGU.

Basic Scientist researchers in this track are expected to obtain the bulk of their salary and research support from external sources, including but not limited to collaborative research projects and peer-reviewed grants.

Rank-Only, Non-Track Positions

Rank-only, non-track appointments are made at the faculty level to facilitate the hiring of personnel with key skills for specific service activities that support the mission of the SOM and St. George's University. These positions are designated as rank only, non-track positions, as the expectation is that the faculty member will focus on achieving and maintaining the training and technical certifications necessary for the activities being performed as per their letters of appointment. This type of non-track position primarily covers those who perform specialized activities primarily in support of university operations and is stated on their appointment letter.

For rank-only, non-track appointments, there is no promotion beyond the rank at which the individual was appointed. E.g., a faculty member hired as a rank-only, non-track Demonstrator cannot automatically be promoted to Instructor once they meet the standards for the instructor rank. To obtain a different rank within the same or a new track, e.g., Assistant Professor (Education), the faculty member in a single rank, non-track position would need to:

1. formally apply for an advertised position
2. meet the stated criteria for consideration and subsequent appointment
3. be formally offered the position and
4. resign from their existing rank-only, non-track appointment

Depending on the terms of their appointment, faculty in rank-only, non-track positions may occasionally and indirectly contribute (e.g., in a technical support capacity) to teaching, research and/or service.

General Information and Resources

General Record Keeping

All correspondence regarding faculty, including Leave of Absences, renewal, non-renewals, areas of concern about cognitive and professional behavior based on e.g., student evaluations, notices of transfers between departments, recommendations for promotion, and letters of recommendation, are forwarded to the associate dean for faculty affairs.

The office of the associate dean for faculty affairs is responsible for the maintenance and update of this SOM Faculty Handbook.

Corrections or omissions can be notified via email to facultySOM@sgu.edu.

Overview of Department of Public Safety

The Department of Public Safety is responsible for the implementation and maintenance of programs, regulations, policies, and initiatives that enhance campus security and educate the campus community and visitors as to their personal safety responsibilities.

DPS aids in the provision of services that enhance faculty, staff and student life, mobility, and the overall campus experience. DPS works closely with the office of faculty affairs to ensure that safety policies and procedures relevant to SOM faculty are fairly and equitably executed. In the event of an on or off campus issue that involves an SOM faculty member, their first point of contact will be the Associate Dean for Faculty Affairs or their designee.
Relevant services for SOM faculty include: 24-hour uniformed campus security patrols and canine unit, natural disaster preparedness, live video monitoring of all campus foot and vehicular traffic, fire safety training, maintenance and monitoring of safety equipment, issuing of Faculty IDs, faculty parking permits and enforcement of parking regulations and liaison with the Royal Grenadian Police Force, National Disaster Management Agency and other relevant emergency services as necessary to respond to on or off campus incidents.

Their main webpage is located here: https://www.sgu.edu/student-experience/emergency-contacts/

GMDC Complaints Policy

St. George's University School of Medicine (SGUSOM) is accredited by the Grenada Medical and Dental Council (GMDC). Individuals who have concerns about SGUSOM's compliance with GMDC accreditation standards are expected to first attempt to resolve their concerns directly with the School. If the matter cannot be resolved at the School level, a formal complaint may be submitted directly to the GMDC in accordance with the GMDC Complaint Policy using the GMDC Complaint Form.

Appendix 1: Responsibilities of College Directors

Major job responsibilities include:

1. Keep current about all policies and procedures relating to student support and academic achievement.
2. Host 30-minute College-specific introduction to college system during Orientation Week.
3. Participate in the College-based Ice-Cream social event during Orientation Week.
4. Hold a 2-hour College-specific orientation during the first week of classes to welcome and introduce the College membership and generate ideas for social activities and other club-related events.
5. Hold standing office hours for student College members at least 4 hours per week.
6. Respond to emails sent to the College email address in an expedient fashion (within 24 hours when possible).
7. Provide appropriate guidance when student support is not immediately available from the Director and follow-up with such students to ensure that the appropriate support/advice was given.
8. In coordination and consultation with the senior associate dean of basic sciences Office, meet with students of the College who are identified as not meeting SOM standards and outcome objectives as defined in the Student Manual.
9. Oversee the implementation of the Student Professional Identity and Wellness Program.
10. Provide oversight of the personnel contributing to the College (e.g., Fellows and Associates of the College).

11. Appoint Student Fellows following a review of applicants for Student Fellowship status in the College.
12. Collaborate with Student Government members for the College (as elected through the Student Government Association) to disseminate information, coordinate student activities, and run social and other events.
13. In association with the Office of Student Affairs, participate in all College and inter-collegiate social events.
14. Participate in the white coat ceremony
15. Represent the College at all official and ceremonial events.
16. Attend standing weekly meetings with the assistant dean who oversees the College system, as well as any additional organizational, planning, and informational meetings.
17. Seek feedback from students on the experience within the College each term.
18. Submit a comprehensive End-of-Semester College Report to the assistant dean that documents College activity (e.g., student referrals to support services, challenges faced by students, highlights reported by students across all domains of the SGU experience, interpersonal interactions within the College, successes and shortcomings of events).

Appendix 2: Course, Clerkships and Phase Review Process

Basic Sciences Course Review Guidelines

INTRODUCTION

All courses within the basic sciences shall be reviewed periodically. Courses will be reviewed at four (4) year intervals.

When a course is selected/selected for review by the CC the Chair of the basic sciences Curriculum Subcommittee will alert the Course Director. They will also (after discussion with the Sr. associate dean of basic sciences) appoint a Chair of the Review Committee.

It will be the responsibility of the Chair of the Review Committee to ensure that the Course Director and other members of the faculty participate fully in the review process.

The goal of the course review is to ensure that instructional methodology and content of the course is academically sound and in step with the educational mission of the University's Medical School and the MD Program Objectives. The review will include the gathering of data including student feedback, assessment data, faculty reflections on the curriculum, learning objectives and mapping, clinical experience, completion rates, and resources as well as reflecting on the improvement plan generated from the previous review.

It is important to emphasize that the review process is not intended to be threatening but rather to be helpful and constructive. Confidentiality must also be maintained throughout the process. All deliberations and reports must be kept confidential. The review would accompany only Curriculum related issues, objectives, teaching methods and evaluation. Faculty Evaluation and administration matters of the department are not included.

COURSE REVIEW PROCESS

Course reviews will be organized and will proceed according to a schedule as follows:

1. The Curriculum Committee decide on the schedule for the course reviews as part of their annual calendar and communicate this to the Chair of the BSCSC.

2. The Chair of the Basic Science Curriculum Subcommittee and the senior associate dean of basic sciences meet to select the Chair of the Review Committee (see also Appendix 1). The Chair must not be a faculty member that is responsible for teaching on the course that is being reviewed. Following the selection of the Chair, the members of the Review Committee are selected. The members are selected by the Chair of the Review Committee. A recommended minimum of four members that do not teach in the course that is being reviewed should participate. The Review Committee should consist of members from all levels (Instructors, Assistant, Associate and Full Professors) and from a range of disciplines. Once all the Review Committee members have been selected the names are passed to the Course Director. The Course Director has the opportunity to appeal any of the members if there is a conflict of interest.
3. It is the responsibility of the Chair of the Review Committee to establish clear expectations for each of the members.
4. The Chair of the Review Committee should consult the Course Director about the criteria, expectations and timetable of the review process.
5. The Course Director is required to submit a report on the current status of the course that should include:
    1. Course objectives and goals
    2. List of faculty
    3. Description of how the course is run
    4. Description of the changes that have been adopted since the last review if appropriate.
6. The Course Director should also make the following materials available to the review team:
    1. Full access to course Sakai site
    2. Course syllabus and learning pathway
    3. Access to ExamSoft to all formative assessments for the past 4 years
    4. Textbooks/supplemental materials
    5. Student evaluations of the course for the last 4 years
    6. Course grades for the last 4 years (in all campuses)
    7. Any other data (e.g., minutes of meetings) pertaining to the course
7. All teaching faculty of the course under review will be asked to submit a written SWOT report to the Chair of the review Committee. This report will remain confidential.
8. The Review Committee will select a number of faculty to meet for live/virtual interviews during the review process. These faculty will include:

    1. Course Director

    2. All Module Coordinators

    3. All content managers (whose discipline is represented on the course)

    4. Instructor(s) responsible for ITI coordination

    5. A selection of clinical tutors

    6. A random selection of faculty that teach on the course.

9. The Review Committee will also interview students (selected by SGA) who are:
    1. currently taking the course
    2. have recently (within the last 12 months) taken the course
    3. are currently in their 3rd year
10. The main review process will be conducted over a period of 1-2 weeks where all the live interviews will be conducted and the resources provided by the Course Director are reviewed.

11. Each member of the review team will be required to submit a provisional individual written reports to the Chair of Review Committee within a week of the final live meeting.

12. The Chair of the Review Committee will compose a final report (see Appendix 1) using the individual team members reports as guidance. This report will be presented to basic sciences Curriculum Subcommittee for review.

13. The basic sciences Curriculum Subcommittee then work with the Course Director to propose an improvement plan based on the recommendations of the Review Committee.

14. The improvement plan is presented to the Curriculum Committee along with the data from the Review Committee.

15. Once the improvement plan has been approved by the Curriculum Committee it is forwarded (along with the data) to the dean for approval.

16. The improvement plan is then implemented.

17. The Course Director will send an interim report to the Chair of the basic sciences Curriculum Subcommittee within twelve months after the review of the course and a final report within 24 months after the review. The interim report should include an update on the implementation and results of the improvement plan.

Clerkship Review Guidelines

All clerkships within the 3rd year shall be reviewed periodically. Clerkships will be reviewed at four (4) year intervals.

When a clerkship is selected for review, the Chair of the Clinical Curriculum Subcommittee will alert the Chair of the Department and the Clerkships Directors. The Chair of the CCSC in discussion with the senior associate dean for clinical studies appoint a Chair of the Review Committee.

It will be the responsibility of the Chair of the Review Committee to ensure that the Chair of the Department, the Clerkships Directors and other members of the faculty participate in the review process.

The goal of the clerkship review is to ensure that instructional methodology and content of the clerkship is academically sound and supports the educational mission of the SGU SOM.. The review will include the gathering of data including student feedback, assessment data, faculty reflections, learning objectives and mapping, required clinical experiences, remediation plans, resources as well as reflecting on the improvement plan generated from the previous review.

It is important to emphasize that the review process is not intended to be threatening but rather to be helpful and constructive. Confidentiality must also be maintained throughout the process. All deliberations and reports must be kept confidential. The review would accompany only Curriculum related issues, objectives, teaching methods and evaluation. Faculty Evaluation and administration matters of the department are not included.

CLERKSHIP REVIEW PROCESS

Clerkship reviews will be organized and will proceed according to a schedule as follows:

1. The Curriculum Committee decides on the schedule for the clerkship reviews as part of their annual calendar.
2. The Chair of the Clinical Curriculum Subcommittee and the senior associate dean for clinical studies meet to select the Chair of the Review Committee (see also Appendix 1). The Chair must not be a faculty member that is responsible for teaching in the clerkship that is being reviewed. Following the selection of the Chair, the members of the Review Committee are selected. The members are selected by the Chair of the Review Committee. A recommended minimum of four members that do not teach in the clerkship that is being reviewed should participate. The Review Committee should consist of members from all levels (Instructors, Assistant, Associate and Full Professors) and from a range of disciplines. Once all the Review Committee members have been selected the names are passed to the Chair of the Department for approval. The Chair of the review committee and the Chair of the Department have the opportunity to appeal any of the members if there is a perceived conflict of interest.

3. It is the responsibility of the Chair of the Review Committee to establish clear expectations for each of the members at the outset.
4. The Chair of the Review Committee should consult the Chair of the Department and the clerkship directors about the criteria, expectations and timetable of the review process.
5. The Chair and the clerkship directors are required to submit a report on the current status of the clerkship that should include:
    1. Course objectives and goals
    2. List of faculty
    3. Description of how the clerkship is run
    4. Description of the changes that have been adopted since the last review if appropriate.
6. The Chair and the clerkship directors should also make the following materials available to the review team:
    1. Full access to course Sakai site
    2. Clinical Training Manual section detailing the clerkship
    3. Access to summative and formative assessments for the past four years
    4. Access to Firecracker
    5. Textbooks/supplemental materials
    6. Student evaluations of the clerkship for the last four years
    7. Clerkship grades for the last four years, including NBME grades
    8. Any other data (e.g., minutes of meetings) pertaining to the clerkship
7. A sample of teaching faculty of the clerkship under review will be asked to submit a written SWOT report to the Chair of the review Committee. This report will remain confidential.
8. The Review Committee will select a sample of faculty to meet for live/virtual interviews during the review process. These faculty will include:
    1. Chair of the Department
    2. clerkship directors
    3. DMEs
    4. A random selection of faculty that teach on the clerkship.
9. The Review Committee will also interview students (selected by SGA) who are:
    1. currently taking the clerkship
    2. have recently (within the last 12 months) taken the clerkship
10. The main review process will be conducted over a period of 1-2 weeks where all the live interviews will be conducted and the resources provided by the Chair of the Department and the clerkship directors are reviewed.
11. Each member of the review team will submit a provisional individual written report to the Chair of Review Committee within a week of the final live meeting.

12. The Chair of the Review Committee will compose a final report (see Appendix 1) using the individual team members reports as guidance. This report will be presented to Clinical Curriculum Subcommittee for review.

13. The Clinical Curriculum Subcommittee then work with the Chair of the Department and the clerkship directors to propose an improvement plan based on the recommendations of the Review Committee.
14. The improvement plan is presented to the Curriculum Committee along with the data from the Review Committee.

15. Once the improvement plan has been approved by the Curriculum Committee it is forwarded (along with the data) to the dean for approval.

16. The improvement plan is then implemented.

17. The Chair of the Department and the clerkship directors will send to the Chair of the Clinical Curriculum Subcommittee an interim report within twelve months after the review of the course and a final report within 24 months after the review. The interim report should include an update on the implementation and results of the improvement plan.

Phase Review Guidelines

The different phases of the curriculum (both Foundations phases (Year 1 and Year 2) and Clinical phases (Core clinical rotations and clinical electives)) will be reviewed once every four years in a schedule outlined by the Curriculum Committee.

The goal of the phase review is to ensure that instructional methodology and content of each phase is academically sound and in step with the mission of the SOM. The review will include the gathering of data from the Curriculum Subcommittee reviews of each course/clerkship, including analysis of aggregate student feedback, assessment data, faculty reflections, comparability, learning objectives and mapping, clinical experience completion, resources, previous improvement plan and sequencing.

It is important to emphasize that the review process is not intended to be threatening but rather to be helpful and constructive. Confidentiality must also be maintained throughout the process. All deliberations and reports must be kept confidential. The review would accompany only Curriculum related issues, objectives, teaching methods and evaluation. Faculty Evaluation and administration matters of the department are not included.

PHASE REVIEW PROCESS

Phase reviews will be organized and will proceed according to a schedule as follows:

1. The Chair of the Curriculum Committee will appoint a Chair of the Review Committee. The Chair must be a member of the Curriculum Committee and not be a faculty member that is responsible for a large amount of teaching or administration with the phase that is being reviewed. Following the selection of the Chair, the members of the Review Committee are selected. The members are selected by the Chair of the Review Committee. There must be a minimum of six members and there must be representation of faculty from each of the four phases as well as student representation (see Appendix A). Once all the Review Committee members have been selected the names are passed to the Curriculum Committee for approval. The Curriculum Committee has the opportunity to appeal any of the members if they suspect there is a conflict of interest.
2. It is the responsibility of the Chair of the Review Committee to establish at the outset clear expectations for each of the members.
3. The Chair of the Review Committee should consult the Course/clerkship directors of the Phase about the criteria, expectations and timetable of the review process.
4. The Chair of the Review Committee should collect and make available to the committee all the relevant course or clerkship review reports.
5. The Course Director should also make the following materials available to the review team:

    a. Full access to all course Sakai sites

    b. All Course/Clerkship objectives and curriculum mapping

    c. Analysis of aggregate student feedback

    d. Assessment data

    e. Faculty reflections

    f. Comparability

    g. Clinical experience completion

    h. Teaching resources

    i. Previous improvement plan

6. The main review process will be conducted over a period of 1-2 weeks where any live interviews will be conducted and the resources provided are discussed by the review committee.

7. Each member of the review team will be required to submit a provisional individual written reports to the Chair of Review Committee within a week of the final live meeting.
8. The Chair of the Review Committee will compose a final report using the individual team members reports as guidance. This report will be presented to the Student Assessment and Program Evaluation Subcommittee for review.
9. The Student Assessment and Program Evaluation Subcommittee then will work with the Course Director to propose an improvement plan based on the recommendations of the Review Committee.
10. The improvement plan is presented to the Curriculum Committee along with the data from the Review Committee.
11. Once the improvement plan has been approved by the Curriculum Committee it is forwarded (along with the data) to the dean for approval.
12. The improvement plan is then implemented.

Curriculum as a Whole Review Guidelines

The Curriculum Committee will call for a retreat once every four years to review the curriculum as a whole (Year 1, Year 2, Core rotations and clinical elective year). The retreat is designed to remove faculty from their work environment as well as to unite faculty from different geographical locations to create focused work time that will stimulate creativity and promote a free flow of ideas. A retreat has been described as a right venue to 'harness the collective creativity of a group, foster change, change perceptions attitudes, and behaviors, to unite and create a collective vision'. The retreat will consist of preparatory activities and a three-day overnight event with an action-oriented agenda.

The attendees will be chosen by the Chair of Curriculum Committee and will represent all components of the curriculum as well as all having significant didactic and/or clinical teaching experience within the program. The retreat will be led by the Chair of the Curriculum Committee.

The goal of the review of the curriculum as a whole is to gather data and complete review template: aggregate results of previous four years of formal reviews of courses/clerkships and phases, program outcomes, educational program objectives and mapping to learning objectives, program objective outcomes.

It is important to emphasize that the review process is not intended to be threatening but rather to be helpful and constructive. Confidentiality must also be maintained throughout the process. All deliberations and reports must be kept confidential. The review would accompany only Curriculum related issues, objectives, teaching methods and evaluation. Faculty Evaluation and administration matters of the department are not included.

CURRICULUM AS A WHOLE REVIEW PROCESS

The review process will result in a thorough evaluation of all the components of the curriculum including the preclinical studies and core clerkships. The following components will be on the agenda:

a. Review of content covered in Year 1 and Year 2
b. Review of content covered during the core rotations
c. Review of content covered during Year 4 (Clinical electives)
d. Review of the contact hours in the curriculum
e. Review of the pedagogies in the curriculum
f. Review of the assessment tools in the curriculum
g. Review of the competencies
h. Review of the four-year SOM objectives

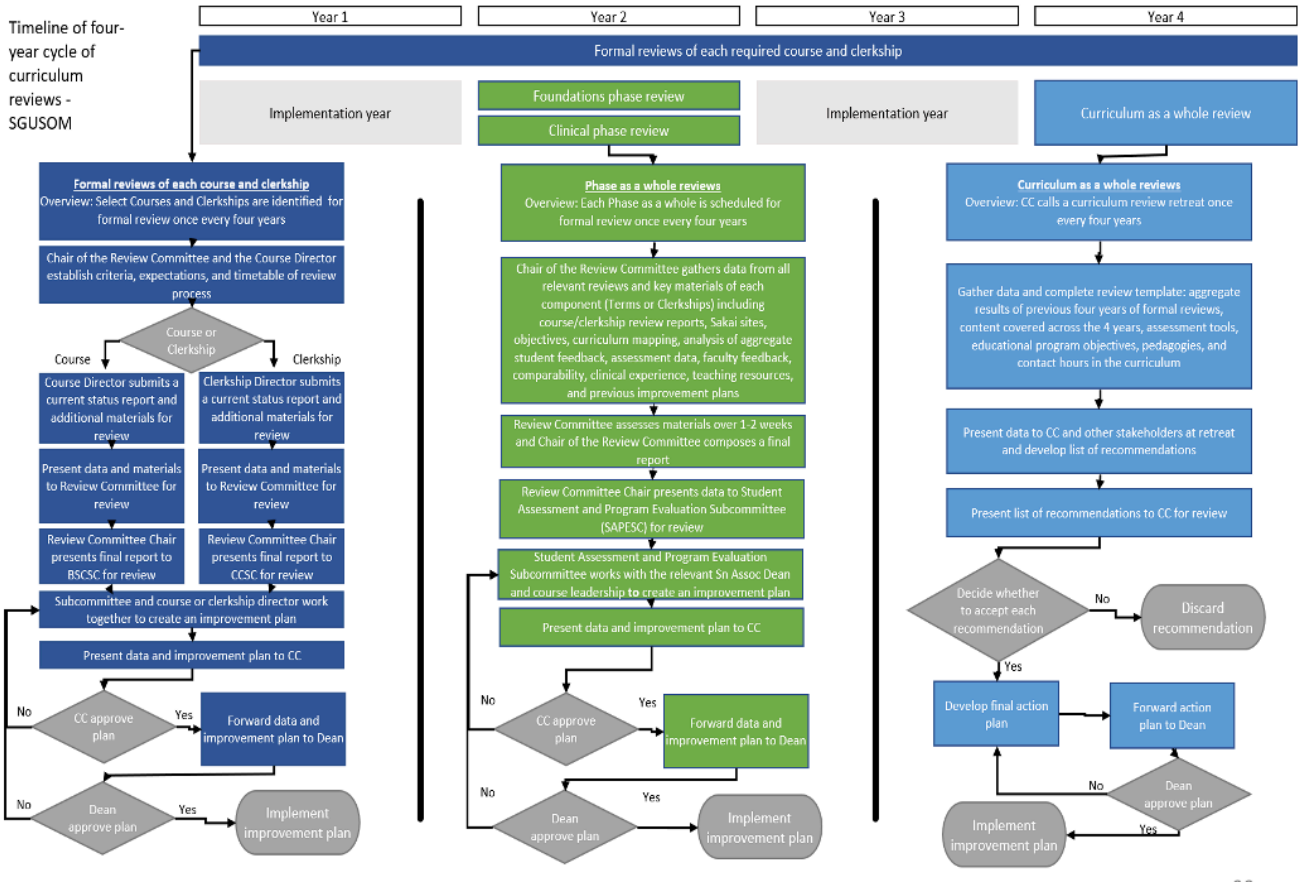
1. All course/clerkship review documents and improvement plans must be made available to the attendees.
2. All phase review documents must be made available to the attendees.

3. The attendees will create a list of recommendations by the end of the retreat that will be presented to the Curriculum Committee.

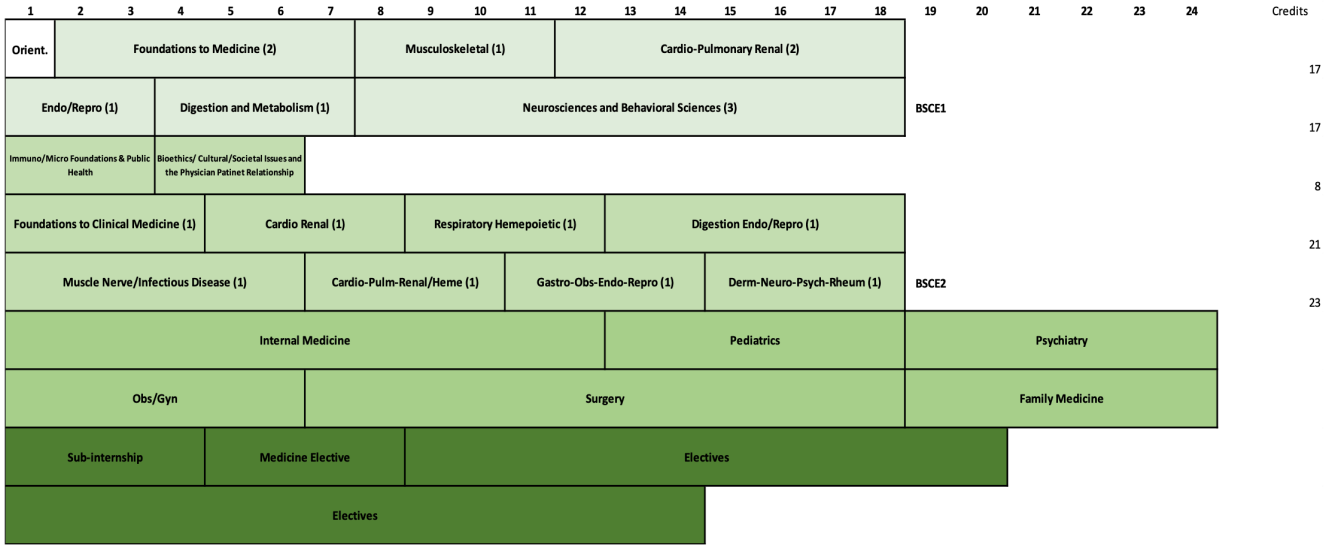
4. If accepted the Chair of the Curriculum Committee will finalize a formal action plan that will be forwarded to the dean for approval.

5. The action plan is then implemented.

See next page for Review Schematic



Curriculum Synopsis



Years 3 and 4 are correct for weeks but not sequencing.

Appendix 3: Student Evaluations of Faculty Performance – Basic Sciences

Evaluations are performed at end-of-module and end-of-course using an online system and are administered by the Office of Institutional advancement. The survey is available after the last examination in each module.

The module evaluations are open for 1 week and all students are required to participate. The process is anonymous. All faculty contributing to large group teaching in the MD program courses are required to be evaluated by the students through the online system. Results are made accessible to evaluated faculty, course directors and chairs immediately following the close of the evaluation window. These evaluations are reviewed by the Chair during the annual performance benefit meeting.

Content of Evaluations

Survey Questions for End-of-Course/Module Evaluations include:

1. The course/module structure and expectations were clearly communicated.
2. This course/module facilitated the application of content to clinical scenarios.
3. The learning objectives helped to guide my learning.
4. This course/module incorporated good feedback on performance that allowed me to develop (e.g., practice questions, IMCQ sessions, in class clicker questions).
5. Assessments provided students with the opportunity to apply their knowledge and/or skills gained from this course/module.
6. The time and effort spent in preparation for this course/module and its assessment was proportionate to the credit allotment for this course.
7. Overall this course/module contributed effectively to my medical knowledge.
8. Please describe an element of the course that aided your learning.
9. Please provide a specific example of how this course could be improved.
10. I wish to abstain from the evaluation process.

Survey Questions for Instructor Evaluations include

1. The instructor effectively engaged me in learning course/module content.

2. The instructor effectively related material to other content in this or other courses/modules.
3. The instructor effectively explained complex material.
4. The instructor effectively guided me in the application of course content to relevant clinical situations.
5. The instructor maintained a respectful and positive classroom environment.
6. The instructor was approachable and willing to assist in student learning.
7. Overall, the instructor enhanced my understanding of the material they taught.
8. Please provide a specific example of how this instructor aided your learning.
9. Please provide a specific example of how this instructor could improve their instruction. (open)
10. I wish to abstain from the evaluation process.

End-of-Module Questions:

1. Organization
2. Formative Exercises (iMCQ, practice questions, quizzes, clicker questions)
3. Summative Exercises (examinations, OSCEs, OSPEs, SOAP notes)
4. Lectures
5. DLA's
6. Small group activities
7. Clinical skills activities (e.g. SIMLAB, hospital visits, standardized patient encounters)
8. Overall module rating
9. Please provide a specific example of a strong element of this module that should remain unchanged.
10. Please provide a specific example of a weak element of this module and how it should be changed.
11. Please provide any comments on the teaching/assessment venues and services supporting the curriculum delivery, e.g. venue readiness, exam proctoring service, internet etc.

Course Questions

Please indicate the extent to which you agree or disagree with the following statements:

Strongly Disagree (1), Disagree (2), Somewhat Disagree (3), Somewhat Agree (4), Agree (5), Strongly Agree (6)

1. The course structure and expectations were clearly communicated
2. The MD Program Objectives were clearly communicated to students in this course.
3. Learning/module objectives were clearly communicated to students in this course.
4. The time and effort spent in preparation for this course and its assessments were proportionate to the credit allotment for this course.
5. Overall this course contributed effectively to my medical knowledge.
6. The major exams in this course were a fair assessment of the course learning objectives

Learning Environment Questions

Strongly Disagree (1), Disagree (2), Somewhat Disagree (3), Somewhat Agree (4), Agree (5), Strongly Agree (6)

1. SGU provides a safe and nurturing emotional climate that focuses on student success.
2. I did not experience and/or witness mistreatment of students during this educational experience (e.g. harassment, discrimination, public humiliation, psychological/physical punishment)
3. If any mistreatment witnessed, please document in comment box
4. I feel supported in my personal and professional pursuits by other School of Medicine students.
5. There are faculty and/or other school representatives that I feel comfortable confiding in when important concerns arise.
6. If you did witness mistreatment of students during this educational experience, please comment in textbox

Appendix 4 Student evaluations of faculty performance – Clinical

Family

Questionnaire

1. How consistent was feedback on your performance? (1-very poor 2-poor 3-average 4-good 5-very good)
2. How helpful was your midcore evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
3. How was the review of your patient logs? (1-very poor 2-poor 3-average 4-good 5-very good)
4. How was your end of the rotation communication skills and final assessment evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
5. How well did the clerkship fulfill the goals and objectives described at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
6. How well were the clerkship goals, objectives and requirements explained to you at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
7. How well were you instructed in the performance of a patient work-up? (1-very poor 2-poor 3-average 4-good 5-very good)
8. How well were you integrated with the health care team? (1-very poor 2-poor 3-average 4-good 5-very good)
9. How were your teaching sessions for students only? (1-very poor 2-poor 3-average 4-good 5-very good)
10. How would you rate the quality of teaching? (1-very poor 2-poor 3-average 4-good 5-very good)
11. How would you rate the volume and mix of clinical cases? (1-very poor 2-poor 3-average 4-good 5-very good)
12. How would you rate your overall experience of the clerkship? (1-very poor 2-poor 3-average 4-good 5-very good)
13. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment) If any mistreatment was witnessed please document in comment box. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
14. I feel supported in my personal and professional pursuits by other School of Medicine students. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
15. Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a rating number (1-very poor 2-poor 3-average 4-good 5-very good) next to their name.
16. SGU Covid-19 education courses improved my understanding of infection and transmission. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
17. The clerkship duty hour limits (50 hours or less per week) were followed. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
18. The clinical site orientation and instruction on the use of PPE was adequate. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
19. The preventative measures at clinical sites protected students from infection. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
20. There are faculty and/or other school representatives that I feel comfortable confiding in when important concerns arise. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
21. This clerkship provides a safe and nurturing emotional climate that focuses on student success. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
22. Were you provided with mid-clerkship feedback? (****Important only use 1 for NO or 5 for YES****) 1=No 5=Yes

Medicine

Questionnaire

1. How consistent was feedback on your performance? (1-very poor 2-poor 3-average 4-good 5-very good)
2. How helpful was your midcore evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
3. How was the review of your patient logs? (1-very poor 2-poor 3-average 4-good 5-very good)
4. How was your end of the rotation communication skills and final assessment evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
5. How well did the clerkship fulfill the goals and objectives described at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
6. How well were the clerkship goals, objectives and requirements explained to you at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
7. How well were you instructed in the performance of a patient work-up? (1-very poor 2-poor 3-average 4-good 5-very good)
8. How well were you integrated with the health care team? (1-very poor 2-poor 3-average 4-good 5-very good)
9. How were your teaching sessions for students only? (1-very poor 2-poor 3-average 4-good 5-very good)
10. How would you rate the quality of teaching? (1-very poor 2-poor 3-average 4-good 5-very good)
11. How would you rate the volume and mix of clinical cases? (1-very poor 2-poor 3-average 4-good 5-very good)
12. How would you rate your overall experience of the clerkship? (1-very poor 2-poor 3-average 4-good 5-very good
13. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment) If any mistreatment was witnessed, please document in comment box. (1 Strongly Disagree - 5 Strongly Agree)
14. I feel supported in my personal and professional pursuits by other School of Medicine students. (1 Strongly Disagree - 5 Strongly Agree)
15. Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a rating number (1-very poor 2-poor 3-average 4-good 5-very good) next to their name
16. SGU Covid-19 education courses improved my understanding of infection and transmission? (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
17. The clerkship duty hour limits (50 hours or less per week) were followed. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
18. The clinical site orientation and instruction on the use of PPE was adequate. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
19. The preventative measures at clinical sites protected students from infection. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
20. There are faculty and/or other school representatives that I feel comfortable confiding in when important concerns arise. (1 Strongly Disagree - 5 Strongly Agree)
21. This clerkship provides a safe and nurturing emotional climate that focuses on student success. (1 Strongly Disagree - 5 Strongly Agree)
22. Were you provided with mid-clerkship feedback? (****Important only use 1 for NO or 5 for YES****) 1=No 5=Yes

OB/GYN

Questionnaire

1. How consistent was feedback on your performance? (1-very poor 2-poor 3-average 4-good 5-very good)
2. How helpful was your mid-core evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)

3. How many deliveries did you participate in during the rotation? 5- Exceptional greater than 25 deliveries; 4-Good between 24 and 15; 3-Adequate between 14 and 10; 2-Minimal between 9 and 5; 1-Poor less than 5; Not Done 0
4. How many pelvic examinations have you performed during your rotation? 5- Exceptional greater than 25; 4-Good between 24 and 15; 3-Adequate between 14 and 10; 2-Minimal between 9 and 5; 1-Poor less than 5; Not Done 0
5. How was the review of your patient logs? (1-very poor 2-poor 3-average 4-good 5-very good)
6. How was your end of the rotation communication skills and final assessment evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
7. How was your experience in the operating room? (1-very poor 2-poor 3-average 4-good 5-very good)
8. How well did the clerkship fulfill the goals and objectives described at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
9. How well were the clerkship goals, objectives and requirements explained to you at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
10. How well were you instructed in the performance of a patient work-up? (1-very poor 2-poor 3-average 4-good 5-very good)
11. How well were you integrated with the health care team? (1-very poor 2-poor 3-average 4-good 5-very good)
12. How were your teaching sessions for students only? (1-very poor 2-poor 3-average 4-good 5-very good)
13. How would you rate the quality of teaching? (1-very poor 2-poor 3-average 4-good 5-very good)
14. How would you rate the volume and mix of clinical cases? (1-very poor 2-poor 3-average 4-good 5-very good)
15. How would you rate your overall experience of the clerkship? (1-very poor 2-poor 3-average 4-good 5-very good)
16. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment) If any mistreatment was witnessed, please document in comment box. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
17. I feel supported in my personal and professional pursuits by other School of Medicine students. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
18. If you are not specifically interested in Ob/Gyn, how valuable was your clerkship experience? (1-very poor 2-poor 3-average 4-good 5-very good)
19. Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a rating number (1-very poor 2-poor 3-average 4-good 5-very good) next to their name.
20. SGU Covid-19 education courses improved my understanding of infection and transmission. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
21. The clerkship duty hour limits (50 hours or less per week) were followed. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
22. The clinical site orientation and instruction on the use of PPE was adequate. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
23. The preventative measures at clinical sites protected students from infection. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
24. There are faculty and/or other school representatives that I feel comfortable confiding in when important concerns arise. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
25. This clerkship provides a safe and nurturing emotional climate that focuses on student success. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
26. Were you provided with mid-clerkship feedback? (****Important only use 1 for NO or 5 for YES****) 1=No 5=Yes

Peds

Questionnaire

1. How consistent was feedback on your performance? (1-very poor 2-poor 3-average 4-good 5-very good)
2. How helpful was your midcore evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
3. How was the review of your patient logs? (1-very poor 2-poor 3-average 4-good 5-very good)
4. How was your end of the rotation communication skills and final assessment evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
5. How well did the clerkship fulfill the goals and objectives described at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
6. How well were the clerkship goals, objectives and requirements explained to you at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
7. How well were you instructed in the performance of a patient work-up? (1-very poor 2-poor 3-average 4-good 5-very good)
8. How well were you integrated with the health care team? (1-very poor 2-poor 3-average 4-good 5-very good)
9. How were your teaching sessions for students only? (1-very poor 2-poor 3-average 4-good 5-very good)
10. How would you rate the quality of teaching from Attendings? (1-very poor 2-poor 3-average 4-good 5-very good)
11. How would you rate the quality of teaching from residents? (1-very poor 2-poor 3-average 4-good 5-very good)
12. How would you rate the volume and mix of clinical cases? (1-very poor 2-poor 3-average 4-good 5-very good)
13. How would you rate your overall experience of the clerkship? (1-very poor 2-poor 3-average 4-good 5-very good)
14. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, humiliation, psychological/physical punishment) If any mistreatment was witnessed please document in comment box. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
15. I feel supported in my personal and professional pursuits by other School of Medicine students. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
16. Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a rating number (1-very poor 2-poor 3-average 4-good 5-very good) next to their name.
17. SGU Covid-19 education courses improved my understanding of infection and transmission. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
18. The clerkship duty hour limits (50 hours or less per week) were followed. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
19. The clinical site orientation and instruction on the use of PPE was adequate. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
20. The preventative measures at clinical sites protected students from infection. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
21. There are faculty and/or other school representatives that I feel comfortable confiding in when important concerns arise. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
22. This clerkship provides a safe and nurturing emotional climate that focuses on student success. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
23. Were you provided with mid-clerkship feedback? (****Important only use 1 for NO or 5 for YES****) 1=No 5=Yes

Psych

Questionnaire

1. How consistent was feedback on your performance? (1-very poor 2-poor 3-average 4-good 5-very good)

2. How helpful was your midcore evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
3. How was the review of your patient logs? (1-very poor 2-poor 3-average 4-good 5-very good)
4. How was your end of the rotation communication skills and final assessment evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
5. How well did the clerkship fulfill the goals and objectives described at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
6. How well were the clerkship goals, objectives and requirements explained to you at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
7. How well were you instructed in the performance of a patient work-up? (1-very poor 2-poor 3-average 4-good 5-very good)
8. How well were you integrated with the health care team? (1-very poor 2-poor 3-average 4-good 5-very good)
9. How were your teaching sessions for students only? (1-very poor 2-poor 3-average 4-good 5-very good)
10. How would you rate the quality of teaching? (1-very poor 2-poor 3-average 4-good 5-very good)
11. How would you rate the volume and mix of clinical cases? (1-very poor 2-poor 3-average 4-good 5-very good)
12. How would you rate your overall experience of the clerkship? (1-very poor 2-poor 3-average 4-good 5-very good)
13. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment) If any mistreatment was witnessed please document in comment box. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
14. I feel supported in my personal and professional pursuits by other School of Medicine students. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
15. Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a rating number (1-very poor 2-poor 3-average 4-good 5-very good) next to their name.
16. SGU Covid-19 education courses improved my understanding of infection and transmission? (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
17. The clerkship duty hour limits (50 hours or less per week) were followed. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
18. The clinical site orientation and instruction on the use of PPE was adequate. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
19. The preventative measures at clinical sites protected students from infection. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
20. There are faculty and/or other school representatives that I feel comfortable confiding in when important concerns arise. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
21. This clerkship provides a safe and nurturing emotional climate that focuses on student success. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
22. Were you provided with mid-clerkship feedback? (****Important only use 1 for NO or 5 for YES****) 1=No 5=Yes

Surgery

Questionnaire

1. How consistent was feedback on your performance? (1-very poor 2-poor 3-average 4-good 5-very good)
2. How helpful was your midcore evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
3. How was the review of your patient logs? (1-very poor 2-poor 3-average 4-good 5-very good)
4. How was your end of the rotation communication skills and final assessment evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
5. How was your experience in the operating room? (1-very poor 2-poor 3-average 4-good 5-very good)
6. How was your exposure to surgical sub-specialties? (1-very poor 2-poor 3-average 4-good 5-very good)

7. How well did the clerkship fulfill the goals and objectives described at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
8. How well were the clerkship goals, objectives and requirements explained to you at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
9. How well were you instructed in the performance of a patient work-up? (1-very poor 2-poor 3-average 4-good 5-very good)
10. How well were you integrated with the health care team? (1-very poor 2-poor 3-average 4-good 5-very good)
11. How were your teaching sessions for students only? (1-very poor 2-poor 3-average 4-good 5-very good)
12. How would you rate the quality of teaching? (1-very poor 2-poor 3-average 4-good 5-very good)
13. How would you rate the volume and mix of clinical cases? (1-very poor 2-poor 3-average 4-good 5-very good)
14. How would you rate your overall experience of the clerkship? (1-very poor 2-poor 3-average 4-good 5-very good)
15. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment) If any mistreatment was witnessed please document in comment box. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
16. I feel supported in my personal and professional pursuits by other School of Medicine students. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
17. Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a rating number (1-very poor 2-poor 3-average 4-good 5-very good) next to their name.
18. SGU Covid-19 education courses improved my understanding of infection and transmission? (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
19. The clerkship duty hour limits were followed. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
20. The clinical site orientation and instruction on the use of PPE was adequate. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
21. The preventative measures at clinical sites protected students from infection. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
22. There are faculty and/or other school representatives that I feel comfortable confiding in when important concerns arise. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
23. This clerkship provides a safe and nurturing emotional climate that focuses on student success. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
24. Were you provided with mid-clerkship feedback? (****Important only use 1 for NO or 5 for YES****) 1=No 5=Yes

Appendix 5: Faculty Promotions Procedure

Call for Nominations

Twice yearly, in the Spring and Fall, the Chair of the Faculty Affairs Committee issues a notice to faculty members of the basic sciences to initiate the nomination of faculty for promotion. This notice is forwarded to all faculty members via e-mail and is included in the SGU's weekly bulletin. This announcement puts in motion a sequence of events, which culminates in the submission of a nomination for promotion by the applicant's department chair.

Deadlines for Promotion

The dates given below are for the Spring / Fall rounds:

During the 3rd week of January and 3rd Week of August: The FAC Chair issues a notice to basic sciences faculty, inviting department chairs to nominate faculty for promotion. The FAC Chair forwards a request to each academic department chair within the SOM for nominees of the appropriate academic rank designated to serve on the ad hoc FASP (see Section X.F.). In case of extenuating circumstances, the FAC may decide, in its discretion, to issue a revised set of deadlines.

Appendix 6: Criteria for Scholarly activity and publications

Appendix 6: Criteria for Scholarly Activity and Publications

Definition: A peer-reviewed publication is a publication that has been:

1. that has been published in a nationally recognized journal.
2. published in a journal that uses the expertise of external experts as part of the decision-making process.
3. published in a journal, that is selective in what it publishes. Greater credit is given for the more selective journals.

Modified from: https://som.rowan.edu/documents/somfacultyhandbook.pdf

Certain scholarly activities such as editorials, letters to the editor, book reviews, newspaper articles, online book chapters and magazine articles are not peer reviewed and, therefore, do not count towards the promotion requirement for publications in peer-reviewed journals. Contributions to Predatory journals (as defined and listed below, but not necessarily limited to) are also excluded.

A definition of “peer reviewed” is available at https://en.wikipedia.org/wiki/Peer_review. Faculty should review the SOM provided guidance relating to predatory journals. Each faculty member is expected to perform due-diligence as it relates to avoiding predatory journals.

All scholarly activities of the applicant must carry a stated St. George’s University SOM affiliation to be considered as fulfilling the publication promotion requirement.

Appendix 7: Faculty Appraisal Policy

Background and Purpose

A regular and documented assessment of faculty is both desirable for maintenance of faculty quality and overall educational experience, and is a requirement of current accreditation standards:

Scope

This policy and procedure document aims to enable:

1. Performance “SMART”[1] -based assessment at defined time periods: minimum of once per year.
2. Provision of structured feedback to teaching faculty by the DMEs and clerkship directors, and/or department chairs
3. Utilization of self-reflection and student assessment data for comparative review of faculty at and across courses, departments, clerkships and hospital site levels
4. Ongoing monitoring of areas for remediation at suitable administrative level
5. Administrative review by department chairs

6. Administrative oversight by the Office of the senior associate dean for clinical studies or basic sciences (as relevant), and dean of SOM
7. Online data submission (self-reflection and summative appraisals)
8. Centralization of data collection

[1] Specific, Measurable, Achievable, Relevant, Time-based

Policy Statement

This policy was developed to define the process of appraisal and evaluation of faculty in the School of Medicine, at St. George's University.

Timeline:

Time	Details
One month prior to Yearly Evaluation date*	1. Schedule date for Yearly Evaluation meeting of DME and clerkship director, or Dept Chair, with faculty 1. In person is preferable; virtual is acceptable 2. Notify faculty to complete self-evaluation (online survey form)

Within plus/minus 2 weeks of Evaluation Date	1. DME and clerkship director (Clinical faculty) or department chair (basic sciences faculty) meet with faculty member
	    1. Joint review of faculty member's progress, student assessments, etc.
	    2. Identify areas for improvement
	    3. Specify goals or timeline for promotion
	2. Submit Summative Evaluation

Within 1 month of Evaluation meeting being held	1. Submitted Summative Evaluations administratively compiled and sent to relevant department chair 2. department chair reviews and submits Executive summary to the Office of the senior associate dean (as relevant) 3. Remediation or follow-up areas identified by Chair are communicated to DME and clerkship director in Exec summary, and/or directly to faculty.
After 6 months, if areas for improvement were identified:	1. DME and clerkship director and/or Dept Chair schedule and hold follow-up meeting 2. Discuss progress for defined remediation 1. Identify any remediation still needed 3. Submit Appraisal Update to Dept. Chair 4. department chair notifies Office of the respective senior associate dean as to progress with remediation

Comparative Analysis of Data

Faculty self-appraisal, summative evaluation from the DMEs and clerkship directors and/or department chairs, and student assessment data will collectively be used to comparatively analyze faculty:

- Within courses (basic sciences, e.g., all faculty in PCM1, or for Psychiatry core)
- Across courses (basic sciences, e.g., comparing PCM 1 and PCM2, between Psychiatry and Surgery)
- Within Departments (e.g., Anatomical Sciences, Psychiatry)
- Within Departments at a single hospital (e.g., Psychiatry, OB/GYN, faculty at St. Joe's)
- Across departments at multiple hospitals (e.g., Emergency medicine at all US and UK clinical sites)
- Across faculty at a single hospital (e.g., all faculty at St. Joe's).
- Across faculty at multiple sites

This comparative analysis will be used for the purposes of monitoring comparability of the faculty, and to enable tracking of the implementation and outcome of faculty development and remedial interventions.

Guidelines for feedback to teaching faculty:

1. Balanced: highlight both strengths and areas for improvement
2. Outline expectations for improvement (if applicable) or continued personal development
3. Encourage reflection and suggestions/discussion

Peer Review process:

The following process can be implemented in response to student assessments of teaching, the faculty member's self-evaluation, and/or as identified by the clerkship director, DME, department chair, senior associate dean and/or dean of the School of Medicine.

A Peer Review Task Force reviews the teaching of faculty who have been identified as requiring remediation as per the process described above. The task force is comprised of a minimum of two experienced faculty who are consistently evaluated in the top 1/3rd percentile based on student assessments.

Narrative feedback from the Peer Review Task Force members, based on their observations of the faculty member's teaching, e.g., via attendance at ward rounds or lectures, is provided to the relevant senior associate dean and to the chair of the department. The chair is responsible for discussing the Peer Review Task Force's evaluation with the faculty member and for coordinating any necessary remediation efforts. Administrative oversight and tracking of the remediation implemented will be carried out from the Office of the relevant senior associate dean.

Definitions

- DME: director of medical education
- Faculty: individual with who students have contact for a defined period of time during their rotation.
- Peer Task Force: faculty group charged with evaluating teaching efficacy
- Student assessments of teaching: data from end of module, end-of-course or end-of-rotation evaluations (as relevant to the individual faculty member).

Appendices

Self-Appraisal criteria – clinical faculty

(provided as an overview; see faculty self-evaluation and DME's summative evaluation online forms for more details – see icons at end of this document):

DME and clerkship director to Confirm via checklist [online form]:	**Discussion points:**	**Primary SMART component**
	Self-evaluation appraisal form received	All
	Interest in promotion: criteria and timeline towards meeting SGU promotion standards (if applicable)	Specific
	Current professional development needs	Relevant
	Referral to specific professional development opportunities (CMEs, online courses, SGU-developed resources)	Specific Relevant
	Established goals or improvements needed based on feedback (either from written end-of-clerkship evals or direct observations by DME or other competent faculty)	Measurable Relevant
Enter score from Student evaluations of teaching	From end of core questionnaire: Numeric value(s)	Specific Measurable
	Discussed career goals: immediate and long-term	Time-based
	• Specific discussion of any reported problems or concerns regarding academic performance via e.g., student/core evaluations	All

DME and clerkship director to Confirm via checklist [online form]:	Discussion points:	Primary SMART component
	• Establishment of timeline for remediation	
Narrative comments by Assessor:		

Self- Appraisal criteria – Basic sciences faculty

As per currently used Performance Appraisal system.

A regular and documented assessment of faculty is a requirement of current accreditation standards.

DME Process Overview:

1. Faculty perform self-evaluation using online form
2. Print as PDF and send to DME and clerkship director
3. DME and clerkship director reviews self-evaluation sheets alongside student evaluations of the faculty member's teaching (from the end-of-core evaluation)
    a. At once yearly meeting with faculty
4. DME completes online summative evaluation form
5. Submitted data for all evaluated faculty is submitted by DME and reviewed first by Dept Chair, and then by a designated administrator in the Office of the senior associate dean for clinical studies.
6. If areas for improvement or remediation were identified, set date for subsequent meeting.
7. Administrator from the Office of the senior associate dean for clinical studies will continue to monitor.

DME Action items:

1. Schedule meetings with all clinical faculty who meet the following criteria:
    a. Minimum of 5 interaction student reports in the last year
    b. Y
    c. Z
2. During the meeting:
    a. Discuss the submitted faculty self-evaluation
    b. Establish goals
    c. Determine progress towards promotion (if applicable)
    d. Review student assessments of teaching as per end-of-rotation evaluation
3. Submit the summative evaluation for each person using the online form (which addresses items relevant to a, b and c)
4. Reports are summarized administratively and sent to relevant department chairs
5. If areas for improvement or remediation are identified: schedule follow-up meeting in 6 months to discuss progress.

Online evaluation forms:

1. Clinical faculty: self-reflective:

- https://forms.office.com/r/UmDWKwcPJQ

2. Summative evaluation of clinical faculty (by DMEs)

- https://forms.office.com/r/q1U8VYEtWH

Appendix 8: Track Criteria

Educator track

EDUCATOR TRACK **Basic Sciences**	**Lecturer (or instructor) to Assistant Professor**	**Assistant to Associate Professor**	**Associate Professor to Professor**
Education Requirement: Candidate possesses appropriate qualification or equivalent in an appropriate field of study.	MD with MSc, MPH, MBA, PhD or equivalent, or MD board certification Or PhD	MD with MSc, MPH, MBA, PhD or equivalent, or MD board certification Or PhD	MD with MSc, MPH, MBA, PhD or equivalent, or MD board certification Or PhD
Experience Requirements: Meet's minimum number of years at present rank.	1 Year	3 Years	5 Years
Professional development			
Attendance at scientific conference	1/year	1/year	1/year
Evidence of scholarly approach to Education #	Required	Required	Required
Completion of Certificate in Research (from Faculty Research Institute)	Required	Required	Required
Educational Content delivery			
Delivery of new lectures (lectures not previously delivered) to students in the 4-year MD program at SOM	20 lectures (in current role)	15 lectures (in current role)	5 lectures (in current role)
Creation of new video-based or interactive academic resources, or other substantive production of learning resource materials **	10	10 (in current role)	5 (in current role)
Evidence of substantive input to learning objectives (as per Bloom's revised taxonomy)	20 lectures worth	15 lectures worth (in current role)	5 lectures worth (in current role)
Book chapters, including online, question-review books, etc. ‡	-	1	2
Average student evaluations (SOM Courses)	4.5	4.5	4.5
Assessments			
Writing IMCQ session Questions (New)	60	120	240
Writing Practice Questions (New)	20	30	50
Writing Examination questions (including OCEX, OSPEs, OSCEs, Lab exams	100	200	400
Leadership and Management			
Academic Leadership - Curriculum			
Course Director	Desirable	Required 1 of the listed activities for a minimum of 1 year	Course director (when content manager was not an option) or content manager for a minimum of 1 year
Content manager			
Module Coordinator			
ITI coordinator			
Clinical tutor coordinator			
Professionalism			

Interaction with departmental and other colleagues	2 letters of recommendation (minimum 1 at higher rank than applicant)	3 letters of recommendation (minimum 2 at higher rank than applicant)	5 letters of recommendation (minimum 2 at higher rank than applicant and 1 from administrative level e.g. Assistant or Associate Dean) 2 from outside institution at your discipline
Holds student focused and open office hours; responds to direct student emails and those sent via course or discipline emails	Required	Required	Required
Faculty mentoring (junior colleagues, new Clinical instructors, etc.)	-	1 in lower rank	1 in lower rank
Service to the University Community			
Appointed member of administrative committee, e.g., scheduling, curriculum, assessments working group, strategic planning committee	Desirable	1	1
Voluntary or elected committee member (e.g., senate committees)	Desirable	1	1
Research activity			
Publications in peer-reviewed, non-predatory journals as a first authors or last author (must be corresponding) *	1 Must be first author	6 First or last author (as corresponding) Or 18 as middle author or a combination	9 First or last author (as corresponding) Or 27 as middle author or a combination
Book chapters, contribution to books ‡	-	1	2
International conference presentation (poster, oral presentation, or workshop) must be in attendance at conference†	1/year	Average 2 per 3 years	Average 3 per 5 years
SGU Research Day	Attendance	Attendance and presentation of 1 oral/ poster	Attendance and presentation of 1 oral/ poster
Association Membership	1	1	2
Association Committees	-	Desirable	1
Additional (no minimum associated)			
Patents	Desirable	Desirable	Desirable
Standard Operating Procedures, Technical manuals	Desirable	Desirable	Desirable
Student mentoring (other than office hours, e.g., as member of AADS, AEP program)	Desirable	Desirable	Desirable

Footnote: † (must be at a conference with an international organization or association with international membership) Must be present physically or virtually. ‡ Books and book chapters must be related to a relevant academic field and published by a recognized academic publisher with a peer review editorial process. Self published works are not considered to qualify for this criterion. * First author is listed as first or joint first author, last author is listed last and must be corresponding author, 3-non first author papers is equal to 1 first/last author papers. # participation in Diploma, certificate and/ or courses in medical education, equating to 1 credit worth (16 hours) or more Educational CME also considered

** Learning materials include those developed for training of Clinical Instructors or demonstrators it is not limited to materials used by students and must fill a need as identified by course directors, content managers and or chairs

Clinician TRACK

Clinician TRACK (SGU clinical faculty in US or UK hospital and Grenada General)	**Lecturer to Assistant Professor**	**Assistant to Associate Professor**	**Associate Prof to Professor**
Education Requirement: Candidate possesses appropriate qualification or equivalent in an appropriate field of study	MD or MBBS/MBChB and MSc, MPH, MBA, PhD or board certification	MD or MBBS/MBChB and MSc, MPH, MBA, PhD or board certification	MD or MBBS/MBChB and MSc, MPH, MBA, PhD or board certification
Experience Requirements: Meet's minimum number of years at present rank.	**1 Year**	**3 Years**	**5 Years**
Professional development			
Attendance at scientific conference	1/year	1/year	1/year
International conference presentation (poster, oral presentation, or workshop) must be in attendance at conference†	1/year	2/year	3/year
Board certification or UK equivalent (e.g., MRCP)	Must be board-eligible or certified Royal College membership eligible	Required and current RCP membership or fellowship (or equivalent)	Required and current RCP fellowship or Certificate of specialty training (CCT)
General Medical Council or GMDC (Grenada) certified	Required and current	Required and current	Required and current
CME	100hrs/year	100hrs/year	100hrs/year
Educational Content delivery			
Clinically relevant didactic sessions	8/year	24/3years	40/5years
Book chapters, including online, question-review books, etc. ‡	-	1	2
Teaching in context of patient-care environments, including ward rounds	>30hrs	>60hrs	>60hrs
Participation in student rounds, seminar presentations, journal clubs, etc.	Desirable	Required	Required
Positive feedback/comments in end of specialty evaluations	Desirable	Required	Required
Assessments			
Contribution to observational assessment of students	Required	Required	Required
Leadership and Management			
Academic Leadership - Curriculum			
Preceptor	Desirable	Required 1 of the listed activities for a minimum of 1 year	Required 2 of the listed for a minimum of 1 year
Clerkship director			
Director of Medical Education			
Dean (assistant/associate)			
Course director (or equivalent oversight of clinical programs)			
Professional service			
Interaction with departmental and other colleagues	2 letters of recommendation (minimum 1 at higher rank than applicant)	3 letters of recommendation (minimum 2 at higher rank than applicant)	5 letters of recommendation (minimum 2 at higher rank than applicant and 1 from administrative level e.g. Assistant or Associate Dean) 2 from outside institution at your specialty

Faculty mentoring (junior colleagues, new Clinical instructors, etc.)	-	1 in lower rank	1 in lower rank
Ongoing commitment to clinical excellence	Attendance all semi-annual faculty meetings as invited, and additional SGU faculty development series	Attendance all semi-annual faculty meetings as invited, and additional SGU faculty development series, and it is desired to contribute/participate in its creation	Attendance all semi-annual faculty meetings as invited, and, direction of new material for the SGU faculty development series
Participant on Departmental, hospital or community committees as a member, or chair	Desirable	Required; Department committee	Required; Department chair of committee, member of community committee Desired; Hospital chair of committee
Participation in development of Hospital/Clinic clinical guidelines	-	Desired	Required
Commitment to participation in activities (e.g. committees) supporting provision of clinical services	Required	Required	Required
Service to the University Community			
Appointed member of administrative committee, e.g., scheduling, curriculum, assessments working group, strategic planning committee	Desirable	1	2
Committees or groups related to clinical service or research e.g. Institutional Review Boards/ Human subjects Committee/ Ethics Review Committee	Desirable	Required	Required
Voluntary or elected committee member (e.g., senate committees)	Desirable	Required	Required
Research activity			
Publications in peer-reviewed, non-predatory journals as a first authors or last author (must be corresponding) *	1 Must be first author	>1 First or last author (as corresponding) Or ≥ 5 total	>5 First or last author (as corresponding) Or ≥ 15 total
Manuals, Book chapters, contribution to books, other forms of publication such as training videos etc.	-	>1	>2
Association Membership	1	1	2
Association Committees (e.g. American Board of Pediatrics, i.e., national association committees)	Membership Required	Membership required and evidence of active participation in committees	Membership required and evidence of active participation in committees for > 2 years
Additional (no minimum associated)			
Patents	Desirable	Desirable	Desirable
Standard Operating Procedures, Technical manuals	Desirable	Desirable	Desirable
Student mentoring (other than office hours, e.g., as member of AADS, AEP program)	Desirable	Desirable	Desirable

Footnote: † (local conferences, e.g., Grenada Research day do not count; must be at a conference with an international organization or association with international membership) Must be present physically

or virtually. ‡ Books and book chapters must be related to a relevant academic field and published by a recognized academic publisher with a peer review editorial process. Self published works are not considered to qualify for this criterion. * First author is listed as first or joint first author, last author is listed last and must be corresponding author, 3-non first author papers is equal to 1 first/last author papers.

RESEARCHER TRACK

RESEARCHER TRACK	**Lecturer (or instructor) to Assistant Professor**	**Assistant to Associate Professor**	**Associate Professor to Professor**
Education Requirement: Candidate possesses appropriate qualification or equivalent in an appropriate field of study.	MD with MSc, MPH, MBA, PhD or equivalent, or MD board certification Or PhD	No additional requirements	No additional requirements
Experience Requirements: Meet's minimum number of years at present rank.	1 Year	3 Years	5 Years
Professional development			
Attendance at scientific conference; relevant to content being taught	1	1/year	2/year
Attendance at educational conference (e.g. AAMC, IAMSE, AMEE, etc.)		1/year	2/year
Attendance at scientific conference as invited speaker (poster, oral presentation, workshop)	-	1	2
Evidence of scholarly approach to Education #	Desirable	Required	Required
Completion of Certificate in Research (from Faculty Research Institute)	Required	Required	Required
Professionalism			
Interaction with departmental and other colleagues	2 letters of recommendation (minimum 1 at higher rank than applicant)	3 letters of recommendation (minimum 2 at higher rank than applicant)	5 letters of recommendation (minimum 2 at higher rank than applicant and 1 from administrative level e.g. Assistant or Associate Dean) 2 from outside institution at your discipline
Inter-collegial networking	Ranked by Chair as Effective	Ranked by Chair as Highly Effective	Ranked by Chair as Highly Effective
Service to the University Community			
Appointed member of administrative committee, e.g., scheduling, curriculum, assessments working group, strategic planning committee	Minimum 1	Minimum 1	Minimum 3
Voluntary or elected committee member (e.g., senate committees)		Minimum 1	Minimum 1
Research activity			
Publications in peer-reviewed, non-predatory journals as a first author	3	6	9

Publications in peer-reviewed, non-predatory journals as second author or other	9	18	36
Book chapters, contribution to books ‡	-	1	2
Grants	Contributed to minimum 1 grant proposal	Applied for Minimum 2 grants as PI Holds or have held minimum 1 grant as PI	Applied for Minimum 5 grants as PI Holds or have held minimum 3 grants as PI
Research student mentorship e.g. Grad student, MSRI student, MPH Capstone	1	2	4
Chair of Supervisory Committee	-	2	5
Member of Graduate Student Supervisory Committee	1	2	5
Member of Departmental Graduate Advisory Committee (GAC)	Required	Required	Required
Chair of Departmental Graduate Advisory Committee (GAC)	-	Desirable	Required
Additional (no minimum associated)			
Patents	Desirable	Desirable	Desirable
Standard Operating Procedures, Technical manuals	Desirable	Desirable	Desirable
Student mentoring (other than office hours, e.g., as member of AADS, AEP program)	Desirable	Desirable	Desirable

Appendix 9: School of Medicine Faculty Senate

SOM Faculty Senate By-laws

(AS PASSED BY SENATE ON DECEMBER 2, 2021).

SCHOOL OF MEDICINE FACULTY SENATE BY-LAWS.

This section and the following section of the Faculty Handbook contains the Bylaws and Standing

Rules of the Faculty Senate of St. George's University School of Medicine Senate.

1. ARTICLE I-M: ORGANIZATION

This organization shall be known as the School of Medicine Faculty Senate.

2. ARTICLE II-M: RESPONSIBILITIES

The School of Medicine Faculty Senate is constituted in recognition of the right of the faculty to be involved in deliberations of all School of Medicine matters affecting the faculty.

The School of Medicine Faculty Senate is the organization through which the faculty of the School of Medicine formally and systematically participate in the governance of the School of Medicine on issues that impact on the School of Medicine. These issues include policies concerning admissions, financial

planning and budgeting, academic procedures, student appeals, faculty employment practices, and the general educational, research, and service policies of the University. Deliberations on these matters occur in the sessions of the senate, its standing committees and its shared governance committees

3. ARTICLE III-M: MEMBERSHIP

3.1 Membership

The membership of the School of Medicine Faculty Senate shall be composed of all full-time and part-time faculty members of the School of Medicine.

3.2 Elected Officers

1. All elected officers, including members of the School of Medicine Senate Executive Committee, shall serve for terms as specified herein, or until their successors are elected. Only voting members are eligible to hold offices described in these by-laws.
2. Any elected officer in the School of Medicine Faculty Senate, be removed from office by a properly moved and ratified motion to rescind, as detailed in the latest edition of Robert's Rules of Order Newly Revised.
3. An elected member of a Standing Committee who fails to personally attend three consecutive scheduled meetings be replaced by the individual who received the next highest number of votes for that committee in the preceding election.
   In the event that no such individual exists, an interim committee member will be appointed by the President of the School of Medicine Senate.
4. Notwithstanding their status as voting members, no one who holds a prefixed administrative post (Dean, Associate or Assistant Dean or Associate or Assistant Provost) at St. George's University may serve in any elected position in the School of Medicine Senate

4. ARTICLE IV-M: VOTING

4.1 Voting Rights

All members of the School of Medicine Faculty Senate shall have equal voting rights on Senate issues (Article III-M:Section 3.1). However, regardless of faculty teaching positions, the following shall be considered ex-officio, non-voting members of the School of Medicine Faculty Senate and shall not count towards a quorum. This refers to the following: (i) Chancellor or Vice Chancellor (ii) (ii) Provost or Vice Provost (iii) Full Deans, Assistant or Associate Dean of the School of Medicine or the University.

4.2 Voting by Postal/Electronic Ballot.

School of Medicine Faculty Senate elections, or any other issues deemed appropriate by the School of Medicine Faculty Senate, or the School of Medicine Senate Executive Committee (Article VII- M, section 5.7.4) shall be conducted by postal or electronic ballot, as prescribed by the School of Medicine Faculty Senate standing rules. Resolutions approved in this manner will be considered to take effect as soon as they are approved.

5. ARTICLE V-M: MEETINGS

5.1 School of Medicine Faculty Senate Meetings

1. Regular: The School of Medicine Faculty Senate shall be held at least two times in each year.
   The time and place of the meeting shall be fixed by the President of the Senate, in consultation with the Vice-President, the School of Medicine Senate Executive Committee, and the Dean, at least six months prior to the meeting date.
2. Special: Special meetings may be called upon a petition signed by at least one third of the voting members; or upon the request of the Chancellor or Vice Chancellor, the Dean of the School of Medicine, the President of the School of Medicine Faculty Senate, or the School of Medicine Senate Executive Committee.
3. A minimum of 60 voting members will constitute a quorum.

4. All School of Medicine Faculty Senate meetings and other School of Medicine Faculty Senate activities or standing committees, shall be governed by the latest edition of Robert's Rules of Order Newly Revised. The School of Medicine Faculty Senate may, however, adopt such standing rules or operating procedures as it deems necessary to facilitate the orderly conduct of business.
5. All School of Medicine Faculty Senate meetings and other School of Medicine Faculty Senate activities or standing committees (with the exception of those pertaining to promotions, grievances, shared governance or others held under executive session) shall be considered public meetings. Non-members are welcome to both attend and address the session (subject to approval of members)
6. Changes to School of Medicine Faculty Senate Standing Rules require approval by the full School of Medicine Faculty Senate.
7. Any proposed amendments to the School of Medicine Faculty Senate by-laws must appear in a published notice at least 14 days prior to the next meeting of the School of Medicine Faculty Senate. If the amendments are approved by resolution at that meeting, they will then be submitted for formal approval by a postal/electronic ballot as prescribed by the School of Medicine Faculty Senate standing rules.
8. All the members of the University administration (regardless of their faculty appointment) will be able to attend the meetings officiated by the School of Medicine faculty senate and its subcommittees and standing committees, on invitation from the President of the Faculty senate only. This refers but not limited to the following: (i) Chancellor and Vice-chancellor (ii)President and Vice-President (iii) Provost, Vice-Provost and Associate Provost (iv) Dean of School of Medicine (v) Full Deans, Associate Deans and Assistant Deans of the SOM, SAS, SVM, Office of Student Affairs, and Office of the Provost. The members of University administration may officially request the President, for an invitation to attend the meeting, at least 1 week before the scheduled meeting.

5.2 School of Medicine Senate Executive Committee Meetings.

1. School of Medicine Senate Executive Committee meetings shall be held at least six times in a year and conform to the rules of the School of Medicine Faculty Senate (Article V Section 5.1d).
2. A quorum for the School of Medicine Senate Executive Committee shall be a simple majority of the elected members.
3. The Executive Committee shall meet on call by the Chair of the committee (Faculty Senate President) or at the written request of at least half the members of the committee.
4. The agenda for the meetings will be prepared by the Executive Committee Chair, ordinarily in consultation with the Committee. The agenda will be distributed by the Secretary to the members at least one month in advance of the scheduled meeting, together with the minutes of the last meeting and summary of any actions taken by the committee since the last SOM Senate meeting.
5. The Executive committee shall have the power to act on behalf of the SOM Senate in matters and business that are relevant to that SOM, and require immediate action between regular meetings, and which, in its judgement, cannot await the next meeting. Items acted upon in this fashion will be ratified at the next meeting.
6. The Executive Committee shall oversee the operations of the SOM Faculty Senate, its standing committees and its sub-committees (shared governance committees are excluded)
7. The Executive Committee shall be responsible for providing a slate of candidates for election to the following positions: Chair (Article VIII-M, section 5.8.1) and members to be elected to the Executive Committee (Article VIII-M, Section 5.8.3). The committee shall also present to the SOM Faculty Senate, a slate of candidates for election to the Standing Committees (Article XI-M, section 5.11).
8. The Executive Committee shall conduct postal or electronic ballots of all members (as prescribed by the School of Medicine Faculty Senate standing rules) on specific issues when the Executive Committee regards a postal or electronic ballot as being urgent and cannot wait until the next Senate meeting. Resolutions approved in this manner will be considered to take effect as soon as they are approved.

6. ARTICLE VI-M: FACULTY SENATE OFFICER

6.1 President.

1. The Chair of the School of Medicine Senate Executive committee by virtue of office will serve as President of the School of Medicine Senate with the following stipulations:
    1. The President, following his/her term of office, shall hold a voting member's position as past President on the School of Medicine Senate Executive Committee for a period of 3 years.
    2. Only voting members of the School of Medicine Faculty Senate are entitled to hold the position of President.
    3. The term of office of the President will be three (3) years.

6.2 Vice President

1. The School of Medicine Faculty Senate Vice-President shall be elected from, and by, the membership of the School of Medicine Senate Executive Committee, according to the following stipulations.
    1. The School of Medicine Faculty Senate Vice President shall also serve as Deputy-Chair to theSchool of Medicine Senate Executive Committee
    2. The term of office shall be three (3) years.

6.3 Secretary

1. The School of Medicine Faculty Senate Secretary shall be elected from, and by, the membership of the School of Medicine Senate Executive Committee, according to the following stipulations.
    1. The School of Medicine Faculty Senate Secretary shall also serve as Secretary to the School ofMedicine Senate Executive Committee
    2. The term of office shall be one year.
    3. The secretary shall be eligible for re-election for one consecutive term.
    4. Then the secretary shall not be eligible until a one-year interval has passed.

6.4 School of Medicine (SOM) Senate Executive Committee.

1. The SOM Senate Executive Committee shall be comprised of the President of the SOM Faculty senate and 10 other elected members. The Vice-President of the Senate and the Secretary for the Executive Committee will be elected, from and by, this committee.
2. Of the 10 elected members, 6 members will be elected from and by, all the members of the SOM faculty senate. The remaining 4 members will be elected from and by, each of the Clinical faculty from USA, Clinical Faculty from UK, Basic Science Faculty from UK and Basic Science faculty from Grenada.
3. The members of the Clinical Faculty from USA and UK will elect, by postal or electronic ballot, one representative each to serve on the SOM Senate Executive Committee, and on other SOM Faculty Senate committees.
4. The members of the Basic Sciences faculty from UK and the Basic Sciences Faculty from Grenada will elect, by postal or electronic ballot, one representative each to serve on the SOM Senate Executive Committee, and on other SOM Faculty Senate committees.
5. The term of office for each member of the Executive Committee shall be three years with eligibility for re-election for one consecutive term. Thereafter, these members shall not be eligible for re-election until after a one-year interval.
6. Only voting members are entitled to be members of the Executive Committee

7. ARTICLE VII-M: FACULTY SENATE OFFICERS DUTIES

7.1 President.

The President shall:

1. preside over all plenary sessions of the School of Medicine Faculty Senate;
2. ordinarily not vote in School of Medicine Faculty Senate meetings, except in cases of tie votes, when he/she may, at his/her discretion, vote to break the tie;

3. act as Chair, of the School of Medicine Senate Executive Committee.
4. ordinarily not vote in the Senate meetings, nor in Executive Committee meetings, except in case of tie votes, when he/she may at his/her discretion vote to break the tie;
5. be ex-officio, non-voting member of all standing committees of the School of Medicine Faculty Senate, exclusive of the School of Medicine Senate Executive Committee, and he/she shall not count towards committee quorums, except that he/she may be an elected, voting member of one standing committee and may serve as a voting member on any ad hoc committee or subcommittee to which he/she is elected/appointed, or on any committee of which he/she is a member by administrative decree;
6. in conjunction with and the advice of the Vice President, the School of Medicine Senate Executive Committee and the Dean, set the date and place for plenary sessions of the School of Medicine Faculty Senate, and draw up the agenda for the meetings, and he/she shall also bear direct responsibility for coordinating the activities of the subcommittees, standing committees and determinative bodies;
7. conduct all business, at all School of Medicine Faculty Senate meetings, as presented in the agenda, which will ordinarily include presentations of committee reports;
8. be in contact with the committees of the School of Medicine Faculty Senate in order to coordinate and expedite their work and shall require regular reports from the subcommittees, standing committees and determinative bodies;
9. be responsible for presenting School of Medicine Faculty Senate proposals to the appropriate administrative section of the School of Medicine including the Board of School of Medicine, Vice Chancellor, the Dean of the School of Medicine, or any other board, committee, or individual that the School of Medicine Faculty Senate deems appropriate. The President shall report promptly any responses obtained;
10. invite, if deemed necessary, administrators, staff or visiting professors to offer an opinion, clarify an issue or make a presentation to the School of Medicine Faculty Senate; however, these guests shall not be entitled to take part in deliberations nor shall they be entitled to vote. (Article V-M, Section 5.1(h)

7.2 Vice President

The Vice President shall:

1. in the absence of the President, assume the duties of the President;
2. preside over, and act as Vice-Chair of the School of Medicine Senate Executive Committee and shall chair the Executive Committee in the absence of the Chair;
3. be a full voting member of the School of Medicine Faculty Senate meetings;
4. be responsible for presenting School of Medicine Senate Executive Committee proposals to the appropriate administrative section of the School of Medicine as described in Article VII-M, section 7.1i.

7.3 Secretary.

The Secretary shall:

1. be a full voting member of the School of Medicine Faculty Senate;
2. be responsible for recording minutes and distributing minutes of the previous meeting no later than one month after the meeting;
3. be responsible for distribution and tabulation of voting ballots in accordance with the School of Medicine Faculty Senate Standing rules;
4. be responsible for maintaining the archives, including correspondence, and keeping School of Medicine Faculty Senate documents properly indexed and filed.

7.4 School of Medicine Senate Executive Committee.

The School of Medicine Executive Committee shall:

1. oversee the operations of the School of Medicine Faculty Senate and assist the President in maintaining a timely, efficient, and effective performance of the School of Medicine Faculty Senate;
2. have the power to act on behalf of the School of Medicine Faculty Senate in matters that require immediate action, between regular meetings of the School of Medicine Faculty Senate, and in business that, in its judgment, cannot await the next School of Medicine Faculty Senate meeting; however, resolutions must be ratified by the School of Medicine Faculty Senate at their next meeting;
3. have the power to call the School of Medicine Faculty Senate into special session;
4. meet on call by the Chair of a standing committee, after consultation with the President, or by written request of at least four members of the School of Medicine Senate Executive committee. The agenda for the meetings shall be prepared by the Chair.
5. The School of Medicine Senate Executive Committee Chair shall provide the Secretary with the agenda for distribution to all School of Medicine Faculty Senate members at least one month in advance of the scheduled meeting, together with the minutes of the previous School of Medicine Faculty Senate meeting, as well as a summary of any actions taken by the School of Medicine Senate Executive Committee since the previous School of Medicine Faculty Senate meeting.
6. The School of Medicine Executive Committee shall be responsible for maintaining all School of Medicine Faculty Senate archives, including but not limited to School of Medicine Faculty Senate minutes, operating rules, minutes of all committee meetings, and communications (letters, memoranda, legal documents, etc. The School of Medicine Senate Executive Committee is also responsible for the prompt distribution of pertinent documents to School of Medicine Faculty Senate members.

8. ARTICLE VIII-M: SENATE COMMITTEES, DETERMINATIVE BODIES AND SHARED GOVERNANCE COMMITTEES

8.1 General.

The School of Medicine Faculty Senate shall establish such committees as it deems necessary to facilitate the orderly operation of the School of Medicine. These will usually take the form of standing committees, determinative bodies or Shared Governance Committees.

8.2 Standing Committees.

Standing committees are committees formed to work on issues that will be brought to the general assembly. Standing committees will compile a set of operating procedures, which must be approved by the School of Medicine Faculty Senate. These committees are: Faculty Affairs and Students Affairs

8.3 Determinative Bodies.

Determinative bodies are bodies or panels that exist to provide designated services to the Senate. They are responsible in matters of policy to their designated parent committee, but they report their findings directly to the appropriate academic officers. Determinative bodies will compile a set of operating procedures, which must be approved by the School of Medicine Faculty Senate. These committees are: Faculty Affairs Promotions Subcommittee.

8.4 Shared Governance Committees:

The Shared Governance Committees are committees, which exist to increase participation of faculty in administrative processes. They are responsible in matters of developing policies, planning and executing administrative processes and procedures, and report directly to the Dean of the School of medicine. These committees are: Curriculum committee (and its subcommittees), Faculty Student Selection Committee (FSSC), Committee for Satisfactory Academic Progress and Professional Standards (CAPPS), Graduation Assessment Board (GAB).

9. ARTICLE IX-M: STANDING COMMITTEES

9.1 General.

School of Medicine Faculty Senate shall establish such committees as it deems necessary to facilitate the orderly operation of the School of Medicine. As opposed to other types of committees, the primary purpose of a standing committee is to address issues of general and continuing interest and forward resolutions as appropriate. While establishing a new standing committee can be undertaken by a regular resolution, the dissolution of an existing standing committee requires a properly moved and ratified motion to rescind.

9.2 Members.

Membership of standing committees is by election only (Article VII-M, Section 5.7.4). Senate members shall serve on only one committee, exclusive of the School of Medicine Senate Executive Committee, but there shall be no restrictions concerning service on subcommittees, ad hoc committees or determinative bodies.

9.3 Operating Rules.

Standing committees are responsible for developing their own operating rules as necessary, which must be approved by the Faculty Senate and listed in the School of Medicine Faculty Senate Standing Rules.

10. ARTICLE X_M: SHARED GOVERNANCE COMMITTEES:

10.1 General:

The School of Medicine Faculty senate will establish following Shared Governance Committees (5.8.4) that provide designated services to the Dean of School of Medicine regarding administrative processes and procedures.

10.2 Members:

Shared governance committees comprise of members from Faculty Senate as nominated by the SOM Senate executive committee and members appointed by the School of Medicine administration. The membership of the shared governance committee is subject to final approval from the Dean of School of Medicine. Shared governance committees assume administrative responsibilities and work to plan and develop various administrative policies and procedures. The Shared Governance Committees will report directly to the Dean of School of Medicine

10.3 Operating Rules:

Each Shared governance committee will compile and approve their own bylaws, which must be approved by the Dean of the School of Medicine.

School of Medicine Faculty Senate Standing Rules

(Version: Feb2014)

NB: The Senate Standing Rules will be revised by the relevant committees in light of the December 2021 changes to the Senate By-laws.

1. CLASSIFICATION OF RECOMMENDATIONS: SCHOOL OF MEDICINE

1.1 School of Medicine Faculty Senate Meetings

REC: 2-10-96A (i) [REC. SOMEC 2-10-96 (a)]

Recommendations originating at the meetings of the School of Medicine Division of the Faculty Senate shall be labeled according to Senate acronym, date and sequence. For example, three recommendations passed on January 30, 1997 would be reported:

REC. SOMFS- 30-01-97(a) REC. SOMFS- 30-01-97 (b) REC. SOMFS- 30-01-97 (c) Recommendations forwarded by the School of Medicine Executive Committee would be designated by the letter “S”. See REC: SOMEC 13.6.97 (a).

1.2 School of Medicine Executive Committee Meetings.

REC: 2-10-96A (ii) [REC. SOMEC 2-10-96 (b)]

Recommendations from the School of Medicine Executive Committees shall be labeled according to the committee acronym, date, and sequence. For example, three recommendations passed by the School of Medicine Executive committee on October 25,1996 would be reported:

REC SOMEC 25-10-96 (a) REC. SOMEC. 25-10-96 (b) REC. SOMEC. 25-10-96 (c) Recommendations approved by the School of Medicine Executive Committee, but originating in a School of Medicine Standing Committee be so designated by the addition of the letter “E” to Standing Committee classification. As example, a recommendation originating in the School of Medicine Standing Committees on January 27, 1997 would be recorded as follows.

REC: SOM-SAA. 27-1-97 (a) ----------> REC: SOM-SAA. 27-1-97 (a) E Subsequent ratification by the ratified by the Senate would be designated by the letter “S” as follows: REC: SAA-C. 27-1-97(a) E, S

1.3 School of Medicine Standing Committee Meetings.

Recommendations originating in the School of Medicine Standing Committees shall be initially labeled according to School of Medicine Standing Committee acronym, date and sequence. A recommendation originating in the School of Medicine Student Academic Affairs, Curriculum, and Faculty Affairs Standing Committees on January 27, 1997 would be recorded, respectively, as:

REC: SOM-SAA. 27-1-97 REC: SOM-C. 27-1-97 REC: SOM-FA. 27-1-97

2. CLASSIFICATION OF RECOMMENDATIONS: DIVISION

2.1 Divisional Meetings.

REC: 2-10-96A (iii) [REC. SOMEC 2-10-96 (C)]

Recommendations originating at Divisional meetings shall be labeled according to Division, date and sequence. In addition, the Division from which it originated, i.e. Basic Science Division (B) or Clinical Division (C) must be specified. For example recommendations passed by the Basic Sciences and Clinical Division on November 30, 1996 would be reported respectively as:

REC. DIV-B. 30-11-96 (a) or REC. DIV.C. 30-11-96 (a)

Recommendations approved by the Divisional Executive Committees, but originating in a Divisional Standing Committee be so designated by the addition of the letter “E” to Standing Committee classification. As example, a recommendation originating from Student Academic Affairs Standing Committees on January 27, 1997 would be recorded as follows, depending on the Division.

REC: SAA-C. 27-1-97 (a) ----------> REC: SAA-C. 27-1-97 (a) E REC: SAA-B. 27-1-97(a) ----------> REC: SAA-B. 27-1-97 (a) E

Subsequent ratification by the ratified by the respective Division would be designated by the letter “D” as follows.

REC: SAA-C. 27-1-97(a) E, D or REC: SAA-C. 27-1-97(a) E, D

Similarly, recommendations forwarded from, and originating in, the Divisional Executive Committee would be designated as

REC. DIV-B. 30-11-96 (a) or REC. DIV.C. 30-11-96 (a)

2.2 Divisional Executive Committee Meeting.

REC: 2-10-96A (iv) [REC. SOMEC 2-10-96 (d)]

Recommendations from the Divisional Executive Committees shall be labeled according to the Division, date, and sequence. For example, recommendations passed by the Basic Sciences and Clinical Divisional Executive committee on October 25, 1996 would be reported respectively as:

REC. DEX-B. 25-10-96 (a) and REC. DEX-C. 25-10-96 (a)

2.3 Divisional Standing Committee Meetings.

REC: 2-10-96A (v) [REC. SOMEC 2-10-96 (e)]

Recommendations from the Standing Committees, viz. Faculty Affairs (FA), Student Academic Affairs (SAA), and Curriculum (c) shall be labeled by the Standing Committee, Division, date, and sequence. For example: Two recommendations passed by the Basic Science Division Student Academic Affairs, C committee on September 25, would be reported as:

REC. SAA-B. 25-9-96 (a) and REC. SAA-B. 25-9-96 (b)

Two recommendations passed on the same day by the Faculty Affairs Committee of the Clinical Division would be reported as: REC. FA-C. 25-9-96 (a) and REC. FA-C. 25-9-96 (b)

2.4 Retroactive Classification.

REC: 2-10-96B [REC. SOMEC 2-10-96 (f)]

Be it resolved that classification of recommendations made from January 1, 1995 to the adoption of this recommendation be additionally labeled as described in REC: 2-10-96A

3. FATE OF RECOMMENDATIONS: SCHOOL OF MEDICINE

3.1 School of Medicine Division of the Faculty Senate Recommendations.

REC: 2-10-96C (i) [REC. SOMEC 2-10-96 (g)]

The President of the School of Medicine Division of the Faculty Senate shall be responsible for presenting recommendations from the Faculty Senate to the appropriate administrative officers of the School of Medicine including the Chancellor, the Dean of the School of Medicine, the Chairman of the University Council of Deans, Academic Board, Board of Trustees, Business Administrator, or any other board, committee, or individual that the School of Medicine Division of the Faculty Senate deems appropriate. The President shall report promptly any responses obtained.

3.2 School of Medicine Executive Committee Recommendations.

REC: 2-10-96C (ii) [REC. SOMEC 2-10-96 (h)]

The Chair of the School of Medicine Executive Committee (Vice- President) shall be responsible for presenting recommendations, that cannot await the next Senate meeting, from the School of Medicine Executive Committee to the appropriate administrative officers of the School of Medicine including the Chancellor, the Dean of the School of Medicine, the Chairman of the University Council of Deans, Academic Board, Board of Trustees, Business Administrator, or any other board, committee, or individual that the School of Medicine Division of the Faculty Senate deems appropriate. The President shall report promptly any responses obtained.

3.3 School of Medicine Standing Committee Recommendations.

REC: 2-10-96C (v) [REC. SOMEC 2-10-96 (k)]

Recommendations from each School of Medicine Standing Committee shall be forwarded to the School of Medicine Executive committee. The Executive Committee may either (a) pass the recommendations and forward them to the appropriate administrative officers, if action cannot await the next Faculty Senate meeting, or (b) return the recommendation, with comments, to the relevant Standing Committee for reconsideration. Standing committee issues that result in a tie vote shall be forwarded, with opposing comments to the School of Medicine Executive Committee which can either (a) deliberate and decide the issue, or (b) return it to the relevant Standing Committee for reconsideration.

4. FATE OF RECOMMENDATIONS: DIVISIONS

4.1 Divisional Recommendations.

REC: 2-10-96C (iii) [REC. SOMEC 2-10-96 (i)]

The Chair of each Division shall be responsible for presenting Divisional recommendations to the appropriate administrative officers of the School of Medicine including the Chancellor, the Dean of the School of Medicine, the Chairman of the University Council of Deans, Academic Board, Board of Trustees, Business Administrator, or any other board, committee, or individual that the School of Medicine Division of the Faculty Senate deems appropriate. The Chair shall report promptly any responses obtained.

4.2 Divisional Executive Committee Recommendations.

REC: 2-10-96C (iv) [REC. SOMEC 2-10-96 (j)]

The Chair of each Divisional Executive Committee (Chair of the Division) shall be responsible for presenting all Executive Committee recommendations that cannot await the next Divisional meeting to the appropriate administrative officers of the School of Medicine including the Chancellor, the Dean of the School of Medicine, the Chairman of the University Council of Deans, Academic Board, Board of Trustees, Business Administrator, or any other board, committee, or individual that the School of Medicine Division of the Faculty Senate deems appropriate. The Chair shall report promptly any responses obtained.

4.3 Divisional Standing Committee Recommendations.

REC: 2-10-96C (vi) [REC. SOMEC 2-10-96 (l)]

Recommendations from each Divisional Standing Committee shall be forwarded to their respective Divisional Executive Committee. The Divisional Executive committee may either (a) pass the recommendation, and bring it to its Division for ratification; or (b) return the recommendation, with comments, to the relevant Standing Committee for reconsideration.

5. REPORTING RECOMMENDATIONS

REC: 2-10-96D [REC. SOMEC 2-10-96 (m)]

Be it resolved that the procedure for forwarding recommendations to the Chancellor, the Dean of the School of Medicine, or the Chairman of the University Council of Deans be adopted as follows:

Recommendations shall be forwarded to the Chancellor, the Dean of the School of Medicine and the Chairman of the University Council of Deans in the approved format (below) for their action, with the request to bring relevant recommendations to the Board of Trustees. The following official operating guidelines shall be included with the recommendations.

“Official Guidelines Operating Procedures for University Committee” sent to the faculty by Chancellor Modica in March 1986.

“As a general University policy, whenever a recommendation is made to a committee or person, that committee or person must answer in writing within 30 days, unless a longer or shorter period is specified. The answer must be in the following forms:

1. Written agreement with the recommendation, including a timetable for implementation.
2. Written disagreement, which outlines the reasons for not implementing the recommendation.
3. Written discussion of the recommendation, with comments and suggestions for more discussion at the next committee meeting.
4. Written communication to the committee, which outlines that the recommendation has been passed on to such-and-such committee or person for further study.
5. It is the responsibility of the Chair of each committee to ensure that these guidelines are followed.

6. STANDING RULES FOR THE SCHOOL OF MEDICINE DIVISION OF THE SENATE STANDING COMMITTEES

6.1 Designated School of Medicine Standing Committees.

REC: 2-9-96A (i) [REC. SOMEC 2-9-96 (a)]

School of Medicine Division of the Faculty Senate Standing Committees shall be: Faculty Affairs and Student Academic Affairs.

6.2 Membership of School of Medicine Standing Committees.

REC: 2-9-96A (ii) [REC. SOMEC 2-9-96 (b)]

Each School of Medicine Standing Committee shall be comprised of eight members as follows:

Four members from each Basic Science Divisional Standing Committee, comprised of the Chair and three other members selected from, and by, the members of each Divisional Standing Committee.

Four members from each Clinical Division Standing Committee, comprised of the Chair and three other members selected from, and by, the members of each Divisional Standing Committee.

6.3 Quorum: School of Medicine Standing Committees.

REC: 2-9-96A (iii) [REC. SOMEC 2-9-96 (c)]

The quorum for the School of Medicine Standing Committees shall be four members, two from the Basic Sciences Division and two from the Clinical Division.

6.4 Term of Office: School of Medicine Standing Committees.

REC: 2-9-96A (iv) [REC. SOMEC 2-9-96 (d)]

The term of office for members of the School of Medicine Faculty Standing Committees shall parallel their term of office in their respective Divisional Standing Committee.

6.5 Officers of School of Medicine Standing Committees.

REC: 2-9-96A (v) [REC. SOMEC 2-9-96 (e)]

One of the Divisional Standing committee Chairs will serve as Chair of the respective School of Medicine Standing committee.

The Chair will alternate each year between the Basic Sciences Division and the Clinical Division.

The secretary for each School of Medicine Standing Committee will be elected from, and by the committee.

6.6 School of Medicine Standing Committee Recommendations.

REC: 2-9-96A (vi) [REC. SOMEC 2-9-96 (f)]

Each School of Medicine Standing Committee shall forward recommendations to the School of Medicine Executive Committee. See REC: 2-10-96C (ii) [REC. SOMEC 2-10-96 (h)] "Fate of Recommendations".

6.7 Deputies: School of Medicine Standing Committees.

REC: 2-9-96A (vii) [REC. SOMEC 2-9-96 (g)]

When a member of the School of Medicine Standing Committee is unable to attend a meeting, he/she may select a member of his/her Divisional Standing Committee to act as his/her voting representative. The Chair must be notified of any substitutions.

7. STANDING RULES FOR DIVISIONAL COMMITTEES

7.1 Divisional Executive Committee.

7.1.1 Terms of office: Divisional Executive Committees

REC: 2-10-96K [REC. SOMEC 2-10-96]

Be it resolved that the initial six members of each Divisional Executive Committee (excluding the Chair) shall serve in staggered terms so that two members will serve for three years, two for two years, and two for one year. Thereafter, two members shall be elected annually for a three year term. Divisional Executive committee members cannot be re-elected for more than two consecutive terms

7.1.2 Replacing a Member: Divisional Executive Committees

REC: 28-11-96 [REC. SOMEC 28-11-96]

Be it resolved that when an elected member of the Divisional Executive committee cannot complete his/her term of office, the Divisional Executive committee shall appoint someone to fill the vacancy until the next annual election, at which time the newly elected member shall complete the term of the departed member. Consideration for this interim appointment should include individuals who were nominated for this position at the previous election.

7.2 Divisional Standing Committees.

7.2.1 Membership: Divisional Standing Committees

REC. SOM 13-2-14 (a)

Each standing committee in the Basic Sciences Division shall be comprised of six elected faculty members (with one student representative serving on Student Academic Affairs). The membership of the Clinical Division Affairs Committee shall consist of ten elected faculty members, with four being from the United States and four from the United Kingdom and two from Grenada.

7.2.2 Term of Office: Divisional Standing Committees

REC. SOM 13-2-14 (b)

When a new standing committee is established, the time in office of those initial members shall be staggered so that there is reasonable continuity from one year to the next. Members shall be elected annually for a three year term. Standing committee members cannot be re-elected for more than two consecutive terms.

7.2.3 Chair: Divisional Standing Committees

REC: 2-10-96F [REC. SOMEC 26-9-96 (c)]

Be it resolved that each Divisional Standing Committee Chair shall be elected from, and by, the committee members for a one year term, but may not be re-elected as Chair for more than two additional terms. Should that individual be re-elected to that committee, he/she cannot be elected as Chair until one year has transpired.

7.2.4 Secretary: Divisional Standing Committees

REC: 2-10-96G [REC. SOMEC 26-9-96 (d)]

Be it resolved that each Divisional Standing Committee Secretary shall be elected from, and by, the committee members for a one-year term, but may not be re-elected as Secretary for more than two additional terms. Should that individual be re-elected to that committee, he/she cannot be re-elected as Secretary until one year has transpired. The Secretary shall be responsible for maintaining minutes of committees and distribution of same to the relevant Standing Committee members, and to the Divisional Secretary.

7.2.5 Replacing a Member; Divisional Standing Committees

REC: 2-10-96H [REC. SOMEC 26-9-96 (e)]

Be it resolved that when an elected member of any Standing Committee cannot complete his/her term of office, the Divisional Executive committee, in consultation with the Chair of the affected committee, shall appoint someone to fill the vacancy until the next annual election, at which time the newly elected member shall complete the term of the departed member.

7.2.7 Quorum: Divisional Standing Committees

REC: 2-10-96J [REC. SOMEC 26-9-96 (g)]

Be it resolved that the quorum of any Divisional Standing Committee shall be a simple majority of the elected members. A deputy attending in lieu of an elected member will count toward quorum.

8. CHARGES OF SCHOOL OF MEDICINE SENATE STANDING COMMITTEES

Pending review and ratification by the relevant senate committees in light of the December 2021 changes to the senate by-laws.

8.1 School of Medicine Faculty Affairs Committee.

The charge/remit of the School of Medicine Faculty Affairs Committee is:

- Personnel search: (a) Guidelines for the selection of Departmental Chairs and (b)
- operating procedures for the search for Chair and DMEs.
- Review guidelines for Clinical Visiting Professors and monitoring of implementation.
- Review of guidelines for grievances and appeals.
- Development of liaison with WINDREF (Windward Islands Research Foundation).
- Develop guidelines for Faculty attendance at graduation at SGUSOM expense.

8.2 School of Medicine Student Academic Affairs.

The Charge/remit of the School of Medicine Student Academic Affairs Committee is

- Promotions guidelines
- Appeals processes and procedures a) academic
- Grading and examination standards

8.3 Basic Sciences Division Committees.

8.3.1 Basic Sciences Division Faculty Affairs Committee.

The Faculty Affairs Committee is charged with the responsibility of overseeing the following areas of faculty concern:

- Personnel search
- Evaluations/promotions
- Grievances/appeals
- Research
- Ethics
- Benefits
- Visiting professors
- Budget

The Faculty Affairs Committee shall directly advise the Dean of Basic and Allied Health Sciences and the Associate Dean of Preclinical Faculty on the following:

- Personnel search
- Contractual arrangements/letters of appointment
- Evaluation and promotion of faculty
- Merit and cost of living salary adjustments
- Instructor teaching evaluations
- Recommendations for professor emeritus

In addition, this committee shall have the responsibility of reporting to the Senate on the following matters of policy:

- Research, including research ethics
- Budgetary process
- Faculty benefits, including hospitalization and life insurance programs, housing, fringe benefits, pensions, and other personnel policies.
- Grievances

Specifically, the Faculty Affairs Committee shall discharge its duties and responsibilities in the following manner:

- Recommendations and input concerning contractual arrangements as well as annual letters of appointment shall be handled by the committee as a whole.
- *Ad hoc* Grievance/Appeals Subcommittees shall be appointed to consider individual cases should they arise.
- Faculty research programs, including research ethics, shall be the purview of a separate Research and Scholarly Activity Panel.
- Merit cost-of-living salary adjustments and faculty benefits-with a few exceptions, i.e., health and life insurance - shall be considered by the committee as a whole.
- Instructor teaching evaluations are considered, in close consultation with the appropriate deans, by the committee as a whole.

- The visiting professor program, as formulated by the administration, shall be overseen by the committee as a whole.
- The budgetary process and procedures, shall be the responsibility of a separate subcommittee, which shall report through the Faculty Affairs Committee.

8.3.2 Basic Sciences Division Student Academic Affairs Committee.

The Student Academic Affairs Committee shall concern itself with:

1. Student academic progress, including assessment of student cognitive and non- cognitive skills;
2. Grading and examination standards
3. Examination procedures [to include security and methodology (including computer- based testing]

8.4 Clinical Division Committee Charges.

8.4.1 Clinical Division Affairs Committee.

REC. SOM 13-2-14 (d)

The charges of the Clinical Division Affairs Committee encompass the broad array of clinical faculty concerns, including:

1. Faculty affairs, including the continuing development of mechanisms for evaluation and promotion of clinical faculty
2. Student academic affairs, including academic progress, appeals and the standards governing examinations and grades
3. Curricular affairs
4. Integration of basic science and clinical programs
5. Development and facilitation of faculty development activities, including the selection of topics and speakers for plenary lectures

Charges of School of Medicine Senate Committees

School of Medicine Faculty Affairs Committee

The charge/remit of the School of Medicine Faculty Affairs Committee is to advise the senate on policy issues related to the cultural, social and material welfare of faculty, and their educational working environment. This includes:

- Review of guidelines for grievances and appeals.
- Promotions Subcommittee
- Issues regarding Hospital or Campus facilities
- Faculty Compensation and Benefits

School of Medicine Student Affairs Committee.

The Charge/remit of the School of Medicine Student Affairs Committee is

- Advise the dean of the SOM on issues perceived by the students as impacting their non-academic environment as per the remit/charges of the committee.
- Receive and document issues of student affairs on campus or hospitals.

- Consider and provide feedback on program proposals that may enhance the quality of student life Emphasize a safe environment with a focus on learner wellness, including the creation and promotion of current and new wellness resources, and direction of students to both on and off-campus resources.

Academic concerns relating to the curriculum (e.g., appeals and grievance processes) can be discussed in this committee, however any recommendations will be forwarded to the relevant curriculum subcommittee (either basic sciences or clinical subcommittee), who will review and propose recommendations accordingly.

Appendix 10: Shared Governance Committee By-Laws

Curriculum Committee (CC)

Curriculum Committee (CC)

1: General

The following Bylaws govern the organization and procedures of the Curriculum Committee and its related subcommittees at St. George's University School of Medicine. The Curriculum Committee is a faculty committee with elected faculty and representative administrators responsible for overseeing and ensuring a coherent and coordinated medical curriculum that meets the mission statement of SGU-SOM and fulfills the MD program outcome objectives as ratified by this committee.

2: Authority

The Curriculum Committee is a delegated authority by the dean of the SGU SOM and has accountability for oversight of a list of activities as outlined in the Charges section. Standing committees will be formed to address specific aspects of the curriculum and will be represented on the Curriculum Committee.

3: Reporting

The Curriculum Committee reports to and provides recommendations to the dean of the Medical School.

4: Charge

The Curriculum Committee is charged with the following responsibilities and forming recommendations to the dean of the SOM:

1. Oversee the design, delivery, integration, management, evaluation, and development of the medical education program.
2. Approve new and amended program objectives for the MD Program.
3. Ensure that the MD Program Objectives guide curriculum content selection, and the review and revision of the curriculum.
4. Approve new and amended course/clerkship objectives, required clinical experiences, and syllabi.
5. Approve policies relating to the curriculum.
6. Define, review, and take action on the SGUSOM's student assessment system.

7. Ensure the components of the curriculum include the learning objectives and clinical experiences required to fulfill the MD program objectives.
8. Incorporate and promote self-directed learning experiences in the curriculum.
9. Ensure that assessments measure the elements of medical knowledge, clinical skills, and professional behavior necessary to successfully fulfill the objectives of the MD program.
10. Review and monitor performance outcomes during each curricular phase and of required courses and clerkships; the comparability of educational experiences across sites; the balance of inpatient/ambulatory experiences; the completion of required clinical experiences; and student workload.
11. Create and monitor curricular action plans as necessary.
12. Using a variety of outcome data, determine the extent to which students are achieving MD program objectives and use this information to enhance the quality of the medical education program.
13. Monitor the learning environment to ensure learning occurs in a respectful environment that enables students to achieve learning objectives associated with the behaviors expected of medical professionals.
14. Determine the minimum level of achievement/competency students are expected to demonstrate upon the completion of individual courses and at the time of graduation.
15. Promote innovations and oversee curricular revisions/reform.
16. Establish an overall academic calendar.
17. Charge ad hoc groups as needed.

5: Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.
2. The governance process encourages continuous improvement of the curriculum.
3. All SOM students have access to an equivalent curriculum designed to align with the MD program objectives, and the learning objectives defined for each course and clerkship.
4. Processes leading to decision-making are based on open discussion, transparency, shared governance, and iterative consensus-building.

6: Membership

1. Expectation of members: Although members are elected to ensure broad representation of the SOM, members have the responsibility to function as “members of the whole,” working to optimize the curriculum, rather than to represent the interests of a particular constituency.
2. Faculty: The Curriculum Committee consists of 13 elected faculty voting members and 2 voting administrators. The committee is chaired by the senior associate dean for clinical studies or the senior associate dean of basic sciences on a three-year rotating basis, which is extendable by a term at the determination of the dean.
3. Students: The Curriculum Committee includes four student representatives who are in good academic standing. Student members should represent different phases of the curriculum and are nominated by the SGA. In the CC and all of its subcommittees the students have 1 collective vote for each 2 members of their representation.
4. Administrators: The Curriculum Committee includes ex-officio non-voting members: the associate dean for academic affairs UK, the chairs of the respective subcommittees (Chair of the basic sciences Curriculum Subcommittee, Chair of the Clinical Curriculum Subcommittee, Chair of the Assessment and Evaluation Subcommittee, Chair of the Vertical and Horizontal Integration Subcommittee, Chair of the Academic Resources Subcommittee), Emeritus dean of the SOM, Chair of the Faculty Student Selection Committee, the University Registrar, the Director of Financial Aid, and any other invited guests as determined by the chair of the Curriculum Committee.
5. Terms Faculty: Faculty committee members will serve three-year terms. Members may serve two consecutive terms. No person will serve more than two terms.
6. Terms Students Student members of the Curriculum Committee or its Subcommittees will serve for a one-year term and will be renewed at the discretion of the Chair of the Curriculum Committee or its Subcommittee’s.

7. Election of faculty members: A call for faculty candidates for open positions on the Curriculum Committee will be issued by the dean of the School of Medicine. This call for candidates will be sent to all faculty throughout all phases of the SOM curriculum. Faculty interested in serving on the Curriculum Committee will be asked to submit a statement of interest and their CV. The dean will submit the names and CVs of all elected faculty whom they deem as appropriate candidates for the Curriculum Committee to the chair of the Curriculum Committee for final approval.
8. Any faculty that are elected to the Curriculum Committee that already serve as the Chair of a Curriculum Committee subcommittee, and thus already have ex-officio status, will gain voting rights on the Curriculum Committee as is given to all elected members.
9. Resignation: If an elected committee member chooses to step down from the Curriculum Committee prior to the completion of their term, their replacement will come from the most recent list of candidates that applied for membership and will be provided by the dean.
10. Possible replacement for absenteeism: Members who miss at least three of the committee meetings in a six-month period (or more than 50% of the meetings held in that time period) may be dismissed from service of the committee. Their replacement will come from the most recent list of candidates that applied for membership.

7: Procedures

- Meetings:
    1. Meetings of the Curriculum Committee will be called once a month by the chair.
    2. Each committee meeting will be chaired by the Chair.
    3. The Curriculum Committee will meet at least once a month for a minimum of ten months a year.
    4. The Chair may also invite other members of the faculty, staff and students to serve as ex-officio non-voting members or as guests.
    5. The Chair of the Curriculum Committee or any of its Subcommittees can call an executive session of the respective committee at any time, and subject to quorum can conduct business. Executive meetings are for voting members only. An executive session can be called at any time during a meeting. With the full agreement of all voting members guests can be invited to an executive session for the provision of information.
- Parliamentary authority: The conduct of meetings will be governed by Robert's Rules of Order.
    1. Curriculum committee resolutions will be passed by simple majority.
    2. Changes to the bylaws need 2/3 majority.
    3. The Curriculum Committee has the authority to create additional standing subcommittees and define their charge.
- Voting
    1. Voting members: Voting members are the faculty and student members designated to vote.
    2. Student members have 2 collective votes.
    3. Quorum: A quorum will be considered to be 51% or greater of the voting members.

8: Communications, records and approval

1. The chair of the Curriculum Committee will be responsible for ensuring that administrative staff keep accurate records of all meetings. Minutes of the meetings will be posted on the curriculum Sakai site approximately two weeks after the meeting and will be sent to the membership prior to the subsequent meeting.
2. All minutes and reports, including decisions made by the Curriculum Committee, will be kept in the Curriculum Committee Sakai site, and access to all members will be provided.

9: Subcommittees

1. Basic sciences Curriculum Subcommittee (BSCSC): This committee is responsible for overseeing curricular content and learning objectives; identifying opportunities for continuous curriculum improvement; and assuring evaluation of student performance, teaching effectiveness, and curricular quality of the basic sciences years. The committee will assure that the basic sciences

curriculum is delivered as planned and that there is equivalency of the curriculum across all terms of basic sciences and between all campuses. The chair of the BSCSC subcommittee will serve on the Curriculum Committee as a non-voting member.
2. Clinical Curriculum Subcommittee (CCSC): This subcommittee is responsible for overseeing curricular content and learning objectives; identifying opportunities for continuous curriculum improvement; and assuring evaluation of student performance, teaching effectiveness, and curricular quality of the clinical years. The subcommittee will assure that the clinical years curriculum is delivered as planned and that there is equivalency of the curriculum across all teaching sites. The chair of the CCSC subcommittee will serve on the Curriculum Committee as a non-voting member.
3. Assessment and Evaluation Subcommittee (SAPESC): This subcommittee is responsible for defining methods and options for assessment of student achievement of learning objectives as presented to and approved by the Curriculum Committee. The SAPESC will monitor and assure equivalent assessment across all regional sites, including timing, content, administration, grading, interpretation, and reporting. The chair of the SAPESC will sit as ex-officio, non-voting member of the Curriculum Committee.
4. Academic Resources Subcommittee (ARSC): This subcommittee is responsible for reviewing the adequacy of educational resources, e.g., IT, library, simulation and evaluating the needs for new curricular initiatives. The committee also make recommendations to the Curriculum Committee and administration on acquisition of new educational resources or reallocation of resources.
5. Vertical and Horizontal Integration Subcommittee (VHISC): This subcommittee will review curriculum continuity across phases for gaps, unplanned redundancies, and thematic development. The committee are charged with interphase development of themes, e.g., interprofessional education and self-directed learning. The chair of the VHISC will sit as ex-officio, non-voting member of the Curriculum Committee.
6. Supplemental Academic Support Committee (SASSC): This special committee oversees non-curricular programs that are specifically designed to align with and augment student learning for the MD program, but have no oversight by the curriculum committee per se. This committee gives a biyearly report to the Curriculum Committee.

10: Domains outside direct Curriculum Committee or its subcommittees charges:

1. Faculty – development, assessment, promotion
2. Facilities management
3. Educational Resources – affiliation agreements, clinical capacity
4. Financial arrangements – setting budgets
5. The Graduate Assessment Board (GAB) and the Committee for Satisfactory Academic Progress and Professionalism Standards (CAPPS). The Curriculum Committee sets the standards but is not involved in the operation of the GAB or the CAPPS.
6. Diversity – student recruitment, faculty recruitment
7. Student Support – non-academic or academic not covered by the curricular structure
8. Institutional Strategic Planning
9. Extra-Curricular Activities – research, Gold Humanism Honor Society (GHHS) and other honor societies or special interest groups not associated with credit for the MD program

Basic Sciences Curriculum Subcommittee (BSCSC)

1: General

The following Bylaws govern the organization and procedures of the basic sciences Curriculum Subcommittee (BSCSC) for St. George's University School of Medicine at all sites where the basic sciences courses of the MD program are offered. The BSCSC is a faculty committee responsible for overseeing and ensuring a coherent and coordinated medical curriculum during the first two years (basic sciences) of the MD Program at St. George's University.

2: Authority

The BSCSC is a standing subcommittee of the Curriculum Committee, a delegated committee reporting to the dean of the SGU SOM and has accountability for oversight of a list of activities as outlined in the Charges section. Special committees may be formed to address specific aspects of the curriculum and will report to the BSCSC.

3: Reporting

The basic sciences Curriculum Subcommittee reports to and provides recommendations to the Curriculum Committee of the SOM.

4: Charge

The basic sciences Curriculum Subcommittee is charged with the following responsibilities:

1. Oversee the design, delivery, integration, management, development, evaluation, and overall quality of the basic sciences Medical Curriculum.
2. To assess curricular concerns of students, faculty, administrators, and external review bodies.
3. Approve and recommend to the Curriculum Committee new courses and course change proposals.
4. To continuously review and evaluate the basic sciences curriculum of the SOM against internally developed and external standards and measurable curricular outcomes.
5. Ensure the components of the basic sciences curriculum include appropriate learning objectives and required self-directed learning experiences for students to gain the medical knowledge, clinical skills, and professional behavior necessary to successfully fulfill the objectives of the MD program.
6. Review and monitor course and student performance outcomes during the basic sciences.
7. Plan and perform regular course reviews and recommend curricular action plans to the Curriculum Committee.
8. Using a variety of outcome data, determine the extent to which students are achieving MD program objectives during the basic sciences and use this information to enhance the quality of the medical education program as a whole.
9. Monitor the learning environment to ensure learning occurs in a respectful environment that enables students to achieve learning objectives associated with the behaviors expected of medical professionals.
10. Determine the minimum level of achievement/competency students are expected to demonstrate upon the completion of individual courses and at the time of graduation.
11. Promote innovations and oversee curricular revisions/reform.
12. Follow the overall academic calendar defined by the Curriculum Committee.
13. Charge special committees as needed.

5: Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.
2. The governance process encourages continuous improvement of the curriculum.
3. All SOM students have access to an equivalent curriculum designed to align with the MD program objectives, and the learning objectives defined for each course and clerkship.
4. Processes leading to decision-making are based on open discussion, transparency, shared governance, and iterative consensus-building.

6: Membership

1. Expectation of members: Although members are elected to ensure broad representation of the SOM, members have the responsibility to function as “members of the whole,” working to optimize the curriculum, rather than to represent the interests of a particular constituency.
2. Faculty: The basic sciences Curriculum Subcommittee consists of thirteen elected faculty members.

3. Students: The basic sciences Curriculum Subcommittee includes four student representatives who are in good academic standing and represent each term of the basic sciences. They will serve 1-year terms and be appointed by the SGA.
4. **An additional position on the committee is an ex-officio non-voting position for a Northumbria University faculty member.**
5. Terms: Faculty committee members will serve three-year terms. Members may serve two consecutive terms. No person will serve more than two terms. Student members will serve for a one-year term and will be renewed at the discretion of the basic sciences Curriculum Subcommittee chair.
6. Election of faculty members: A call for faculty candidates for open positions on the BSCSC will be issued by the senior associate dean of basic sciences. This call for candidates will be sent to all faculty throughout the basic sciences. Faculty interested in serving on the BSCSC will be asked to submit a statement of interest and their CV. The senior associate dean of basic sciences will submit the names of all elected faculty who they deem as appropriate candidates for the basic sciences Curriculum Subcommittee to the Chair of the BSCSC for final approval.
7. The Chair of the basic sciences Curriculum Subcommittee is appointed by the senior associate dean of basic sciences.
8. Election of student members: The SGA will nominate students for the 4 students' positions, 2 from each year of the basic sciences.
9. Resignation: In the event that an elected committee member chooses to step down from the Curriculum Committee prior to the completion of his/her term, his/her replacement will be nominated by the Chair of the basic sciences Curriculum Subcommittee.
10. Possible replacement for absenteeism: Members who miss at least three of the committee meetings in a six-month period (or more than 50% of the meetings held in that time period) may be dismissed from the BSCSC. Their replacement will be nominated by the Chair of the BSCSC.

7: Procedures

1. Meetings:
    1. Meetings of the BSCSC will be called once a month by the chair.
    2. Each committee meeting will be chaired by the Chair.
    3. The BSCSC will meet at least once a month for a minimum of ten months a year.
    4. The Chair of the committee may petition the Curriculum Committee to invite other members of the SGU faculty, support services, staff and students to serve as ex-officio non-voting members or as guests.
2. Parliamentary authority: The conduct of meetings will be governed by Robert's Rules of Order.
    1. Recommendations will be passed by 2/3 majority.
3. Voting
    1. Voting members are the appointed faculty members designated to vote.
    2. Student membership has 1 collective vote.
    3. Quorum: A quorum will be considered to be half + one or greater of the voting members.

8: Communications, records and approval

1. The chairs of the BSCSC will be responsible for ensuring that administrative staff keep accurate records of all meetings. Minutes of the meetings will be posted on the basic sciences Curriculum Subcommittee Sakai site within two weeks of the meeting.
2. The Chair of the BSCSC will send the minutes of the BSCSC to the Chair of the Curriculum Committee within two weeks of the last BSCSC meeting and summarize any proposals that need Curriculum Committee ratification.
3. All decisions and recommendations made by the basic sciences Curriculum Subcommittee will be kept in the basic sciences Curriculum Subcommittee Sakai site, and access to all members will be provided.

Clinical Curriculum Subcommittee (CCSC)

1: General

The following Bylaws govern the organization and procedures of the Clinical Curriculum Subcommittee (CCSC) and its related subcommittees at St. George's University School of Medicine in both Grenada and the UK. The CCSC is a faculty committee responsible for overseeing and ensuring a coherent and coordinated medical curriculum during the latter two years of the MD Program at St. George's University.

This subcommittee is responsible for overseeing curricular content and learning objectives; identifying opportunities for continuous curriculum improvement; and assuring evaluation of student performance, teaching effectiveness, and curricular quality of the clinical years. The subcommittee will assure that the clinical years curriculum is delivered as planned and that there is equivalency of the curriculum across all teaching sites.

2: Authority

The CCSC is a standing subcommittee of the Curriculum Committee, a delegated committee reporting to the dean of the SGU SOM and has accountability for oversight of a list of activities as outlined in the Charges section. Decisions arising from this subcommittee will flow to the curriculum committee for final approval.

3: Reporting

The Clinical Curriculum Sub-committee reports to and provides recommendations to the Curriculum Committee. The chair of this subcommittee will serve on the Curriculum Committee as a non-voting member.

4: Charge

The CCSC is charged with the following responsibilities:

1. Oversee the design, delivery, integration, management, development, evaluation, and overall quality of the clinical Phase of the curriculum.
2. Assess curricular concerns of students, faculty, administrators, and external review bodies.
3. Approve and recommend to the Curriculum Committee new courses and course change proposals.
4. Review and evaluate the clinical curriculum of the SOM against internally developed and external standards and measurable curricular outcomes.
5. Ensure the components of the clinical curriculum include appropriate learning objectives and required self-directed learning experiences for students to gain the medical knowledge, clinical skills, and professional behaviors necessary to successfully fulfill the objectives of the MD program.
6. Review and monitor course and student performance outcomes during the clinical Phase of the Curriculum.
7. Plan and perform regular clerkship reviews and recommend curricular action plans to the Curriculum Committee.
8. Using a variety of outcome data, determine the extent to which students are achieving MD program objectives during the clinical phase of the curriculum and use this information to enhance the quality of the medical education program as a whole.
9. Determine the minimum level of achievement/competency students are expected to demonstrate upon the completion of individual courses and at the time of graduation.
10. Promote innovations and oversee curricular revisions/reform.
11. Follow the overall academic calendar defined by the Curriculum Committee.
12. Charge special committees as needed.

5: Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.

2. The governance process encourages continuous improvement of the curriculum.
3. All SOM students have access to an equivalent curriculum designed to align with the MD program objectives, and the learning objectives defined for each course and clerkship.
4. Processes leading to decision-making are based on open discussion, transparency, shared governance, and iterative consensus-building.

6: Membership

1. Expectation of members: Although members are selected to ensure broad representation of the clinical curriculum, members have the responsibility to function as "members of the whole," working to optimize the curriculum, rather than to represent the interests of a particular constituency.
2. Faculty: The Clinical Curriculum Subcommittee consists of 6 appointed faculty members.
3. Student: The Clinical Curriculum Subcommittee includes 2 student representatives from the clinical phase that are in good academic standing. They will serve 1-year terms and will be nominated by the SGA.
4. Terms: Faculty committee members will serve three-year terms. Members may serve two consecutive terms. No person will serve more than two terms. Student members will serve for a one-year term and will be renewed at the discretion of the basic sciences Curriculum Subcommittee chair.
5. The Chair of the Clinical Curriculum Subcommittee is appointed by the dean of SOM.
6. Resignation: In the event that a committee member chooses to step down from the CCSC prior to the completion of their term, their replacement will be nominated by the Chair of the CCSC.
7. Possible replacement for absenteeism: Members who miss at least three of the committee meetings in a six-month period (or more than 50% of the meetings held in that time period) may be dismissed from the CCSC. Their replacement will be nominated by the Chair of the CCSC.

7: Procedures

1. Meetings:
    1. Meetings of the CCSC will be called once a month by the chair.
    2. Each committee meeting will be chaired by the Chair.
    3. The CCSC will meet at least once a month for a minimum of ten months a year.
    4. The Chair of the committee may petition the Curriculum Committee to invite other members of the SGU faculty, support services, staff and students to serve as ex-officio non-voting members or as guests.
2. Parliamentary authority: The conduct of meetings will be governed by Robert's Rules of Order.
    1. Recommendations will be passed by 2/3 majority.
3. Voting
    1. Voting members: Voting members are the appointed faculty members designated to vote.
    2. Student membership has 1 collective vote.
    3. Quorum: A quorum will be considered to be half + one or greater of the voting members.

8: Communications, records and approval

1. The chairs of the CCSC will be responsible for ensuring that administrative staff keep accurate records of all meetings. Minutes of the meetings will be posted on the curriculum Sakai site within two weeks of the meeting.
2. The Chair of the CCSC will send the minutes of the CCSC to the Chair of the Curriculum Committee within two weeks of the last CCSC meeting and summarize any proposals that need Curriculum Committee ratification.
3. All decisions and recommendations made by the Clinical Curriculum Sub-Committee will be kept in the Curriculum Committee Sakai site, and access to all members will be provided.

Student Assessments and Program Evaluation Subcommittee (SAPESC)

1: General

The following Bylaws govern the organization and procedures of the Assessments Committee (SAPESC) at St. George's University School of Medicine. The SAPESC is a faculty committee responsible for overseeing and ensuring a coherent and coordinated program of assessments aligned with the outcome objectives of the SOM.

2: Authority

The SAPESC is a standing subcommittee of the Curriculum Committee, a delegated committee reporting to the dean of the SGU SOM and has accountability for oversight of a list of activities as outlined in the Charges section.

3: Reporting

The Assessments Committee reports to and provides recommendations to the Curriculum Committee. The chair of this subcommittee will serve on the Curriculum Committee as a non-voting member.

4: Charge

The SAPESC is charged with the following responsibilities:

1. Oversee the design, delivery, integration, management, development, evaluation, and overall quality of the assessments within the MD program.
2. Approve and recommend to the dean of the Medical School approval of new and amended assessments for the educational program as a whole (MD Program Objectives).
3. Ensure that the assessments are guided by the principles of transparency, validity, reliability and authenticity.
4. Approve and recommend to the dean of the Medical School all policies relating to assessments and the process of assessment delivery in the curriculum.
5. Review and monitor performance outcomes of assessments, e.g., difficulty indexes, point by serial, credited questions, reliability indexes, score frequency histograms.
6. Review and monitor performance of assessments across sites.
7. Monitor the assessment environment to ensure assessments occur in a secure, environment that gives all students parity in their opportunities.
8. Promote innovations and oversee assessment revisions/reform.
9. Report assessments findings to the Curriculum Committee to inform curricular development.
10. Establish an overall assessments calendar.
11. Charge ad hoc groups as needed.

5. Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.
2. The governance process encourages continuous improvement of the assessments used in the MD program.
3. All SOM students have access to an equivalent curriculum designed to align with the MD program objectives, and the learning objectives defined for each course and clerkship.
4. Processes leading to decision-making are based on open discussion, transparency, shared governance, and iterative consensus-building.

6: Membership

1. Expectation of members: Members are appointed by the dean to ensure broad representation of the SOM, members have the responsibility to function as "members of the whole," working to optimize the assessments within the curriculum, rather than to represent the interests of a particular constituency.
2. Faculty: The SAPESC consists of 10 appointed faculty members.
3. Administrators: The SAPESC includes two administrators: an assistant/associate dean of basic sciences and an assistant/associate dean of clinical studies.
4. Terms: Faculty committee members will serve three-year terms. Members may serve two consecutive terms. No person will serve more than two terms.
5. Appointment of faculty members: Appointment of faculty will be by the dean of the School of Medicine.
6. Resignation: In the event that an elected committee member chooses to step down from the SAPESC prior to the completion of their term, their replacement will be appointed by the dean of the SOM.
7. Possible replacement for absenteeism: Members who miss at least three of the committee meetings in a six-month period (or more than 50% of the meetings held in that time period) may be dismissed from the SAPESC. Their replacement will be appointment by the dean of the SOM.

7: Procedures

1. Meetings:
    1. Meetings of the SAPESC will be called once a month by the chair.
    2. Each committee meeting will be chaired by the Chair.
    3. The SAPESC will meet at least once a month for a minimum of ten months a year.
    4. The Chair of the committee may petition the Curriculum Committee to invite other members of the SGU faculty, support services, staff and students to serve as ex-officio non-voting members or as guests.
2. Parliamentary authority: The conduct of meetings will be governed by Robert's Rules of Order.
    1. Recommendations will be passed by 2/3 majority.
3. Voting
    1. Voting members: Voting members are the appointed faculty members designated to vote.
    2. Quorum: A quorum will be considered to be half + one or greater of the voting members.

8: Communications, records and approval

1. The chairs of the SAPESC will be responsible for ensuring that administrative staff keep accurate records of all meetings. Minutes of the meetings will be posted on the curriculum Sakai site within two weeks of the meeting.
2. The Chair of the SAPESC will send the minutes of the SAPESC to the Chair of the Curriculum Committee within two weeks of the last SAPESC meeting and summarize any proposals that need Curriculum Committee ratification.
3. All decisions and recommendations made by the SAPESC will be kept in the Curriculum Committee Sakai site, and access to all SAPESC and Curriculum Committee members will be provided.

Vertical and Horizontal Integration Subcommittee (VHISC)

1: General

The following Bylaws govern the organization and procedures of the Vertical and Horizontal Integration Subcommittee (VHISC) and its related subcommittees at St. George's University School of Medicine. The VHISC is a faculty subcommittee responsible for managing the continuity and integration of the basic sciences and clinical education aligned with the outcome objectives of the SOM.

2: Authority

The VHISC is a delegated authority by the dean of the SGU SOM and has accountability for oversight of a list of activities as outlined in the Charges section. Additional subcommittees may be formed to address specific aspects of integration.

3: Reporting

This subcommittee reports to and provides recommendations to the Curriculum Committee. The chair of this subcommittee will serve on the Curriculum Committee as a non-voting member.

4: Charge

The VHISC is charged with the following responsibilities:

1. Review curriculum mapping across all four years for continuity, gaps, and unplanned redundancies.
2. Review the curriculum for inclusion and continuity of content threads.
3. Review the curriculum for inclusion of required elements such as self-directed learning and interprofessional education.
4. Make recommendations on changes to curriculum content to the CC or the appropriate Implementation and Integration Subcommittee.
5. Charge ad hoc groups as needed.

5: Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.
2. The governance process encourages continuous improvement of the assessments used in the MD program.
3. All SOM students have access to an equivalent curriculum designed to align with the MD program objectives, and the learning objectives defined for each course and clerkship.
4. Processes leading to decision-making are based on open discussion, transparency, shared governance, and iterative consensus-building.

6: Membership

1. Expectation of members: Members are appointed by the dean to ensure broad representation of the SOM, members have the responsibility to function as “members of the whole,” working to optimize the assessments within the curriculum, rather than to represent the interests of a particular constituency.
2. Faculty: The Vertical and Horizontal Integration Subcommittee consists of 6 appointed faculty members.
3. Students: The Vertical and Horizontal Integration Subcommittee includes 2 student representatives from the clinical phase that are in good academic standing. They serve 1-year terms and are nominated by the SGA.
4. Terms: Faculty committee members will serve three-year terms. Members may serve two consecutive terms. No person will serve more than two terms.
5. Appointment of faculty members: Appointment of faculty will be by the dean of the School of Medicine.
6. Resignation: In the event that an elected committee member chooses to step down from the VHISC prior to the completion of their term, their replacement will be appointed by the dean of the SOM.
7. Possible replacement for absenteeism: Members who miss at least three of the committee meetings in a six-month period (or more than 50% of the meetings held in that time period) may be dismissed from the VHISC. Their replacement will be appointment by the dean of the SOM.

7: Procedures

1. Meetings:

1. Meetings of the VHISC will be called once a month by the chair.
2. Each committee meeting will be chaired by the Chair.
3. The VHISC will meet at least once a month for a minimum of ten months a year.
4. The Chair of the committee may petition the CC to invite other members of the SGU faculty, support services, staff and students to serve as ex-officio non-voting members or as guests.

2. Parliamentary authority: The conduct of meetings will be governed by Robert's Rules of Order.
    1. Recommendations will be passed by 2/3 majority.
3. Voting
    1. Voting members: Voting members are the appointed faculty members designated to vote.
    2. Student membership has 1 collective vote.
    3. Quorum: A quorum will be considered to be half + one or greater of the voting members.

8: Communications, records and approval

1. The chairs of the VHISC will be responsible for ensuring that administrative staff keep accurate records of all meetings. Minutes of the meetings will be posted on the curriculum Sakai site within two weeks of the meeting.
2. The Chair of the VHISC will send the minutes of the VHISC to the Chair of the Curriculum Committee within two weeks of the last VHISC meeting and summarize any proposals that need Curriculum Committee ratification.
3. All decisions and recommendations made by the VHISC will be kept in the Curriculum Committee Sakai site, and access to all members will be provided.

Academic Resources Subcommittee (ARSC)

1: General

The following Bylaws govern the organization and procedures of the Academic Resources Subcommittee (ARC) and its related subcommittees at St. George's University School of Medicine. The ARC is a faculty subcommittee responsible for evaluating the educational resources needs of the basic sciences and clinical education aligned with the outcome objectives of the SOM.

2: Authority

The ARSC is a delegated authority by the dean of the SGU SOM and has accountability for oversight of a list of activities as outlined in the Charges section. Additional subcommittees may be formed to address specific aspects of integration.

3: Reporting

This subcommittee reports to and provides recommendations to the Curriculum Committee. The chair of this subcommittee will serve on the Curriculum Committee as a non-voting member.

4: Charge

The ARSC is charged with the following responsibilities:

1. Review adequacy of current educational resources, including number of affiliated hospitals, other facilities, IT, library, simulation and other critical for the educational mission.
2. Ensure adequacy of future educational resources to meet projected growth of the student body.
3. Evaluate resource needs of new curricular initiatives under development
4. Make recommendations to the Curriculum Committee and to relevant administrators on acquisition of new educational resources or reallocation of educational resources
5. Charge ad hoc groups as needed.

5: Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.
2. The governance process encourages continuous improvement of the assessments used in the MD program.
3. All SOM students have access to an equivalent curriculum designed to align with the MD program objectives, and the learning objectives defined for each course and clerkship.
4. Processes leading to decision-making are based on open discussion, transparency, shared governance, and iterative consensus-building.

6: Membership

1. Expectation of members: Members are appointed by the dean to ensure broad representation of the SOM, members have the responsibility to function as "members of the whole," working to optimize the assessments within the curriculum, rather than to represent the interests of a particular constituency.
2. Faculty: The ARSC consists of six appointed faculty members
3. Terms: Faculty committee members will serve three-year terms. Members may serve two consecutive terms. No person will serve more than two terms.
4. Appointment of faculty members: Appointment of faculty will be by the dean of the School of Medicine.
5. Resignation: In the event that an elected committee member chooses to step down from the ARSC prior to the completion of their term, their replacement will be appointed by the dean of the SOM.
6. Possible replacement for absenteeism: Members who miss at least three of the committee meetings in a six-month period (or more than 50% of the meetings held in that time period) may be dismissed from the ARSC. Their replacement will be appointment by the dean of the SOM.

7: Procedures

1. Meetings:
    1. Meetings of the ARSC will be called once a month by the chair.
    2. Each committee meeting will be chaired by the Chair.
    3. The ARSC will meet at least once a month for a minimum of ten months a year.
    4. The Chair of the committee may petition the Curriculum Committee to invite other members of the SGU faculty, support services, staff and students to serve as ex-officio non-voting members or as guests.
2. Parliamentary authority: The conduct of meetings will be governed by Robert's Rules of Order.
    1. Recommendations will be passed by 2/3 majority.
3. Voting
    1. Voting members: Voting members are the appointed faculty members designated to vote.
    2. Quorum: A quorum will be considered to be half + one or greater of the voting members.

8: Communications, records and approval

1. The chairs of the ARSC will be responsible for ensuring that administrative staff keep accurate records of all meetings. Minutes of the meetings will be posted on the curriculum Sakai site within two weeks of the meeting.
2. The Chair of the ARSC will send the minutes of the ARSC to the Chair of the Curriculum Committee within two weeks of the last ARSC meeting and summarize any proposals that need Curriculum Committee ratification.
3. All decisions and recommendations made by the ARSC will be kept in the Curriculum Committee Sakai site, and access to all members will be provided.

Appendix 11: By-laws of Graduation Assessment Board (GAB)

General

The following By-laws govern the organization and procedures of the Graduation Assessment Board (GAB) for St. George's University School of Medicine. The GAB is a faculty committee responsible for approving for graduation those students who have successfully completed the MD Program at St. George's University.

Authority

The GAB is a delegated committee reporting to the dean of the School of Medicine and has accountability for oversight of a list of activities as outlined in the Charges section. Special committees may be formed to address specific aspects of the graduation assessment process and will report to the GAB.

Reporting

The GAB reports to and provides recommendations to the dean of the School of Medicine.

Charges

The Graduation Assessment Board is charged with the following responsibilities:

1. Evaluation of all candidates for eligibility for graduation
2. Approval for graduation of candidates based on fulfillment of graduation requirements

Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.
2. The governance process encourages continuous improvement of the graduation assessment process.
3. All SOM students have equal eligibility for being approved for graduation after successfully meeting the MD program objectives and completing all course and clerkship requirements.
4. Processes leading to decision-making are based on open discussion, transparency, shared governance, and iterative consensus-building.

Membership

1. Expectation of members: Although members are selected to ensure broad representation of the SOM, members have the responsibility to function as "members of the whole," working to optimize the graduation assessment process, rather than to represent the interests of a particular constituency.
2. Faculty: The Graduation Assessment board consists of five voting faculty drawn from a pool of 13.
3. Terms: Faculty committee members will serve three-year terms. Members may serve two consecutive terms. No person will serve more than two consecutive terms.
4. Election of faculty members: The members of the GAB are selected by the dean for academic affairs, after being nominated by the SOM Senate.
5. The Chair of the Graduation Assessment Board is the dean of academic affairs.
6. Resignation: If an appointed committee member chooses to step down from the GAB prior to completion of their term of office, the dean of academic affairs will appoint a replacement based on recommendations from the SOM senate.

7. Possible replacement for absenteeism: Members who miss more than two consecutive GAB meetings will be dismissed from the committee and a replacement sought.

Procedures

1. Meetings:
    1. Meetings of the GAB will be once every two months to review students for graduation
        1. Ad hoc meetings will be held on a weekly basis/as requested by the registrar's office, to review any students who are off-cycle, but newly qualified for graduation.
    2. Each committee meeting will be chaired by the Chair.
    3. Recommendations will be passed by 2/3 majority.
    4. Recommendations will be notified to the registrar, to enable them to issue diplomas.
2. Voting
    1. Voting members are the appointed faculty members designated to vote.
    2. Quorum: A quorum will be half plus one or greater of the voting members.

Communications, Records and Approval

1. The chair of the GAB will be responsible for ensuring that administrative staff keep accurate records of all meetings.
2. The Chair of the GAB will send notifications of the students recommended for graduation to the Registrar's office.
3. The Chair of the GAB will send a summary every 4 months to the dean of the School of Medicine detailing the meeting dates and list of students recommended or refused recommendation for a diploma.
4. All decisions and recommendations made by the GAB will be held on file in the Office of the dean of the School of Medicine.

Appendix 12: By-laws of Committee for Academic Progress and Professional Standards (CAPPS)

General

The following By-laws govern the organization and procedures of the Committee for Academic Progress and Professional Standards (CAPPS) for St. George's University School of Medicine. The CAPPS is chaired by the dean of academic affairs and is an appellate committee of faculty.

Authority

The CAPPS is a delegated committee reporting to the dean of the School of Medicine, and has accountability for oversight of a list of activities as outlined in the Charges section.

Reporting

Not applicable: CAPPS makes decisions and determinations as per its charges.

Charges

The Committee for Academic Progress and Professional standards is charged with the following responsibilities:

1. review appeals from students that have been recommended for dismissal by the senior associate dean of basic sciences or the senior associate dean of clinical studies, based on failure to meet academic performance and/or professional standards.
2. uphold the recommendation for dismissal, in which case students have the option to withdraw or will be dismissed, or
3. accept the appeal and retain the student on a period of academic focus or probation with conditions.
4. establish the conditions under which a student is to be retained, including defining the period of academic focus and associated conditions
5. communicate the outcome of each appeal in the form of a letter to the student, with copies to the appropriate senior Associate dean, dean of the School of Medicine, Registrar, and Office of Student Affairs.
6. act as the sole body to which a student may appeal a recommendation for dismissal.
7. refer students whose appeals are not upheld to the Office of Student Affairs for further guidance on career options.

Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.
2. Processes leading to decision-making are based on open discussion, transparency, shared governance, and iterative consensus-building.
3. CAPPS is the final point of appeal, and decisions of the Basic Sciences or clinical CAPPS are final. The School of Medicine has no further provision for appeal.

Memberships

1. Expectation of members: Although members are selected to ensure broad representation of the SOM, members have the responsibility to function as "members of the whole," rather than to represent the interests of a particular constituency.
2. Faculty: The CAPPS membership consists of voting and non-voting members:
    1. Basic Sciences CAPPS:
        1. Voting members will consist of five basic sciences faculty members appointed by the senior associate dean of basic sciences and at least one clinical faculty member appointed by the dean of Medicine. Voting members will not hold administrative posts that involve making decisions on students' performance.
        2. Non-voting members include one representative from the Office of Student Affairs and one representative from the Department of Educational Services (DES).
        3. CAPPS voting members who are assigned to provide instruction in Year 1 of the Basic Sciences, along with at least one clinical faculty member, will participate in the CAPPS reviews of Year 2 students. CAPPS voting members who are assigned to provide instruction in Year 2 of the Basic Sciences, along with at least one clinical faculty member, will participate in the CAPPS reviews of Year 1 students.
    2. Clinical CAPPS:
        1. The clinical CAPPS will be composed of at least five clinical faculty members appointed by the Deans of Clinical Studies and two basic sciences faculty members, appointed by the senior Associate dean of Basic Sciences.
        2. A CAPPS voting member participating in a meeting, who personally knows a student being discussed, will excuse him/herself during the discussion of that student.
        3. Terms: Faculty committee members will serve three-year terms. Members may serve two consecutive terms. No person will serve more than two consecutive terms.
        4. Election of faculty members: The members of the CAPPS are appointed as described above.
        5. Other invitees who are nonvoting: invited representatives from the Office of Student Affairs, DES, Registrar, CEAD office
        6. The Chair of both CAPPS is the dean for academic affairs.

7. Resignation: If an elected committee member chooses to step down from the CAPPS prior to completion of their term of office, the senior Associate dean will appoint a replacement based on recommendations from the SOM senate.
8. Possible replacement for absenteeism: Members who miss more than two consecutive CAPPS meetings will be dismissed from the committee and a replacement sought.

Procedures

a. Schedule of Meetings:

1. Meetings of the CAPPS will be called at the end of each academic term.
2. Meetings will be held during the term for appeals related to dismissal due to unprofessional behavior as needed.
3. Each committee meeting will be chaired by the dean for academic affairs.
4. CEAD representative will present the data for each student during the meeting
5. Voting
    1. Voting members are the appointed faculty members designated to vote.
    2. Quorum: A quorum will be half plus one or greater of the voting members.
    3. Recommendations will be passed by 2/3 majority.

b. CAPPS Procedures

1. The mission of the CAPPS is to make fair and objective decisions on individual student appeals.
2. Although the School of Medicine is committed to providing students with remediation and support needed to facilitate student success, the CAPPS is obligated to take into account not only the individual student's appeal but also key considerations such as program requirements and standards as well as student's performance history, timeline, and academic risk factors.
3. The dean of academic affairs supervises the CAPPS Office and oversees all CAPPS activities. CAPPS Office representatives will record meeting minutes, manage the voting process, and document voting results and decisions.
4. CAPPS membership is as described above.
5. The Dean of Academic affairs will chair all CAPPS meetings.
6. CAPPS voting members will discuss and consider each student's case individually, taking into take into account not only the individual student's appeal but also key considerations (e.g., program requirements and standards, the student's performance history, timeline, and academic risk factors).
7. The CAPPS members will review performance reports and read all appeal documents provided by the CAPPS office and make determinations on whether to accept the appeal or uphold the recommendation for dismissal.
8. Voting members will cast their votes using a secret ballot. Results will be tallied by the CAPPS office representative(s) and reported at the meeting.
    1. In the event there is a tie, the Chair will cast a vote.
9. Should a student's appeal be rejected and the recommendation for dismissal upheld, this will be documented at the meeting.
10. Following the announcement of a vote to accept a student's appeal, the CAPPS will determine the conditions a student must meet to progress in the MD program.
11. The CAPPS office will communicate the outcome of each appeal in the form of a letter to the student, with copies to the senior associate dean of basic sciences or senior associate dean for clinical studies, dean of the School of Medicine, Registrar, Director Financial Aid Office, Office of Student Affairs, and the Chair of the Department of Educational Services (DES).
12. The letter to students with an accepted appeal will detail the conditions as specified by the CAPPS. Students must respond to this communication to indicate their acceptance of these conditions. A student who does not accept the CAPPS conditions, has the option to withdraw from the MD program within a specified timeframe. The letter to students with a rejected appeal will provide each student the option to withdraw from the MD program within a specified timeframe. If a student does not withdraw within the specified timeframe, the student will be dismissed.

13. The Office of Student Affairs will follow up with students who do not submit an appeal or who do not respond to the CAPPS offer to accept conditions or withdraw. The Office of Student Affairs will report the outcome of this follow up to the CAPPS Office.
14. The decisions of the Basic Science and Clinical CAPPS are final. The School has no further provision for appeal.

CAPPS Review of Appeals of Dismissals Recommended Due to Unprofessional Behavior

Students may be recommended for dismissal due to unprofessional behavior at any point during the academic term. The CAPPS Office will coordinate activities related to student appeals. The same process as for academic appeals will be followed.

Communications, Records and Approval

1. The chair of the CAPPS will be responsible for:
    1. Scheduling meetings
    2. Chairing the CAPPS meeting
    3. Ensuring that administrative staff keep accurate records of all meetings.
    4. Requesting relevant notes from the DES and Office of Student Affairs on the students to be discussed, for distribution to the members in advance of the meetings
    5. Distributing relevant notes and data
    6. communicate the outcome of each appeal in the form of a letter to the student, with copies to the appropriate senior Associate dean, dean of the School of Medicine, Registrar, Office of Student Affairs).
2. The Chair of the CAPPS will send the minutes of the CAPPS and a list of recommendations to the dean of the school of Medicine within 2 days of the meeting
3. All decisions and recommendations made by the CAPPS will be kept on file in the CAPPS Office.

Appendix 13. The Bylaws of the Faculty Student Selection Committee (FSSC)

General

The following Bylaws govern the organization and procedures of the FSSC and its related ad hoc subcommittees at St. George's University School of Medicine (SOM). The FSSC is a faculty-driven committee under the senate with a shared governance and with appointed faculty and representative administrators responsible for effecting selection and placement of applicants in light of the mission statement of SOM.

Authority

The FSSC is authorized by the Dean of Admissions of the SOM and has accountability for oversight of a list of activities as outlined in the Charges section. Standing or ad hoc committees will be formed to address specific aspects of selection- and placement-related processes for the SOM.

Reporting

The Chair of the FSSC (Dean of Admissions of the SOM) reports to the Dean of the SOM.

Charges

The FSSC is charged with the following responsibilities and forming recommendations to the Dean of Admissions:

1. Placing applicants in the SOM or feeder or assessment programs in accordance with empirically determined criteria, where possible.
2. Subjecting of placement practices to empirical review and revising accordingly.
3. Serving on admissions-related policy boards.

Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.
2. The governance process encourages continuous assessment and improvement of selection and placement practices.
3. All applicants are entitled to a thorough and impartial review.
4. Placements are effected according to justifiable expectations that matriculants will be likely to meet or exceed academic and professional standards of the SOM.
5. Decision-making is based on open discussion, transparency, shared governance, and iterative consensus-building.

Membership

1. Chair: The Dean of Admissions for the SOM will serve as Chair of the FSSC.
2. Members
    1. Members will normally be 17 in number.
    2. Faculty: The FSSC will include at least 15 members of SOM faculty who are typically engaged in teaching within the SOM curriculum. Exceptions may be made for those members of faculty who temporarily assume administrative duties as part of professional enrichment. The chair of the FSSC will be designated as a member of Faculty provided that said Chair is also normally engaged in teaching with the SOM curriculum.
    3. Administrative Deans: Up to two administrative deans of the SGU may serve on the Committee.
3. Appointments: Nominations of the faculty to be appointed in FSSC are made by the senate. Appointments of members of the FSSC are made by the chair, pending approval of such appointments by relevant academic departmental chairs (where applicable) and in consultation with the Dean of the SOM (or responsible designate). Appointments of administrative Deans to the Committee will be made by the Dean of the SOM. Although members are appointed to ensure broad representation of the SOM, members have the responsibility to function as “members of the whole,” working to optimize the decision-related processes and outcomes.
4. Terms: Members may serve two consecutive two-year terms, with eligibility recurring after two interceding years.
5. Removal: Members may be removed from the FSSC by the Chair with cause and in consultation with the Dean of the SOM (or responsible designate). Cause may include but is not necessarily limited to excessive absenteeism from meetings or substandard participation in placement-related decisions.
6. Resignation: A member may resign from the FSSC by written submission to the chair.

Procedures

- Meetings:
    1. Standing meetings of the FSSC will be scheduled approximately weekly throughout the calendar year. Ad hoc meetings will also be called at peak workload periods (e.g., near the beginning of academic terms).
    2. Each committee meeting will be chaired by the Chair.
- Parliamentary authority:
    1. FSSC (or subcommittee) resolutions/decisions will be passed by simple majority.

2. Changes to the bylaws need 2/3 majority.
3. The FSSC has the authority to create additional standing subcommittees and define their charge.
4. Ad hoc subcommittees may be formed at the discretion of the Chair.

- Voting:
  1. Voting members: All members of the FSSC are considered as voting members.
  2. Quorum: A quorum will be considered to be 51% or greater of the voting members.

Communications, Records and Approval

1. The chair of the FSSC will be responsible for ensuring that administrative staff keep accurate records of all placement-related decisions.
2. Deliberations, whether written or verbal, will be conducted in camera.
3. Placement-related decisions of the FSSC will be communicated by relevant administrative staff to authorized personnel for further clerical processing of applications.

Administrative Committees

Appendix 14: Learning Environment Committee

Background Information

In the School of Medicine (SOM) at St George's University (SGU), students learn in a variety of social, didactic, small-group, and clinical settings. The learning environment, which includes the physical, social, psychological, and cultural environment surrounding learning, is a core component of students' educational experiences. As detailed in SGU's learning environment policy, the learning environment has an important influence on the effectiveness of SGU's medical program and should be assessed, monitored, and altered accordingly. Furthermore, this is a specific LCME accreditation requirement:

LCME Standard 3.5 Learning Environment/Professionalism

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

Synopsis of the Learning Environment Committee

The Learning Environment Committee (LEC) was established in 2020 as a dean's level committee to monitor and assess the learning environments of SGUSOM students, both in academic and clinical settings. The LEC is comprised of 21 total members, including the Chair, with representation from the basic sciences faculty, clinical faculty/administration, students, SGUSOM alumni in residency who teach SGU students, and clinical affiliates. The Chair of the LEC is the associate dean of Accreditation, Quality Assurance, and Strategic Planning. At a minimum, the LEC reports to the dean of the School of Medicine on a semi-annual basis and shares a report of its activities with the Curriculum Committee on an annual basis. LEC reports will include:

1. Its findings, including trends, about the SOM learning environment

2. A discussion of areas for potential remediation and areas of potential enhancement based on its findings
3. A proposal for action plans based on its findings

LEC Charge

1. The LEC provides a forum for the discussion of student issues related to the academic and clinical learning environments, including but not limited to:
    1. Student mistreatment and grievances on an aggregate level
    2. Student perceptions of the general learning environment on an aggregate level
    3. Access to student study spaces, both for individual and group study and the availability of other facilities (e.g., lockers)
    4. Effective use of technology by educators
    5. Compliance with student workload policy
2. The LEC reviews results from student surveys, grievance submissions, and other general processes used to monitor the learning environment. The Office of the dean of basic sciences, the Office of clinical studies, and other relevant offices will provide appropriate reports to the LEC Chair.
3. The LEC develops potential strategies to resolve identified issues in the learning environment and makes recommendations to the dean (or his/her designate) or to the Curriculum Committee about areas of potential remediation and enhancement of the learning environment for discussion and approval. Once approved, recommendations for change are carried out by relevant administrators.
4. The LEC reviews SGU's Learning Environment Policy each year for sufficiency and appropriateness of coverage, including the adequacy of data collection and the frequency of monitoring. Proposed changes are ratified by the dean of the School of Medicine.

Summary of Procedures

1. The LEC meets at least quarterly
2. Tasks for meetings include, but are not limited to, the review of learning environment data per its charge
3. The meeting quorum is greater than 50% of members
4. The LEC Chair keeps the minutes unless a secretary is appointed
5. The LEC reports to the dean of the School of Medicine at least semi-annually
6. The LEC provides a report of its activities to the Curriculum Committee at least annually
7. The Chair brings forth suggestions for improvements (both to augment positive influences and to mitigate negative influences on the learning environment) and other recommendations to the dean (or his/her designate) for operational changes and to the Curriculum Committee for curricular changes for review and approval

Membership of the LEC

Description of Membership

Membership includes 21 total members as follows:

Faculty

1. The Committee is composed of 9 faculty:
    1. 4 faculty are from the basic sciences (one representing each of the following terms: Terms 1, 2, 3/4, and 5)
    2. 3 faculty or administrators are from the clinical program within the Office of clinical studies
    3. 1 faculty member is the Office of Student Affairs
    4. 1 faculty member is the associate dean of Accreditation, Quality Assurance, and Strategic Planning, who serves as Chair of the LEC
2. Eligible faculty members are those with appointments at SGUSOM with teaching and/or mentoring experience with students
3. Faculty are selected by the Chair to serve on the LEC

4. Faculty members serve 3-year terms and can be re-appointed for consecutive terms at the discretion of the Chair

Student Members

1. The LEC is composed of 3 student representatives from the Student Government Association with representation from both basic sciences and clinical years:
    1. Student members must be in good academic standing
    2. Student members are selected by the Chair
    3. Student members may be re-appointed for consecutive 1-year terms throughout their enrollment

Postgraduate Members

2. The LEC is composed of 3 postgraduate trainees who teach SGU students:
    1. Postgraduate members are SGU alumni who are currently in a postgraduate training program
    2. These members must be in good standing in their postgraduate training program
    3. They are selected by the Chair with input from the senior associate dean of clinical studies
    4. They may be reappointed for consecutive 1-year terms throughout their postgraduate training

Clinical Affiliate Representatives

1. The LEC is composed of 7 representatives from clinical affiliate sites:
    1. 5 members represent clinical affiliate sites in the United States with appropriate representation from each region
    2. 1 member represents clinical affiliate sites in the United Kingdom
2. Clinical affiliate representatives are either clerkship directors or Directors of Medical Education at SGU clinical sites
3. Clinical affiliate representatives are selected by the Chair with input from the senior associate dean of clinical studies
4. Clinical affiliate representatives serve 3-year terms and can be re-appointed for consecutive terms at the discretion of the Chair

Leadership Structure of the LEC

1. Chair
    1. The associate dean of Accreditation, Quality Assurance, and Strategic Planning serves as the Chair of the LEC
2. Other Leadership
    1. A Deputy Chair may be appointed by the Chair
    2. A Secretary may be appointed by the Chair

Job Descriptions

1. Chair
    1. Leads the LEC and provides direction on the scope of activities, issues, resolution strategies, and execution of these strategies
    2. Sets the agenda and facilitates LEC meetings to discuss and address issues related to the learning environments of students
    3. Serves as a point of contact for student and faculty members regarding the learning environment
    4. Reviews annually the Committee bylaws (including membership, function, and composition), as well as any applicable polices that pertain to the learning environment
    5. Submits a semi-annual report to the dean of the School of Medicine and an annual report to the Curriculum Committee that:
        1. Summarizes the activities of the LEC

    2. Provides an assessment of the learning environments of students based on surveys and other input mechanisms
6. Conducts an annual orientation for new and existing LEC members to disseminate LEC information and school updates regarding student issues
7. Collaborates with the senior associate dean of clinical studies and the senior associate dean of basic sciences to ensure the sharing of information between the LEC and the administrative offices responsible for end-of-course/clerkship reviews and those responsible for the monitoring of courses and the curriculum

2. Deputy Chair (if appointed)

    1. Attends at least 50% of LEC meetings during the year

    2. Assists the Chair with leadership duties, including but not limited to:

        1. Leading meetings or parts of meetings

        2. Providing guidance concerning formation of ad hoc subcommittees, if formed, as needed

        3. Completing other duties as requested by the Chair

3. Committee Secretary (if appointed; otherwise, these become the duties of the Chair)

    1. Records meeting minutes (minutes must include a record of attendance and a voting record for each issue warranting a vote)

    2. Distributes minutes to appropriate people

    3. Writes LEC reports as required

4. Faculty member/administrator

    1. Attends at least 50% of LEC meetings during the year

    2. Takes part in ad hoc committees, if formed, as appointed by the Chair

5. Student Member

    1. Attends at least 50% of LEC meetings during the year

    2. Reports news and updates to the Student Government Association as deemed appropriate

6. Postgraduate Member

    1. Attends at least 50% of LEC meetings during the year

7. Clinical Affiliate Representative

    1. Attends at least 50% of LEC meetings during the year

    2. Facilitates the mitigation and remediation of negative influences and the enhancement of positive influences on the learning environment at affiliate sites (after any recommended action has been approved by relevant administrators)

LEC Processes

The LEC is committed to adhering to an objective, fair, and confidential process in its monitoring, review, and assessment of the SOM learning environment of SGU students. The information discussed in the LEC is confidential. The LEC endeavors to make the best possible judgements and recommendations using impartial data.

Appendix 15. By-laws of Academic Progress Review Committee (APRC)

General

The following By-laws govern the organization and procedures of the Academic Progress Review Committee (APRC) for St. George's University School of Medicine.

Authority

The APRC is a delegated committee reporting to the dean of the School of Medicine and has accountability for oversight of a list of activities as outlined in the Charges section. Additional ad hoc subcommittees may be formed to address specific aspects of the graduation assessment process and will report to the APRC.

Reporting

The APRC is an administrative committee and reports to and provides recommendations to the dean of the School of Medicine.

Charges

The Academic Progress Review Committee is charged with the following responsibilities:

1. Review of students performance
2. Identify and recommend for advising, those students at risk of not meeting SOM progress and promotion standards.
3. Evaluation of all students for eligibility for progress and promotion
4. Recommend to the relevant Sr. Associate Dean:
    1. The issuance of reminders, notifications, warnings related to the progress of those students at risk of not meeting MD program standards for progress
    2. The issuance of timeline extensions with stipulations for program completion for those students with extenuating circumstances resulting in timeline delays
    3. The dismissal of students failing to meet MD program standards for progress and promotion
    4. The commendation of high achieving students

Guiding Principles

1. Governance procedures are consistent with the mission of SGU SOM.
2. The governance process encourages continuous improvement of the review of student academic progress and performance.
3. All SOM students have equal eligibility for being offered advising and support opportunities as per SGU SOM established standards for progress and promotion to successfully meet the MD program objectives, and completing all course and clerkship requirements.
4. Processes leading to decision-making are based on the standardized application of establish SGU SOM standards for progress and completion and involve open discussion, transparency, shared governance, and iterative consensus-building when no clear standard applies.

Membership

1. Expectation of members: Although members are selected to ensure broad representation of the SGU staff and SOM faculty with a role to play in monitoring students' progress and promotion, members have the responsibility to function as "members of the whole," working to optimize the academic review process, rather than to represent the interests of a particular constituency.
2. Faculty and Ex-Officio Staff: The Academic Progress Review Committee consists of the following members:

   Basic Sciences: Course Director (as relevant), Curriculum Evaluation and Assessment Division (CEAD) representative, Basic Sciences Academic Advising, Development, and Support Services (AADS) representative, Senior Associate Dean of Basic Sciences (SADOBS) representative

   GAP: CEAD representative, Basic Sciences AADS representative, Office of the University Registrar (OUR) representative, SADOBS representative

   Clinical Studies: CEAD representative, Clinical Studies AADS representative, Senior Associate Dean of Clinical Studies (SADOCS) representative, OUR representative, Clerkship Placement representative

3. Terms: Faculty committee members will serve three-year terms. Members may serve two consecutive terms. No person will serve more than two consecutive terms.
4. Election of faculty members: The members of the APRC are selected by the dean of medicine.
5. The Chair of the Academic Progress Review Committee is the associate dean for evaluation and assessment or designee.
6. Resignation: If an appointed committee member chooses to step down from the APRC prior to completion of their term of office, the dean of medicine will appoint a replacement based on recommendations from the SOM senate.
7. Possible replacement for absenteeism: Members who miss more than two consecutive APRC meetings will be dismissed from the committee and a replacement sought.

Procedures

1. Meetings:
    1. Meetings of the APRC will be following every examination period for the Basic Sciences and at least bi-monthly for the clinical phase
        1. Ad hoc meetings may be held for the interim review of students identified by the Registrar or Office of Student Affairs
    2. Each committee meeting will be chaired by the Chair or designee.
    3. Recommendations will be passed by simple majority.
    4. In the event of a tied vote, the Chair or Chair's designee will cast a vote
    5. Recommendations will be made to the relevant Sr. Associate Dean with copy to the Registrar and Office of Student Affairs.
2. APRC Procedures:
    1. Following every summative assessment (interim review) and promotion period (end of term, academic year, or phase) the Academic Progress Review Committee (APRC) reviews student performance and identifies students with performance trends that indicate students are at risk of not achieving performance standards.
    2. During interim reviews the committee identifies students at risk of not meeting standards and recommends the following:
        1. mandatory advising meetings during which Academic Advisors meet individually with these students to discuss program requirements and standards, identify obstacles to progress, consider opportunities for improvement, and develop individualized learning plans (as appropriate)
        2. academic support (ITI, CR) to be offered during mandatory advising meetings
        3. mandatory clerkship placement advising meetings (GAP and clinical students) to plan for completion of clinical requirements within timeline standards.

    4. issuance by the Sr. Associate Dean reminders, notifications, and warnings related to the progress of those students at risk of not meeting MD program standards for progress, including stipulations given to facilitate the achievement of progress and performance standards.
    5. The issuance of timeline extensions with stipulations for program completion for those GAP/Clinical students with extenuating circumstances resulting in timeline interruptions/ delays
3. During an end of term, academic year, or phase review of student progress and performance, identifies students who are not meeting standards for academic progress and promotion and recommends the following:
    1. Academic support (e.g. ITI) to be offered to students or exemption from requirements for those meeting standards following at-risk performance or an academic setback.
    2. The retention of students failing to meet MD program standards for progress and promotion as per standards for retaining students, including stipulations given to facilitate the future achievement of progress and performance standards.
    3. The dismissal of students dismissal of students failing to meet MD program standards for progress and promotion as per standards for recommending dismissal
4. During its review of review of student progress and performance, the APRC will recommend the commendation of high achieving students. End of term and phase recommendations for commendation will be made as per standards for acknowledging students with exceptional academic achievement.
5. Voting
    1. Voting members are the appointed faculty members designated to vote.
    2. Quorum: A quorum will be half plus one or greater of the voting members.

Communications, Records and Approval

1. The chair of the APRC will be responsible for ensuring that administrative staff keep accurate records of all meetings and notify relevant offices (OUR, Office of Student Affairs, AADS, DES, OCG, Clerkship Placement, and CAPPS) recommendations/determinations resulting from meetings.
2. The Chair of the APRC will send recommendations to the Sr. Associate Dean.
3. The Chair of the APRC will send a summary every 4 months to the dean of the School of Medicine detailing the meeting dates and list of students recommended or refused recommendation for a diploma.
4. All decisions and recommendations made by the APRC will be held on file in the Office of the dean of the School of Medicine.

Appendix 16: The Judiciary Board

The Judiciary Board has discretion to preside over hearings involving any disciplinary matter involving student discipline, including but not limited to matters involving alleged violations of University Policy, protocol, regulation, the Student Handbook, the Honor Code, Code of Conduct, the Clinical Training Manual (as applicable to students in the Doctor of Medicine program) and any matter for which there is precedent for interpreting and applying the rules and standards of conduct of the University. The Judiciary Board's authority to handle University disciplinary matters derives directly from the University. All meetings and discussions of the Judiciary Board are confidential.

It is the policy of the University that, while evaluation of academic work is entirely in the hands of the instructor, questions of academic honesty and professionalism may be heard by a Judicial Panel of the Judiciary Board.

Members of the Judiciary Board

The members of the Judiciary Board are be chosen by the Dean of the relevant School. The Board is made up of SGU faculty and/or administration from the relevant School. A Panel of the Judiciary Board (Panel) comprised of up to six (6) members of the Judiciary Board of each School shall preside over hearings brought before the Judiciary Board of such school. The Panel will interpret and apply the standards and rules of the University.

Matters before the Judiciary Board

Matters before the Judiciary Board originate from complaints or allegations brought or referred to the Office of Student Affairs and/or the Office of Judicial Affairs. Any student, faculty, or staff member may make a complaint and/or report of a violation of the Honor Code, Code of Conduct, University Policy, protocol, Manual, regulation, University, program or course requirements or professionalism to the Office of Student Affairs and/or Office of Judicial Affairs. Any matter which for which a formal disciplinary hearing measures may be considered not initially raised to the Office of Judicial Affairs shall be referred to the Office of Judicial Affairs. After consultation and investigation, the Judicial Officer will determine whether a matter should proceed to hearing. In such event, the Judicial Officer will issue a Notice of Hearing and provide the student with written notice of the charges and allegations.

The Judiciary Board, through its Panel presides over disciplinary hearings on disciplinary cases brought by the Office of Judicial Affairs.

Procedures of the Office of Judicial Affairs & Judiciary Board Hearings

The Judiciary Board decides its cases pursuant to established standards and the specific rules and policies established by the University, taking into account the Board's understanding of the student's particular circumstances.

Some matters may, but are not required to, originate with a referral to the Office of Student Affairs, after which the Dean of Student Affairs and/or a designee may, in his/her discretion, meet with the student informally to discuss the incident, the relevant University rules or standards of conduct, and possible courses of action. If the Dean of Student Affairs/designee determines, in his/her discretion, the matter can be resolved informally, referral to the Office of Judicial Affairs is not required. If there are issues of fact and/or the Dean of Student Affairs/designee determines the matter could be appropriate for a hearing, a referral shall be made to the Office of Judicial Affairs for further investigation as may be deemed appropriate and/or the presentation of formal charges.

Matters may also be referred to the Office of Judicial Affairs directly. Upon referral of a matter to the Office of Judicial Affairs, regardless of source, the Judicial Officer will review the referral and conduct any investigation he/she deems necessary. The Judicial Officer may include and/or designate such other individuals as he/she deems appropriate in process of conducting the investigation.

If charges are to be rendered, the Judicial Officer shall issue a written Notice of Hearing and Charges to the student. Except in circumstances where time is of the essence due to surrounding events or academic deadlines or some other exceptional circumstance, or unless otherwise agreed to by the student, the Notice of Hearing and Charges shall be sent to the student no less than five (5) days prior to the date of the scheduled hearing.

Unless otherwise agreed to by the student, no less than three (3) days prior to the date set for hearing, the student will be offered the opportunity to meet with the Judicial Officer to review the charges, the alleged violations and view and discuss the evidence.

The proceeding and procedures are not intended to be that of a criminal court and therefore, the student does not have the right to be represented by an attorney, however the student has the right to be accompanied at the hearing and during the meeting with the Judicial Officer by a faculty student advisor appointed for such purpose. The student will be advised of the name and contact information for the faculty student advisor prior to the date of the meeting with the Judicial Officer. The advisor cannot speak for the student and is not intended to provide legal advice, but to assist the student with regard to the procedures and process. A student may waive his/her right to be accompanied by a faculty student advisor at any point in the process.

The student may submit evidence and documentation to the Office of Judicial Affairs to include in the packet of materials to be presented to the Judicial Panel for consideration, provided such evidence and documentation is received by the Office of Judicial Affairs by the timeline set out by the Judicial Officer at or following the scheduled date of the Judicial Officer's meeting with the student. The student may also submit to the Judicial Officer a list of witnesses he/she intends to call on his/her behalf to provide relevant testimony before the Judicial Panel at hearing. The packet of evidence shall be made available to the Judicial Panel prior to the commencement of the hearing. The Chair of the Panel shall preside over the hearing. In the event either party has additional relevant evidence to be submitted to the Judicial Panel that was not included in the packet, such evidence may be considered by the Judicial Panel at its discretion, taking into consideration statements made in connection with such additional evidence, along with any other relevant factors. The Chair may, but is not required to, place restrictions or conditions on its consideration of any additional evidence provided.

On the date of hearing, the Judicial Panel, which may consist of no less than three (3) and up to six (6) individuals, will act as the fact finder. The Chair of the Judicial Panel (Chair) presides over the hearing. The Chair is charged with conducting the hearing in an orderly fashion and has the authority to rule on questions of admissibility, adjournments, requests for breaks, relevance, scope, appropriateness of questions and evidence. This includes the authority to: (1) determine admissibility of testimony of witnesses; (2) deny the request to ask questions that are found to be misleading or inappropriate; (3) rule on the relevance and admissibility of evidence. The Judicial Officer and student may ask questions of witnesses at the discretion of the Chair; questions are usually posed to the Judicial Panel, who then asks the witnesses the questions, unless such questions are otherwise deemed inappropriate by the Chair. The Chair holds the authority to address any procedural and/or other issues that may arise.

On the day of the hearing, after introductions are made, the student will be provided with an opportunity to challenge any member of the Judicial Panel on the grounds of prejudice. Any challenge made will be deliberated upon by the Judicial Panel and a determination will be made as to whether that member should be excluded and/or replaced.

At the commencement of the hearing, the charges and allegations shall be presented by the Judicial Officer. The Judicial Officer and student will be given an opportunity to provide opening statements. The student shall be entitled to provide testimony regarding the allegations and provide his/her side of the story to the Judicial Panel and the Judicial Panel and Judicial Officer will be given the opportunity to ask any questions they may have of the student. The Judicial Officer will then be given the opportunity to call witnesses to provide testimony to and answer questions posed by the Judicial Panel, Judicial Officer and student, after which the student will be provided the opportunity to call any witnesses. Should the Judicial Panel or Judicial Officer have any additional questions for the student, or the student Judicial Officer or Panel have any additional questions for any other witnesses, those questions may be posed at that time, subject to the discretion of the Chair. Once witness statements have been taken, the Judicial Officer and student will be given an opportunity to provide a brief summation of the matter. The Judicial Panel members may ask questions of the student and any witnesses and may request additional records and/or testimony prior to making a decision.

In arriving at any decision, the Judiciary Board pays close attention to the growth of students, as members of an academic community and graduates and professionals within their chosen profession. In coming to a determination as to a recommendation for penalty, the Judicial Panel may consider the students educational record, current status, student record and any prior disciplinary history and/or prior informal warnings issued by the University, which may be factored into such recommendation.

At the conclusion of its deliberations, the Judicial Panel shall provide its findings and recommendation to the Office of Student Affairs for consideration and determination. The Office of Student Affairs may but is not required to follow all recommendations of the Judicial Panel. The Office of Student Affairs shall inform the student of the decision in writing. This decision and all official disciplinary correspondence (e.g., Notice of Violation) shall become part of the student's official record.

The standard to be employed for all disciplinary cases is a preponderance of the evidence standard (more likely than not). Clear and convincing evidence is not required.

In disciplinary cases, if the Board determines that a violation occurred, it may recommend a range of penalties including, but not limited to one or a combination of the following:

1. Warning with or without conditions- failure to comply will result in more serious and drastic penalties;
2. Disciplinary probation – with or without conditions. During the period of time (to be specified) that a student is on probation, any further instance of misconduct will very likely result in dismissal. A student on probation must be especially conscientious about his/her behavior and responsibilities. If the offense is related to participation in extracurricular activity, the Board may at its discretion restrict such participation; in cases in which management of time appears to contribute to the problem, the Board may require that the student obtain the Board's permission for participation in each individual activity. The Board may also attach individual requirements to probation;
3. Suspension- for a set period of time to be specified, with or without conditions during the period of suspension, with our without conditions for return and/or period of probation following return from suspension; and
4. Dismissal- An action taken in serious disciplinary cases whereby a student's connection with the University is ended.

A student may ask that any decision of the Judiciary Board be reconsidered when there is additional or new relevant information available through the appeals process.

Appeal

A student who disagrees with the decision of the Office of Student Affairs may appeal the decision within five (5) business days of the date the decision is sent. This appeal must be made to the Dean of the school for the program in which they are enrolled. For students in the pathway programs leading to the School of Medicine, the appropriate dean shall be the Dean of the School of Medicine or his/her designee. The Dean of the school or his/her designee shall consider an appeal that is timely and properly filed and render a final determination. For an appeal to be properly filed, it must be sent to the appropriate Dean, with a copy to the Office of Student Affairs; received within five (5) business days of the date notice of the decision of the Dean of Student Affairs was given; and be based on one or more of the following grounds:

1. Due process errors involving the responding student's rights that affected the outcome of the initial hearing;
2. Demonstrated prejudice against any party by the person presiding over the hearing;
3. New information that was not available at the time of the original hearing;
4. A sanction that is extraordinarily disproportionate to the offense committed; and/or
5. The preponderance of the evidence presented at the hearing does not support the finding.

The Dean or his/her designee shall review the submission made by the student, along with the underlying record, the student's educational record, and information on the student's current status and make a determination after consideration of the issues raised. The decision on appeal shall be shared in writing with the student. Any determination of an appeal shall be final and shall not subject to further appeal.

Interim Suspension

Any dean may immediately suspend a student for an egregious violation of the honor code, the code of conduct, professionalism, allegations involving serious criminal behavior or when the continued presence of the student raises serious concerns for the health, safety and wellbeing for himself/herself or others and/or there is reason to believe that the continued presence of the student or cause serious disruption to the educational process and/or orderly administration of the University/University activities. In such case, the Dean shall provide written notice of the suspension to the student. Such suspension must be promptly reported by the dean to the Office of Judicial Affairs and other relevant departments. The Office of Student Affairs, together with the Office of Judicial Affairs and any other relevant offices will review the circumstances and take appropriate action pursuant to the disciplinary process.

Disciplinary cases are ordinarily considered by the Judiciary Board as quickly as is reasonably possible, given the Board's schedule and the need to investigate matters carefully. A disciplinary matter concerning a student on leave of absence (LOA) or suspension will also be handled as quickly as possible, and no student on a leave of absence or suspension will be allowed to register until the pending disciplinary matter has been resolved. In the event a court action is pending or in progress, the Judicial Board may, but is not required, to delay or suspend its hearing process, pending progression or resolution of such case.

Students must comply with all University and disciplinary rules from matriculation until the conferring of the degree so long as they are enrolled, regardless of any intermittent status (such as LOA, suspension, etc.). A degree will not be granted to a student who is not in good standing or against whom a disciplinary charge is pending.

Appendix 17: Student Supervision Policy

Appendix 17: Student supervision Policy

Background and Purpose

Faculty are responsible for appropriate supervision of SGUSOM students who are participating in required hospital visits, clerkships or elective clinical courses, as well as interactions with standardized patients

Scope

This policy applies to all faculty involved in the supervision of SGUSOM students.

Policy statement

This policy was developed to define the responsibilities of faculty in relation to supervision of students in the School of Medicine, at St. George's University.

Policy

1. Medical students should receive supervision from the most appropriate clinical faculty member in relation to the procedure, field and/or type of patient care.
2. Faculty should not leave students unsupervised during provision of care or while the student is performing procedures.
3. Faculty who are responsible for the supervision of SGUSOM students must either hold a faculty appointment with SGUSOM or should themselves be supervised in their teaching and assessment role by an individual who holds such a faculty appointment.

    1. Supervision should be for those clinical activities that are within the scope of expertise or practice of the supervising faculty member.
    2. Supervision of students can be direct, where the faculty member is physical present with the student, or secondary, where the faculty member supervising is immediately available but not in the direct presence of the student while care is being provided.
4. The determination of the level of supervision needed for a student, i.e., direct or secondary, will be based on:
    1. the student's training level
    2. previous observations and determination of student experience and skills in relation to a given activity and setting
    3. direct knowledge of the supervisor in relation to the skills of the student
    4. skill level inherent to the procedure
    5. acuteness of need for performance of said procedure or care
    6. evaluation of level of risk to the patient
5. Clerkship directors and course directors (CDs) assign students to designated faculty supervisors for all clinical experiences and must communicate these assignments to the faculty, residents, and students
6. Department chairs are responsible for overseeing that the CDs perform the assignment and communication as described in 5. above.
7. Under specific clinically and educationally appropriate circumstances, the supervising faculty may delegate supervision to another appropriate healthcare providers, e.g., nurses, residents or physician assistants.
8. It is the responsibility of each supervising physician to first ensure that the individuals to whom the supervision is delegated are working within their expertise, prior to identifying which learning experiences can be delegated.

Paraphrased From

- UCSF: https://meded.ucsf.edu/policies-procedures/clinical-supervision-medical-students
- https://www.omed.pitt.edu/sites/default/files/policy_on_clinical_supervision.pdf

Policy summary

All SGUSOM students must be appropriately supervised by a qualified clinical faculty member, for all clinical activities during which patient care is being provided. CDs are responsible for assigning the faculty responsible for the supervision of students during their clinical experiences.

Appendix 18: Diversity Equity Inclusion Policy

Appendix 18: Diversity, Equity, and Inclusion Policy

Version Number: 1

Effective Date: November 24, 2021

Responsible SGUSOM Official: Assistant Dean of Multicultural Affairs

1.0 INTRODUCTION

At St. George's University School of Medicine (SGUSOM), diversity is a foundational core value that is reflected in our campus community. We recognize that the educational environment is enhanced and enriched by a true blend of voices and knowledge from varied backgrounds and attributes. The University is committed not only to the recruitment of students, faculty, and staff from varied backgrounds and experiences, but also to developing initiatives designed to create an equitable and inclusive campus environment. We embrace the belief that a diverse, equitable, and inclusive environment is pivotal in the provision of the highest quality education, research, and health care delivery.

1.0 INTRODUCTION

2.0 PURPOSE

Through our pursuit of Diversity and Inclusion, SGUSOM prioritizes quality, positive student experiences irrespective of background. SGUSOM aims to create an environment where all students, faculty and staff, regardless of background, feel safe and free to contribute to the development of the SGUSOM community. SGUSOM aims to establish a culture of diversity, equality and inclusion.

SGUSOM is committed to anti-discrimination and does not discriminate on any basis prohibited by-the local laws -of the country where-the educational program is being provided.

3.0 SCOPE

SGUSOM utilizes a variety of strategies to achieve its mission through a commitment to diversity, equity, and inclusion in its students, faculty, and staff.

I. Definitions

Diversity is defined as a community that appreciates, values, and seeks individuals from a variety of backgrounds and characteristics, such as race, ethnicity, gender, socio-economic status, and religious beliefs.

Equity is defined as all individuals having equal access to opportunity regardless of race, ethnicity, gender, socio-economic status, or religious beliefs.

Inclusion is defined as creating a supportive environment so that all individuals have an opportunity to succeed.

II. Responsibilities

1. Leadership – SGUSOM will demonstrate its commitment to diversity, equity, and inclusion (DEI) through leadership, policies, and practices, including:
    a. Appointing an Assistant Dean of Multicultural Affairs (ADMA) who is responsible for the planning and oversight of diversity, equity and inclusion activities. The ADMA reports directly to the Dean of the School of Medicine. The ADMA:
        i. Actively promotes a diverse, inclusive, and equitable environment within the School of Medicine.
        ii. Collaborates with the leadership of SGUSOM to establish an environment free of discriminatory behavior and harassment of all students and free of retaliation for filing complaints of discrimination.
        iii. Develops programs/activities designed to raise awareness of and educate the SGUSOM community about topics and issues related to diversity, equity, and inclusion.
    b. Adopting this Diversity and Inclusion Policy to guide all efforts to promote diversity, equity, and inclusion.
    c. Establishing a Diversity, Equity, and Inclusion Advisory Council to advise the ADMA on DEI practices and developments.
2. Recruitment Strategies – In recruiting students, faculty and staff at SGUSOM, diversity, equity and inclusion should be a significant component and be reflected in recruitment strategies. These strategies may include:
    a. Utilizing pipeline programs to recruit students to become physicians, focusing on specific target groups that will enhance SGUSOM's ability to meet its mission, including students from these groups historically underrepresented in medicine:
        i. Country of origin
        ii. Female gender
    b. Utilizing recruitment pathways to ensure a diverse pool of applicants for faculty and staff positions, with special consideration on recruiting the following groups:
        i. Country of origin
        ii. Female gender
    c. Assessing current recruitment efforts and developing an analysis so that DEI can be effectively integrated into recruiting students, faculty and staff.
    d. Ensuring SGU's website reflects diversity, equity and inclusion in SGUSOM.
3. Education – Inclusion in SGUSOM curriculum on diversity, equity, and inclusion issues, such as:
    a. Cultural Competency
    b. Social Determinants of Health/Health Inequities/Population Health
    c. Effective Communication with Diverse Patients
4. Retention of students, faculty, and staff – The SGUSOM will utilize strategies to retain students, faculty, and staff in diversity categories designated in Section 2 through initiatives such as:
    a. Student support services and advising that cater to the needs of a diverse student body
    b. Training and development opportunities for faculty and staff
5. Awareness – SGUSOM will ensure that applicants, students, faculty, and staff have exposure to its commitment to diversity, equity, and inclusion through statements and policies that will be widely distributed through appropriate channels.
6. Evaluation – SGUSOM will track evaluation and assessment of its activities to promote diversity, equity, and inclusion through the development of goals, objectives, outcomes, and monitoring through a continuous quality improvement process.

Appendix 19: SGU Non-Discrimination Policy

NONDISCRIMINATION POLICY

Version Number: I.0

Effective Date: November 24, 2021

Responsible SGUSOM Official: Vice President of Student Affairs

I. Policy Statement

It is the policy of St. George's University ("University") to provide an educational and working environment that provides equal opportunity to all members of the University community. The University prohibits discrimination, including discriminatory harassment, on any basis prohibited by the applicable local laws of the country where the educational programme is being provided.

Sexual misconduct/harassment is governed by the Sexual Misconduct policy which can be found at: Sexual Misconduct Policy – St. George's University Student Manual (sgu.edu)

Therefore, reports of sexual misconduct/harassment as defined by that policy should be brought pursuant to that policy.

This policy applies to visitors, contractors, officers, administrators, faculty, staff, students, and employees of the University on University property and/or involved in University associated activities.

II. Definitions (specific to this policy)

Discrimination:

Unjust unequal treatment of an individual or a group based on a personal characteristic or status that is protected under the local laws of the country where the educational programme is being provided.

Discriminatory Harassment:

Unjust and unwelcome conduct directed at an individual or a group based on a personal characteristic or status that is protected under the local laws of the country where the educational programme is being provided when one or more of the following are present:

- Submission to such conduct is unreasonably used as the basis of decisions affecting the individual with regard to employment, education or University activities or opportunities and/or becomes a condition of continued employment, education, or access to University activities or opportunities; or
- Such conduct is so severe and/or pervasive that a reasonable person would consider it to be so intimidating, hostile and/or abusive that it would have the effect of interfering with a reasonable person's educational or job performance or access to University activities or opportunities.

Discrimination and Discriminatory harassment are not limited to face-to-face occurrence and can be verbal, physical, written or electronic.

Petty slights, annoyances and isolated incidents (unless repeated/severe/persistent/extreme) may not rise to the level to constitute discriminatory harassment.

In determining whether the alleged conduct constitutes discrimination or discriminatory harassment, the record as a whole, will be considered, as well as the totality of the circumstances, such as the nature of the alleged conduct, the power differential between the parties, and the context in which the

alleged conduct occurred, whether the alleged conduct is severe and pervasive and will be judged using a reasonable person standard, not the subjective feelings of the individual(s) allegedly subjected to the conduct. Any assessment or investigation will be guided by the principles of fairness.

Inquiries by students regarding this policy may be directed to the Office of Student Affairs at studentaffairs@sgu.edu.

A person who believes that they have been subjected to discrimination or harassment in violation of this policy may make a report of the incident to the contacts listed below. Incidents should be reported as soon as possible after the time of occurrence. Upon receipt of a report, the University will review the report in accordance with the relevant policies and procedures.

III. Contacts

REPORTER	CONTACT	PHONE NUMBER	EMAIL ADDRESS
Students	Office of Student Affairs	473-439-3000 ext 3779	studentaffairs@sgu.edu
Students	Office of Judicial Affairs	473-4175 ext 3137 or 3456 473-439-4256	judicial@sgu.edu
Faculty	Office of Human Resources	473-439-3000 ext. 3762	FacultyHR@sgu.edu
Staff	Office of Human Resources	473-439-3000 ext. 3380	hr@sgu.edu
Vendors	Office of Vice President of Business Administration	473-439-2000 ext. 4031	dbuckmire@sgu.edu
All Reporters	EthicsPoint	1-844-423-5100	https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html

IV. Procedures for Reporting

All reports will be taken seriously. Upon receipt of a report, the University will review the report and the allegations and conduct the applicable investigation, which will typically involve speaking with the reporter and the individual(s) involved in the alleged conduct and providing them with the opportunity to tell their side of the story. At the conclusion of investigation, the reporter and the individual alleged to have engaged in the conduct will be advised of the determination and general outcome. The resolution of complaints may involve informal and/or formal measures as appropriate, consistent with policy, procedure and processes governing complaints, resolution and discipline as set forth in the Student Manual, Faculty Handbook and Staff policies, as applicable.

The purpose of this policy is to address and prevent prohibited conduct and therefore, while an individual engaged in prohibited conduct in violation of this policy may be subject to discipline, not all conduct will ultimately result in discipline and other resolutions may be determined to be appropriate under the totality of the circumstances.

All members of the University community are expected to cooperate with and participate in any inquiries and investigation conducted.

The University may provide interim measures as necessary, appropriate and available, to an individual involved a report made pursuant to this policy. Interim measures may be put in place prior to or while an investigation is pending and/or ongoing. It may be appropriate for the University to take interim measures during the investigation of a complaint absent a request by either party. Interim measures

must be coordinated with and approved by the appropriate University departments, including, but not limited to, the Office of Student Affairs, Human Resources, Department of Public Safety and Security, or Judicial Affairs.

V. Intentionally False Reports

The University takes reports under this policy very seriously, as it may result in serious consequences. A good-faith complaint that results in a finding that a violation did not occur is not considered to be false. However, individuals are found to have made a report, intentionally false or misleading or dishonest, or made maliciously and without regard for truth may be subject to disciplinary action.

Retaliation is an adverse action taken against a person for making a good faith report of or participating in any investigation or proceeding under this Policy. Adverse action includes direct or indirect conduct that threatens, intimidates, harasses, coerces or in any other way seeks to discourage a reasonable person from engaging in activity protected under this Policy. Retaliation can be committed by or against any individual or group of individuals. Retaliation is prohibited and may constitute grounds for disciplinary action. An individual who believes they have experienced retaliation is strongly encouraged to make a report to the University using the reporting procedures set forth above. The University will take appropriate responsive action to any report of retaliation.

VI. Resources

- Office of Student Affairs – studentaffairs@sgu.edu; https://myuniversity.sgu.edu/pages/student-affairs
- Human Resources – FacultyHR@sgu.edu; hr@sgu.edu
- EthicsPoint - https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html
- University Ombuds – ombuds@sgu.edu or 473-405-4204
- PSC Counseling – pscscheduling@sgu.edu 473-439-2277
- BCS Counseling – SGU-BCS Counseling (bcs-talk.com); **In an emergency, please call: 877-328-0993**
- University Health Services – clinic@sgu.edu; 473- 407-2791
- Campus Security – Call **777** from any cell or landline phone for emergency response
- Non-emergency response from Department of Public Safety – Call **(473) 444-3898**
- Student Manual Link: Sexual Misconduct Policy – St. George's University Student Manual (sgu.edu)
- SGU Faculty HR Page: https://mycampus.sgu.edu/unifyedmydrive/open/file/download/SGUPROD/5f9c22983200be0016137e3e/latest (located under the University Policies tab)
- SGU Staff HR Page: https://mycampus.sgu.edu/unifyedmydrive/open/file/download/SGUPROD/5f7489b919a15900174f41bf/latest(located under the Policies tab)
- Psychological Services Center – https://mycampus.sgu.edu/group/psychological-services-center/home
- UNITED Portal - https://mycampus.sgu.edu/group/united/home

Appendix 20: Performance Bonus Criteria (Basic Sciences Faculty)

PERFORMANCE BENEFIT EVALUATION OBJECTIVES

1. Provide an overview of the process for the evaluation of faculty contributions that will form the basis for awarding of the Performance Benefit.
2. Outline the criteria that will form the basis of the evaluation process.
3. Provide a flexible framework around which faculty who contribute at all levels in the SOM can be evaluated.
4. Structure a system that will enable rapid and beneficial identification and remediation of problem areas.

Criteria are as shown below and as per the Performance Bonus Evaluation Process document. A minimum of Meets expectations for the relevant category is required in order for a bonus to be awarded.

For: 2019-2020 Electronic (fillable) Version

FORM FOR QUALITATIVE EVALUATION – FINAL

Faculty Member being evaluated:	**Date of Evaluation:**

Please tick or place an "X" in the relevant box for each component.

Evaluations of Below Expectations or Unacceptable must be accompanied by written explanations stating the reason for the rating (see p.19). Further supporting documentation may additionally be required (see Appendix A, p.22).

Component	Exceptional	Above Expectations	Meets Expectations	Below Expectations	Unacceptable
Teaching – Primary	☐	☐	☐	☐	☐
Teaching – Supplemental	☐	☐	☐	☐	☐
Graduate Studies Program	☐	☐	☐	☐	☐
Selectives & Electives	☐	☐	☐	☐	☐
Departmental Involvement	☐	☐	☐	☐	☐
Management & Supervisory	☐	☐	☐	☐	☐
Service to the University Community	☐	☐	☐	☐	☐
Institutional Support	☐	☐	☐	☐	☐
Scholarly Activities	☐	☐	☐	☐	☐
Community & Outreach Activities	☐	☐	☐	☐	☐

Evaluator (print): Signature of Evaluator:_____ Date:_____

Signature of Faculty Member:_____ Date:_____

Appendix 21: SGU Emeriti Policy

The Emeritus policy is available on the HR site. From the University Portal home page, click on Human Resources and select Faculty Resources from the dropdown menu.

Once on the Faculty Human Resources main page, click on the Employee Resources tab and select Emeritus Status Policy from the downdown menu.

Appendix 22: Student Viewpoints and Perspectives: Disclaimer

Appendix 22. Student Viewpoints and Perspectives: Disclaimer

Please note: the perspectives and viewpoints expressed by individual students, past or present, or student groups/organizations (including but not limited to social media posts, presentations, panel discussions or chats) are solely representative of the personal perspectives and viewpoints of that specific individual or group/organization. Such expressions do not reflect the views of the administration of SGU-SOM and are not to be construed as representative of the school or its curriculum. The SGU-SOM student handbook, clinical training manual and course syllabi remain as the definitive guides to school policies, academic requirements, curriculum and resources.

Appendix 23. Guidelines for appointments and renewals for affiliate clinical faculty

GUIDELINES FOR APPOINTMENTS AND PROMOTIONS FOR AFFILIATE CLINICAL FACULTY

GUIDELINES FOR APPOINTMENTS AND PROMOTIONS FOR AFFILIATE CLINICAL FACULTY - effective January 2025

INTRODUCTION

The following establishes the rules and guidelines for the appointment and promotion of faculty who take part in the clinical education of St. George's University School of Medicine's students. Detailed explanations of each role and guidance on expectations can be found in the SGU SOM Faculty Handbook.

These guidelines have been constructed to:

1. Set standards for the level of Clinical faculty appointments that are equivalent to those of Basic Sciences faculty
2. Establish clear guidelines by which recommendations, approval and ratification of appointments are made
3. Define the various types of appointments
4. Establish clear guidance on expectations from different ranks
5. Establish criteria and process for promotions
6. Meet accreditation requirements and be equitable with current academic standards

It is expected that all physicians who have contact with SGU students during their clinical rotations will be appointed as faculty as per affiliation agreements.

Clinical faculty who, at the time of appointment hold an academic appointment at another University Medical School will be appointed with the prefix Adjunct-. Adjunct faculty appointments are made at the rank of the existing appointment.

TYPES OF APPOINTMENTS

Administrative Clinical Faculty Appointments

• Director of Medical Education (DME): appointed at each affiliated hospital, by the Administration of the affiliated hospital, and is the hospital administrator responsible for the SGU student program in the Clinical years. They serve as the liaison between the hospital and
SGUSOM. DMEs receive formal appointments to the SOM's faculty, made by the Dean of the Medical School, that are commensurate with their qualifications and duties. DME positions are designated as Part-Time positions but do not have a prefix before their rank • Clerkship directors (CDs): appointed for each core clerkship at each affiliated hospital by the Dean of the SOM, on the recommendation of the Director of Medical Education (DME) of their respective hospital. They report to the DME and to the SOM Clinical chairs of their departments and Senior Associate Dean of clinical studies. CDs must be board certified to be appointed in the role. They oversee the clinical education of third year medical students in their respective clerkships at their respective hospital site

• Clinical Department Chairs: recommended by the Senior Associate Dean of Clinical Studies and appointed by the Dean of the School of Medicine, they must meet the requisites for a Full Professor. Clinical Department Chairs report to the Senior associate Dean of Clinical Studies and are responsible for ensuring that the educational goals, objectives, must-see patient list, syllabus, curriculum, curriculum mapping, and guidelines in their clinical discipline as published in the Clinical Training Manual are met and coordinates the program for this discipline in all hospitals in which it is taught

• Clinical Associate Department Chairs: recommended by the Senior Associate Dean of Clinical Studies and appointed by the Dean of the School of Medicine, they must meet the requisites for a Full Professor. Clinical Department Chairs report to the Senior associate Dean of Clinical Studies and are responsible for assisting the clinical department chair in their duties as required

Academic Clinical Faculty appointments

Physicians employed at SGU affiliated hospitals are appointed as faculty on recommendation from the DME and approval from the Clinical Department chair. For faculty not based at an affiliated hospital, appointments can be recommended by the Senior Associate Dean of Clinical Studies and appointments are made by the Dean of the School of Medicine. Ranks are awarded based on three overarching criteria; qualifications, experience and scholarly activity. Minimum requirements for each rank are listed in the table below.

Criteria	Rank	Instructor	Lecturer	Assistant Professor	Associate Professor	Professor
Qualifications	**Education Requirement**	MD or MBBS/ MBChB	MD or MBBS/ MBChB	MD or MBBS/MBChB and MSc, MPH, MBA, PhD or board certification	MD or MBBS/MBChB and MSc, MPH, MBA, PhD or board certification	MD or MBBS/MBChB and MSc, MPH, MBA, PhD or board certification
	Board certification or UK equivalent † (e.g., MRCP)	Not required	Not required	Must be board-eligible or certified or Royal College membership eligible	Required and current RCP membership or fellowship (or equivalent)	Required and current RCP fellowship or Certificate of specialty training (CCT)
	General Medical Council or GMDC (Grenada) certified	Not required	Required and current	Required and current	Required and current	Required and current
Experience	**Residency completed**	Not required	Required	Required	Required	Required
Scholarly activity	**Publications in peer-reviewed, non-predatory journals**	Not required	Not required	At least one (1) first or last author (as corresponding) publication*	>1 First or last author (as corresponding) Or ≥ 5 total	>5 First or last author (as corresponding) Or ≥ 15 total
	Membership in professional societies	Not required	Desired	Membership Required	Membership required and evidence of active participation in committees	Membership required and evidence of active participation in committees for > 2 years
	International conference attendance and presentations	Not required	Not required	Have presented research at a conference not associated with the hospital	Have presented research >1 project at a conference not associated with the hospital	Have presented research >2 projects at a conference not associated with the hospital
Renewable?		No	Yes	Yes	Yes	Yes

Footnote: † Board certification replaces the need for both postgraduate degree and 1st author publication requirement for appointment at Assistant Professor rank.

*** 1st author publication requirement waived if board certified**

The rank of instructor is designated for interns and senior residents and is not renewable past 1 year. Reappointment for individuals at these ranks are made by request from the DME and approved on an individual basis.

APPOINTMENT PROCESS

The appointment process is outlined below:

- Applications are made by the DME or MEC of the hospital to the Office of Faculty Affairs by sending an email to officeoffacaffairs@sgu.edu
- The DME fills out the application form and returns it with the full current Curriculum Vitae of the faculty to be appointed
- The Assistant Dean of Faculty Affairs reviews the application and ensures the requested rank is appropriate
- The application is then forwarded to the Chair of the Department in which the faculty is to be appointed for approval

- For faculty appointed as CD's the form is forwarded to the Associate Dean of Clinical Studies for approval, all other appointments are finalized after approval from the department chair
- The appointment is made by the Dean of the Medical School

Appointments are made initially for one year, or until the SGUSOM faculty renewal cycle date (July 1st), whichever comes first. Renewal of appointments are made annually and is done to ensure the capturing of data necessary for accreditation purposes.

QUARTERLY FACULTY LISTING CHECKS

The SGU SOM Office of Faculty Affairs will send the recorded list of faculty to the DME at each affiliated site every 3 months to ensure accuracy of faculty listed and check for any changes in faculty status.

RENEWAL PROCESS

The SGU SOM Office of Faculty Affairs will send renewals to eligible faculty on July 1st of every year. Faculty will be required to respond by completing a Teams form indicating any accomplishments made in the major employment categories. This information is necessary for quality assurance purposes. Completion of the form will be considered acceptance of the appointment renewal.

PROMOTIONS

The promotions process and requirements are outlined in the SGU SOM faculty handbook and is coordinated through the SGU Senate. The call for applications is sent twice yearly.

List of Abbreviations

AA	Academic Advisor
AADS	Academic Advising, Development and Support Department
AEP	Academic Enhancement Program
APRC	Academic Progress Review Committee
ARSC	Academic Resources Subcommittee Committee
BPM	Basic Principles of Medicine (i.e., BPMI, BPMII)
BSCE	Basic Sciences Comprehensive Exam
BSCSC	Basic Sciences Curriculum Subcommittee
BSFCR	Basic Sciences Foundation for Clinical Reasoning
CAAPS	Committee for Academic Progress and Professional Standards
CBSE	Comprehensive Basic Sciences Exam
CC	Curriculum Committee
COG	Change of Grade
CD	Course Director (Basic Sciences) or Clerkship Director (Clinical)
CEAD	Curriculum Evaluation and Assessment Division
CLINED	Office of Clinical Education Operations
CR	Credit Remediation
CSC	Clinical Student Coordinator
CCSC	Clinical Curriculum Subcommittee
CQA	Continuous Quality Assurance
CM	Content Manager (Discipline area)
CME	Continuing Medical Education
CSSA	Clinical Student Support Advisor
CSU	Clinical Support Unit

CTM	Clinical Training Manual
DC	Department Chair
DEI	Diversity Equity and Inclusion
DES	Department of Educational Services
DES/LEAD	Department of Educational Services/Leadership and Excellence in Academic Development
DLA	Directed Learning Activity
DME	Director of Medical Education
DOBS	Dean of Basic Sciences Office
DPS	Department of Public Safety and Security
ECFMG	Educational Commission for Foreign Medical Graduates
ET	Enterprise Team (Provosts Office)
ERAS	Electronic Residency Application Service
FAPS	Faculty Affairs Subcommittee for Promotion
FAO	Financial Aid Office
FTE	Full Time Equivalent
FPAP	Faculty Panel on Academic Professionalism
FPDC	Faculty Professional Development Committee
FRI	Faculty Research Institute
FSSC	Faculty Student Selection Committee
GAB	Graduation Assessment Board
GHHS	Gold Humanism Honor Society
HR	Human Resources
IMCQ	Interactive Multiple Choice Question sessions
IT	Information Technology
ITI	Interactive Team Instruction
IRB	Institutional Review Board
LEC	Learning Environment Committee
LLD	Live Lecture Delivery
LOA	Leave of Absence
KBTGSP	Keith B. Taylor Global Scholars Program
MAS	Monitored Academic Status
MC	Module Coordinator
MCQ	Multiple Choice Question
MEC	Medical Education Coordinator
MREO	Marketing, Recruitment and Enrollment Operations
MSPE	Medical Student Performance Evaluation
MSRI	Medical Student Research Institute
NBME	National Board of Medical Examiners
NRMP	National Resident Match Program
OCG	Office of Career Guidance
OEP	Office of Enrollment Planning
OIA	Office of Institutional Advancement
OSA	Office of Student Affairs
OSCE	Objective Structured Clinical Examination
OSPE	Objective Structured Practical Examination
OUR	Office of the University Registrar
PAF	Period of Academic Focus

PBE	Performance Bonus Evaluation
PCM	Principles of Clinical Medicine (i.e., PCM1, PCM2)
PCP	Professional Communication Program
PGCME	Post Graduate Certificate in medical Education
PSC	Psychological Services Center
RM	Residency Mentor
SAAS	Student Accessibility and Accommodation Services
SADOBS	Senior Associate Dean of Basic Sciences
SADOCS	Senior Associate Dean of Clinical Studies
SAPESC	Student Assessments and Program Evaluation Subcommittee
SASSC	Supplemental Academic Support Committee
SGA	Student Government Association
SGU	St. George's University
SIM	Simulation
SOM	School of Medicine
SOMFAC	School of Medicine Faculty Affairs Committee (senate)
SOMSA	School of Medicine Student Affairs Committee (senate)
SP	Strategic Planning
USMLE	United States Medical Licensing Exam
UNITED	Understanding the Need for Inclusion, Transparency, Equity and Diversity (SGU organization)
USS	University Support Services
VHISC	Vertical and Horizontal Integration Subcommittee
VP	Visiting Professor
VP-A	Vice President for Accreditation
WMPG	Weighted Mean Percentage Grade

Changes made since last revision

Changes Made

This page is a list of major changes made to this manual. Note that minor changes such as punctuation, layout changes, or spelling errors are not listed here.

When change was made:	What:	Category:	Where/Section of HB:	Notes:
2024-01	Emeritus policy	Updated	Appendix	Updated policy posted; replaces previous policy. Same policy is for all schools
2024-01	Track Clarification diagram	New		Added to assist with determination as to relevant track, mainly for promotions criteria
2024-01	Demonstrator elevation guidelines	Updated	Appointment and Promotions Criteria	Wording was changed to reflect that submissions can be made twice per year: January and June
2024-01	Page with active list of changes added (this list)	New	Appendix	Transparency of changes made
2024-01	References to UK Dean of Clinical studies removed	Removed	As relevant	This role no longer exists

2024-01	Clinical Academic Advisors	New	New section	Overview of their role added
2024-01	References to Themed Office hours	Updated	Promotions criteria	Replaced with "student-focused office hours"
2024-01	Wording of promotions criteria	New	Promotions criteria	Track Director added as an option under Leadership and Management section
2024-01	Wording of promotions criteria	Updated	Promotions criteria	2 x 18 weeks changed to an academic year
2024-01	Wording of promotions criteria	Removed	Promotions criteria	ITI and Module Coordinator removed from relevant Leadership experience
2024-01	Wording of promotions criteria	Updated	Promotions criteria	Changed "Clinical tutor coordinator" to "Clinical Instructor coordinator"