



LIBERTY

U N I V E R S I T Y

COLLEGE *of* OSTEOPATHIC
MEDICINE

FACULTY
HANDBOOK

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Chapter 1: Introduction

1.1 Mission Statement¹

Liberty University College of Osteopathic Medicine (LUCOM) develops osteopathic physicians in a Christian environment with the values, knowledge, and skills essential for excellence in caring for the patient's body, mind, and spirit.

1.2 LUCOM Values²

LUCOM *CARES* – LUCOM *CARES* for our students, employees, and communities.

Commitment to Biblical Worldview and Osteopathic Principles - The Christian faith and principles of Osteopathy are embodied in LUCOM's culture through a unified connection of body, mind, and spirit in our daily practices, educational pursuits, community engagement, and wellness advocacy.

Accountability - LUCOM exhibits accountability to our stakeholders through a commitment to uphold our key initiatives as faithful stewards of our culture, program, partnerships, and finances.

Respect - LUCOM cultivates a community of respect characterized by integrity, professionalism, and trust within a nurturing environment that embraces the ethical treatment of all people.

Excellence - LUCOM pursues academic, clinical, and scholarly excellence through its commitment to developing medical competencies, applying evidence-based practices, engaging in research, and promoting life-long learning to provide quality patient-centered care.

Servant Leadership - As ambassadors for Christ, LUCOM demonstrates leadership by modeling the fruit of the Spirit and cultural humility to selflessly advance the growth and well-being of others.

1.3 LUCOM Goals³

- 1 To recruit and graduate osteopathic medical students who have servants' hearts and are committed to serving underserved and underrepresented patients in Virginia, Southeastern United States, the U.S.A. and across the globe.
 - 1.1 To recruit a diverse student body that has a desire to serve disadvantaged urban and rural underserved populations.
 - 1.2 To recruit students from Virginia, the Southeastern United States, and across the nation who share our mission, vision, and values.
- 2 To honor and preserve the principles, history, and philosophy of the art and science of osteopathic medicine by teaching historical facts, as well as applying current research in clinical and basic science.
- 3 To provide osteopathic medical education that is holistic, evidence based, community focused, and patient centered while having excellence as its expected standard.
- 4 To develop curriculum, educational opportunities, and faculty role models that ensure that the graduates collectively are qualified to enter any medical discipline on graduation yet strives to influence LUCOM graduates to enter needed medical fields and disciplines for our service area with an emphasis on primary and secondary community-based practices, such as family medicine, general surgery, pediatrics, geriatrics, obstetrics and gynecology, et al.
- 5 To teach students by example and mentorship the treatment of the patient as an integrated whole,

¹ 1.1 Program Mission

² 1.1 Program Mission

³ 1.1 Program Mission, 5.2 Diversity, 10.1 Osteopathic Educational Continuum

incorporating the mind, body and spirit.

- 6 To advance the careers, knowledge, skills, and personal lives of the faculty and staff of the COM through support for scholarly activity, research, faculty development, a positive environment and respect.
- 7 To contribute to the body of osteopathic medical knowledge and advance health care for society through educational, scientific and clinical research, promotion of effective health policy, and other scholarly activity.
- 8 To be a positive, contributing member of the greater Liberty University, Lynchburg, and Virginia communities by contributions to educational, professional, social, and societal events and affairs.
- 9 To contribute to the greater osteopathic and medical communities through leadership, support, contributions of service, the expansion of knowledge, and other collaborative efforts.
- 10 To develop clinical education and practice opportunities in rural and underserved areas of Virginia, the Southeastern United States, underserved areas of the greater United States, and globally to provide both clinical education to LUCOM students and residents and healthcare to patients.
- 11 To develop and maintain national and international medical missions programs and opportunities to train clinicians for underserved areas of Virginia, the United States, and the developing world.
- 12 To collaborate with our affiliated hospitals and other partners to develop graduate medical education programs for osteopathic and other health care graduates, provide educational advancement opportunities for health care professionals, and provide healthcare and other educational services to our region.

1.4 Reservation of Power⁴

This handbook is not intended to be a contract or part of any contractual agreement between LUCOM and the faculty member. The [Liberty University Faculty Handbook](#) is available online. Changes in the content of the Faculty Handbook may be made at any time, by the university or college administration. Adequate notice of anticipated changes will be given to the faculty whenever possible. Each edition of the faculty handbook supersedes all previous handbooks, documents, and directives where they may be in conflict. Failure to read the handbook and to be familiar with the rules, policies, and procedures contained in it does not excuse the faculty member from being required to comply with the provisions of the policy.

Liberty University reserves the right to amend, modify, add to, or delete from its rules, policies, and procedures without notice, affecting its institutional relationship with faculty members as deemed necessary by the administration without such change being considered a violation of the relationship between the university or college and the faculty.

1.5 Academic Freedom⁵

The University has established policy with respect to professional security and academic freedom that subscribes to the 1940 Statement of Principles on Academic Freedom of the American Association of University Professors. It can be found in the [Liberty University Faculty Handbook](#) section 3.4.

1.6 Diversity, Equity, and Inclusion (DEI) Statement⁶

Liberty University is committed to an inclusive atmosphere where faculty and staff can serve, lead, and grow without concerns of discrimination. The COM, as a member of the Liberty University community, is dedicated to providing a welcoming and inclusive environment in support of its mission statement.

⁴ 1.4 Governance & Program Policies

⁵ 1.4 Governance & Program Policies

⁶ 5.2 Diversity

The University's office for diversity, equity, and inclusion, titled *LU ONE* provides support and guidance for faculty to facilitate a campus environment of excellence for all students. Additionally, LUCOM's Office of the Dean in collaboration with the COM's DEI Committee and Office of External Affairs and Professional Development support employee efforts to facilitate a campus environment of excellence for all by providing opportunities to celebrate belongingness and raising awareness about critical issues related to diversity, equity, and inclusion. LUCOM's Office of the Dean in collaboration with LU ONE is available to meet with faculty and staff to discuss any DEI related issues pertaining to the COM.

1.7 Recruitment to Create a Diverse Physician Workforce

Faculty and staff are selected based in part on their passion for providing training and/ or varying organizational services for students regardless of their race, ethnicity, color, ancestry, religion, age, sex, national origin, pregnancy or childbirth, disability or military veteran status, as well as their willingness to address health disparities. The COM strives to contribute to a highly diverse and qualified physician workforce that is passionate, educated, and informed regarding the social determinants of health, including health outcome disparities. This goal begins with recruiting and retaining a diverse and qualified pool of candidates to fill faculty, and staff roles. All persons are encouraged to apply to open faculty and staff positions and are hired upon a successful demonstration of skills, experience, and mission alignment. This systematic and focused recruitment approach is evaluated by LUCOM leadership, relevant organizational departments, and other designated stakeholders to ensure that the COM is achieving mission-appropriate diversity among qualified applicants.

1.8 Education and Retention Activities in Diversity, Equity, and Inclusion

The COM utilizes various methods and strategies to ensure its employees are appropriately trained to support the needs of fellow colleagues and students. These efforts will be integral components of the COM's practice of systematic and focused employee retention strategies. The methods employed may include, but are not limited to, professional development activities (CEUs and CMEs) and opportunities through the participation in committees, clubs, organizations, convocation, and/or COMPASS sessions. Professional development opportunities will afford employees to receive training on relevant topics such as, biblically integrated models for DEI, student recruitment and retention strategies, curricular enhancements regarding DEI, cultural humility, bias, the social determinants of health, and health outcomes in urban and rural underserved communities. Additional opportunities through the participation in committees, clubs, organizations, convocation, and/or COMPASS sessions will facilitate continued progress toward the COM's strategic goals of inclusivity and mutual respect for all. The COM continues to enhance its culture of inclusion to foster diversity, further enhancing understanding and engagement while ensuring accountability and improvement.

1.9 Liberty University Faculty and Employee Policy Manuals⁷

College of Osteopathic Medicine faculty are subject to the policies and procedures of Liberty University unless specifically noted for exception.

Chapter 2: Ethical Conduct and Behavior Guidelines⁸

All faculty and employees are expected to follow acceptable business and professional principles in matters of business and personal conduct as Liberty University employees, to accept responsibility for

⁷ 1.4 Governance & Program Policies

⁸ 5.1 Professionalism

the appropriateness of their own conduct, and to exhibit a high degree of personal and professional integrity at all times. It is impossible to list all forms of conduct that might be considered inappropriate. Certain behaviors (such as theft, fighting, and threats of violence, violation of the alcohol and drug policy, insubordination, falsification of records) are clearly unacceptable at any time in any workplace. Other forms of conduct (such as failure to cooperate with other employees, harassing or intimidating others, rudeness), while often more subtle, are also unacceptable.

The university expects all employees to adhere to the following general principles:

- Observe the highest standard of professionalism at all times.
- Perform responsibilities in a manner consistent with LU values and ethical standards.
- Comply with all laws, policies, and regulations applicable to the university.
- Treat others, including students, vendors, and employees, with dignity and respect.
- Perform job responsibilities at a satisfactory level.

Unsatisfactory performance, work habits, overall attitude, conduct, or demeanor; violation of university policies, procedures, or guidelines; or any other behavior or conduct deemed inappropriate by the university may lead to disciplinary action, up to and including dismissal of employment.

Employees, employee/students, student employees, and any or all others serving in any other type of employment capacity are strictly prohibited from unauthorized access, entry, alteration, tampering, falsification, copying, or distribution of academic, personnel, or payroll records. Violations shall include, but not be limited to, alteration of grades or any other records related to the academic performance of students; registrations, drops, withdrawals or overrides; alteration of pay, vacation, sick, or leave balances; or assisting, attempting to assist, or conspiring to assist another employee or student in committing the offenses outlined above. Employees, employee/students, student employees, or others in violation of this policy will be dismissed for cause, as well as subject to a student judicial review process, which includes the possibility of expulsion from their academic program and the university.

Furthermore, the COM's Academic Leadership team works to build a professional community of practice in accordance with policies and procedures set forth by the Offices of Human Resources and the Provost.

2.1 Responsibilities to Students⁹

As educators, scholars, professionals, counselors, mentors, and friends, university faculty and administrators can profoundly influence students' attitudes concerning professional competence and responsibility. University and college faculty and administrators should assist students to recognize their responsibilities to advance knowledge, practice, and justice. Because of their inevitable function as role models, college faculty and administrators should be guided by the most sensitive ethical and professional standards.

College faculty and administrators should aspire to excellence in teaching and administration and to mastery of their subjects and responsibilities. They should prepare conscientiously for class and employ teaching methods appropriate for the subject matters and objectives of their courses. The objectives and requirements of their courses, including applicable attendance and grading rules, should be clearly stated. Classes should meet as scheduled; when this is impracticable, classes should be rescheduled at a time reasonably convenient for students, or alternative means of instruction should be provided.

College faculty and administrators have an obligation to treat students with civility and respect and to foster a stimulating and productive learning environment in which the pros and cons of debatable issues are fairly acknowledged. College and university faculty and administrators should nurture and protect

⁹ 5.1 Professionalism, 9.2 Academic Standards, 9.4 Secure Student Recordkeeping, 9.5 Academic Counseling, 9.6 Career Counseling

intellectual freedom for their students and colleagues.

Evaluation of student work is one of the fundamental obligations of college faculty and administrators. Examinations and assignments should be conscientiously designed, and all student work should be evaluated with impartiality. Grading should be done in a timely fashion and should be consistent with standards recognized as legitimate within the college and the profession.

All college faculty and administrators should be reasonably available to counsel students about academic matters, career choices, and professional interests. In performing this function, college faculty and administrators should make every reasonable effort to ensure that the information they transmit is timely and accurate. When in the course of counseling a faculty member or administrator receives information that the student may reasonably expect to be confidential, the faculty or administrator should not disclose that information unless required to do so by university rule or applicable law. Faculty and administrators should inform students concerning the possibility of such disclosure. (Reference LU Faculty Handbook for further information on advising/mentoring)

College and university faculty and administrators should be as fair and complete as possible when communicating evaluative recommendations for students and should not permit invidious or irrelevant considerations to infect these recommendations. If information disclosed in confidence by the student to the university faculty and administrators makes it impossible for them to write fair and complete recommendations without revealing the information, the university faculty and administrators should so inform the student and refuse to provide the recommendation unless the student consents to full disclosure.

Discriminatory conduct based on such factors as race, color, religion, national origin, sex, disability, age, or political beliefs is unacceptable in the college and university. College and university faculty and administrators should seek to make the university a hospitable community for all students and should be sensitive to the harmful consequences of professional or student conduct or comments in classroom discussions, or elsewhere, that perpetuate stereotypes or prejudices involving such factors. College faculty and administrators should not sexually harass students, should not use their role or position to induce a student to enter into a sexual relationship, or subject a student to a hostile academic environment based on any form of sexual harassment.

Sexual relationships between college faculty or administrators and a student, who are not married to each other, are inappropriate. Even when a college faculty member or administrator has no professional responsibility for a student, the faculty member or administrator should be sensitive to the perceptions of other students that a student who has a personal relationship with a professor may receive preferential treatment. A college faculty member or administrator who is closely related to a student by blood or marriage normally should recuse roles involving a professional responsibility for the student.

2.1.1. Grading¹⁰

Timeliness with grade reporting for medical students is important for tracking and maintaining students' progress as future physicians. Timely submission of grades is important also in monitoring progress towards graduation, for evaluations in the Medical Student Performance Evaluation, and on transcripts required for residency applications.

All OMS-I and OMS-II grades are to be finalized with the Office of the Registrar no later than 10 business days of the course end date.

LUCOM requires that OMS-III and OMS-IV grades and evaluations be submitted no later than 10 business days of the rotation end date, to ensure accurate and fair means of reporting performance and feedback to students and so as not to put overdue burden on preceptors. Monitoring of grade submission

¹⁰ 9.2 Academic Standards

will be managed by the Office of the Registrar, clerkship coordinators, clinical deans, and the Office of Clinical Education to ensure compliance with this policy and student grading.

For additional information on course grading and evaluation responsibilities, reference LU Faculty Handbook Section 4.6.

2.2 Responsibilities as Scholars¹¹

A basic responsibility of the community of higher education in the United States is to refine, extend, and transmit knowledge. As members of that community, college faculty and administrators share with their colleagues in the other disciplines the obligation to discharge that responsibility.

In teaching, as well as in research, writing, and publication, the scholarship of others is indispensable to one's own. College faculty and administrators have a responsibility to be informed concerning the relevant scholarship of others in the fields in which they write, teach, and administer. To keep current in any field requires continuing study. Although college faculty and administrators should feel free to criticize another's work, distortion or misrepresentation is always unacceptable. Relevant evidence and arguments should be addressed. Conclusions should be frankly stated, even if unpopular.

When another's scholarship is used -- whether that of another professor or that of a student -- it should be fairly summarized and appropriately acknowledged. Significant contributions require acknowledgment in every context in which ideas are exchanged. Publication permits at least three ways of doing this: shared authorship, attribution by footnote and/or endnote, and discussion of another's contribution within the main text. Which of these will suffice to acknowledge scholarly contributions by others will depend on the extent of the contribution.

2.3 Responsibilities to Colleagues¹²

College and university employees will treat colleagues and employees with civility and respect. College employees will comply with institutional rules or policies requiring confidentiality concerning oral or written communications. Such rules or policies frequently will exist with respect to personnel matters and evaluations of student performance. If there is doubt whether such a rule or policy is in effect, a college faculty member or administrator should seek clarification.

An evaluation made of any colleague should be based exclusively upon appropriate performance criteria fairly weighted in accordance with standards understood by the college faculty and administrators.

2.4 Non-discrimination Policy¹³

Read the full [Non-Discrimination Policy](#) on Liberty University's website.

2.5 Faculty and Student Relationship¹⁴

To avoid potential bias, LUCOM faculty health professionals should not enter into a provider-patient relationship with any student for whom they currently, or will in the future, have a role in academic assessment, promotion, or committee review of a student's academic or professional performance. If extenuating circumstances require that the faculty enter into a provider-patient relationship with a student, the faculty must recuse him/herself from the assessment or promotion of that student. Evaluations administered to the entire class as a standardized objective assessment do not represent a conflict of interest.

¹¹ 5.1 Professionalism

¹² 5.1 Professionalism

¹³ 1.5b Non-Discrimination for Faith-based Institutions

¹⁴ 9.10 Non-academic Health Professionals

A health care provider that is delivering or has delivered physical or behavioral health services to a LUCOM student may not directly participate in any aspect of that student's performance evaluation. This primarily applies to core or elective clinical rotations but may apply to pre-clinical educational events in which the provider is not blinded to the student. As LUCOM may not be aware of the relationship due to confidentiality, it is the responsibility of the health care provider to recuse themselves from having the student on their clinical service. The provider should contact LUCOM through the Office of Clinical Education if it is necessary to switch preceptors for the rotation.

2.5.1 Faculty and Student Relationship Recusal Procedure

Pursuant to the faculty and student relationship recusal policy, it is the responsibility of faculty and/or health care providers to inform LUCOM of any patient-provider relationship in which the health professional is responsible for evaluating or assessing the student.

Medical providers who are subject to patient-provider relationships must make known to LUCOM any conflicts of interest and recuse themselves from student assessment, promotion, or committee review of academic or professional performance.

- Recusal from assessment: Faculty member must contact the Office of Medical Education (LUCOMMedEd@liberty.edu) in advance of the assessment and recuse themselves from the assessment of the student. Evaluations administered to the entire class as a standardized objective assessment do not represent a conflict of interest.
- Recusal from preceptor assessment or evaluation: The provider must contact LUCOM's Office of Clinical Education prior to the start of the rotation or prior to the event in order to recuse themselves from the assessment and/or evaluation of student. Preceptors should contact the Office of Clinical Education at LUCOMClinicalEducation@liberty.edu.
- Recusal from promotion: Faculty member must contact the Office of the Dean (LUCOMDean@liberty.edu) in writing (email) and recuse themselves from the promotion and/or graduation recommendation of the student.
- Recusal from committee review: Faculty member is to notify the Chair of the committee prior to the committee meeting date. The faculty member must recuse themselves from the committee review of the student's academic or professional performance.
[Rev. 4-25-23]

2.6 Research¹⁵

Please refer to [Liberty University's website](#) for further information concerning policy adhered to by the university. Additional information can be found on the websites for Liberty University's [Research Ethics Office](#), [Institutional Review Board](#), [Institutional Animal Care and Use Committee](#), [Institutional Biosafety Committee](#), and [Office of Sponsored Programs](#).

2.6.1 Grant Applications¹⁶

¹⁵ 8.1 Research & Scholarly Activity Strategic Plan, 8.2 Research & Scholarly Activity Budget

¹⁶ 8.2 Research & Scholarly Activity Budget

LUCOM encourages and supports efforts of faculty members to acquire either intramural or extramural funding for various projects. A faculty member desiring to submit an application for a grant will follow these steps:

Step 1) Consultation with department chair: The faculty member will provide a summary of the project to his/her department chair for review. If the plan is to submit an application for a LU intramural research grant, the faculty member would complete the online grant application form at <https://www.liberty.edu/center-for-research-scholarship/research-award-funds/research-projects/>. . If the plan is to submit an application to an extramural funding agency, after consulting with the department chair, grant application process as directed by the LU Office of Sponsored Programs at <https://www.liberty.edu/sponsored-programs/grant-process>. All required signatures for both intramural and extramural grant applications are managed through the online submissions forms and notifies all LUCOM leadership of the funding application.

Step 2) Preparation, submission, and review of grant applications: For intramural grant applications, the faculty member completes the online application package and includes the required grant components. The required grant components include:

- Brief description of faculty role as student mentor in proposed research
- Full description of research (including background, methodology, significance, student involvement, and alignment with LU mission, and bibliography), and
- The requested budget including FOAPAL account information

Once the intramural application is submitted, and obtains the required approvals, the application will be reviewed by the LUCOM Research and Scholarship Committee. The goal of this review is to provide constructive feedback to strengthen future grant applications and compare the budget request with available funds. The committee will submit their review and recommendation to the faculty member and the Dean for final approval. The LU Center for Research and Scholarship will then notify the faculty member of the final decision and include pertinent financial information for faculty grant management. The LU Center for Research and Scholarship will then notify the faculty member of the final decision and include pertinent financial information for faculty grant management. External grant applications will be managed by the LU Office of Sponsored Programs who will direct the faculty member through the required process as each funding agency differs in regards to requirements and relationship with the University. All extramural grant applications must be submitted by the Office of Sponsored Programs.

Step 3) Management of awarded grants: For LU intramural grants, awards are managed cooperatively by the faculty member, LUCOM's Research Manager, and the Director of Academic Budget and Finance. Management of awarded extramural grants is coordinated by the Office of Sponsored Programs following the contractual agreement between the University and the funding agency. This process involves the faculty member, the Research Manager, and the Director of Academic Budget and Finance.

2.6.2 Research Involving Medical Education-Related Projects

Medical education research can involve a number of sensitive factors including faculty information (such as teaching evaluations), student information (such as academic metrics and outcomes), time in the curriculum, and the time of COM faculty, staff, and students. Therefore, all medical education-related research projects require review and approval by LUCOM's Council of Deans. A faculty member desiring to pursue a medical education-related research project will follow these steps:

Step 1: Consultation with Institutional Director for Research: The faculty member explains the

proposed project to the Institutional Director for Research. Together with the faculty member, the Institutional Director for Research will ensure that all relevant offices (such as the Office of Medical Education, Office of Clinical Education, and Registrar's Office) are consulted regarding the feasibility of the proposed study. The Institutional Director for Research will ensure that the department chair and appropriate senior associate dean are consulted. If these discussions are favorable for the proposed project, the faculty member will proceed to the next step.

Step 2: Consultation with Council of Deans: The faculty provides a written summary (1-page) of the proposed project to the Institutional Director for Research. The summary should include the goal and/or hypothesis for the study, overview of the study plan (What? When? How?), and the plan for what will be done with the data (presentation at a conference, publication). The summary should reflect the information obtained in the consults in Step 1. The Institutional Director for Research presents the proposal, including the summary, to the Council of Deans for review. If the Council of Deans decides that the proposed study is problematic, then it will not move forward in its current form. In this situation, an explanation for the decision will be provided to the faculty member. If the Council of Deans decides that the project has merit, then the faculty member may proceed to obtain IRB approval, acquire funding if necessary, and perform the work.

Step 3: Review of study findings by the Council of Deans: After a medical education-related project has been completed, the faculty member will provide a summary of the findings to the Council of Deans for review. The Council of Deans determines if and how the findings can be publicly disseminated (presentation at a local forum such as LUCOM Research Day, presentation at other conferences, publication). The Council of Deans will require the faculty member to provide drafts of abstracts, posters, slides, or manuscripts for their review and approval prior to submission. Similarly, if a faculty member desires to publicly present preliminary findings from a medical education-related project before it has been completed, such findings must be shared with the Council of Deans for review. If the Council of Deans decides that a project's findings should not be publicly disseminated, an explanation for the decision will be provided to the faculty member.

2.6.3 Outside Entities or Researchers

Requests from non-LUCOM entities or researchers to collect data from LUCOM faculty, staff students, outcomes, or operational activity will be brought to the Council of Deans for review and approval. This policy does not apply to reporting related to accreditation or Liberty University Office of Institutional Effectiveness.

2.7 Statement of Professional Ethics¹⁷

Please see Liberty University Faculty Handbook 3.2 for Ethical Responsibilities of Faculty.

2.7.1 AOA Code of Ethics¹⁸

Doctors of Osteopathic Medicine (DO) are required to sign the [AOA Code of Ethics](#) each academic year.

The American Osteopathic Association (AOA) Code of Ethics is a document that applies to all physicians who practice osteopathically throughout the continuum of their careers, from enrollment in

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osteopathic medical college/school through post graduate training and the practice of osteopathic medicine. It embodies principles that serve as a guide to the prudent physician. It seeks to transcend the economic, political, and religious biases, when dealing with patients, fellow physicians, and society. It is flexible in nature in order to permit the AOA to consider all circumstances, both anticipated and unanticipated. The physician/patient relationship and the professionalism of the physician are the basis for this document.

The AOA has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic and allopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self.

Further, the AOA has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. In emergencies, a physician should make her/his services available. [View further interpretation.](#)

Section 4. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5. A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading. [View further interpretation.](#)

Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless she/he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his osteopathic or allopathic credentials in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association. [View further interpretation.](#)

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner. [View further interpretation.](#)

SECTION 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

SECTION 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of

results in any form for any purpose.

2.7.2 AMA Code of Ethics¹⁹

Doctors of Medicine (MD) required to sign the [AMA Code of Medical Ethics](#) each academic year.

Preamble

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct that define the essentials of honorable behavior for the physician.

Principles of medical ethics

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.

2.8 Social Media ²⁰

Goal: To provide guidelines outlining how Liberty University College of Osteopathic Medicine (LUCOM) faculty and staff should interact on social media, both professionally and personally, as they represent the COM. Conduct should be positive and productive and protect the future goals of the institution and the future of the students.

Faculty and staff must be thoughtful about how they present themselves in online networks. By virtue of self-identifying in such a network, faculty and staff must be aware of how they are viewed by their professional and medical peers, the Liberty University (LU) and LUCOM student body, LU employees, future residency directors and employers, and others who would be aware of their connection to LUCOM as well as the student body.

LUCOM reserves the right to consider how a faculty or staff member presents him/herself in online networks as a part of deciding whether or not that person is of appropriate ethical behavior for the institution or whether or not the person represents a threat to any student, staff member, faculty member,

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or administration member.

LUCOM offers the support of the institution in defining appropriate social media as a tool in communication goals, providing social computing guidelines for LUCOM faculty and staff engaging in online discourse and identifying themselves with LUCOM.

The remainder of the policy below is not intended for internet activities that do not associate or identify a faculty or staff member with LUCOM, do not use LUCOM email addresses, do not discuss an affiliation of any type with LUCOM (on any location), and are purely about personal matters.

2.8.1 Definitions

1. Content owner. LUCOM Marketing will be the content owner of approved online social media platforms that represent LUCOM. The LUCOM Marketing director may ask/request content from faculty and staff to be posted to support the COM's presence on social media platforms.

2. Moderator. In some social media platforms, such as Facebook Groups, moderators have the ability to review and/or delete comments and postings by internal and external users that do not meet the criteria set forth in this policy.

3. Social Media Platforms. Technology tools and online spaces for integrating and sharing user-generated content in order to engage constituencies in conversations and allow them to participate in content and community creation. Examples are Facebook, Twitter, LinkedIn and YouTube.

2.9 Specific Information on Web Policies and Procedures:

2.9.1 Official Institutional Web Communications:

Because of the emerging nature of social media platforms, these guidelines do not attempt to name every one. Rather, they apply to those cited and any other online platform available and emerging, including social networking sites and sites with user-generated content. Examples include, but are not limited to, the following:

- Blogs
- Facebook
- Instagram
- iTunes
- LinkedIn
- Twitter
- YouTube

Institutional representation via online social media platforms can only be initiated and authorized through the efforts of LUCOM Marketing via the director.

There can be no official LUCOM sites or pages on the Web, YouTube, Facebook, Twitter, etc. unless they are developed by or authorized by LUCOM Marketing.

Any sites or pages existing without prior authorization, as required above, will be subject to review when discovered and may be amended or removed.

LUCOM official sites on social media platforms may have pages or content areas that are assigned to departments, divisions, or programs at LUCOM; however, these should be reviewed and branded by LUCOM Marketing.

2.9.2 Guidelines for Online Professional or Personal Activity:²¹

Online social media platforms allow LUCOM faculty and staff to engage in professional and personal

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conversations. These guidelines apply to faculty and staff who identify themselves with LUCOM and/or use their LUCOM email address in social media platforms, such as professional society blogs, Facebook, LinkedIn, etc. for deliberate professional engagement or casual conversation. These guidelines apply to private and password protected social media platforms as well as to open social platforms.

All professional and personal social media activity by faculty and staff who use LUCOM or identify themselves with LUCOM must:

- Follow the LUCOM policies on professionalism and ethics standards for faculty and staff (see Student Professionalism and Ethics Statement, Faculty / Staff Professionalism and Ethics policies as stated in the AOA Professionalism and Ethics statement, and additional Faculty/Staff Professionalism and Ethics Statement from the LUCOM Faculty handbook)
- Comply with all HIPAA, Conflict of Interest Policy, and Privacy policies of the college
- Not reveal proprietary financial information, violate intellectual property rights, or discuss patient care or similar sensitive or private content.

When faculty and staff identify themselves as a member of the LUCOM faculty and staff body in any online forum and/or use his/her LUCOM email address, they must clarify that they are not speaking for LUCOM, what they stated is representative of his/her individual personal views and opinions and not necessarily the views and opinions of LUCOM. This statement however does not waive the responsibilities outlined elsewhere.

Offers to pay faculty and staff for participating in online forums in their LUCOM role and/or offers advertising for pay and/or for endorsement could constitute conflict of interest and are prohibited per LUCOM policies and guidelines.

All communications or response requests from public or professional media or press to members of the faculty and staff requesting comments from LUCOM about policy, procedures, news stories, etc. are to be directed to the supervising administrative officer before responding.

Social Media may not be used in place of HR processes.

All marketing & communications materials that reflect LUCOM and LU must be approved by LUCOM Marketing and/or executive administration before release.

Violation of any of the above policies may result in disciplinary action, Performance Improvement Counseling (PIC), up to and including termination of employment or termination as a student.

This social media policy is extended to personal activity and/or professional activity where the individual identifies him/herself as a LUCOM faculty member or employee either through a bio, comments, or by using a LUCOM email address.

The following disclaimer should be added whenever a LUCOM faculty or staff member identifies themselves as part of LUCOM while not officially acting on behalf of the college or university: *The views and opinions expressed here are personal and not necessarily those of Liberty University or LUCOM and, in addition, may not be used for advertising or product endorsement purposes.*

Chapter 3: Faculty Rank and Assignment

3.1. Academic Rank²²

(Updated July 2019)

The college recognizes four traditional academic ranks, and several other specific titular designations of rank, with certain minimal requirements for appointment or promotion to each. It is expected that a minimum requirement for holding traditional academic rank is teaching ability at the university level. At the same time, it is to be recognized that effective university-level teaching, to which this university is dedicated, is itself dependent on professional proficiency and continued professional growth, to which the college is equally dedicated.

Professional growth may be evidenced through meaningful contributions to a discipline, as appropriate, in the form of conference presentations, papers, and publications, active participation in learned and professional associations, curriculum development, research projects, workshops, creative works, and involvement in civic and community affairs.

Liberty University College of Osteopathic Medicine honors work and strong contributions completed at different institutions. Previous scholarly and professional activities are considered at the time of the initial appointment process.

Faculty rank, including initial appointment to faculty rank and any promotion to a higher rank, is awarded in a division, center, or program. General eligibility requirements are described below:

3.1.1 Instructors

Appointment or promotion to the rank of instructor requires completion of an earned master's degree (or equivalent) in the area of the teaching assignment and evidence of highly desirable personal qualities. Instructors are appointed to one-year appointments, and are subject to 90 days' notice of renewal or non-renewal.

3.1.2. Assistant Professor

Appointment or promotion to the rank of assistant professor requires completion of an earned doctoral degree or a terminal master's degree from an accredited institution in an area relevant to the faculty members' teaching area or a professional certificate. Board eligibility or board certification in a specialty for physicians and other clinicians as appropriate. The faculty member should have at least two (2) years of successful teaching experience at the college or university level of five (5) years of significant work experience in a professional area relevant to the faculty member's teaching assignment and the clear promise of a successful career in teaching, scholarship, and service.

3.1.3. Associate Professor

Appointment or promotion to the rank of associate professor requires an earned doctoral degree from an accredited institution in an area relevant to the faculty member's area of teaching, a terminal professional master's degree, or evidence of outstanding contributions in the faculty member's professional or academic field; and a record of scholarly contributions to the college, higher education, or one's academic area(s) of specialization that has received peer recognition both inside and outside of the college. Board eligibility or board certification in a specialty for physicians and other clinicians as appropriate. At a

²² 2.3 Academic and Administrative Leadership, 7.1 Faculty/Staff Resources and Qualifications, 7.8 Faculty Appointment & Advancement

minimum, five years of record of substantial success in teaching, scholarship, and service to the university at the rank of assistant professor. Appointment or promotion to the rank of associate professor also requires a record of accomplishment in two of the areas (teaching, scholarly activity, service, and clinical care) and strength in the other applicable areas.

3.1.4. Professor

Appointment or promotion to the rank of professor requires an earned doctoral degree from an accredited institution in an area relevant to the faculty member's area of teaching, a terminal professional master's degree, or evidence of outstanding contributions in the faculty member's professional or academic field; and a record of distinguished and sustained scholarly contributions to the college, higher education, or one's academic area(s) of specialization that has been recognized as substantial by peers both inside and outside of the college at a level notably above the expected standards and contributions established for Associate Professor. Board eligibility or board certification in a specialty for physicians and other clinicians as appropriate. At a minimum, five years of record of substantial success in teaching, scholarship, and service to the university at the rank of associate professor. Appointment or promotion to the rank of professor also requires a record of elevated and sustained accomplishment in at least two of the areas (teaching, scholarly activity, service, and clinical care) and strength in the other applicable areas.

3.1.5. Emeritus Professor

For additional information regarding the academic rank of Emeritus Professor, please refer to the Liberty University Faculty Handbook.

Additional information regarding academic rank can be found in Liberty University's Faculty Handbook, section 7.6.

3.2 Initial Appointment of Clinical Faculty²³

Appointment to the rank of *Assistant Professor* is based upon demonstrated excellence in clinical practice (in clinical settings), student instruction, scholarly activities, professional leadership, practice or service. Appointment at the level of Assistant Professor requires completion of specialty residency training and demonstration of promise as both a clinician and teacher. The candidate must be board certified or board eligible. The candidate should show evidence of a high level of competence within a clinical specialty, commitment to educational mission, and demonstrate progress toward excellence in practice and instruction.

Appointment to the rank of *Associate Professor* is based upon documented excellence and effectiveness in clinical practice, learner instruction, scholarly activities, professional leadership, practice and/or service. See section 3.2.1 for detailed information regarding excellence and effectiveness in clinical practice.

Appointment to the rank of *Professor* is based on a demonstrated pattern over time of excellence and impact in clinical education as well as a pattern over time of excellence in either the area of clinical practice, service to the University and/or national professional organizations or the area of research/scholarly activities. This would include a pattern over time of excellence and impact in clinical education as well as a pattern over time of effectiveness in either the area of clinical practice, service to the University and/or national professional organizations or the area of research/scholarly activities. See section 3.2.1 for detailed information regarding excellence and effectiveness in clinical practice.

²³ 7.2 Faculty Approvals at All Teaching Sites, 7.8 Faculty Appointment & Advancement

3.2.1. Indicators of Faculty Excellence and Effectiveness

The College recognizes that there are multiple indicators of various levels of performance. Comparison with peers with similar practice responsibilities should form part of the evidence provided. As indicated above, clinical practice includes both direct patient centered activity and indirect patient centered activity (practice management/administration, lifelong learning, etc.). Clinical Track faculty members are diverse in terms of areas of expertise and training and their clinical practice should relate directly to expectations articulated in their written position description. Objective evaluation of clinical practice is difficult, but essential. Evaluation by other health care providers and peer recognition may provide insight into the quality of care. Clinical skills may be assessed by using many types of surrogate measures. The evaluation processes are likely to include a combination of clinical and administrative measures.

Documentation - Potential sources of documentation of clinical practice excellence may include, but are not limited to:

- Best practices recognitions
- Certification and re-certification by specialty boards
- Completion of additional academic course work which directly impacts clinical practice
- Completion of practice development programs (e.g., traineeships).
- Designation as a 'fellow' or other similar practice achievement recognition
- Development of innovative clinical practice models that improve patient care and/or move toward value based payments
- Direct assessment of practice management by systems administrators, managers and clinic directors
- Documentation of patient care activities
- General recognition of clinical practice performance by faculty not in direct collaboration
- Grants or contracts, received, to support clinical practice expansion or enrichment
- In-services/presentations provided to health care workers at the clinical practice site
- Opinions of referring/consulting physicians.
- Participation in clinical practice-site committees (e.g. Quality Assurance committee, Peer Review Committee)
- Patient case loads
- Practice related publications and presentations (e.g. platform or poster presentations)
- Written observations from nurses, physicians, resident physicians, or medical students documenting specific practice initiatives and outcomes

3.3 Definitions:²⁴

(Updated July 2019)

3.3.1 Core Faculty:

Core Faculty status shall be granted those professionals employed by LUCOM and are expected to devote their professional efforts for the college in the fields of basic science, educational science, administrative efforts, clinical sciences, research, and medical education. Primary responsibilities include administration of the operations of the college, teaching, research/scholarly activity, university, college and professional service, and for licensed physicians and other health care professionals, clinical care.

3.3.2 Non-Core Faculty:

Non-Core faculty employed who by terms of employment or contract have ongoing administrative,

²⁴ 7.2 Faculty Approvals at All Teaching Sites

teaching, research, clinical or educational commitments to the college and its programs. Those with clinical care commitments, appointment would be designated as “Clinical Assistant Professor of (Surgery, Neurology, Osteopathic Manipulative Medicine, Family Medicine...)” or their area of responsibility or Board Certification. All would be assigned as “Clinical Assistant Professor of...” until such time the individual requests rank advancement. Those with science or service commitments, appointment would be designated as “Academic Assistant Professor of (Physiology, Statistical Analysis, Anatomy...)” or their area of responsibility or certification until such time the individual requests rank advancement. Promotion in academic rank would follow the general requirements of core faculty except degree to which a part time faculty member is involved with LUCOM students and affairs and to the time requirement would be proportional to the full time equivalent of service to LUCOM and LUCOM students per year.

3.3.3 Clinical Adjunct Faculty (pre-July, 2019):

Typically physicians and other health care professionals who are appointed by LUCOM and participate in the clinical training programs of LUCOM. (In effect through June 30, 2019, superseded by 3.3.1 and 3.3.2 revisions in the 2019-20 Faculty Handbook, regarding “Core” and “Non-Core” Faculty)

3.3.4 Affiliate and Volunteer Faculty²⁵:

Physicians, other health care, science and service professionals, may participate in the programs of LUCOM with appropriate advanced administrative approval. These individuals will be known as “Affiliate Faculty of (Surgery, Neurology, Osteopathic Manipulative Medicine, Family Medicine, Physiology, Statistical Analysis, Anatomy ...)” or their area of responsibility or certification.

3.3.5 Recruitment and Appointment²⁶

Refer to Liberty University’s Faculty Handbook section 7.2 for information regarding recruitment and appointment of faculty

3.4 Academic Administration²⁷

3.4.1 Academic Administration

An academic administrator at Liberty University College of Osteopathic Medicine is one whose major employment is with the college and university and whose primary responsibility is the administration of academic programs and services as well as the supervision, evaluation and mentorship of other professionals. Academic administrators may, however, retain any professorial rank/title granted by LUCOM or another regionally accredited university.

Persons who hold Core faculty appointments may be released from some portion or all of their teaching/research responsibilities to perform administrative duties. In these cases, academic administrators continue to hold faculty contracts and may return to their faculty positions at any time. Faculty members who are serving as administrators for more than fifty percent of the time are evaluated as administrators, not as faculty members.

Academic administrators with some teaching responsibilities are expected to demonstrate excellence in the area of teaching. They will be regularly reviewed according to the college’s process for evaluating instruction to ensure that they, like other faculty, meet the same high standards for teaching excellence as Core faculty.

²⁵ 7.2 Faculty Approval at All Teaching Sites

²⁶ 7.2 Faculty Approvals at All Teaching Sites

²⁷ 2.3 Academic and Administrative Leadership, 7.8 Faculty Appointment & Advancement

3.4.2 Department Chairs²⁸

3.4.2a *Minimum Qualifications:*

1. Terminal degree (Doctor of Osteopathic Medicine or Medical Doctor or Ph.D.) with current board certification in appropriate area of specialization if applicable
2. Three (3) years academic experience as a full time faculty member at a College of Osteopathic Medicine, College of Allopathic Medicine, Academic Health Care Teaching Center or five (5) years experience as a full time faculty member in a Graduate Medical Education program
3. Demonstrated leadership and productivity in the areas of clinical or professional service, scholarly activity, medical research or education
4. Good standing with regulatory and governmental boards and agencies
5. Eligible for coverage by college's malpractice insurer if applicable
6. Core faculty within the University

3.4.2b *Preferred Qualifications:*

1. Demonstrated leadership, productivity and administrative experience in clinical, professional, research or educational settings
2. Five (5) years academic experience as a full time faculty member at a College of Osteopathic Medicine, College of Allopathic Medicine, Academic Health Care Teaching Center or seven (7) years experience as a full time faculty member in a Graduate Medical Education program

3.4.2c *Clinical Department Chairs*²⁹

1. Clinical department chairs must hold an active medical license and active board certification in the discipline in which they serve as chair.
2. Primary care department chairs must be a DO with an active medical license and active board certification. If primary care is not a department, then the department chair of family medicine or internal medicine or pediatrics or surgery/specialty medicine should be a DO.
3. OMM/OPP department chair must be a DO with an active medical license and active board certification from the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) or a Certificate of Special Proficiency in OMM (C-SPOMM).

3.4.3 Course Directors

1. The preclerkship course director shall work with the Assistant Dean of Academics and the Office of Medical Education, under the oversight of the Senior Associate Dean for Academic Affairs, to ensure the efficient and effective administration and operation of the course provided by the COM. The responsibilities of this role is outlined in the Course Director Checklist located in the LUCOM Med Ed – Learning Materials and Exam Items DropBox folder. Course Directors should use this checklist as a guide to successful administration and operation of the course.
2. The clerkship course director will work with the appropriate dean for clinical affairs, under the oversight of the Senior Associate Dean for Clinical Affairs, to ensure the efficient and effective administration and operation of the course provided by the COM.

²⁸ 7.3 Department Chair Qualifications

²⁹ 7.4 Primary Care Leadership, 7.5 OMM/OPP Leadership

3.5 Faculty Salary and Promotion³⁰

Liberty University College of Osteopathic Medicine exists to educate osteopathic physicians in a Christian environment. Excellence in effective university-level teaching provides the platform and foundational requirement for those who desire career advancement and for professional growth.

Faculty who perform their duties and responsibilities satisfactorily will be considered by the dean for any institution-wide percentage increase in faculty salary. If any institution-wide percentage increase is contemplated in the form of a salary pool, the allocation will be at the discretion of the dean of the college. The granting of a raise will not be considered as part of the academic review process described.

In accord with college policies and requirements, faculty members will be systematically evaluated. Reappointment, promotion, merit salary increases, and award/renewal of contracts will be determined based on these reviews.

The LUCOM annual academic review process is used in part, as consideration for continued employment, Faculty salary, promotion, and faculty rank. The annual review process may include, but is not limited to, Faculty Portfolio tool, Faculty Goal Sheet, student responses to teaching, recommendations by Department Chair, immediate supervisor and appropriate senior associate dean and requirements designated by the Faculty Development section of the LUCOM Faculty Handbook.

Time and effort spent in five parameters are considered, namely: (1) Academic Education and Teaching, including preparation, delivery and assessments, (2) Service, which encompasses student organization advising and sponsorship, external relationships, task forces and *ad hoc* committees, patient care clinic related meetings, and LUCOM committees, (3) Clinical Patient Care, with its associated responsibilities, (4) Administration and Leadership as Directorships, Department Chair positions, faculty members as Assistant and/or Associate Deans, and (5) Research and Scholarly activity.

Promotion represents recognition by the University and college that a faculty member has met and exceeded the minimum standards for membership on the faculty and demonstrated notable achievement in one or more of the areas of teaching, scholarship and service. Meeting the minimum eligibility requirements is a necessary but not sufficient condition for promotion.

The minimum criteria for promotion will be (1) effective teaching, (2) scholarship and other professional accomplishments, and (3) service to the college, university, profession; and community. Standards for promotion depend on the rank sought. Minimum eligibility standards for each rank are listed below.

Please refer to Liberty University's Faculty Handbook section 7.9 for information concerning evaluation guidelines.

3.5.5 Faculty Rank Promotion by area of interest

There are four designated tracks for advancement in academic rank, which provide pathways for promotion in an area of interest and excellence.

- Medical Education
- Clinical Care and Education
- Research
- Administrative Leadership

Tracks for promotion in academic rank for faculty are designed to promote excellence in teaching, advancing osteopathic medical education, research and creative work that is peer-reviewed and publicly

³⁰ 7.8 Faculty Appointment & Advancement

disseminated, the discovery of new knowledge, new technologies, methods, materials and employing new knowledge leading to new understandings focusing on osteopathic medicine. A faculty member's track is determined by the predominant activities in their designated and chosen role at the Liberty University College of Osteopathic Medicine. Changes in career goals and college assignments are likely and full consideration for advancement is given for accomplishments attained while in one track if another track is pursued. Specific requirements and timelines for promotion apply to all who pursue advancement in academic rank. In reviewing a faculty member for promotion, emphasis will be placed upon recognition of potential for continued professional growth and development. Activities and achievements which are sufficient for contract renewal or continuation may not be sufficient for promotion. Common to each of the tracks for advancement are the following.

- Past and current service to the Liberty University, Liberty University College of Osteopathic Medicine, and community with progression through increasing levels of teaching and academic performance, scholarly achievement, selfless service, and servant leadership and application of the healing arts as related to osteopathic medicine is the basis for advancement
- Teaching experience and teaching effectiveness including student surveys and favorable results of the peer review process
- Development of osteopathic physicians who dedicate themselves to excellence in osteopathic medicine through service toward their fellow man, lifelong learning and the advancement of medical knowledge
- A distinguished and sustained record for the advancement of the LUCOM mission which includes past and current sustained documented development, participation, and oversight in pre-doctoral and or postgraduate programs, college or university governance, committee work, assisting in the recruitment and development of new faculty, developing and implementing new programs, involvement in student activities; and other distinctive contributions to college and university life

Please see Liberty University's Faculty Handbook section 7.10 for information about promotion.

3.5.5a Academic Medical Education Track

For those pursuing the Academic Teaching Track, special consideration is given to the following.

- Publication of original scholarly work in peer-reviewed professional journals including journals focusing on scientific, academic and clinical topics
- Progressive involvement in the LUCOM and Liberty University academics as well as state, national and international discipline-related activities
- Development of quality pedagogical materials, textbook chapters, teaching materials and products especially as related to osteopathic medicine
- Leadership and/or service roles in national organizations promoting the education or professional development of physicians
- Mentoring and promotion of lifelong learning to advance the mission of training Champions for Christ

3.5.5b Clinical Care and Education Track

For those pursuing the Clinical Care and Education Track, special consideration is given to the following.

- Excellence in the teaching of the clinical sciences and art incorporating osteopathic principles and practice
- Evidence of professional recognition in clinical excellence
- Performance in the delivery of clinical practices consistent or above the standards and expectations established by the specialty
- Participation or preceptorship in the clinical education of Third Year, Fourth Year Osteopathic Medical Students, or the post-doctoral (GME, Residency, Fellowship) level typically with multiple students or residents
- Development and/or coordination of Continuing Medical Education (CME) conferences

- Presentation of clinically related research or scholarly data at state, national or international meetings
- Participation as a key note or special invited presenter, national or international symposia
- Publication of scholarly works in peer-reviewed professional journals especially clinical topics related to osteopathic medicine
- Record of service to LUCOM in leadership roles of committees, symposia, and conferences
- Initiation or development of spiritual care programs or Chaplain Services for hospitals or outreach medical care
- Contributions to continuing quality improvement in clinical care
- Mentoring and promotion of lifelong learning to advance the mission of training Champions for Christ

3.5.5c Research Track

For those pursuing the Research Track, special consideration is given to the following.

- Excellence in scientific research, creative publications, and manuscripts that are peer reviewed and publicly disseminated which results from the discovery of new knowledge, new technologies, methods, materials and employing new knowledge leading to new understandings focusing on osteopathic medicine.
- Scientific endeavors involving discoveries of foundations for health and disease, clinical outcome studies, research into educational advancement
- Mentoring and promotion of lifelong learning to advance the mission of training Champions for Christ.
- Regular publication of original scholarly work in peer-reviewed professional journals.
- Regular presentation of research/scholarly data at professional meetings.
- Intramural and/or Extramural research funding

3.5.5d Administrative Leadership Track

For those pursuing the Administrative Leadership Track, special consideration is given to the following.

- Teaching, superintending, and administrating aspects of education which require dedication to establishing, promoting, monitoring, and measuring essentials of medical training
- Publication of original scholarly work in peer-reviewed professional journals including journals focusing on academic topics especially related to LUCOM's unique mission of training physicians in Christian values and dedication to patient-centered osteopathic care
- Superintending as an Assistant and Associate Dean Level training physicians who will provide ethical, compassionate, competent and patient-centered osteopathic medical care
- Oversight and development of new courses and curricula; curricular innovations, including uses of instructional technologies. Advancement of the quality of the faculty member's direction of student scholarly activities, the quality of pedagogical material published; and of teaching materials
- Participation in national organizations promoting the education or professional development of physicians
- Mentoring and promotion of lifelong learning to advance the mission of training Champions for Christ

3.5.6 Application Timeline

Two weeks prior to a formal review for promotion in academic rank, the applicant submits a Letter of Intent for application for promotion and requests a Letter of Support from the Department Chair or immediate supervisor. The Letter of Support is to be forwarded to the Promotions Committee.

- June 1: A faculty member who desires to apply for promotion in academic rank should meet with

his/her department chair or academic supervisor to discuss readiness for promotion and plan for completion of the LUCOM Promotion Application Packet.

- August 1: A letter of intent for promotion is submitted by applicant to the chair of the Promotions Committee.
- October 1: The faculty member completes the Faculty Portfolio and submits the LUCOM Promotion Application Packet to the Promotions Committee for review.
- October 1-14: The Appointments and Promotions Committee evaluates the Faculty Portfolio and LUCOM Promotion Application Packet and makes a formal recommendation to the Dean.
- October 15-30: The Dean evaluates the Faculty Portfolio, the LUCOM Promotion Application Packet, and the Promotions Committee recommendation. The Dean forwards his/her recommendation along with all supporting documentation to the Provost.
- November 1-15: The Provost's office evaluates the Faculty Portfolio, LUCOM Promotion Application Packet, the Appointments and Promotions Committee recommendation, and the Dean's recommendation. The office of the Provost makes the final decision.
- December 1: A decision letter is sent to the applicant.

3.5.6a Materials Submitted to the Promotions Committee

- Letter of Intent to apply for promotion.
- Current curriculum vitae
- Single page self-reflection addressing past accomplishments, current activities and future directions as they relate to the LUCOM mission and values.
- Letter of evaluation and support by Department Chairman or Academic Supervisor
- Letters of evaluation from:
 - LUCOM faculty member within their department
 - LUCOM faculty member outside their department
 - Two professional references
 - Pastoral letter
- Evidence of all supporting scholarly activity
- Teaching evaluations
- Evidence of service that advances the mission of LUCOM

3.5.7 Due Process Upon Denial of Promotion

In the event that a faculty member is denied promotion, the Dean or designee will meet with the faculty member to discuss suggestions for reapplication. During this meeting, specific reasons for the denial of the request for the promotion will be communicated to the faculty member. In conjunction with this, specific areas for improvement and ways in which the faculty member can address these areas over the next academic year will be discussed and a plan implemented for reapplication. Refer also to the Liberty University Faculty Handbook, section 7.14, Grievance Procedure.

3.6 Credentialing³¹

3.6.1 Clinical Faculty Credentialing

Newly hired Clinical Faculty members are credentialed by Privia Health, and as such, the required credentialing documents are requested and reviewed by Privia's credentialing committee.

The LUCOM Credentialing Office assists in securing the following:

1. Professional Liability Certificate of Insurance: These documents are submitted to Privia and to the physician upon receipt from the insurance broker.

³¹ 7.2 Faculty Approvals at All Teaching Sites

2. Liberty University ID and Liberty email account: The LUID and email address are provided to Human Resources, LUCOM Operations, and Liberty's Library for onboarding purposes.

3.6.2 Part-time Clinical Faculty Credentialing (Lab Professors)

Part-time Lab Professors must complete a brief application for initial credentialing and submit it to the Credentialing office along with their current CV and Professional Liability COI. If the part-time employee does not have Professional Liability Insurance (i.e., is retired from clinical practice), Liberty will provide it as part of the employee's contract.

LUCOM Credentialing processes the application and supporting documents, then verifies the physician's board certification and medical license with the Federation of State Medical Boards (FSMB).

1. The credentialing information is submitted for review by the Associate Dean for Clinical Affairs and either approved or denied.
2. The part-time faculty member is notified regarding the approval or denial.

3.6.3 Preceptor Credentialing

Core Rotation Preceptors (Clinical Assistant Professor, Clinical Associate Professor, or Clinical Professor) must:

1. Hold a current medical license in the state in which they practice.
2. Have had AOA or ABMS board certification/board eligibility in the specialty being taught at some time in their career.
3. Submit a current CV with their credentialing application, along with a current Professional Liability certificate of insurance (COI).

The Credentialing staff processes the application and supporting documents, then verifies the physician's board certification, medical license, and history with the Federation of State Medical Boards (FSMB). The credentialing information is reviewed by the Associate Dean for Clinical Education and either approved or denied. The preceptor is notified via email regarding the decision.

Preceptors are reappointed every three years following the same process as for initial credentialing.

Non-Core Rotation Preceptors must:

1. Hold a current medical license in the state in which they practice.
2. Have had AOA or ABMS board certification/board eligibility in the specialty being taught at some time in their career. Alternatively, the Associate Dean of Clinical Education can review and approve credentials of physician faculty that have never been board certified or are not board eligible by the AOA or ABMS.

The Credentialing staff processes the application and supporting documents, then verifies the physician's board certification, medical license, and history with the Federation of State Medical Boards (FSMB). The credentialing information is reviewed by the Associate Dean for Clinical Education and either approved or denied. The preceptor is notified via email regarding the decision.

Preceptors are reappointed every three years following the same process as for initial credentialing.

3.7 Non-renewal of Faculty Appointment³²

Refer to Liberty University Faculty Handbook 7.12 for more information on Employee Termination / Non-Renewal. Please see Liberty University Faculty Handbook 7.13 for information concerning

³² 1.4 Governance & Program Policies

Termination / Non-Renewal Appeals.

3.8 Cause for Dismissal³³

Refer to Liberty University Faculty Handbook 7.12 for more information on Employee Termination / Non-Renewal. Please see Liberty University Faculty Handbook 7.13 for Termination / Non-Renewal Appeals.

3.8.1 Termination Due to Reduction or Elimination of Program or Position

The college, at its sole discretion, may dismiss a faculty member due to reduction or elimination of program or position prior to the end of a contract, if restructuring or reduction in force is necessary or due to financial exigency. Notice provisions apply with a minimum of 90 days to a maximum of 180 days.

Hearing Procedure (Refer to: [Liberty University Faculty Handbook](#))

Grievance Procedure (Refer to: [Liberty University Faculty Handbook](#))

Chapter 4: Faculty Responsibilities³⁴

The primary duties of the faculty of LUCOM are in the areas of teaching, scholarly activity, research, and service both inside and outside of the college and university. The responsibility to contribute to the university community and its mission and vision; provide honest and fair evaluation of students, peers and colleagues; mentorship; counseling; and advice to students are also considered priorities by the administration of the university and the college.

The college is committed to provide support and faculty development to assist the faculty in being successful in meeting these duties, as well as to provide appropriate resources and an environment that will allow the COM and its faculty to meet its mission and vision, advance medical knowledge, grow professionally, and contribute to the public welfare. In order to diligently serve faculty, senior administrative staff, and other relevant members of its academic community, LUCOM intentionally strives to execute retention activities that focus on achieving mission-appropriate diversity outcomes by providing opportunities such as participating in COMPASS sessions, Convocation, professional development sessions, including the administration of CME, and other activities sponsored by the Office of the Dean.

4.1 Division of Faculty Obligations

The college will delineate each individual faculty member's division of obligations between teaching, research, service, administration, and other activities as a component of their job description or contract. The COM will ensure that each faculty member is provided a clear delineation of the obligations. A faculty member's delineated obligations may change as determined by the department chair, associate dean, or dean. Faculty members will be notified of any changes.

Across each division, the conceptual summation of allocation of duties and responsibilities will be delineated in the faculty member's individual contracts or supporting Dean's letter. This will include time allocations for education, research and scholarly activity, service, and administration.

For further information on faculty responsibilities regarding teaching, research, and service, please refer to Liberty University's Faculty Handbook section 3.7.

³³ 1.4 Governance & Program Policies, 7.8 Faculty Appointment and Advancement

³⁴ 5.2 Diversity

4.2 Participation in Governance and Decision Making³⁵

The college has its own traditions of faculty governance pertaining to academic matters. The faculty and administration of the college shall jointly be responsible for evaluating and make recommendations to the dean pertaining to the development of (1) the curriculum; (2) academic policy; (3) program planning; and (4) other appropriate governance functions.

Among their duties to teach, publish, research, mentor, advise, provide professional services to the students, the public, and the profession, faculty are expected participate in faculty governance through participation in committee assignments, faculty meetings, and the faculty council. The faculty shall develop from its members a council that will meet regularly to foster the free exchange of information, to foster faculty development and professional growth, and provide a venue for relaying information to the administration about matters of concern to the faculty or students.

4.2.1 Faculty Council³⁶

Faculty Council meetings are scheduled at a minimum of once each semester but can be scheduled as needed to conduct faculty business or to meet the needs of LUCOM. The Dean serves as ex officio at all meetings. The executive committee of the faculty council will report to the dean on a regular basis, but at least after each meeting of the council to discuss issues of need or concern from the members of the faculty. The council shall make written recommendations to the dean, including but not necessarily limited to, faculty appointment to committees, needed changes in faculty or facilities resources, curriculum revisions, and/or issues that affect the welfare of faculty and staff. The chair of faculty council or his/her designee, shall be a member of Council of Deans. For information regarding duties, functions, officers, meetings, or voting quorum, a copy of the Faculty Council Bylaws are available for review by contacting the Faculty Council Chair.

4.3 Participation in Strategic Planning, Institutional Effectiveness, Curriculum Development and Review, Program Review and Accreditation³⁷

4.3.1 Purpose

In order to fully meet its mission, LUCOM participates in on-going self-assessment and review in order to enhance and improve instructional programs and services to students and the communities it serves. The policy to review and revise LUCOM's mission and strategic plan details the institutional review and approval process.

4.3.2 Overview

On an ongoing basis, the faculty of the college will conduct outcome evaluations of the educational, service, and research programs; will report what their outcomes suggest; or will implement quality improvement practices concerning issues, including, but not limited to, admission standards, budget, and dedication of resources, curriculum, service, faculty, etc. Each component of the college shall formulate recommendations on how to improve the quality of the college's efforts. It should include input from the students of the college, faculty, staff, and collaborative partners of the College of Osteopathic Medicine. The evaluations will be forwarded to the dean at least annually from each department of the COM.

Strategic planning in a lean and value-focused environment is a dynamic and systematic process. LUCOM's strategic planning activities will address both short-term and long-term goals. The Dean, along with the Liberty University Provost, have direct oversight for the strategic plan. The COM's Academic

³⁵ 7.7 Faculty Association

³⁶ 7.7 Faculty Association

³⁷ 1.2 Strategic Plan, 6.11 Comparability across Clinical Education Sites, 7.6 Faculty Development, 8.1 Research & Scholarly Activity Strategic Plan, 9.2 Academic Standards

Leadership team will solicit faculty, staff, and student input in an annual review, end-of-cycle evaluation, and/or off-cycle revisions (at the discretion of the Dean) of the COM's strategic plan.

4.3.3 Strategic Planning Process

LUCOM's mission, strategic plan, and other related outcomes are evaluated as part of the strategic planning review process. The strategic plan is reviewed annually to track progress on key performance indicators (KPIs) and targets (KPTs) in addition to all relevant and necessary edits. Additionally, an end-of-cycle review process occurs every five (5) years, to transition the current strategic plan to the next five-year strategic plan.

Annual Review

- a. The review is managed by LUCOM's Academic Leadership team.
- b. The review begins by conducting focus groups comprised of students, faculty, and staff that monitor progress towards accomplishing a strategic objective's corresponding KPIs and KPTs. Moreover, the focus groups provide input on LUCOM's mission statement regarding applicability with the COM's values and consistency with the parent institution's mission statement.
- c. The members of the Council of Deans review the input received through the focus group summaries, COM outcomes for the past year, and progress toward fulfilling the current strategic plan.
- d. Following this evaluation, the Council of Deans reviews findings with the Office of the Provost.

End-of-Cycle Review

- a. The review is managed by LUCOM's Academic Leadership team.
- b. The review begins with a comprehensive assessment of outcomes associated with the strategic plan's KPIs and KPTs by LUCOM's Council of Deans based on the degree of progress identified in the annual review conducted in the final year of the strategic plan's cycle.
- c. Pursuant to the findings, LUCOM's Council of Deans provides the initial revision and/or development of strategic goals and corresponding objectives aimed at achieving the college's mission for the next five-year cycle.
- d. The Council of Deans will task appropriate stakeholders to continue developing the next cycle's strategic plan in light of focus group feedback and approved recommendations.
- e. Focus groups comprised of students, faculty, and staff provide input on LUCOM's mission statement regarding applicability and consistency with the parent institution's mission statement.
- f. Focus groups will also refine and/or recommend strategic objectives alongside corresponding KPIs and KPTs for the next cycle's strategic plan to the Council of Deans. These objectives may consist of new objectives or ones that have been forwarded from the last cycle's strategic plan.
- g. The members of the Council of Deans review the recommendations made by the focus groups regarding the next cycle's strategic plan.
- h. Following this evaluation, the Council of Deans reviews and votes on the approval of the next cycle's strategic plan, including any changes to the COM's mission statement.
- i. The Council of Deans will submit the updated strategic plan including any changes to the COM's mission statement to the Office of the Provost and other institutional bodies.
- j. If changes occur to the COM's mission statement, such changes are also submitted to the Commission on Osteopathic College Accreditation.
- k. The Provost, in collaboration with the deans and faculty, shall be responsible for developing and implementing the academic vision and values of Liberty University through its academic programs, and as such, has oversight of the mission of the College of Osteopathic Medicine.

4.4 Legal Representation and Indemnification³⁸

The university will defend and indemnify its faculty and administrators for claims or judgments arising out of the faculty or administrator's actions performed in the ordinary course of the university's business, or for actions taken by the faculty member or administrator pursuant to specific authorization from the dean or the board. Faculty members and administrators agree to cooperate in the defense against any claims for which defense / indemnification is sought, and will give the dean prompt (not to exceed 3 business days) written notice of any claims for which defense / indemnification is sought, once the faculty or administration member becomes aware of the claim.

All clinical care provided by LUCOM faculty members must be conducted in a dedicated healthcare facility in which the faculty healthcare provider is credentialed to perform such services and is covered by Professional Liability insurance. Osteopathic manipulations performed as part of laboratory instruction in Osteopathic Manipulative Medicine courses by those who are insured by LUCOM's professional liability insurance, are exempted from the above. LUCOM Professional Liability insurance provides insurance for LUCOM faculty participating in approved international and domestic medical outreach events; therefore, participation in these events by LUCOM faculty is encouraged.

4.5 Political and Public Service Activities³⁹

Faculty retain, unimpaired, all of their individual and political rights of citizenship, speech, association, and action. However, faculty may not exercise those political rights in the name of the college or university; through the use of university facilities, resources, forms, or official stationery; or in any way that might involve the university in partisan political activity or controversy without written permission of the dean, the provost, and the chancellor.

Every faculty member will make contributions to the university community beyond his or her teaching and administrative duties and beyond his or her research efforts for the college. Contribution to the community may include such services as participation on college and university committees, involvement in student activities, involvement in outreach and mission activities of the college or university, effectiveness and cooperation in departmental and inter-departmental programs, active and effective participation in the cultural and intellectual life of the university, service to professional organizations, and service in the outside community that is beneficial to the university or that enhances the quality of life in the community outside the university.

4.6 College Committees⁴⁰

The power exercised by committees is power delegated by the dean and the faculty. Actions of committees are in the nature of recommendations to the dean and the faculty as a whole. Recommendations are not effective unless adopted by the faculty and the dean.

The dean shall appoint committee chairs and members after consideration of the recommendations of the faculty council and the individual faculty members. For proper function, each committee shall have no less than three (3) voting members. The dean or his/her designee shall be ex-officio on all committees.

Student membership on committees will be appointed by the dean after consideration of the recommendations of the Student Government Association for LUCOM.

The chair of the committee shall schedule all meetings, establish the agendas, and notify all members of the time and location. Minutes shall be maintained of all meetings with copies provided to the Office of

³⁸ 1.4 Governance & Program Policies

³⁹ 1.4 Governance & Program Policies

⁴⁰ 7.7 Faculty Association

the Dean. Unless otherwise noted, the committees shall meet at least once each semester.

Any member of the faculty may attend any committee meeting with voice but not vote, provided their presence is not determined to be disruptive by the chair of the committee. If such an occurrence happens, the chair has the authority to require the faculty member to remove themselves from the meeting.

4.6.1 Assessment, Outcomes, and Evaluation Curriculum Sub-Committee (AOE)⁴¹

This committee's responsibility is to provide an evidence-based medical education (EBME) outcomes orientation for the UME curriculum. The AOE subcommittee (Executive Curriculum Committee) helps to define, measure, and report student outcomes. In addition, the AOE provides suggestions for enhanced learning outcomes.

4.6.2 Admissions Committee⁴²

The purpose of this committee is to supervise the interview and admission process for students applying to the COM; to recommend candidates for acceptance or rejection for admission to the College of Osteopathic Medicine to the dean; to review the outcome of admitted students regarding success in the College, success on board examinations, distribution of specialties and disciplines graduates enter into; and to effect of admission policies on the college's ability to meet its mission and vision. The committee will make recommendations for changes in standards for admissions when necessary to the dean of the college. The committee may make recommendations for awarding or continuance of financial aid for students, the criteria for scholarships, etc. The committee meets as needed with the curriculum committee and the student progress committee to examine outcomes of admitted students and make recommendation for modification in policy, mission and vision, budget, etc. to the dean.

4.6.3 COMPASS Committee⁴³

COMPASS is a co-curricular program with the purpose of assisting in the development of the personal-professional identity of LUCOM student-doctors. COMPASS exists to facilitate LUCOM student-doctors to develop their personal-professional identity utilizing biblical principles and values.

4.6.4 Clerkship Curriculum Sub-Committee⁴⁴

The purpose of this sub-committee (Executive Curriculum Committee) is to advance the OMS-III and OMS-IV curriculum (development and implementation) that meets or exceeds accreditation standards and is directed toward students' clinical competency and preparation for GME in primary care as well as the diversity of clinical specialties.

4.6.5 Pre-Clerkship Curriculum Sub-Committee⁴⁵

The purpose of this sub-committee (Executive Curriculum Committee) is to advance OMS-I and OMS-II curriculum (development and implementation) that is holistic in focus (i.e., considering all of UME and preparation for GME), cohesive, interrelated, and outcomes-oriented.

⁴¹ 6.1 Curriculum Design and Management, 6.11 Comparability Across Clinical Education Sites

⁴² 9.1 Admissions Policy

⁴³ 9.5 Academic Counseling

⁴⁴ 6.1 Curriculum Design and Management, 6.9 Clinical Education, 6.11 Comparability Across Clinical Education Sites, 9.2 Academic Standards, 10.1 Osteopathic Educational Continuum

⁴⁵ 6.1 Curriculum Design and Management, 9.2 Academic Standards, 10.1 Osteopathic Educational Continuum

4.6.6 Student Curriculum Sub-Committee⁴⁶

The purpose of this sub-committee (Executive Curriculum Committee) is to provide a venue for student input to the UME curriculum and their academic experience at LUCOM. The goal is not so much to “fix problems” with the curriculum and academic experience in the moment, but to facilitate communication and provide valuable input that can help shape an academic experience and learning environment that is directed by the guiding principles of LUCOM’s curriculum committees.

4.6.7 Executive Curriculum Committee⁴⁷

The Executive Curriculum Committee exercises collective responsibility for the education program as a whole, and has responsibility for the development, management, evaluation, and enhancement of the curriculum. Specifically, the purpose of this committee is to oversee the entirety of the UME curriculum, its development and implementation; to guard and guide the holistic (i.e., considering all of UME and preparation for GME), cohesive, interrelated, and outcomes-oriented focus of LUCOM’s curriculum. The curriculum must ensure that students attain the skills, including osteopathic core competencies, interprofessional education and humanistic skills, necessary to demonstrate GME readiness and meet the mission of the COM. This committee includes student and faculty representation from the pre-clinical and clinical education years. Sub-committees include: Clerkship, Pre-Clerkship, Student, and Assessment, Outcomes, and Evaluation. Among the elected Class Government Association officials, the Dean or his designee appoints student representatives from all four years of the curriculum, across pre-clinical and clinical education years, to serve on the Executive Curriculum Committee.

4.6.8 Convocation Committee

This committee exists to plan and conduct, while working in correlation with student services, all Wednesday convocation services for LUCOM.

4.6.9 Faculty Development, CME Oversight and Planning Committee⁴⁸

The purpose of this committee is:

- To assist the dean in design, delivery, and evaluation of programs to advance the professional development of the faculty and to assist in the implementation of programs. It is also charged to be aware of and to prioritize the needs of the faculty for educational and faculty development programs.
- To review of the CME applications to ensure each activity meets the American Council of Continuing Medical Education (ACCME) criteria and our CME mission. The committee may make recommendations on how to improve the activity and ultimately approve or reject the application. Additionally, the CME-OC reviews the CME program holistically by defining and discussing progress and achievement of performance targets. The CME-OC will work to strengthen the CME program overall and ensure that it stays at the forefront of CME planning and organization.
- To develop and shape the idea of a learning event for CME credit. The CME-PC is responsible for identifying the professional practice gap around which the activity is built.

⁴⁶ 6.1 Curriculum Design and Management, 9.2 Academic Standards

⁴⁷ 6.1 Curriculum Design and Management, 6.11 Comparability Across Clinical Education Sites, 9.2 Academic Standards, 10.1 Osteopathic Educational Continuum

⁴⁸ 7.6 Faculty Development

4.6.10 Council of Deans⁴⁹

The purpose of the Council of Deans is to periodically evaluate and make recommendations to the then existing strategic and operational plans of the college, including the mission, vision, and goals; to review academic programs, administrative, financial, faculty, student, and procedural policies; to make recommendations regarding the budget planning for the COM; and to advise the dean on all policy, faculty, and student activities, and votes to authorize degree conferral for students of the COM. It shall be appointed by the dean and include, but not be limited to, the chair/designee of faculty council, the associate deans, or appropriate representative, for research, medical education, clinical education, and graduate medical education, the director for administration and finance, the assistant dean or director for admissions, and no less than two faculty members appointed by the dean. This committee shall provide oversight for the self-study process for the COM. The Council of Deans, which includes the Dean as chair of the council, ultimately makes recommendations to the Chief Academic Officer and other institutional bodies for final approval and recommendations on the issues which require ultimate approval.

4.6.11 Faculty Promotion Committee⁵⁰

This committee is charged to recommend promotion or demotion in faculty rank to the Dean after review to ensure that faculty have met the standards of the university and college. The Dean shall make final recommendations to the Provost for approvals. The committee also reviews policies and procedures for promotion or demotion and may submit recommendations for policy changes to the Dean. The chair and the majority of the committee shall hold the rank of professor and is comprised of a combination of clinical and nonclinical faculty whose previous experience, which may be external to time served within the University, provides them a clear understanding of the committee's charge.

4.6.12 Student Progress Committee (SPC)⁵¹

The purpose of the committee is to review student eligibility, verify that students have fulfilled academic requirements, evaluate students for continuation in the program or appropriate remedial actions, recommend appropriate disciplinary action to the dean, and deal with matters of academic or behavioral nature. The 9 member committee include clerkship and pre-clerkship representation. The chair shall be appointed by the Dean of the College of Osteopathic Medicine. Ex officio (nonvoting) members may be appointed by the Dean and shall include but are not limited to the Registrar. The committee shall also have the nonexclusive responsibility and authority to deal with matters of academic, professional, or behavioral nature, including, but not limited to, the nonexclusive authority to evaluate all charges of misconduct, whether academic, moral, professional, or ethical by students. All matters related to student sexual harassment or misconduct may also be directed to the committee. The committee membership shall include both faculty and a chair appointed by the Dean of the College of Osteopathic Medicine. The committee will consist of voting, and ex officio (nonvoting) members. The Professional Advisory Group (PAG) functions as a subcommittee, comprised of ex officio (nonvoting) members, to the SPC. The Chair of PAG, appointed by the Dean, reports and provides information to the Chair of SPC.

⁴⁹ 1.6 Degree-Granting Body, 2.3 Academic and Administrative Leadership, 7.7 Faculty Association, 9.2 Academic Standards

⁵⁰ 7.8 Faculty Appointment & Advancement

⁵¹ 9.2 Academic Standards

4.6.13 Research Committee⁵²

The purpose of this committee is to encourage student and faculty participation in biomedical, educational, and clinical research. The committee makes recommendations regarding intramural funding for research, scholarly activity, utilization of research space, and acquisition of equipment necessary for approved research. The committee also serves as a resource to individual faculty members by reviewing proposed research projects and grants prior to submission.

4.6.14 Diversity, Equity, and Inclusion Committee⁵³

Biblical based diversity, equity, and inclusion efforts are critical to Liberty University's mission of training champions for Christ. This committee works to provide training, support, and community-building opportunities for LUCOM's faculty, staff, and students and to increase student engagement and retention, faculty/staff research and publication, and leadership awareness and responsiveness. The committee promotes diversity in LUCOM's academic and professional community.

4.6.15 Medical Outreach and Community Involvement Committee (MOCI)

The purpose of this committee is to develop, evaluate, coordinate, and oversee medical outreach events of the COM, including health fairs and philanthropic events performed by students or student organizations, international and local medical outreach events, medical mission events and rotations, community and public educational events conducted in the region, state, nation and internationally. They are charged to develop, modify, and oversee the policy and procedures that govern such events, to establish the standards and requirements for participation, and to supervise the implementation and operations of the events. While this committee does not have responsibility for required or elective clinical rotations that occur in underserved, international or national sites, that responsibility falling to the Office of Clinical Education, it will work cooperatively with the Office of Clinical Education to develop and supervise any such shared sites.

4.6.16 Research Journal Committee⁵⁴

This committee supports management and maintenance of the LUCOM E-Journal Platform. Through this committee's efforts, students and faculty are afforded an opportunity to showcase scholarly activity and research projects. The editorial team will review submissions and proposals and be responsible for appropriate publication and indexing on databases such as PubMed and Google Scholar.

4.6.17 Safety, Health, and Wellness Committee⁵⁵

The purpose of this committee is:

- To develop and support policies, procedures, events and recommendations that advance and promote LUCOM students' physical, mental, spiritual, financial, academic, and relational health.
- To develop, periodically review, and make recommendations on policies and procedures regarding the prevention and appropriate treatment of faculty and staff members and students who may have been exposed to or contracted contagious/infectious diseases.
- To prepare disaster and epidemic plans for the college and make recommendations for

⁵² 8.1 Research & Scholarly Activity Strategic Plan

⁵³ 5.2 Diversity

⁵⁴ 8.1 Research & Scholarly Activity Strategic Plan

⁵⁵ 4.2 Security and Public Safety, 5.3 Safety, Health, and Wellness, 9.8 Mental Health Services, 9.9 Physical Health Services

- immunization and other preventive measures for students, faculty, and staff.
- To work towards the overall safety and preparedness for the COM faculty, staff, and students.

4.6.18 Section 504 of the Rehabilitation Act of 1973 Committee⁵⁶

The purpose of this committee is:

- To review and process submitted requests for academic accommodations. The purpose of providing students with accommodations is to assure equal access to educational opportunities, not to assure academic success. Reasonable accommodations provided to students must not pose an undue hardship on LUCOM, result in a fundamental alteration in the nature of the academic program, academic requirements, or professional activity, or result in an undue financial or administrative burden on LUCOM. And it is the responsibility of this committee to ensure those standards are met in order to grant student accommodations.

4.6.19 Library and Technology Committee⁵⁷

The purpose of this committee is to provide oversight of the learning and research resources of the COM and to make recommendations for additions and deletions, facility changes or updates, for operational policies and procedures, etc. They shall consult with the head research librarian for LUCOM concerning acquisitions for the collection, physical needs, procurement of equipment and technology, policies and procedures. They shall consult with the directors of I.T. and A.V. regarding additions or modifications of technology for the education of the students and residents of the COM and the support of the faculty, staff and administration and make recommendations to the dean and the dean's advisory council no less than annually prior to the preparation of the budget.

4.6.20 Graduation Committee

This committee is tasked with supporting all functions of planning and execution of graduation events and ceremonies.

4.6.21 Orientation Committee

The purpose of this committee is to work with student services on the development and implementation of new student orientation activities each academic year.

4.6.22 Policy Review Committee (PRC)⁵⁸

The purpose of this committee is to be the centralized submission body for all revisions, deletions, and additions of policy for the COM. The committee will oversee all policy change requests and submit them for approval to the Council of Deans.

4.6.23 Alumni, Scholarships, and Awards Committee

The committee will make recommendations to the dean regarding the recipients of scholarships, honors, and awards for the COM and to perform all work necessary to arrive at such recommendations. The committee also serves as a resource for items relating to alumni and alumni relations.

⁵⁶ 4.2 Security and Public Safety, 4.4 Learning Resources, 5.3 Safety, Health, and Wellness, 9.2 Academic Standards, 9.8 Mental Health Services, 9.9 Physical Health Services

⁵⁷ 4.3 Information Technology, 4.4 Learning Resources

⁵⁸ 1.4 Governance & Program Policies

4.6.24 Ad Hoc Committees

The dean may appoint an Ad Hoc committee to handle issues that do not fall into the responsibility of one of the standing committees of the college. Upon completion of its duties, the Ad Hoc committee will cease to function.

4.7 Academic Leadership Team⁵⁹

Members of the Academic Leadership team promote the operational, academic, and clinical, effectiveness of Liberty University College of Osteopathic Medicine by supporting the institutional mission, vision, and strategic goals and by enhancing existing administrative and faculty governance structures. The Academic Leadership team consists of the dean, assistant and associate deans, and other COM leaders within the division of Research and Operations. The Academic Leadership team, in accordance with Liberty University's Faculty Handbook (2.4.3), meets regularly to address relevant updates and/or issues within members' areas of responsibility and to build a professional community of practice for ongoing information sharing, problem-solving, and support. The Academic Leadership team is granted authority by the Liberty University's Office of the Provost as the COM's approved body that serves as a collective voice for department leaders, expressing departmental perspectives on COM policies and procedures. Ultimately the Academic leadership team works to build a professional community of practice in accordance with policies and procedures set forth by the Offices of Human Resources and the Provost.

LUCOM's Academic Leadership team is charged with promoting the operational, academic, and clinical effectiveness of the COM. This broad charge includes the following, but is not limited to the following more detailed tasks:

1. To model a professional culture of academic leadership marked by ethical conduct and subject-matter expertise.
 - a) Enforce policies, procedures, and curriculum to ensure an appropriate competent, professional, and ethical environment among COM faculty, staff, and students.
2. To promote collaboration and enhance communication across COM divisions and corresponding departments.
 - a) To provide a forum for the development, exchange, and promotion of strategic ideas and best practices.
 - b) To provide a forum for discussing issues and resources relevant to COM employees and students.
 - c) To provide a supportive forum for discussing challenges faced by COM employees.
3. To foster the individual and collective effectiveness of academic, clinical, research, and operational stakeholders in the performance of their duties.
 - a) To support the general welfare of COM employees.
 - b) To provide COM employees with the opportunity for professional growth and for increased knowledge of the issues relevant to their roles.
4. To hire and extend employment opportunities to mission-appropriate professionals who support the mission and vision of the COM.
5. To provide the Provost, Liberty University leaders, and the Board of Trustees prompt and accurate information about the needs, problems, and viewpoints of academic leaders.

Chapter 5: Faculty Resources

5.1 Medical Library⁶⁰

⁵⁹ 5.1 Professionalism

⁶⁰ 4.4 Learning Resources

The medical library is an essential focal point of the academic goals and educational programs of the COM as the librarians work closely with professors to support faculty research, scholarship, and teaching; to develop a competent collection; and to provide library services and instruction to medical students.

As the college matures and the student body and faculty grow, the medical library must support increased faculty and student research and scholarly activity with an expanding and evolving curriculum, along with faculty and student professional development.

5.1.1 The Medical Collection and Access to Information

A key planning document for the medical library is its Collection Development Policy. The medical library can most effectively execute the plan if the faculty provides coordinated, collaborative, effective, and efficient requests for additional resources.

The faculty should recognize that the library world is in a state of transition, and that the medical school is dependent on library professionals for the selection of the right mix of bound, digital, and web-based resources. Regardless of the particular mixture of resources, the collection must support the following:

- Required and basic curriculum as well as scholarly opportunities for expansive research into topics of interests on the part of faculty and students.
- Specialized faculty research and development

5.1.2 Library Administration and Personnel

The college recognizes, promotes, and strives to further develop the professional status of the medical librarians and staff.

The college is committed to library personnel policies analogous to the faculty personnel policies that establish ranks, recruitment and appointment criteria, promotion standards and procedures, and responsibilities.

The college supports ongoing professional development opportunities for all library staff members.

The college encourages the medical librarians to develop as scholars in order to make more informed collection decisions, better assist with faculty research, and initiate the acquisition and distribution of scholarly material and not simply respond to requests.

The medical library maintains a mutually supportive relationship with the University's Guillermin Integrated Learning Resource Center (ILRC).

5.2 Computer and Audio-Visual Technology⁶¹

Please refer to [Liberty University's Policy on Acceptable Use of Technology](#) on [LU's Information Services website](#).

5.3 Access to LUCOM Online Systems Electronic Mail Communications⁶²

LU requires students and faculty and staff members to hold and maintain one official university computer account that is used to access major computing resources, including electronic mail. These university-assigned computer accounts correspond directly to LU email addresses (see below). All official electronic

⁶¹ 4.4 Learning Resources

⁶² 4.4 Learning Resources

mail communications directed to LUCOM students and faculty and staff members will be sent exclusively to LU-assigned computer accounts to ensure timely and accurate delivery information. LUCOM students may forward their LU generated email to external locations, but do so at their own risk.

Relationship between LU computer account and email address:

If your assigned computer account name is janedoe, your email address will be *janedoe@liberty.edu*.

Note: A computer account may also be referred to as an email name or a username.

Web Pages—Use of Material

You should assume that materials you find on the Web are copyrighted unless a disclaimer or waiver is expressly stated. You may not place any materials owned by others (i.e., copyrighted works) on your Web page(s) without the expressed permission of the copyright owner (examples: graphic images from other Web pages, articles, video, audio, photographs, software, or images scanned from published works). You may include short quotations of text, provided you identify, in an obvious way (e.g., in a footnote), the author and the work from which the quotation is taken. If you want to include something from another Web page in one of your Web pages, then link to it rather than copy it. The occurrence of plagiarism on your Web page is subject to the same sanctions as apply to plagiarism in any other media. Images in the LU graphics repository may be used on Web pages without permission. Clip art images provided with licensed software may be used if permitted in the license agreement for such software. You may not place any pictures or videos of people on a Web page without the expressed permission of the people in the picture or video. Every person has the right to privacy, which includes the right to restrict the use of his / her own image. In addition, the picture or video may be protected by copyright.

If you have received formal permission to use material owned by another, place the following notice on the page that contains the copied material: Copyright 2005 by (name of the copyright owner). Used with permission.

Although a copyright notice is not required to assert your rights to your own original material, you may want to include a minimal notice of copyright in a Web page footer when appropriate. When used, the copyright notice should appear as follows:

Web pages: Copyright 2005 (your name). All rights reserved.

Organization Web pages (examples): Copyright 2005 *Cornell Law Review*. All Rights Reserved. Copyright 2005 Nova Southeastern University. All Rights Reserved. Copyright 2005 The Graduate School of Computer and Information Sciences. All Rights Reserved.

5.4 Faculty Benefits and Health Resources

Please see the Liberty University Employee Handbook Section 8 for information concerning employee benefits and the Employee Assistance Program. LUCOM faculty and staff should follow all policies and procedures for infectious and environmental hazard incidents/exposures set forth by Liberty University.

5.5 Security⁶³

[Liberty University Police Department](#) (LUPD) has provided security officers on site at LUCOM. LUPD is a full-service law enforcement agency, and is staffed 24 hours a day, 7 days a week. All personnel are trained in Basic First Aid, CPR, and AED services. LUPD hours are 7:30 a.m. to 4:30 p.m.

All students, faculty, and staff benefit from the security systems in place for the Center for Medical and Health Sciences (CMHS) and must follow all policies and procedures for security, safety, and

⁶³ 4.2 Security and Public Safety

emergency and disaster preparedness as outlined in official communication (written or verbal), handbook(s), and/or manual(s).

5.6 Mental Health and Wellness Fatigue Mitigation⁶⁴

5.6.A Mental Health and Wellness Fatigue Mitigation Policy

The following policy relates to faculty and staff mental health and wellness, and fatigue mitigation in the clinical learning environment.

LUCOM is committed to promoting mental health, safety and well-being in a supportive environment and ensuring employees appear appropriately rested and appear mentally and physically fit for educational and clinical responsibilities. This policy is established to proactively provide education and resources that assist in the prevention and mitigation of stress and fatigue, as well as promote strategies for lifelong approaches to health and wellness as a component of professional responsibility. The policy addresses fatigue at a level causing cognitive and/or motor impairment that is defined as weariness or exhaustion from exertion and stress, possibly manifesting in physical and/or mental symptoms causing impairment in functioning.

This policy provides guidance on methods and available resources that aim to:

- Ensure that employees receive education on fatigue, sleep deprivation, burnout, and other issues related to physical and psychological well-being.
- Ensure that employees receive education on fatigue management and mitigation strategies, other mechanisms to promote well-being, and available mental health resources for stress management and strategies or overall life balance.
- Promote understanding of duty hours for medical students on clerkship rotations, duty hour restrictions, the rationale behind them, and the importance of adherence.

Furthermore, the Safety, Health, and Wellness Committee's charge includes developing and supporting policies, procedures, events, and recommendations that advance and promote LUCOM students' mental health.

5.6.B Mental Health and Wellness Fatigue Mitigation Procedures

Any concerns regarding fatigue, health and wellness including perceived symptoms (stress, anxiety, depression, exhaustion etc.) of self or others, may be reported to LUCOM administration. Appropriate steps will be taken to investigate the concern confidentially and identify appropriate strategies to address the concern. Additionally, employees will receive training on fatigue mitigation and corresponding strategies in addition to educational and clinical resources that address fatigue mitigation and health and wellness, as referenced in subsequent sections.

Individuals are strongly advised to seek medical attention from a physician to ensure that there are no other acute health concerns that might require medical attention.

5.6.C Mental Health and Wellness Fatigue Mitigation Resources

LUCOM will provide annual education available for all faculty members, students, and staff on recognizing the signs of fatigue and sleep deprivation, and information on alertness management as well as self-care and life balance. The annual education will consist of providing education on fatigue, sleep deprivation, burnout, and other issues related to physical and psychological well-being through the use of synchronous educational activities provided by qualified health professionals and/or asynchronous

⁶⁴ 9.8 Mental Health Services

educational resources that include, but are not limited to, the use of [the LIFE Curriculum](#).

Additionally, LUCOM will provide annual education on available mental health resources to all students and employees. Liberty University's Employee Assistance Program (EAP), the Hartford Ability Assist Counseling Services, is available to all employees and their dependents at no cost. This program provides support through financial, legal, emotional, and relational guidance and expertise. The [Liberty University HR website](#) outlines available services through the program and instructions on how to utilize this benefit. Employees may contact benefits@liberty.edu for questions or more information.

Chapter 6: Teacher-Learner Relationship

The Liberty University College of Osteopathic Medicine is committed to maintaining a positive environment for study and training, in which individuals are judged solely on relevant factors such as ability and performance, and can pursue their educational and professional activities in an atmosphere that is humane, respectful, and safe. As such, student and resident/fellow mistreatment is destructive of these fundamental principles and will not be tolerated within the LUCOM community and its affiliated learning sites.

LUCOM defines mistreatment as behavior that shows disrespect for learners and interferes with their respective learning process. Such behavior may be verbal, emotional, or physical. When assessing behavior that is perceived as mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Provision of healthcare is inherently stressful. Osteopathic Medical Student training is a rigorous process where the welfare of the patient is the primary focus and that, in turn, may impact behavior in the training setting. Osteopathic medical students are also required to maintain a high level of individual responsibility for their education and actions.

Reflective of this philosophy, all LUCOM faculty, including community faculty, will abide by the Compact between Teacher and Learners of Medicine (included below) that has been modified from the Association of American Medical Colleges Compact.

6.1 Compact between Teachers and Learners of Osteopathic Medicine⁶⁵

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills and competencies. It also demands the strengthening of those professional, ethical, and moral values that undergird the relationship between professionals and patients who sustain the health care profession as a moral enterprise. Likewise, professional medical training entails both formal education utilizing a curriculum that provides the foundation of knowledge and skills required of all osteopathic physicians and further resident training within specific disciplines, which the graduate student trains under the supervision of clinical professionals who are qualified to fulfill the responsibilities of an educator and mentor. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the medical and health professions inculcate their ethical values.

6.1.1 Duty.

Medical and health professions educators have a duty not only to convey the knowledge, competencies, and skills required for delivering their profession's contemporary standard of care or research, but also to inculcate the values and attitudes required for preserving their profession's social contract across generations.

⁶⁵ 5.1 Professionalism

6.1.2 Integrity.

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

6.1.3 Respect.

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

6.1.4 Commitments of Faculty

- We pledge our utmost effort to ensure that all components of the educational program for students and residents/fellows are of high quality.
- As mentors for our student and resident/fellow colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- We respect all students and residents/fellows as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident/fellow.
- We pledge to respect the duty hour requirements for students and residents/fellows as stipulated in the applicable accreditation standards.
- In nurturing both the intellectual and the personal development of students and residents/fellows, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
- We do not tolerate any abuse or exploitation of students or residents/fellows.
- We encourage any student or resident/fellow who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.

6.1.5 Commitments of Students and Residents/Fellows

- We pledge our utmost effort to acquire the knowledge, skills, attitudes, competencies, and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, personal responsibility, dependability and a high moral standard.
- We pledge to respect all faculty members, and all students and residents/fellows as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- As osteopathic physicians in training, we embrace the highest standards of our profession along with its code of ethics and pledge to conduct ourselves accordingly in all of our interactions with patients and/or colleagues and staff.
- In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents/fellows in meeting their professional obligations as well.

Adapted from: J. Cohen, Academic Medicine, Vol. 77, No. 6 / June 2002 and <https://www.aamc.org/initiatives/gradcompact/>

6.2 Reporting of Student Mistreatment⁶⁶

Students are encouraged to report incidences of mistreatment via four avenues:

- Notify a clerkship or program director or a departmental chair
- Notify a dean: the dean of the College of Osteopathic Medicine, Senior Associate Deans for Academic Affairs or Clinical Affairs, or the Assistant Dean of Admissions and Student Services
- Report the incidence on a course/clerkship evaluation

This mechanism can be used to report mistreatment by staff members of LUCOM or affiliate institutions as well.

If deemed appropriate, reports will be investigated by the Office of the Dean of the College of Osteopathic Medicine, LUCOM Human Resources (for faculty, residents/fellows, or staff accused), by the director of admissions and student services (for students accused), or by a departmental chair or the Senior Associate Dean for Academic Affairs, clinical or graduate medical education (for community faculty accused).

6.2.1 Reporting of Resident/Fellow Mistreatment

Residents/Fellows are provided three institutional mechanisms for reporting incidents of mistreatment by faculty members, staff, patients, or peers:

- Notify chief resident, program director, and/or chair
- Notify the associate dean for graduate medical education
- Report anonymously through the portal on LUCOM website for student/resident complaints/concerns

6.3 Retaliation and False Claims⁶⁷

Retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding is prohibited. Alleged retaliation will be subject to investigation and may result in disciplinary action up to and including termination or expulsion.

Any person who knowingly makes false allegations of mistreatment, or who knowingly provides false information in a mistreatment investigation or proceeding, will be subject to disciplinary action and, in the case of students, will be considered a violation of the Honor Code.

Chapter 7: Extramural Faculty Affiliations

7.1 Outside Employment⁶⁸

Please see Liberty University's Faculty Handbook section 7.18 regarding LU's policy on outside employment.

7.2 Conflict(s) of Interest(s)⁶⁹

Contact the [Office of Sponsored Programs](#) for information concerning conflict of interest and documentation required for funded research.

This policy establishes the college's policy and procedures regarding financial conflicts of interest in relation to sponsored projects involving research, teaching/training, and community service. Their purpose is to protect the credibility and integrity of the college's faculty and employees in order that public

⁶⁶ 4.2 Security and Public Safety

⁶⁷ 4.2 Security and Public Safety

⁶⁸ 1.4 Governance & Program Policies

⁶⁹ 1.4 Governance & Program Policies

trust and confidence in college sponsored activities are ensured.

In accordance with federal regulations, the college and university has a responsibility to manage, reduce, or eliminate any actual or potential conflicts of interest that may be presented by a financial interest that would reasonably appear to be affected by sponsored research.

7.2.1 Definitions

Conflict of Interest - A potential conflict of interest occurs when there is a divergence between an individual's private interests and his or her professional obligations to the college such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise. An actual conflict of interest depends on the situation and on the actions of the individual. For the purpose of this policy, a conflict of interest exists when the college or university, through procedures described herein, reasonably determines that a significant financial interest could affect directly and significantly the design, conduct, or reporting of sponsored projects.

Investigator - Investigator means the principal investigator/project director, co-principal investigators, and any other person who is responsible for the design, conduct, or reporting of research, educational, or service activities funded or proposed for funding by an external sponsor. In this context, the term "Investigator" includes the investigator's spouse and dependent children.

Significant Financial Interest - Significant financial interest means anything of monetary value, including, but not limited to:

- Salary or other payments for services (e.g., consulting fees or honoraria)
- Equity interests (e.g., stocks, stock options or other ownership interests)
- Intellectual property rights (e.g., patents, copyrights, and royalties from such rights).

The term does not include:

- Salary, royalties, or other remuneration from the university or college
- Income from seminars, lectures, or teaching assignments sponsored by public or nonprofit entities
- Income from service on advisory committees or review panels for public or nonprofit entities
- An equity interest that, when aggregated for the Investigator and the Investigator's spouse and dependent children, meets both of the following tests:
 - The equity interest does not exceed \$10,000 in value, as determined through reference to public prices or other reasonable measures of fair market value; **and**
 - It does not represent more than a five percent ownership interest for any one enterprise or entity; or salary, royalties, or other payments that, when aggregated for the Investigator and the Investigator's spouse and dependent children over the next 12 months, are not expected to exceed \$10,000.

7.2.2 Significant Financial Interests Disclosure

Each Investigator, who has a financial interest requiring disclosure, will complete a Significant Financial Conflict of Interest Disclosure Form. The completed disclosure form and the Proposal Approval Record will be submitted with the completed proposal to the Office of Sponsored Programs using normal university procedures. Step by step instructions can be found on [Liberty University's Grant Process](#) site.

7.2.6 Record Retention

Records of investigator financial disclosures and of actions taken to manage actual or potential conflicts of interest will be retained by the Dean's Office until three years after the dismissal or completion of the award to which they relate, or the resolution of any government action involving those records, whichever is later.

This policy was developed based on Pennsylvania State University's and the University of Hartford's Financial Conflict of Interest policies and the guidelines set forth by the National Science Foundation, which are consistent with the final Department of Health and Human Services rule on this subject.

7.3 Scholarly and Scientific Misconduct

Scientific research and other scholarly activities are integral functions of American higher education. Universities have long been a major source of new knowledge and the synthesizers of existing knowledge. The faculty, staff, and students in institutions of higher education have a special obligation to be as accurate and as truthful as possible in their research and writings. The following quote exemplifies this spirit:

"Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end, professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry." (American Association of University Professors, Statement on Professional Ethics, 1990)

LUCOM adheres to the highest standards of scientific and scholarly conduct and expects all researchers and scholars in the institution to adhere to the highest standards. These standards include, but are not limited to, the following:

- Researchers and scholars will adhere to accepted practices of research and will plan their studies in ways that minimize the possibility that the results will be misinterpreted. Where they are aware of alternative explanations or other limitations on the interpretation of results, they will point those out.
- Researchers and scholars will adhere to the ethical standards of their profession and will practice honesty in all of their scholarly endeavors.
- Researchers and scholars will take credit only for work they have actually done.
- Researchers and scholars will avoid situations that may limit their objectivity or create conflicts of interest in terms of their research.
- Researchers and scholars will abide by all relevant Federal and State laws and regulations, including those laws and regulations relevant to the protection of human subjects and the appropriate handling of animals.

7.3.1 Scientific and Scholarly Misconduct Defined

Scientific and scholarly misconduct has been classified into four categories described below:

1. **Falsification of Data:** Falsification of data may range from fabrication to selective reporting of results. Any form of misrepresentation of data is considered misconduct.
2. **Plagiarism:** Plagiarism is claiming another's work as one's own. Plagiarism includes the failure to correctly cite or attribute passages written by others, as well as claiming authorship for research conducted by others. This latter category includes a professor taking credit or first authorship for a student's work.
3. **Abuse of Confidentiality:** Abuse of confidentiality is essentially the theft of thought. It occurs when a person has access to the ideas of another, such as a colleague, and reports them as his or her own.
4. **Violation of Regulations Relevant to Research:** There are various federal regulations governing aspects of research (e.g., the protection of human subjects, the protection of research animals, etc.). The deliberate violation of such regulations constitutes a form of misconduct.

Any member of the college community who engages in any of the aforementioned behaviors in connection with his or her research or other scholarly work is subject to disciplinary action, whether or not such work is funded extramurally.

While federally funded research is governed by regulations on misconduct (notably the regulations of the National Science Foundation contained in 45 CFR 689 and the regulations of the Public Health Service contained in 42 CFR 50), Liberty University and LUCOM has the primary responsibility for preventing, detecting, investigating, and rectifying misconduct by members of the university community, including faculty, staff, and students of the college. To the extent that circumstances permit, allegations of misconduct will be handled internally, with action deferred to external agencies only when the internal process is insufficient to correct the problem and/or when mandated by external agencies.

Because of the serious nature of scientific and scholarly misconduct and because of the potential impact such misconduct may have on the reputation and the legal liability of the university, the oversight of misconduct policies and procedures is vested in the dean of the college and the provost.

7.3.2 Allegations of Misconduct

All members of the college community have an obligation to report scientific and scholarly misconduct if they observe it or have valid reasons to suspect it. This obligation should be taken seriously. At the same time, individuals should avoid making frivolous allegations of misconduct.

7.3.3 Informal Resolution

The appearance of misconduct may be due to a misunderstanding either on the part of the observer or on the part of the scholar. Therefore, when misconduct is suspected, the first step should be to resolve it informally. Any person who observes or who has reason to suspect misconduct, referred to hereafter as the complainant, should take one or both of the following actions:

He or she should confront the individual involved with his or her observations or suspicions.

If confrontation is not feasible (as in the case of a power differential) or if confronting the individual does not resolve the issue, the complainant should then inform the dean of the college.

The dean should attempt to resolve the issue informally with the accused person. If the informal process resolves the issue, no further action is warranted. If the informal process does not resolve the issue, then a formal inquiry is necessitated at the provost level.

7.3.4 Formal Inquiry

A formal inquiry is conducted to gather factual information regarding the alleged misconduct. It is designed to determine whether or not sufficient grounds exist to pursue further action.

If the accused is a student, the academic policies of the program or center in which the student is enrolled will apply.

If the accused is an employee (staff or faculty), then the policies and procedures outlined below will apply.

If the informal process fails to resolve the complaint, the provost, in consultation with the dean, will appoint a committee of inquiry of no fewer than three (3) persons and will name one (1) of the members as chair. In general, the persons serving on the committee will be faculty members who are deemed to have expertise in discerning the facts in the case. However, specific circumstances may require different appointments, including one or more individuals from outside the college. In all cases, individuals appointed will affirm that they are free of conflict of interest in the case. The academic officers will make every effort to appoint the committee within fifteen (15) days after determining that the informal resolution was unsuccessful in resolving the complaint. The director of human resources or a representative of that office will serve as an ex officio, non-voting member of the committee.

The charge to the committee is to determine whether or not the complaint is worthy of further action. The committee will prepare a written report, which will summarize its findings and make one of three recommendations: (1) No further action is warranted; (2) All parties agree that the evidence warrants administrative action without further proceedings; or (3) The evidence warrants that a formal hearing should be initiated.

The committee of inquiry should complete its actions within 60 days of its appointment. Should circumstances dictate that additional time is required, the committee will justify in writing a request for additional time, not to exceed thirty (30) days, to the provost, with a copy to the accused. If additional time is granted, the provost will notify the committee and the accused in writing.

7.3.5 Administrative Action

In the event the committee of inquiry recommends and all parties agree that administrative action is warranted without further investigation, the dean may decide to recommend one or more of the actions that are detailed in the section of this document entitled disciplinary actions. The employee, if dissatisfied with such action or actions, may grieve the decision in accordance with the procedures detailed below.

7.3.6 Formal Hearing

The purpose of the formal hearing is to determine whether or not misconduct has occurred. Within fifteen (15) days of the receipt of the report of the inquiry committee and based upon its recommendation, the provost will determine whether to drop the allegations or to pursue further action through a formal hearing. If a formal hearing is elected, the provost will notify the employee in writing.

Within ten (10) calendar days from the written notice, the employee and the dean will each select a college employee to sit on the formal hearing committee. These two employees in turn will select a third person who is mutually acceptable to both employees. The members will select a chair among themselves. The director of human resources or a representative of that office will serve as an ex officio, non-voting member of the committee.

The procedures to be followed will be those outlined in the Grievance Procedure.

The hearing committee will decide only if the employee is guilty of misconduct or decisions on disciplinary action. The dean and the provost will make the final determination with respect to any disciplinary action taken, if any is taken, against the accused.

7.3.7 Suspension of Employee During Proceedings

At any time during the proceedings, the dean may make a recommendation to the provost as to whether the employee should be suspended. Suspension should occur only if it is probable that the employee's continuance will result in harm to self or others (including research subjects). Unless legal considerations dictate otherwise, suspension should be with pay.

7.3.8 Privacy and Confidentiality

Throughout all stages of the proceedings, the college will protect, to the extent possible, the privacy and confidentiality of both the complainant and the accused.

7.3.9 Disciplinary Actions

When it has been determined that an employee is guilty of misconduct, the dean can recommend one or more of the following disciplinary actions:

- A letter of reprimand will be issued to the employee;
- The employee will be placed on probationary status;
- The employee will be suspended with or without pay for a specified period of time; and/or

- The employee will be dismissed.

The decision of the provost will be final and cannot be appealed. The employee must be notified in writing of the disciplinary action to be taken within fifteen (15) days of the conclusion of the proceedings.

7.3.10 Damages

If it is determined that misconduct has occurred, the dean and provost must assess whether any damage has occurred, and if it has, how to correct it. The college and university will take reasonable steps to correct any misinformation or other adverse consequences of misconduct. The employee will be personally responsible for any damage the misconduct has caused either to the university or any outside entity.

7.3.11 Notification of Funding Sources

If the alleged misconduct occurred in relationship to an extramurally funded project or in relationship to a request for extramural funds, the provost will determine whether or not to notify the funding source, and if so, at what point in the process. In general, funding sources will hold the institution responsible for policing misconduct and will act only after the institution has investigated the allegations. The policies and regulations of the particular funding sources involved should be consulted. For example, the National Science Foundation (NSF) will defer its own investigation only if the institution notifies NSF at the point that an initial inquiry supports a formal investigation (see 45 CFR 689). The Public Health Service requires notification by the institution of an investigation prior to the investigation beginning (see 42 CFR 50.104).

7.3.12 Records

All records generated during any phase of the inquiry or proceedings will be placed in the custody of the dean of the college as appropriate. All records will be maintained for a minimum of three years. Where external funding agencies are involved, their regulations regarding the retention of records should be consulted.

Similarly, relevant accrediting agencies should be consulted to determine if they have regulations regarding the retention of records in such cases.

A record of any disciplinary or administrative action will become part of the employee's permanent personnel file.

7.4 Conflict of Commitment⁷⁰

High quality instruction and student access to faculty are primary concerns of the college. Accordingly, teaching effectiveness will be assessed by the deans, department chairs, and DSME's through regular evaluations of Non-Core faculty performance. LUCOM acknowledges that many of its Non-Core faculty members hold full-time positions at other institutions or have other employment commitments in addition to services they provide for the college. LUCOM expects that Non-Core faculty members will be prudent in avoiding possible conflicts of interest or conflicts of commitment to their full-time employer, other part-time employers, and their part-time teaching responsibilities at LUCOM.

⁷⁰ 1.4 Governance & Program Policies

Chapter 8: Faculty Development

8.1 Faculty Development Program⁷¹

LUCOM, in cooperation with Liberty University, will provide ongoing faculty development and performance evaluation processes that are in keeping with its mission, vision, and goals. The faculty development program will include orientation and annual programs to expand the knowledge and understanding of osteopathic philosophy and principles for its faculty, as well as advance educational, clinical, research, and scholarly skills. Each faculty member shall self-assess his/her needs for faculty development annually. The recommendations for faculty development shall be a part of the annual assessment of the individual faculty member by his/her chair or administrative supervisor and recommendations will be developed during peer evaluations.

The COM incorporates specific topics into each of its faculty development strategies that are designed to increase awareness and incorporation of osteopathic principles in all aspects of the predoctoral and postdoctoral curricula.

As its principle initiative in the faculty development programs provided in cooperation with the university, the COM incorporates curriculum specific learning objectives for the delivery of osteopathic content to students and residents. Faculty from the Department of Osteopathic Manipulative Medicine are active participants and provide counsel for the inclusion of these objectives.

LUCOM shall annually assess the performance of all teaching faculty as medical educators using self-evaluations, evaluations from the individual department chair, periodic peer evaluations, and student assessment tools. Faculty shall receive individual mentoring and coaching based upon performance assessments performed annually by their chair or associate dean and shall have their faculty development programs designed to advance competency based on evaluations and feedback.

The faculty development program shall also be directed by the student outcome evaluations conducted by the administration and curriculum committee. The mission, vision, and values of the COM dictates the design of the curriculum, and the curriculum effects on the performance and outcomes of the students are the most important factor in directing the content and culture of faculty development for the faculty as a whole. Other factors that will be considered are the service requirements of the faculty; public, professional, and clinical; the needs for improved skills in scholarly activity, research, and publications; and the needs for administration and operations of the COM.

LUCOM faculty have access to the full spectrum of faculty development available at Liberty University, including, but not limited to, their extensive programs on teaching and learning principles, curriculum and instructional design, test design, student evaluation, and the application of technology in education that are provided by the [Center for Academic Development](#).

Evaluations and program participation shall be shared with each faculty member's department chair for inclusion in the annual assessment. Student performance and faculty evaluations shall be monitored to determine the efficacy of the faculty development program.

All employees are required to attend a program on Osteopathic History, Philosophy and Principles presentation annually.

⁷¹ 7.6 Faculty Development

The COM recognizes its obligation to assure the advancement of teaching skills for those faculty providing learning opportunities for its students and residents at remote locations. The faculty development programs will focus on techniques for teaching in the clinic and at the bedside, teaching on rounds, giving feedback, and evaluation and grading in clinical education settings that will enable students to achieve the core competencies established by the profession for the effective and safe practice of osteopathic medicine. These programs include general topics in adult learning, professionalism, osteopathic principles, ethical conduct, and assessment. These programs will be offered in both live and online formats with events held at the core clinical site and semi-annually at the campus.

Faculty development is an integral part of the culture of the COM. Participation is an expectation placed upon all teaching faculty and a requirement for those who hold academic leadership roles. Each faculty member with teaching activity is regularly evaluated by students and receives feedback on their effectiveness. All faculty are required to undergo peer evaluation at least once every three years to assess teaching effectiveness and style, quality of material presented, etc. In preparing their annual evaluations, department chairs are expected to consider these evaluations. Chairs are further asked to identify the level of participation of each faculty member in the available development programs and assure it is commensurate with the scope of his/her academic responsibilities. The college is prepared to remove those faculty members from the educational program who are ineffective in their teaching due to a failure to maintain currency in the art and science of medical education.

8.2 Peer Teaching and Performance Evaluations Policy

LUCOM recognizes the importance of faculty development, evaluation, and feedback in fulfilling its obligation to teaching, service and research. In support of this position and to augment the evaluations that are conducted by each faculty member's division chair, the evaluations of the course director or Office of Clinical Education, and the evaluations of the students, the college has instituted a peer teacher/facilitator/instructor evaluation and feedback process. Peer evaluations are recommended for each Core and Non-Core lecturing faculty member once every three years at the discretion of the division chair. Additionally, and in support of the performance evaluation process, a goal sheet will be completed by each faculty member annually. This will be evaluated by the appropriate supervisor of the appropriate department for each faculty member. In the event that the faculty member goal sheet is unsatisfactory, the chair will develop a remediation plan outlining the areas for needed improvement and steps to address those deficiencies.

The goal of the peer evaluation process is to improve and strengthen the quality of instruction provided to the students of the college and to advance the development and growth of the faculty through improvement in presentation skills and techniques, ensuring that the information delivered is scientifically valid and current and addresses changes in delivery techniques and formats that may benefit the students and faculty of the college.

The observation will be conducted by one or more member(s) of the faculty, assigned by the department chair of the faculty member. The evaluator(s) shall him/herself be judged by the chair to be competent to evaluate the effectiveness and style of delivery of the faculty member as an educator in the academic environment reviewed, as well as assess the accuracy and appropriateness of the material/information presented. The chair may assign different roles to each evaluator, educational technique, and effectiveness vs. content for example.

The evaluator(s) may be a member of the involved department or another department of the college including the chairs of other departments, one of the academic deans or an outside evaluator(s) agreed to by all parties, but it must not be the member's department chair or any person with whom the faculty member to be evaluated has a close personal or professional arrangement or could be construed to have a conflict of interest beyond that of colleagues at the college.

In the event that the affected faculty member disagrees with the selection of the person(s) assigned to review him/her, negotiation between the department chair and the faculty member should first be attempted in an attempt to reach a compromise and select an agreeable evaluator(s). In the event that a compromise cannot be reached between the faculty member and the department chair, the assistant/associate dean that has administrative supervision over the department/division will make the assignment for the evaluation.

The evaluations will be forwarded to the department chair of the faculty member and will be included as a component of their annual evaluation, as well as included in the portfolio of the faculty member. They will be referenced and considered as a component of any annual review, contract renewals, or advancement in academic rank or other promotion.

An individual instructor may request, through his/her departmental chair, more frequent observations and evaluations by other members of the faculty for self-evaluation, improvement, or to provide a different perspective of teaching efforts.

The observations may be conducted “live” in the classroom, clinical, or laboratory setting, or they may occur through observation of electronic recordings of the lecture/educational activity to accommodate the schedule of the faculty evaluator.

The following protocol has been established for the peer teaching/facilitator/clinical evaluations.

1. The department chair will notify the faculty member at least 30 days in advance of the peer evaluation, the evaluator(s) selected, and the date of the evaluation. One member will be the faculty member’s respective Senior Associate Dean or will be appointed by the Dean.
2. A pre-assessment conference will be held between the faculty member and the department chair, or a member of the college’s educational development and advancement staff, to help the faculty member prepare. The information developed will be provided to the evaluators in advance of the scheduled event.
3. The evaluators will coordinate with the faculty member to be evaluated to confirm the date of the evaluation, the type of material or presentation that will be evaluated, to arrange for advance copies, if available, of the material to be presented on the date of the evaluation, and for electronic recording of the lecture, facilitation event, or other presentation.
4. After completion of the evaluation, the evaluator(s) will schedule a meeting with the faculty member to discuss their findings and to offer any suggestions for methods of deliver, change, or improvement recommended, noted areas of excellence, and to review the content of the presentation with the faculty member. A copy of the original evaluation and the contents of this meeting will then be forwarded to the faculty member’s department chair.
5. The department chair shall meet with the faculty member involved and review the evaluation, assist the faculty member in obtaining any resources needed to advance his/her professional development and educational effectiveness and schedule additional follow up or evaluations he/she feels are indicated.
 - a. Any score of < 2 (scale of 1-5) in an individual category must be addressed by the faculty member and the department chair and an action plan for improvement or correction developed.
 - b. Any summary score averaging < 3 (scale of 1-5) must be addressed by the faculty member and the department chair and an action plan for improvement or correction developed.
6. The faculty member will be provided a copy of the evaluation with all comments made by the observer(s) and the department chair for his/her files. He/she will have the chance to submit rebuttal comments to the department chair if there are any observations or comments

to which he/she feels are incorrect or unfair. Such rebuttal will be included in the faculty member's record.

8.3 Faculty Development Policy

8.3.1 Purpose

Continuing medical education (CME) funds are designated for use by faculty during their employment with Liberty University, for the purpose of professional development. Assets purchased with CME funds remain the property of Liberty University. The annual time period for use of these funds and time is from July 1st to June 30th. Unused professional development funds and time do not roll over to the next year.

8.3.2 Funds

Professional development (including continuing medical education [CME]) funds may be used for:

- 1) Any CME activity (i.e. course, conference, webinar, certificate program, home study material, etc.) that has been accredited by either an interdisciplinary medical group, specialty board, or specialty/profession specific group, including travel, lodging and per diem, per Liberty University (LU) travel policy
- 2) Travel to any professional group meeting (AOA, AMA, etc.) even if CME is not offered, including travel, lodging and per diem, all per LU travel policy.
- 3) Purchase of journals, books, on-line access, models or other equipment for professional development
- 4) Any expenses or fees for professional licensing, groups, or certifications
- 5) Any other professional development expense approved by the Dean
- 6) Any request for IT related purchases for professional development must comply with all Liberty university IT policies and approval processes

8.3.3 Time

Professional development days may be used in increments of half days as long as:

- 1) Days are approved by LUCOM Department Chairs and, if pertinent, the Faculty's clinical supervisor/director, with final approval by the Dean
- 2) CME days are only applicable to business days. Faculty are still required to submit a Travel Expense Request form for the use of CME funds during non-business days

Vacation and personal days may also be used for professional development as long as:

- 1) All available professional development days for the current year have been used
- 2) Faculty have remaining vacation or personal days to use
- 3) Days are approved by LUCOM Department Chairs and, if pertinent, the faculty's clinical supervisor/director, with final approval by the Dean

Chapter 9: Osteopathic Medicine Curriculum Overview⁷²

9.1 LUCOM Curriculum Design and Assessment⁷³

The undergraduate medical degree program at Liberty University College of Osteopathic Medicine (LUCOM) is a four-year program intended to develop the eight educational competencies central to the practice of medicine. These competencies, as listed below, are based on the Accreditation Council for Graduate Medical Education (ACGME) competencies for residency programs and the Fundamental Osteopathic Medical Competency Domains 2016.

⁷² 6.1 Curriculum Design and Management

⁷³ 6.2 Programmatic Level Educational Objectives

9.1.1 Standards

The curriculum evaluation is guided by the standards for body systems and disciplines developed by the NBOME concerning standards for the COMLEX USA Master Blueprint for educational evaluation and program evaluation. The curriculum is broken into teaching units that are cross referenced to the standards to ensure student development and mastery of the osteopathic core competencies.

9.1.2 Rationale

The evaluation of the educational program meets the COCA (Commission of Osteopathic College Accreditation) Standard 6 Curriculum Design, Management and Evaluation which states: “The faculty of a COM must define how the students will achieve the educational program objective, including osteopathic core competencies, and is responsible for the detailed design and implementation of the components of a curriculum that enables its students to achieve those competencies and objectives. Educational program objectives are statements of the knowledge, skills, behaviors, and attitudes that osteopathic medical students are expected to demonstrate as evidence of their achievement prior to successful completion of the program. The faculty of a COM must periodically and regularly review and revise the COM’s curriculum and evaluate the COM’s educational program to ensure that the quality of the program meets the current standards of osteopathic core competencies and that the students achieve all program objectives and participate in required clinical training experiences and environments.”¹

The supporting standards detail requirements regarding the use of outcome data, including nationally normed data throughout the program and program completion, as well as the use of student evaluations of their courses and instructors.

9.1.3 Goal of the Curriculum Evaluation

The goal of the curriculum evaluation is to gather information to provide timely and accurate feedback on the performance of the curriculum to support decision making at the course (block, clerkship, elective) phase (pre-clinical and clinical years), and program level (the program as a four-year unit). In addition, the curriculum evaluation meets a key accountability requirement of accreditation. “A COM and any branch campus must have in place an approved body (e.g. curriculum committee) that exercises collective responsibility for the education program as a whole, and has responsibility for the development, management, evaluation, and enhancement of the curriculum. This committee must include student and faculty representation from the pre-clinical and clinical education years, including representation from any additional campus locations. The curriculum must ensure that students attain the skills, including osteopathic core competencies, interprofessional education and humanistic skills, necessary to demonstrate GME readiness and meet the mission of the com.” A goal of the curriculum is not only that students appreciate, learn, and effectively practice osteopathic principles, but that the curriculum, through its structure and function, would model these same principles. As a Christian medical school, LUCOM’s curriculum (and how it contributes to the entirety of the LUCOM learning experience) also aims to model and represent biblical principles.

The curriculum contributes to the holistic nature of student learning through (1) the connections of the curriculum with co-curricular and extra-curricular activities and programs and (2) its attentiveness to and promotion of long-term professionals as well as person care, growth, and development.

9.1.4 Guiding Principles

Patient-centered	The curricular learning is directed to the compassionate, effective care of the whole patient (which may not always be for the comfort or convenience of the learner, or even the teacher).
Learner-focused	The curriculum focuses more on what the learner learns (holistically) than the teacher teaches (though what and how the teacher teaches greatly impacts how/what the learner learns, the primary outcome in education is what the learner learns and is able to do with that learning.
Outcomes-oriented; Evidence Based	Academic, professional, and personal
Systems- and process- orientation	Systems and processes, well-designed and followed, help structure function well

9.1.5 Mechanisms of Curriculum Evaluation

LUCOM utilizes two mechanisms for ongoing curriculum review, evaluation, and implementation. In addition to a regular Dean's Course Review with course director, administrative, and student input represented, LUCOM utilizes a course evaluation report (CER) of each course that analyzes its associated strengths and weaknesses while recommending suggestions for changes. These changes are based on student feedback, course outcomes, instructor feedback, and course director/ administration input. Components of this report are used to inform the Course Adjustment & Review Summary form, which is provided to the appropriate curriculum committee as members review and work to approve new syllabi for the course's next iteration. LUCOM utilizes a Course Adjustments & Review Summary (CARS) form to primarily (1) document proposals for upcoming changes within a given course associated with the findings articulated in the aforementioned CER and (2) account for the delivery and tracking of outcomes, assessments, credit hours, and/or mandatory learning activities within the course. Course directors contribute to this form by reviewing Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) to make sure that all Learning Objectives (LOs) are aligned with the PLOs and CLOs. The CARS document is provided to the appropriate curriculum committee as members review and work to approve new syllabi for the course's next iteration.

9.1.6 Utilization

The structure and content of the Educational Program is governed by a faculty committee. This committee has the authority to make recommendations and changes to the curriculum within the limitations of the Faculty Bylaws. In addition, course, thread and discipline directors use the evaluation data to make decisions about process and implementation within their courses or areas of expertise. Lastly, administrative units may use evaluation data to guide decision making regarding educational priorities. These three groups represent the intended users of the evaluation. A Utilization-focused Evaluation model provides the guidance to establish an evaluation process that focuses on the end-use of the data being collected, analyzed, and presented. A Utilization focus also helps prioritize what data is collected for accountability or accreditation purposes and what data is seen as useful and meaningful to the intended users. These types of data may or may not be similar.

9.2 Principles of Osteopathic Medicine⁷⁴

The Tenets of Osteopathic Medicine express the underlying philosophy of osteopathic medicine and were approved by the AOA House of Delegates as policy. DOs are trained to promote the body's natural tendency toward self-healing and health.

- The body is a unit; the person is a unit of body, mind, and spirit.
- The body is capable of self-regulation, self-healing, and health maintenance.
- Structure and function are reciprocally interrelated.
- Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

9.3 Osteopathic Core Competencies⁷⁵

The four-year curriculum is under the supervision of the Curriculum Committee with guidance and input from the faculty and students, Dean and Senior Associate Dean(s), and other LUCOM associate and assistant deans and chairs. LUCOM's curriculum adheres to the development of the following seven osteopathic core competencies outlined by the AOA. LUCOM's Program Learning outcomes for students reflect the seven AOA core competencies, in addition to the eighth programmatic outcome of spiritual care. Additional information is available in the [LUCOM Academic Catalog](#).

9.3.1 The Seven AOA Osteopathic Core Competencies and LUCOM Program Learning Outcomes

Osteopathic Principles and Practice/Osteopathic Manipulative Treatment: The student will understand and apply osteopathic principles to patient care.

Medical Knowledge: The student will demonstrate knowledge of established biomedical, epidemiological, social, and behavioral sciences and their application to patient care.

Patient Care: The student will have the knowledge, attitudes, and skills to provide compassionate, appropriate, and effective patient care.

Interpersonal and Communication Skills: The student will demonstrate interpersonal and communication skills that result in effective interactions with patients, families, and colleagues.

Professionalism: The student will demonstrate a commitment to carrying out professional responsibilities in an ethical and sensitive manner.

Practice-Based Learning and Improvement: The student will demonstrate the ability to investigate and evaluate patient care practices using scientific evidence and apply these to patient care.

Systems-Based Practice: The student will demonstrate an awareness of and responsiveness to the larger context and systems of health care, to provide care of optimal value.

Spiritual Care: The student will demonstrate an awareness of and responsiveness to the spiritual needs of patients, families, and colleagues.

⁷⁴ 6.6 Principles of Osteopathic Medicine

⁷⁵ 6.2 Programmatic Level Educational Objectives, 6.4 Osteopathic Core Competencies

Chapter 10. Complaints Regarding COCA Accreditation Standards⁷⁶

ACCREDITATION COMPLAINANT POLICY AND PROCEDURE

10.1 Complaint Policy

Faculty, staff, students, and members of the general public have an opportunity to file complaints regarding any issues of non-compliance regarding any accreditation standard(s) directly with LUCOM or its accreditation body, the Commission on Osteopathic College Accreditation (COCA). The complainant will provide evidence that an effort has been made to resolve the problem through the recommended route with the COM administration and will include information about all other actions initiated to resolve the problems.

Complaints filed directly with LUCOM's Office of the Dean are permanently retained, and shall be maintained for a period of seven years by the Provost. Complaints will be resolved through a fair adjudication process, will be treated confidentially, to the extent possible, and without any retaliation to the complainant.

For individuals filing an accreditation complaint directly with LUCOM, please refer to the procedure outlined below. For individuals filing an accreditation complaint directly with the COCA, please refer to the procedures outlined in the following link: [COCA Complaint Procedures](#). Individuals can also access a public [COCA complaint form](#) located on LUCOM's [webpage](#).

10.2 Complaint Procedure

When filing a complaint directly with LUCOM, the procedures set forth below apply only to complaints that directly implicate LUCOM's educational program(s) and its non-compliance with relevant accreditation standards. All complaints will be addressed confidentially by the COM's executive leadership and applicable stakeholders as directed by the Dean, guided by the sensitivities of the complaint.

1. If an individual has an accreditation-related concern and wishes to file a formal complaint regarding non-compliance of accreditation standards of LUCOM's educational program the individual should submit the complaint in writing to the Dean of the program. If the complaint directly involves the Dean, then the complaint may be submitted to the Provost of Liberty University. The written complaint may be submitted in person to the appropriate office, submitted by U.S. mail, or e-mailed from the student's or employee's LU e-mail account, or by the individuals' email account if they are the general public.
2. The written complaint should indicate the specific accrediting agency and the specific accreditation standard(s) that is in non-compliance. It should describe in detail the circumstances of the matter and explain how the matter directly implicates the LUCOM program to the accreditation standard(s). The complaint should explicitly state which accreditation standard(s) is being implicated.
3. The complainant must provide their name and email address to allow further communication about the complaint. Official LU email address must be used if an employee or student. If the complaint is submitted by U.S. mail, it must also provide the individual's mailing address. To the extent possible, LUCOM will redact name and address to maintain confidentiality.

⁷⁶ 2.4 Accreditation Standard Complaint Policies and Procedures

4. The written complaint must be dated and signed. A complaint submitted by e-mail is deemed to be signed by the student or employee from whose e-mail account the complaint is submitted. A complaint submitted by e-mail by the general public is deemed to be signed by the individual if they include their full name.

10.3 Process of Adjudication and Resolution

1. The Dean to whom the complaint is submitted will acknowledge receipt within five (5) business days of receipt of the written complaint. That acknowledgement will be made via email.
2. The Dean to whom the complaint is submitted may delegate responsibility for investigating the complaint, responding to the complaint, or resolving the matter to another administrator, faculty member, or staff member. All complaints will be addressed confidentially, guided by the sensitivities of the complaint.
3. Once the complaint has been acknowledged, the Dean or designee will respond to the complainant no later than ten (10) business days after acknowledged receipt of the complaint. The written response will either be a substantive response to the complaint or information about what steps are being taken to address the complaint or to further investigate the complaint.
4. If further investigation is needed, the complainant will be informed of the steps being taken. Upon completion of the investigation, a response will be provided to the complainant within ten (10) business days.

10.4 Appeal Process

1. The individual filing the complaint may appeal the decision of the Dean within ten (10) business days of issuance of the response. The appeal shall be to the Provost of Liberty University. The appeal must be in writing addressed to the Provost, signed by the individual, and it must thoroughly explain the basis for the appeal. All evidentiary documents should be provided.
2. The Provost or designee will acknowledge receipt of the appeal within five (5) business days via email.
3. The Provost will adjudicate the appeal and send a response within fifteen (15) business days after acknowledged receipt of the appeal. The Provost may request additional information and/or interview which must be provided within five (5) business days.
4. The decision of the Provost shall be final.

10.5 Retention of Records

A record of each complaint and its resolution, including any decision on appeal, shall be retained confidentially by the office of the Provost for a period of seven years and permanently by LUCOM's Office of the Dean.

10.6 Non-Retaliation

LUCOM maintains a non-retaliation policy that protects any individual making a complaint. LUCOM will not permit any employee or student to retaliate in any manner.

10.7 Filing a Complaint to the Accrediting Agency

If the complaint resolution process was not handled appropriately by LUCOM, or if the outcome of the complaint(s) was not satisfactory, the complainant has the option to file a confidential complaint directly to the accrediting agency as described below.

Complaints should: (1) be against an accredited educational program or program in candidacy status, (2) relate to a specific accreditation standard(s), (3) include documentation that demonstrates that the institutional complaint process was completed, and (4) provide explicit reasons why the institutional complaint process was unsatisfactory.

All complaints must be submitted in writing and sent to the appropriate accrediting agency listed below. Your name and contact information must be included.

Commission on Osteopathic College Accreditation (COCA)

142 E. Ontario St. Chicago, IL 60611-2864

PH: 312-202-8174

predoc@osteopathic.org

For further information, please refer to [COCA's Complaint Procedures](#).