



## **Faculty Handbook**

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# Xavier University School of Medicine Faculty Handbook - Policies and Bylaws manual

The Xavier University School of Medicine Faculty Handbook has been updated to improve its structure and navigation. The full table of contents have been displayed below. You can access each section by clicking on the links which will bring the content into the reading pane.

## Preface

### Welcome to XUSOM

XUSOM was founded in 2004 and is chartered by the government of Aruba with authorization by the Ministry of Education of Aruba. In 2015, XUSOM received accreditation from the Accreditation Commission of Colleges of Medicine (ACCM) which was renewed in 2019 for six more years. This certifies that XUSOM is comparable to the standards held by medical schools in the United States. In 2018, XUSOM also received full accreditation from the Caribbean Accreditation Authority for Education in Medicine (CAAM-HP), making us one of the only schools in the Caribbean with dual accreditation.

These accreditations show XUSOM's dedication to upholding the highest academic standards and providing our graduates the best opportunity for success. The school prides itself on having a distinguished, diverse faculty from all over the world that are dedicated to providing high- quality teaching and a positive environment for students to expand their knowledge and gain the most from their education.

As the Faculty Senate President, I am pleased to welcome you to XUSOM. All faculty are voting members of the Faculty Senate and have the responsibility to help the school grow and reach its full potential. Please become acquainted with the rules and bylaws laid out in the Faculty Handbook. As a XUSOM faculty member, you should feel proud to be a part of this prestigious group of individuals that is dedicated to providing the best quality education possible. Together, we will continue to develop and remain one of the Top 10 medical schools in the Caribbean.

*Gopi Kumar MS*

Faculty Senate President

## Introduction

[Preamble](#)

This handbook was written to orient the faculty to the XUSOM's organization, policies, and functioning, and to answer questions that may arise during the course of your daily educational, clinical, and research activities. These policies are reviewed periodically and subject to revision by actions of the University, its Board of Trustees and the Faculty Senate.

## Faculty Bylaws

The XUSOM Faculty Bylaws define the guidelines and procedures for the organization and governance of the school of medicine. Faculty members are encouraged to become familiar with the faculty bylaws, and abide by all the University's principles, standards, and policies.

## Ethical commitment

XUSOM has a strong institutional commitment to lawful and ethical behavior and this is one of the University's valuable assets. All XUSOM faculty members are expected to carry out their institutional responsibilities in accordance with applicable legal and ethical principles.

# Governance and Administration

## Mission and vision of the MD program

### MISSION

The mission of Xavier University School of Medicine at Aruba is to prepare physicians to practice compassionate primary care medicine of the highest standard. The Xavier trained physician shall be an excellent clinician and advocate for public health in whatever country they practice. The Xavier trained physician shall also have an inquiring, scientifically trained mind ready to identify and propose solutions to fundamental questions in the mechanisms, prevention and treatment of disease, as well as the social and economic consequences of the health care decisions that are made.

### VISION

“We have laid our foundation: Now we will rise and grow beyond.”

#growbeyond

As we imagine Xavier's future, the new building was key, and we began the Vision Statement with a metaphorical nod to the potential that construction holds for our medical school's growth. We acknowledge the 15 years of hard work that has given Xavier a foundation to achieve unprecedented growth in the future. The theme of "grow beyond" guided our development of Strategic Priorities and goals.

## Core Values

### **Excellence:**

Promoting and retaining our exceptionally high standards of innovation. Creating an environment that encourages innovative thinking and positive change.

### **Teamwork:**

Creating a culture in which everyone acts together as a team in the interest of our common cause.

### **Communication:**

Exchanging information seamlessly and continuously among constituents to achieve our mission and common goals.

### **Diversity:**

Embracing and capitalizing on a wide range of abilities, experiences, knowledge, and strengths; recognizing the importance of heterogeneity in age, background, ethnicity, physical abilities, political and religious beliefs, gender, and many other attributes.

### **Integrity:**

Behaving ethically in all situations and expecting the same from others.

### **Accountability:**

Taking responsibility for our actions within a culture of transparency.

# Policy of Shared Governance & Governance Structure of the MD Program

## Policy on Shared Governance

We believe shared governance is the best way to advance our mission and vision. XUSOM governance is based on a framework of consultation and collaboration among stakeholders. A successful educational institution thrives on the constructive interaction of students, faculty, administrators, and Board members. Therefore, XUSOM is committed to a smooth faculty-administration partnership, and all faculty play a role in planning, policy-making, and decision-making processes. Faculty members accomplish this by serving on committees and through participation in the Faculty Senate.

## Governance structure of the MD program

The primary administrative officer for the XUSOM, Aruba is the Chief Academic Officer (CAO), who is appointed by and serves at the pleasure of the President. The Chief Academic Officer is assisted in the administration of XUSOM, Aruba by the Dean for Clinical Sciences, Dean for Basic Sciences, Assistant Dean for Clinical Sciences, the Chair of Curriculum Committee and the Assistant Dean of Student Affairs. The CAO is responsible for the direction, coordination, and supervision of the academic programs and activities of XUSOM, Aruba. The faculty within the school establish admission standards, curricula, academic standards, and degree requirements via their participation in the Faculty senate and participation in various committee and sub-committees.

### **Administrators:**

#### **Chief Academic Officer:**

Coordinates all academic policies for the University

#### **Dean of Clinical Sciences:**

The Dean of Clinical Science is responsible for oversight of the Clinical Science curriculum. Reports directly to the Chief Academic Officer (CAO).

#### **Dean of Basic Science:**

The Dean of Basic Science is responsible for oversight of the Basic Science curriculum. Reports directly to the Chief Academic Officer (CAO).

#### **Assistant Dean of Clinical Science:**

The Assistant Dean of Clinical Science assists the Dean for Clinical Science to oversee the Clinical Science Curriculum. He reports to Dean of Clinical Sciences.

**Assistant Dean of Curriculum Development and Planning:**

The Assistant Dean of Curriculum Development and Planning shall be the Chair of the Curriculum Committee and the Chair of the institutional Review Board and shall work to promote educational research in the institution and bring about a close synergy between educational research and practice.

**Dean of Student Affairs:**

The Dean for Student Affairs is the main liaison between students and Administration. This Dean directly interfaces with the Basic Sciences students and assists in the resolution of academically-related problems.

**Assistant Dean of Student Affairs:**

The Assistant Dean of Student Affairs assists the Dean for Student Affairs to oversee all non-education programs that are administered to students, including: student organizations, health services and social activities.

For [Roles and Responsibilities: Administrators](#)

**Committees:**

The Faculty Senate shall maintain Standing and Ad Hoc Committees as needed to perform its purposes.

**Standing Committees shall include:**

Curriculum Committee

Promotions Committee

Admissions Committee

Research Committee

Faculty Development Committee

CARQI Committee

**Ad Hoc Committees**

Ad hoc committees shall be named as needed and may include the Bylaws, Faculty Handbook Review, Faculty Entertainment committee, etc.

## MD Program Educational Objectives

XUSOM has characterized its physician competencies in six domains corresponding to competency domains described by the Accreditation Council on Graduate Medical Education. The program educational objectives are in alignment with XUSOM physician competencies. The specific program learning objectives incorporate all of the objectives identified as particularly relevant for the graduates.

XUSOM Physician Competencies	Program Educational Objective	Program Learning Objective
The Science and Practice of Medicine (SPM)	Apply scientific principles and knowledge for effective patient care	SPM1: Apply scientific principles and a multidisciplinary body of scientific knowledge to the diagnosis, management, and prevention of clinical, epidemiologic, social and behavioral problems in patient care and related disciplines.
		SPM2: Recognize the variation in the expression of health and disease through critical evaluation of both patients and the scientific literature.



		SPM3: Apply knowledge of study design and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
Clinical Competence (CC)	Use own learned knowledge, research, and proper technology to treat patients	<b>CC1:</b> Assemble the obtained medical knowledge to apply basic facts, concepts, and principles to competent medical practice.
		<b>CC2:</b> Demonstrate the highest level of efficiency in data gathering, organization, interpretation and clinical decision making in the prevention, diagnosis, and management of disease.
		<b>CC3:</b> Communicate effectively using caring and respectful behaviors when interacting with patients, families and members of the health care team.
		<b>CC4:</b> Perform all technical procedures accurately and completely, to the extent considered essential for the area of practice and level of education.
		<b>CC5:</b> Apply the knowledge of information technology into appropriate use in medical practice.
		<b>CC6:</b> Effectively use the resources of the entire health care team in treating disease, preventing future health problems and maintaining the health of individuals.

The Social Context Of Medicine (SM)	Display an understanding of how social, behavioral, and economic factors can influence health and the health care system	<b>SM1:</b> Identify and respond to factors that influence the social, behavioral, and economical factors in health, disease and medical care working to be able to provide care that is of optimal value.
		<b>SM2:</b> Advocate for quality patient care and assist patients in dealing with system complexities.
		<b>SM3:</b> Relate to the complexities of the entire health care practice and delivery system, managers, payers, providers, organizations and bureaucracy in defining access, cost, value and outcomes.
Communication (C)	Explain and share information with patients, their families, and fellow team members	<b>C1:</b> Demonstrate effective and compassionate interpersonal communication skills toward patients and families necessary to form and sustain effective medical care.
		<b>C2:</b> Present information and ideas in an organized and clear manner to educate or inform patients, families, colleagues and community.
		<b>C3:</b> Understand the complexity of communication including non-verbal, explanatory, questioning and writing in a culturally appropriate context.
Professionalism (P)	Judge situations in an ethical and critical	<b>P1:</b> Display the personal attributes of compassion, honesty and

	manner to ensure that the correct steps are taken in each case	integrity in relationship with patients, families, and the medical community.
		<b>P2:</b> Adhere to the highest ethical standards of judgment, conduct and accountability as each applies to the health care milieu.
		<b>P3:</b> Demonstrate a critical self-appraisal in his/her knowledge and practice of medicine, as well as received and give constructive appraisal to/from patients, families, colleagues and other healthcare professionals.
		<b>P4:</b> Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
		<b>P5:</b> Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
Lifelong Learning (LL)	Actively pursue new knowledge even when deep into a career	<b>LL1:</b> Identify the limits of personal knowledge and experience and demonstrate the intellectual curiosity to actively pursue the acquisition of new scientific and clinical knowledge and skills necessary to refine and improve his/her medical practice, assure excellent care of patients, or to

		contribute to the scientific body of medical knowledge throughout a career.
		<b>LL2:</b> Qualify in analyzing practice experience and perform practice-based improvement activities using a systematic methodology.
		<b>LL3:</b> Identify methods to obtain and use information about their own population of patients and the larger population from which their patients are drawn.

## Faculty Policies and Procedures

### Code of Professional Conduct

#### Policy:

Xavier University School of Medicine is committed to promoting and ensuring a safe and respectful teaching - learning environment for its faculty, staff and students, that is free of harassment, and that maintains academic freedom.

#### Scope:

This policy is applicable to all faculty, staff and administrators employed by (hereby referred as employees), and all other teachers holding appointments with the XUSOM, Aruba.

#### Purpose:

The purpose of this code is to provide clarity of the School's expectations for the professional conduct of its employees. This is being done to create an environment that is characterized by civility and respect for all the members of the community, that supports the mission of the school, and that is free of behaviors that undermine the school's mission.

Xavier University School of Medicine has set in place, standards of conduct that govern the relationships among the members of the community. This policy outlines standards of conduct for all employees, and

are revised from time to time. Faculty are further governed by the expectations in the Medical Student Teaching: Policies and Procedures. This Code is intended to provide clear guidelines for the employees that are consistent with existing policies.

All employees of the University are expected to adhere to a Code of Conduct. The code is designed to assist employees in carrying out daily activities within appropriate ethical and legal standards. All employees are required to disclose any offense of sexual misconduct, professional misconduct, felony or crime prior to commencement of their tenure or during their employment at the University. The code is considered to be part of each employee's job description. A violation of the Code of Conduct is grounds for disciplinary action.

### **Code of Professional Conduct:**

#### **1. Employees shall show respect for persons.**

Employees:

- a. shall treat colleagues, health professionals, staff, and students with the same degree of respect the employee desires to be shown.
- b. must not harass others physically, verbally, psychologically, or sexually.
- c. must not discriminate on the basis of sex, religion, race, disability, age, or sexual orientation.
- d. must avoid unnecessary conflict or confrontation with employees or students, particularly when such may relate to or impact upon aspects of cultural diversity or competence.

#### **2. Employees shall be honest and show integrity.**

Employees:

- a. must be truthful in both verbal and in written communications.
- b. must acknowledge his/her errors of omission and commission to colleagues.
- c. must not knowingly mislead others.
- d. must not cheat, plagiarize, or otherwise act dishonestly.
- e. must not abuse privileges (e.g., charge personal expenses to the medical school).

#### **3. Employee should be aware of his/her limitations.**

Employees:

- a. should be aware of his/her personal limitations and deficiencies in knowledge and abilities.
- b. should know when and whom to ask for supervision, assistance, or consultation.

- c. should know when and for whom to provide appropriate supervision.
- d. must not engage in unsupervised involvement in areas or situations in which he/she is not adequately trained.

#### **4. Employees should present themselves with professionalism.**

Employees:

- a. should dress in a neat, clean, and professional manner.
- b. should maintain professional composure despite the stresses of fatigue, professional pressures, or personal problems.
- c. must not criticize the decisions of colleagues in the presence of students or in other inappropriate places.

#### **5. Employees shall be responsible for peer behavior.**

Employees:

- a. should take the initiative to identify and help rehabilitate impaired students, staff, and/or faculty with the assistance of all of the appropriate resources made available by the Xavier University School of Medicine.
- b. should report serious breaches of the Code of Conduct to the appropriate person.

#### **6. Employees shall be conscientious.**

Employees:

- a. should fulfill his/her responsibilities thoroughly.
- b. should notify the responsible supervisor if something interferes with his/her ability to perform assigned tasks effectively.
- c. should dedicate himself/herself to lifelong learning and self-improvement by implementing a personal program of continuing education and continuous quality improvement.

#### **7. Employees should show collegiality.**

Employees:

- a. should cooperate with other members of the staff in all activities and, when applicable, with other members of the research team in research activities.
- b. should ensure adherence to established office hours to assist students.
- c. should shoulder a fair portion of the institutional administrative burden when called upon to do so.

- d. should use communal resources (equipment and supplies) responsibly and equitably.

**8. If engaging in research, employees should show integrity in their research activities.**

Employees should:

- a. adhere to the institutional regulations that govern research using human subjects and animals.
- b. not engage in research that knowingly and unnecessarily jeopardizes the health, safety, or longevity of human subjects.
- c. report research results honestly in scientific and scholarly presentations and publications.
- d. give proper credit and responsibility to colleagues and others who participated in the research when publishing and presenting reports.
- e. not assign co-authorship to individuals who do not meaningfully participate in the project.
- f. report research findings to the public and press honestly and without exaggeration.
- g. avoid potential conflicts of interest in research.
- h. disclose funding sources, company ownership, and other potential conflicts of interest in written and spoken research presentations.

**9. Employees must refrain from:**

- a. Unprofessional interpersonal interactions, including requesting that professional colleagues, staff or students perform personal favors or do things that either violate policy or compliance standards.
- b. Unwanted physical contact with others or threats of such contact.
- c. Sexual harassment, as outlined in the Faculty Handbook, or harassment based on age, gender, race, ethnicity, national origin, religion, disability, sexual orientation, or gender identity.
- d. Mistreatment of faculty, staff, students, and residents, including, but not limited to, making remarks with the intent to cause offense, public embarrassment or humiliation, denying reasonable opportunities for training or advancement, or giving lower evaluations than earned.

**10. Employees should monitor adherence to the code of conduct.**

- a. Each employee is responsible for ensuring that his/her own conduct and the conduct of everyone reporting to him/her fully complies with this code and with XUSOM policies.

Faculty who breach this code of professionalism may be subject to disciplinary action, as appropriate, and as specified by the Faculty Handbook, as revised from time to time.

Members of the Xavier Community who observe such lapses in professional conduct in a faculty member are asked to contact the Faculty Senate President or Grievances chair and/or to provide the information to the Dean and CAO.

This Code of Professional Conduct for Faculty will be periodically reviewed, and amended as needed by the Faculty Senate.

**Related Policy:** [Positive Learning Environment Policy](#) | [Xavier University School of Medicine \(xusom.com\)](#)

**Policy contact:** President, Faculty Senate

**Updated:** October 2021

## Clinical Deans and Clerkship Site Directors Meetings and Site Visits Policy

The curriculum of a medical education program will ensure comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

**Purpose:** Ensuring Adequacy and Comparability of Clinical Instructional Sites.

### Rationale

XUSOM, Aruba must assure compliance with ACCM/ NYSED accreditation standards regarding the equivalence of learning experiences available across all sites of the clerkship. This policy/procedure also will help clerkship leadership maintain and improve the quality of clerkships, and will assist the CAO and Deans in fulfilling its responsibility to provide oversight for the medical education program

### Scope, notification and implementation of policy:

XUSOM Clinical Deans who direct required clerkships in the undergraduate medical education program will conduct semi-annual meetings and annual site visits to ensure



comparable educational experiences and equivalent methods of assessment across all sites within a given rotation and during the duration of the clerkship to ensure that all medical students achieve the same medical education program objectives.

### **Implementation:**

- a. It is recommended that the meetings are held in November/December and again in May/June to inform/discuss changes needed during the current academic year and to prepare for the following year.
- b. If the number of sites used precludes a single meeting with all clerkship leaders, Clinical Deans and coordinators may instead meet with their site directors separately.
- c. Meetings may be in- person, teleconferenced or video-conferenced, or a combination of these modalities.

### **Data Review at Semi-Annual Meetings and Action Plan**

- a. Participants should be prepared to review and discuss data related to student performance, patient logs and clerkship management as well as student feedback on the clerkship, faculty and residents.
- b. Any inconsistencies identified among sites impacting the quality of the learning experience of the current clerkship program will be addressed in a timely manner by the clerkship directors.
- c. Site Directors may also collaborate with the XUSOM Clinical Sciences Curriculum Subcommittees (CSCS) to find appropriate solutions to any issues involving coordination and consistency among sites.
- d. Those changes impacting clerkship program structure, content and assessment methods will be proposed to the XUSOM Curriculum Committee.

### **Documentation**

- a. These meetings will be documented as meeting minutes.
- b. Clinical Deans will submit the completed “Annual Clinical Site Visit Evaluation forms to the XUSOM Curriculum committee and Chief Academic Officer (CAO).

## **Review of Findings**

- a. The Clerkship Semi-Annual Meeting Report Forms and the Clerkship Site Visit Report Forms will be reviewed by the, XUSOM Clinical Science Curriculum Subcommittee, XUSOM Curriculum committee, Dean's Cabinet and the CAO.

## **Appendices**

[ACCM Hospital Site Visit Questionnaire](#)

[Clerkship Site Evaluation Form](#)

## **Non-discrimination / Anti-Harassment Policy & Complaint Procedure**

### **POLICY STATEMENT**

Xavier University School of Medicine (henceforth referred to as “University”) is committed to maintaining a learning and working environment that is free of bias, prejudice, discrimination and harassment and an environment that supports, nurtures, and rewards career and educational advancement purely on the basis of ability and performance. Discrimination or harassment based upon race, color, religion, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability or any other legally protected basis is prohibited by law and undermines the character and purpose of the University. Such discrimination or harassment is illegal, against University policy, and will not be tolerated.

### **REASON FOR POLICY**

To provide a learning and working environment that is free of all forms of harassment and discrimination and is supportive of the right of all individuals to be treated with respect and dignity.

## **ENTITIES AFFECTED BY THIS POLICY**

The policy and procedures for resolution apply to all employees, students and individuals who are authorized to conduct business with and/or perform other services on behalf of the University who believe they may have been harassed or discriminated against on the basis of race, color, creed, religion, gender (including pregnancy, childbirth, or related medical conditions) age, sexual orientation, gender identity and expression, genetic information, national origin, disability, ancestry or any other characteristic protected by law.

## **DEFINITION OF PROHIBITED CONDUCT**

Discrimination is adverse treatment of any employee or student based on the protected class or category of persons which he/she belongs, rather than on the basis of his/her individual merit, with respect to the terms, conditions, or privileges of employment or education including, but not limited to hiring, firing, promoting, disciplining, scheduling, training, grading, class or work assignment, compensation, or participation in any academic or University program.

Harassment is unwelcome verbal or physical conduct prohibited by law directed toward, or differential treatment of, an employee or student because of his/her membership in any protected group or on any other prohibited basis (e.g., race, color, religion, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability), where such conduct interferes with the employee's work performance, student's education, or creates an intimidating, hostile or offensive working or learning environment. The harasser can be the employee or student's supervisor, a supervisor in another area, a co-worker, the student's teacher, a fellow student or someone who is not an employee of the University, such as a client or customer.

Examples of such conduct include, but are not limited to:

1. Offensive or degrading remarks, verbal abuse, or other hostile behavior such as insulting, teasing, mocking, degrading or ridiculing another person or group, racial slurs, derogatory remarks about a person's accent, or the display of racially offensive symbols.
2. Unwelcome or inappropriate physical contact, comments, questions, advances, jokes, epithets or demands.

3. Physical assault or stalking.
4. Displays or electronic transmission of derogatory, demeaning or hostile materials.
5. Unwillingness to train, evaluate, assist, or work with an employee or student.

Sexual harassment is a form of behavior that consists of making unwelcome sexual advances or requests for sexual favors, or engaging in other verbal or physical acts of a sexual or sex-based nature where such conduct interferes with the employee or student's performance or creates an intimidating, hostile or offensive working or learning environment. Conduct constitutes sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of any individual's employment, academic standing or participation in any University program, activity or benefit.
2. Submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting such individual.
3. The conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creates an intimidating, hostile or abusive work or academic environment.

Examples of sexual harassment include, but are not limited to:

1. Requesting or demanding favors in exchange for employment or academic opportunities (such as hiring, promotions, class assignments, grades or recommendations).
2. Submitting unfair or inaccurate job or academic evaluations or grades, or denying training or academic opportunities, because advances have been rejected.
3. Sexual comments, teasing or jokes.
4. Sexual slurs, demeaning epithets, derogatory statements or other verbal abuse.
5. Graphic or suggestive comments about an individual's attire or body.
6. Inquiries or discussions about sexual activities.
7. Pressure to accept social invitations, to meet privately, to date or have sexual relations.
8. Displaying suggestive notes, drawings, emails or other written materials.

9. Touching, brushing up against another in a sexual manner, graphic or suggestive gestures, cornering, pinching, grabbing, kissing, or fondling.
10. Coerced sexual intercourse or sexual assault.

All forms of harassment or discrimination are unacceptable in the workplace, classroom, student and faculty housing, University facilities, and in other University-related settings, such as University-sponsored social functions and events. This behavior violates University policy even when it may not be sufficiently severe or pervasive to constitute a violation of law.

## **CONSENSUAL RELATIONSHIPS**

Sexual behavior that is welcome or consensual does not constitute sexual harassment under the law. However, amorous, dating or sexual relationships that might be appropriate in other circumstances have inherent dangers when they occur between: i) co-workers, ii) a faculty, staff, student or community member or iii) any person for whom an employee has a professional or academic responsibility. These dangers can include:

1. That a student or employee may feel coerced into an unwanted relationship because he or she fears the refusal to enter into the relationship will adversely affect his or her education or employment;
2. That conflicts of interest may arise when a faculty member, supervisor, or other member of the University community is required to evaluate the work or make personnel or academic decisions about a person with whom he or she is having a romantic relationship;
3. That students or employees may perceive that a fellow student or co-worker involved in a romantic relationship will receive an unfair advantage, or
4. That if the relationship ends in a way that is not amicable, either or both of the parties may wish to take action to injure the other party.

Faculty, supervisors and other members of the University community who are professionally responsible for other individuals, must remain aware that any romantic or sexual involvement with a student or employee for whom they have any academic or professional responsibility will raise questions about their integrity, credibility and professionalism, the mutuality of the relationship and may lead to charges of sexual harassment.

For the reasons stated above, such relationships are not promoted, encouraged, tolerated, or permitted. Even though such situations may not necessarily be illegal they have a very high potential of affecting the mission and goals of the school as a place of education and higher learning.

## **SCOPE**

The Medical School has designated Office of the Dean of Student Affairs and the “Grievances Committee” as having primary responsibility for receiving and investigating complaints of harassment and discrimination and acting upon them through both informal and formal processes.

## **DUTY TO REPORT**

In order to ensure the University is free of prohibited harassment or discrimination, University management, deans, department heads, faculty members, directors, supervisors, and all other employees are required to report all incidents of harassment or discrimination that they may have witnessed or been informed about.

The most appropriate recipients of reports are:

1. Chief Academic Officer
2. Dean of Clinical Sciences
3. Dean of Basic Sciences
4. Dean of Student Affairs
5. The employee's immediate supervisor

It is not always easy to interpret words or actions that may be ambiguous and one may think are inappropriate. Therefore, the persons noted above are available to discuss the circumstances and address any matter before they become severe or pervasive.

If a report is made to any of these offices or individuals, and that is not the appropriate recipient of the report, it becomes the responsibility of the recipient to forward the report to the appropriate office. If staff at any of these offices is implicated in the harassment or discrimination, the report should be made to the President of the University.

## **TYPES OF COMPLAINTS**

### **INFORMAL COMPLAINT**

During the informal complaint process, a complainant shares his/her concern with the office of the Dean of Student affairs / Chair of the Grievances committee or member. The staff member may suggest ways the complainant can resolve the issue(s) in an informal, non-adversarial approach that satisfies all concerned parties.

When filing an informal complaint, the individual must provide the following information:

1. the name of the complainant;
2. the specific nature of actions/behaviors leading to the allegation of harassment or discrimination;
3. the date(s) and time(s) of the occurrence(s) of harassment or discrimination;
4. a detailed description of the occurrence(s) of the harassment or discrimination;
5. the name(s) of the person(s) the complainant is accusing of the harassment or discrimination;
6. the name(s) of other individual(s) who have knowledge of the occurrence(s) of the harassment or discrimination brought forth in the complaint; and
7. the remedy or relief that is being sought.

## **FORMAL COMPLAINT**

If at any time the complainant considers the informal complaint procedure unsatisfactory, he/she may elect to forego the informal procedure and request that a formal complaint be initiated. The complaint can be emailed at [appeals@xusom.com](mailto:appeals@xusom.com).

The individual(s) accused by the complainant is/are provided a copy of the written report of the complaint and given an opportunity to respond to the allegation(s). The appropriate managers are informed of the filing of a formal complaint on a need-to-know basis.

## **RESPONSIBILITIES**

### **Complainant Responsibilities**

A formal complaint should be filed as soon as possible following the occurrence(s) of the harassment or discrimination; prompt filing within ninety (90) days of the incident or the

last occurrence is strongly encouraged. However, the Medical School retains the right to review a complaint of harassment or discrimination that is filed beyond the recommended time period.

### **Office of the Students Affairs and Grievances Committee Responsibilities**

A staff of the above person initiates the investigation of the complaint within ten (10) working days of receipt of the formal/written complaint or within a time frame after the informal complaint has been filed by the complainant. Documents relevant to the investigation are held in a confidential case file. Information is shared with all parties on a need-to-know basis during the investigation of the complaint.

The Dean of student affairs or his designee/ Chair of the Grievances Committee will inform the party against whom the complaint is made that a harassment or discrimination complaint has been filed against him/her. The respective managers of the complainant and the accused will be informed on a need-to-know basis.

Upon completion of the investigation, the chair reviews the findings with all of the appropriate parties. Every effort is made to complete the review within forty-five (45) working days after the complaint is filed.

If the Chair determines through its investigation that the allegations in the complaint are probable, it will recommend to the appropriate person that disciplinary action be taken against the accused individual. Disciplinary action, which may include expulsion or discharge, will be appropriate to the offense and individuals involved. The complainant will be notified either verbally or in writing of the disposition of the investigation. The accused will be notified either verbally or in writing of the findings and, where/when appropriate, the recommended sanctions.

### **PROCEDURES**

If any individual(s) (complainant) believes he/she has been subject to harassment or discrimination, the individual should initiate a complaint immediately by calling or visiting the Dean of Students affairs to arrange an appointment as soon as possible. The longer the period of time between the incident and the initiation of a complaint, the more difficult it is to reconstruct what occurred. A complaint should be filed as soon as possible following the occurrence(s) of the harassment or discrimination; prompt filing within ninety (90) days of



the last occurrence is strongly encouraged. However, the Medical School retains the right to review a complaint of harassment or discrimination that is filed beyond the recommended time period.

The presence/involvement of legal counsel is not permitted at any time during the harassment or discrimination complaint procedures. However, the representative is not a part of the proceedings, but they may be available for support. All parties involved in an investigation, are required to keep information related to the investigation confidential.

## **INVESTIGATION/DISPOSITION OF COMPLAINT**

The investigator will conduct a prompt, thorough and impartial investigation of the complaint in the manner he or she deems necessary. For student complaints of sexual discrimination or sexual harassment, the investigator shall determine whether it is more likely than not the alleged conduct has occurred.

During the investigation, the parties to the complaint will each have an equal opportunity to be heard and to present relevant witnesses and evidence. The parties will also be informed of the status of the investigation as deemed appropriate. Depending on the circumstances, interim measures that the University may provide include, but are not limited to, suspension, 'no contact' orders, health and counseling services, room, class, or work reassignments, and so forth.

Absent unusual circumstances, a final recommendation should be issued within forty-five (45) days of receipt of the complaint.

If it is determined that no violation of this policy has occurred, such findings shall be communicated in writing to each party.

If it is determined that a violation of this policy has occurred, such findings shall be communicated in writing to each party and sanctions shall be imposed. Sanctions may include, but are not limited to, mandated training, written reprimand, suspension or termination of employment, or expulsion. Sanctions imposed may be appealed through the appropriate appeals process depending on the status of the accused. The University will take steps to prevent the recurrence of any discrimination or harassment, and to remedy its effects.

If the results of an investigation show that the complainant knowingly filed false accusations of discrimination or harassment, or that a witness knowingly gave false statements, such individuals will be subject to the appropriate disciplinary action.

The investigation, remedial action and appeal processes are strictly internal to the University, so the presence of legal counsel or third parties is not permitted at any stage of the process, unless otherwise explicitly required by law or collective bargaining agreement.

## **RETALIATION**

Retaliation against an individual for filing a complaint of harassment or discrimination, or against any individual for cooperating in an investigation of a complaint, is against the Medical School policy and it is against the law. If retaliation is found to have occurred, appropriate action(s) will be taken.

## **CONFIDENTIALITY**

The University will maintain the confidentiality of the complaint to the greatest extent possible, consistent with the law and the University's goal of conducting a thorough and complete investigation. Efforts will be made to safeguard the privacy and rights of all persons involved.

## **SEXUAL ASSAULT**

Sexual assault is a sexual act against the will and without the consent of the victim or where the victim is incapable of giving consent. Since the medical, emotional, and legal needs of a sexual assault complainant may differ from those of other harassment complaints, sexual assault victims should consider, in addition to filing a University complaint, reporting the assault to the police and/or pursuing counseling and other services.

## **Appendix:**

### **Discrimination Formal complaint form**

## **Conflict of Interest Policy**

As part of its educational mission, Xavier University School of Medicine (henceforth referred to as "University") believes in the importance of interacting with the wider community in activities that benefit the participants, the University and the general public. However, while the University's administration recognizes the worthiness of such endeavors, it is also committed to ensuring that these activities are conducted properly, consistent with the management of University business. The interests and commitments of the various

parties engaged in external activities are complex and occasionally may conflict or compromise an employee's responsibilities to the University. Under these circumstances, the possibility of perceived or real conflict of interest is heightened.

## **PURPOSE OF POLICY**

The University has formulated the following policy to identify and address potential and actual conflicts of interest and commitment. A fundamental assumption of this policy is that each member of the University community is obligated to act in the best interest of the University and prevent external activities or financial interests from interfering with that responsibility. This policy is intended to increase the awareness of faculty, staff and administrators to the potential for conflicts of interest and commitment, and to establish procedures whereby such conflicts may be avoided or properly managed. It is not the intent of this policy to regulate or eliminate all perceived conflicts of interest, but rather to enable employees to recognize situations that may raise legal and ethical issues and ensure that such situations are properly disclosed, reviewed, appropriately addressed and, if necessary, monitored.

## **PRINCIPLES UNDERLYING POLICY**

When making decisions affecting the University's assets and/or resources, individuals must adhere to the following standards:

1. All actions shall be undertaken with the degree of prudence ordinarily expected of individuals in positions of responsibility.
2. Individuals shall only make decisions that they believe further the objectives of the University.
3. Individuals shall not make any decisions involving the University's resources or assets when those decisions affect their family's personal financial interests.
4. Individuals shall not use or dispose of the University's assets and/or resources in any way that impairs the University's standards or conflicts with its programs.
5. External activities should not compromise an individual's ability to perform all the activities expected of him or her as a University employee.

## **DEFINITION OF CONFLICT OF INTEREST**

A conflict of interest arises whenever an employee or a member of his or her family:

- (1) Has an existing or potential interest which impairs or appears to impair independent judgment in the discharge of his or her responsibilities to the University, or
- (2) Receives a material benefit from any person or entity which conducts business with the University.

The potential for conflicts arises because of the nature and scope of activities engaged in by the University and its employees. The University administration understands that potential conflicts of interest may occur in the normal performance of activities. Such conflicts need not be harmful, and may even be favorable to the University's interests, as long as they are disclosed and understood within the context of the University's decision-making process. In some cases, the risk to all concerned is so small that the University may agree to accept the existence of this marginal conflict.

## **STATEMENT OF POLICY**

Employees are responsible for disclosing potential conflicts of interest and/or commitment. Full disclosure followed by monitoring and, on occasion, conflict management is the key to preventing and resolving conflict situations. If an employee, in light of University policies, procedures and rules, believes that he or she may have a conflict of interest with respect to any particular transaction or relationship, he or she must disclose promptly and fully the potential conflict to the appropriate supervisor.

## **CONFLICT OF INTEREST DISCLOSURE PROCEDURE**

Any disclosure should be in writing to the employee's supervisor and include the following:

- The type of potential conflict
- The nature of the activity
- A description of all the parties involved
- The potential financial interests or other rewards
- Possible violations of state and federal laws
- Any other information that the employee feels is necessary to evaluate the disclosure

When a conflict of interest is disclosed, the affected employee should refrain from further participation in matters to which the conflict relates until the question of conflict has been resolved. Management, in consultation with legal counsel, will review and determine the appropriate course of action to address the conflict. Disclosure will not necessarily

permanently restrict an employee's activities. Conduct that may appear questionable at first may be deemed acceptable and permissible when all facts regarding the activity are examined.

## **DEFINITION OF CONFLICT OF COMMITMENT**

With the acceptance of employment at the University, an employee makes a commitment to the University. A conflict of commitment occurs when an employee's involvement in external activities adversely affects his or her capacity to meet his or her primary obligation to the University due to a perceptible reduction of the individual's time and energy devoted to University activities. Every employee is expected to accord the University his or her primary professional loyalty, and to arrange outside obligations, financial interests and activities so as not to conflict with his or her overriding commitment to the University. Part-time employees, including consultants, are also expected to arrange their outside obligations and activities so as not to conflict with their contracted commitment to the University.

## **CONFLICT OF INTEREST & NEPOTISM**

An employee must not appoint, nor participate in the decision-making process to appoint, a relative to a position within the University. Someone other than the relative must make the decision regarding the appointment. Standards for employment shall consist of individual ability, performance and qualifications for the position.

No employee shall be assigned to a unit or department under the direct supervision or control of a relative. University administrators, faculty and staff shall not participate in institutional decisions involving direct benefits, such as hiring, retentions, promotions, salaries, leaves of absence or awards, to members of their immediate families.

## **CONFLICT OF INTEREST & VENDORS**

No employee of the University who either directly or indirectly influences a purchasing decision or contract by establishing specifications, evaluating products or services, or otherwise being involved in the purchasing or contract process may:

- Have any financial interest or personal beneficial interest in contracts or purchases of goods or services used by the University; or
- Accept either directly or indirectly from a University vendor a rebate, gift or money

All University employees are expected to act with integrity and good judgment and to recognize that the acceptance of personal gifts from those doing business with the

University, even when lawful, may give rise to legitimate concerns about favoritism, depending on the circumstances. If an employee has any question regarding the propriety of a gift, the employee should disclose the gift to his/her supervisor for a determination of the proper course of action.

University credit, purchasing power and facilities shall be used for the purchase of goods and services that relate directly to University business and shall not be used to purchase material for individual or non-University activities.

## **CONFLICT OF INTEREST & UNIVERSITY RESOURCES**

Institutional resources shall not be used for personal gain. No University personnel, laboratories, space, services or equipment are to be used without management authorization. When University-owned facilities, equipment or other resources are required for any reason, a contract between the University and the private third party must be executed separately. Compensation to the University must be paid at the fair market rate or at the same rate that such services, facilities or equipment would be available to any qualified non-University user.

## **CONFLICT OF INTEREST & USE OF THE UNIVERSITY NAME**

No employee shall use the University name for advertising purposes. An employee engaging in outside activity may identify an association with the University, but shall take care that the name of the University is not used in any way that implies endorsement or approval of the activity.

## **CONFLICT OF INTEREST & TEXTBOOKS/ACADEMIC MATERIAL**

When selecting textbooks or materials for courses, it is imperative that Deans and faculty members avoid any appearance of a conflict of interest in assigning faculty-authored textbooks or materials in the author's or department's classes. While not expressly prohibited, the assignment of faculty-authored textbooks should ensure that the instructor does not profit from this arrangement. If the spending of such royalties is controlled by the author, or even the department, it could be argued that the motivation for assigning the text is monetary gain, raising an academic integrity issue. As a result, either the price of the textbook or other academic materials should be reduced, or the royalties should be used for a philanthropic purpose within the University, such as scholarships.

## **CONCLUSION**

Conflicts of interest could potentially bias directly or indirectly many activities and aspects of the academic enterprise, particularly when employees are in a position to establish University policies, manage contracts, and select equipment and supplies, or when they have other administrative roles in which objectivity and integrity are paramount. There is always the possibility that the pursuit of individual interests may result in a conflict with those of the University. This places an important responsibility on all employees to recognize potential conflicts and prevent them. The above examples represent only some of the different types of conflicts that an employee may encounter. It is expected that University employees will remain sensitive to the appearance and occurrence of potential conflicts and undertake the various disclosure procedures described in this policy.

## **Alcohol and Illicit Substance Use Policy and Testing Procedures**

### **General Policy**

The Xavier University School of Medicine recognizes an obligation to promote the health of its students, faculty, and staff. Understanding the notable health risks of substances on both a person's physical and mental health, this University has strict regulations regarding the use of substances by its students, faculty, and staff.

### **Purpose**

The purpose of this policy is to establish procedures to support a safe, healthy and productive work environment for all XUSOM Employees, free from the effects of substance abuse. The reasons for this are: The use of controlled substances is against the law (Landsverordening verdoevende middelen (AB 1990 no. GT 7)).

- The use of controlled substances and the misuse of alcohol increases the risk of accidents, jeopardizes the safe work environment, and causes harm to an individual's health and personal life.
- The abuse of alcohol and controlled substances impairs the Employee's judgment, resulting in increased safety risks, injuries and faulty decision-making.
- The abuse of these substances also imposes an integrity risk on the Employee.

The following are regulations pertaining to substance use that apply to any student attending, or person employed by, this University:

## **Alcohol**

1. The consumption of alcohol will not be permitted in campus buildings. This includes in classrooms, laboratories, offices, or decks/entrances associated with these rooms or offices.
2. Alcohol will not be provided at University-sponsored or sanctioned events.
3. If alcohol is served as part of a University-sponsored or sanctioned event, then non-alcoholic beverages will always be provided as an alternative beverage.
4. If alcohol is consumed by Faculty or students at a facility within the local community (e.g., a restaurant), consumption is expected to be moderate. Disruptive behavior due to excessive alcohol consumption that creates potential for harm or infringes on the rights of others is prohibited. Disruptive, impulsive, aggressive, lewd, uninhibited or otherwise inappropriate behavior resulting from alcohol consumption of any amount will be considered as excessive and the Faculty member and/or student subject to Administrative sanction.
5. All University students are expected to comply with applicable local and Island laws regarding the possession, use or sale of alcohol, whether on or off-campus and are expected to comply with all University regulations regarding alcohol possession and use.

## **Tobacco**

1. The right to a healthy, smoke-free environment is recognized and supported. To this extent, no smoking is permitted within campus buildings, including classrooms, laboratories, or offices. Smoking should not occur in doorways or other areas in which others can readily breathe second-hand smoke. However, the right to smoke where smoking does not affect others is recognized.

## **Other Drugs**

1. The University has a strict policy against buying, possessing, using, manufacturing, or distributing illicit drugs such as, but not limited to, substances falling in the following classes: amphetamine related, cocaine related, cannabis related, phencyclidine related, hallucinogen related, opioid related, and inhalant related drugs.
2. The University also prohibits the use or possession of controlled substances without a physician's prescription. Buying or selling prescription-based controlled substances is a violation of University policy.
3. Possession, use and sale of illegal drugs are violations of Island and Kingdom law.



## Scope

This policy applies to all XUSOM Employees and Trainees.

## Procedures

1. For the execution of this policy XUSOM has contracted Medwork Caribbean N.V. and/or Laboratorio Familiar.
2. For the purpose of these procedures a Donor's sample of saliva, urine, blood or hair will be referred to as "Specimen".
3. Employees may be subject to testing throughout the year at any time XUSOM's Management deems it necessary.
4. A controlled substance can be defined as any substance of which the use or possession is prohibited pursuant to the Landsverordening verdoevende middelen (AB 1990 no. GT 7).
5. Evidence of the presence of a controlled substance will be determined by analysis of the Donor's sample of saliva, urine, blood or hair, and confirmed by gas chromatography / mass spectrometry by a laboratory designated by Medwork (the Laboratory).
6. Evidence of the presence of alcohol will be from a breath test and/or analysis of the Donor's urine and/or saliva and/or confirmation by a blood analysis
7. The Employee shall, when drugs are prescribed by a medical professional, inquire at the prescribing professional whether the drug prescribed has any side effects which may impair the Employee's ability to safely perform the Employee's job duties. If the answer from the medical professional is affirmative, the Employee shall obtain a written statement from the medical professional indicating any work restrictions and their duration. For privacy reasons, the statement does not have to contain the name or type of medication used. However the Employee will give the MRO permission to contact the prescribing professional and gain the necessary information. The Employee shall present the statement to his or her supervisor prior to going on duty. The supervisor shall forward the statement to the HRM unit.

## Types of testing

XUSOM may execute the following 5 types of testing:

1. **Pre-employment testing**

XUSOM may include a testing before the employment or as part of the employment process. The pre-employment testing is part of the medical examination prior to employment. Pre-employment testing will include controlled substances only.

## **2. Post-accident testing**

This testing may be performed on a Donor involved in an accident while in the performance of his/her job.

The Donor at hand shall not consume a controlled substance or alcohol after the accident, unless 8 hours have expired, the Donor has been tested or XUSOM has determined that the Donor's performance could not have contributed to the accident, whichever comes first. Post-accident testing may include both controlled substance and alcohol use.

## **3. Random testing**

Employees may be subject to testing at any time on a random basis. Upon being notified of selection the Employee must follow the applicable instructions and immediately proceed to the testing facility. Random testing will be spread reasonably throughout the year. Donors are selected at random by a software application which uses the Employee Numbers. Random testing may include controlled substance and alcohol use.

## **4. Reasonable suspicion / Reasonable cause testing**

An Employee may be required to submit to a testing upon reasonable suspicion. Reasonable suspicion means that the actions, appearance or conduct of the Employee on duty are indicative of the use and/or presence in the Employee's body of a controlled substance or alcohol. Reasonable suspicion is based on specific, contemporaneous, observations concerning the appearance, behavior, speech or body odors of the Employee.

Reasonable cause refers to a situation whereas an accident or near-accident occurred while the Employee is performing his/her duty and the cause of such an accident or near-accident can reasonably be contributed to the direct performance of the Employee.

Reasonable suspicion / Reasonable cause testing may include controlled substance and alcohol use.

## **5. Integral workforce testing**

As often as XUSOM's management deems necessary, all Employees will be tested, Integral workforce testing may include controlled substance and alcohol use.

## **Testing procedures**

### **General**

- a. All testing will be conducted by a Medical Review Officer (the MRO) or a Sample Collector (the SC) designated by Medwork and, in the event the testing by the MRO/SC turns out to be positive, by the Laboratory, unless indicated otherwise by XUSOM at the time of testing.
- b. The testing will be executed under strict privacy, confidentiality and accuracy standards. Donors will be tested only for alcohol and controlled substances (e.g. Marijuana, Cocaine, Opiates, Amphetamines and Phencyclidine (PCP)). The testing will not disclose private medical facts about the Donor, such as pregnancy or disability. The MRO will only provide XUSOM with a positive or negative test result (for drugs and/or alcohol).

### **Controlled substance**

- a. The following materials will be used to perform the test: (a) specimen containers, (b) test kit with relevant accessories, (c) material for sealing of containers, (d) name and numerical list of those to be tested, (e) release form for use of prescription medication and consent to being tested and approval for disclosing outcome of test to XUSOM (Exhibit 1 hereto).
- b. The Employees to be tested are called in as scheduled and instructed to be present at the designated testing facility with a prior notice of one hour. In the event of a post-accident testing the Employee will be called in immediately after the accident. When the Donor arrives he/she will be informed of the reasons for the testing and the testing procedures that will be followed.
- c. The Donor shall bring proper identification when presenting him or herself at the testing facility.
- d. Prior to the testing the Donor will sign the top part of Exhibit 1 hereto, stating whether he/she is using prescription medication that could influence the outcome of the test to be performed.
- e. The MRO/SC will inform the donor which test will be performed (e.g. urine, saliva or any other test).

- f. Donor will be asked to confirm that the numbers on the labels to be used to seal the containers are identical to the number noted on Exhibit 1. Donor will be asked to sign both labels for confirmation.
- g. The Donor is not allowed to take purses, bags or containers with him/her into the collection site and will be requested to empty his/her pockets. The MRO/SC will take any other reasonable measures as he/she deems necessary to prevent adulterating or tampering of the specimen.
- h. Donor will be requested to wash his/her hands under observation.
- a. Donor will select the containers and test kits to be used for the testing.
- j. The Donor will be invited to enter the appointed collection site at the designated testing facility. A collection site may include a single-toilet room. The door to the toilet will be left slightly ajar, allowing the MRO/SC to supervise the adequate obtaining of a urine specimen from the Donor.
- k. Immediately after having obtained the urine specimen the Donor will hand the specimen (container 1) over to the MRO/SC. MRO/SC will pour part of the contents of Container 1 into a second container (Container 2) and will seal this second container with one of the numbered labels.
- ax. If applicable the MRO/SC will read and record the temperature of provided specimen within four (4) minutes of collection and will look for evidence of tampering or adulterating.
- all. MRO/SC will collect some urine from Container 1 and apply this to the test kits that Donor has selected. After having performed the tests MRO/SC will seal Container 1 with the second numbered label.
- n. Donor is asked to read and sign the bottom part of Exhibit 1 hereto, to confirm that procedures were executed correctly, that Donor did not tamper or adulterate the specimen and that Donor consents to MRO of informing the HRM unit of the outcome of the test performed. After this the Donor is allowed to leave the testing facility.
- o. At no time during the entire procedure is Donor allowed to leave the testing facility without permission of MRO/SC to do so.
- p. If tampering or adulterating of the specimen is suspected or if the temperature of the specimen is outside of the acceptable range, the MRO/SC will immediately request of the Donor to provide a new specimen. A second suspected tampered specimen will be considered a refusal to test.
- q. The MRO/SC can require collection under direct observation ("monitored collection") whereas the Donor must allow the MRO/SC to establish that the urine flows from the body into the collection container.

- r. If a Donor is not able to produce a urine specimen, he/she may drink water and wait until he/she is able to provide the urine specimen. Donor will remain in waiting area under observation and is at no time allowed to leave the testing facility. If Donor leaves the facility without having provided the MRO/SC with a urine specimen, this will be considered a refusal to test and MRO will inform HRM unit that Donor has failed to provide a urine sample.

### **Alcohol testing**

Evidence of alcohol can be determined by breath, urine, saliva and blood analysis. Medwork may conduct a breath, saliva or urine test.

For alcohol testing General testing procedures (a), (b), Controlled substance testing procedures (b), (c), (e), (o) apply.

If a test kit for urine is used, Controlled substance testing procedures (a), (d), (g), (h), (i), (j), (l), (n), (o), (p), (q) apply in the understanding that a second suspected urine tampered specimen will be immediately followed by a saliva and/or blood test.

If a test kit for saliva is used, the specimen shall be given in the presence of the MRO/SC and a witness.

If a breath analyzer is used for detection of alcohol, the Donor shall exhale into the breath analyzer in the presence of the MRO/SC and a witness.

Immediately after the specimen is obtained by the MRO/SC, he/she will proceed with the actual testing in the presence of the witness.

### **Refusal to test**

The following behaviors by the Donor constitute a refusal:

- a. Refusal to appear for testing.
- b. Failure to remain at the testing site until the testing process is complete.
- c. Failure to provide a urine, saliva, blood and/or any other specimen and/or failure to take a breath and/or any other alcohol test.
- d. In case of Monitored Collection, refusal to allow the direct observation.
- e. Refusal to sign the forms that are part of testing procedures.
- f. Failure to take a second test as instructed.
- g. Otherwise fail to cooperate in the testing process.
- h. Perform any actions which prevent the completion of the test.

- a. A test reported by the MRO as a verified adulterated or substituted specimen.
- j. Inability to provide sufficient quantities of urine to be tested without a valid medical explanation.
- k. Tampering with, attempting to adulterate, adulteration or substitution of the specimen, or interference with the collection procedure.
- ax. Not reporting to the testing facility in the time allotted.
- all. Leaving the scene of an accident on Company premises without a valid reason before tests have been conducted.

## **Results**

### **General**

The first results of a test will be read by the MRO/SC and confirmed by the MRO.

The MRO, based on the results, will certify the first result as positive or negative. If the first result is negative, the specimen will be disposed of as well as the specimen containers and test kits used for the testing. Notwithstanding the previous XUSOM may decide, at its sole discretion, to send the specimen to the Laboratory if the first result is negative.

If the first result is positive, the MRO will immediately report this to the Human Resources Manager, or in his/her absence, to the Managing Director.

### **Controlled substances**

- a. If the first result is negative and Controlled substance testing procedures (p) does not apply, the specimen will be disposed of immediately.
- b. If the test kit used for the testing signals a positive outcome, the first test result is considered positive.
- c. In case of a positive first test result, the specimen will be sent to the Laboratory for Gas Chromatography - Mass Spectrometry (GC-MS) confirmation, or perform any other relevant tests for further verification and confirmation.
- d. The specimen in Container 2 will be kept for contra expertise.
- e. In case of a positive first result for controlled substances, the Donor has the possibility to request a re-test (contra expertise) on the provided specimen, kept in Container 2, within two weeks after the first testing by the MRO/SC was executed, at his/her own expense. The laboratory engaged to perform the re-test must be approved by Medwork.

- f. Upon written request within seven (7) days after being notified of a positive test confirmed by the Laboratory, the Donor may obtain copies of any records pertaining to his or her test.
- g. If the first test result was positive, but could not be confirmed by the Laboratory, the specimen will be disposed of immediately after the Laboratory has notified XUSOM of the negative final result.
- h. If the Laboratory has confirmed the positive test result, the specimen will be disposed of sixty (60) days after the Donor has been notified of the confirmation by the Laboratory of his/her positive test.

## **Alcohol**

Results - General applies.

A result will be considered positive if a Donor's alcohol concentration is greater than 0.02% w/v (20 mg/dl weight/volume ratio).

If the first test result is positive for alcohol, the Donor will be requested by the MRO to immediately submit him/herself to a collection of a specimen of his/her blood or any other required specimen to be performed by the MRO or other designated physician. The specimen will be sent to the Laboratory for GC-MS verification or any other relevant test method to confirm the test result.

## **Positive results**

For the purpose of this Company policy and procedures a refusal to test will be considered a positive test result.

- a. In the event the Donor has a positive test result, confirmed by the Laboratory, the individual will be notified.
- b. In case of an Employee, XUSOM will terminate the labor agreement with the Donor immediately ("ontslag op staande voet") pursuant to Article 1615p of the Civil Code of Aruba.
- c. In case of a consultant, XUSOM will dissolve the agreement immediately without any judicial intervention being necessary.

## **Education/Awareness**

All new students are required to attend a session on alcohol and other drug use as part of new student Orientation. This seminar will involve:

1. A review of University policies relating to alcohol and other drug use.
2. A free-form Question & Answer session.
3. All students will be required to sign a policy statement indicating that he/she has attended the session, understood the information conveyed, and agreed to the consequences of violating the University rules pertaining to substance use.
4. The seminar will be held during Orientation at the start of the term. If students do not attend this seminar or refuse to sign the policy statement, the student will not be allowed to start classes.
5. For late-arriving students, a make-up session will be held at the end of week 3 of classes. If late arriving students do not attend this seminar or refuse to sign the policy statement, then these students will not be allowed to attend classes.

## **Violations of Policy**

University affiliates who violate any of these policies will be brought before the Faculty Senate. Following investigation of the alleged infraction, including personal interviews with the violator and any witnesses, the Senate will make a recommendation to the Administration regarding disciplinary action. Sanctions can range from an official reprimand to dismissal from the University, depending on the nature of the infraction, any aggravating or mitigating circumstances, and the number of offenses committed by the individual. In addition to academic consequences, the person may be required to receive out-patient substance abuse counseling (e.g., in their home country). In the case of serious substance dependence, the University may mandate that the person undergo a psychiatric evaluation and, if warranted, complete an in-patient substance abuse program in their home country before being possibly allowed to re-register at this University. In addition to these measures and the disciplinary actions listed below, the University may notify local law enforcement authorities, if the person's behavior is a criminal offense in the Netherlands-Antilles.

## **General Committee Guidelines for Sanctions**

### **Violation Range of Disciplinary Action**

- Use of Tobacco in University Facilities - Warning up to an official reprimand
- Unlawful Possession or Use of Alcohol - Warning up to official reprimand.
- Use or Possession of Illicit Drugs - Official reprimand up to expulsion from the University



- Inappropriate Use of Controlled Substances - Official reprimand up to expulsion from the University
- Alcohol or Substance Dependent - Official reprimand up to expulsion from the University

### **External Sanctions**

Sanctions imposed under this policy do not diminish or replace the penalties available under Island, Antillean and Kingdom laws. A document describing these laws is available upon request.

Declaration Drug and /or Alcohol screening.

Test #:

To be signed by donor.

I hereby declare that I:

☐ Am not using any prescription medication that might influence the results of the Drug and/or Alcohol screening I am about to perform.

☐ Am using the below specified prescription medication that might influence the results of the Drug and/or Alcohol screening I am about to perform:

_____	_____	_____
Signature	Name, Last/First	Date

To be signed by donor after test has been performed.

I certify that I provided my urine/saliva/other specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper evident seal in my presence; and that the information on this form and on the label affixed to each specimen bottle is correct.

I further declare that I am aware of the contents of the ' Policy on Drug and Alcohol abuse procedures' implemented by my employer.

By signing this document I extend unconditional approval to all persons and organizations involved in this Drug and Alcohol screening, to provide any relevant information regarding above mentioned screening to my employer.

_____	_____	_____
Signature	Name, last / First	Date

To be completed by Medwork officer:

Tests performed: ☐ Coc ☐ Mar ☐ XTC ☐ Other \_\_\_\_\_

Result: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Information Technology (IT) Policy

These policies apply to all users of any Xavier University School of Medicine (henceforth referred to as “University) information technology resource, including students, staff, faculty and other authorized users, whether operating on campus or from a remote location. The University’s information technology resources include, but are not limited to:

1. Any network, communication system, computer equipment or media service provided by the University for educational, research, administrative, communication or related purposes;

2. Information technology or data communications equipment owned, leased, or operated by the University;
3. Any equipment connected to the University's data network, regardless of ownership;
4. All messages, data files and programs stored in or transmitted by any University information technology resource;
5. All data and information assets created with or stored on systems operated by or for the University.

Information technology resources are provided by the University to support its educational and research mission. Use of University information technology resources is a privilege. Accordingly, all users of the University's networks, systems and equipment are responsible for the proper use and protection of these resources, consistent with University policies and applicable law.

### **Computer System Access and Usage**

To ensure the continued integrity of its information technology resources, facilities and controls, the University may audit, inspect and/or monitor network or resource usage, at any time, without notice. The University may limit or terminate the network access of any user who is in violation of any University or Information Technology (IT) policies.

Examples of improper use include, but are not limited to the following:

1. Unauthorized access to network or electronic data in any form;
2. The use of another's password or account without prior authorization;
3. The use of University data, networks or IT resources for private, commercial, union or political purposes;
4. The unauthorized alteration of electronic files, including any disruption or interference (hacking / spam / viral programs);
5. Software license or intellectual property violations;
6. The violation of any University policy, local, state or federal law; harassment or defamation, or activity that may damage the University's good name and reputation.

Users with access to confidential, privileged or financial data protected by law or University policy must adhere to the following security requirements: 2

**Desktop security:** All computers must be secured and non-approved software removed. Only approved software may be installed. Individual users on administrative systems may not add or remove software without Information Technology involvement.

**Internet:** Internet browsing will be limited to approved, business websites by management. Personal webmail such as Yahoo, Google, etc. is not allowed.

**Remote Access:** All remote access must be authorized for business operation continuity purposes and approved by management.

**Laptop security:** Laptop use is not authorized for persons with access to extremely privileged information due to the risk of loss and associated threat of security breach. When laptop usage cannot be avoided, strong data encryption must be applied.

The University may also restrict unlimited electronic access. If an imposed limitation interferes with a user's bona fide educational or research activities, the user may notify his or her supervisor. The University reserves the right to limit the use of information technology resources based on institutional priorities, technical capacity and fiscal considerations.

Article 156 of the New York State Penal Code and federal law (18 USC §§ 1030, 1302, 2252, 2501) impose criminal sanctions for certain offenses involving computers, software and computer data, including unauthorized use, fraud, computer trespass, computer tampering and unauthorized access to student records. Misuse of the University's information technology resources is subject to disciplinary and/or legal action.

## **Terms of Use**

Usage of the University's information technology systems and resources is a privilege granted to University students, faculty and staff, to support its educational mission. Computer accounts are assigned to individuals for University-related purposes. Passwords and account access may not be shared. Passwords are the frontline of protection for all user accounts. Persons using University information technology resources must safeguard their passwords. Select 'secure' passwords using letter, number and symbol combinations that cannot easily be 'cracked' by automated tools.

All users of the University's computer network must maintain the integrity of the information technology systems. Any user who detects a possible security concern on any University system or network must report it immediately to the IT system administrators. The University reserves the right to audit, inspect, limit, revoke or refuse to extend IT privileges or access to its computer systems and electronic resources, at any time, in its sole discretion.

### **(i) Internet Content**

The University does not control information available over the Internet and is not responsible for Internet content. Internet users should be aware that even sites accessed for legitimate educational or research purposes may contain offensive material. Workstations in open-access facilities, such as the University Computer Labs, shall be used in a fashion that is not offensive to the University community or violative of local, state or federal law.

### **(ii) Personal Use**

The University is subject to laws that restrict the use of University property for matters unrelated to its Charter mission. To ensure compliance with applicable law and University policy, the use of the University's information technology resources for political, commercial or private purposes is prohibited. Additionally, employees are prohibited from using consumable IT resources, e.g., paper, printer ink, blank media, etc., for personal, non-business needs.

### **(iii) Physical Security**

All computers, data storage media and storage repositories that contain confidential information must be secured against loss or tampering. Portable computing devices such as laptops, hand-held equipment (PDAs) and data storage media pose a unique and significant risk for exposure of protected information and potential access to the University's administrative systems. For these reasons, special care must be taken with these devices. The login should never be set for automated login, and all protected data stored on any portable device must be encrypted. Store all such devices in a secure location.

### **Email**

A University email address will be assigned by management to registered students and University employees. E-mail accounts provided by the University to employees are intended for University business. Faculty members and administrative personnel must use their University email address when communicating with students and conducting other University business.

All University email account holders are expected to check their email regularly so that University communications will be timely received and read. The owner of an email account is responsible for its use and is presumed to have sent all communications actually sent from that account. Users may not view, copy, alter or destroy another's email without permission unless authorized or required to do so by law or policy.

The University does not guarantee the confidentiality or privacy of its email services or data stored or sent through its network systems. Although every effort is made to preserve the integrity of the University's communication systems, users should be aware that the interception of email messages on shared networks is possible. Redirecting email from the University email address to another address (e.g., @hotmail.com, @gmail.com) is also discouraged. The University is not responsible for the integrity of email directed to other service providers.

To protect the functionality and integrity of its IT systems, and protect users against unauthorized or improper use, the University reserves the right, without notice, to limit or restrict any individual's use, and to inspect, remove, copy or otherwise address any data, file, or the like that may adversely affect authorized users. Email may be scanned automatically for malicious content (viruses, spam, and phishing attacks) and deleted without warning. The University may also impose limitations or restrictions to address violations of University policies.

Email records resident on University-owned IT resources belong to the University and are subject to review and disclosure without notice when required by law, where a violation of law or University policy may exist, where there is a risk of spoliation, bodily harm, property loss or damage, where the University's mission is jeopardized or during routine system administration.

## **Copyright**

Copyright infringement is the unauthorized copying, storing, displaying, or distributing of another's intellectual property without the express permission of the copyright owner. In the file-sharing context (peer-to-peer or P2P shareware programs), downloading or uploading another's work product without authority constitutes an infringement, and is prohibited by the federal Copyright Act of 1976 and Digital Millennium Copyright Act of 1998.

Penalties for copyright infringement are both civil and criminal in nature. For civil violations, individuals may be ordered to pay actual damages or statutory damages of not less than \$750 and not more than \$30,000 per infringement. For willful infringement, awards of up to \$150,000 per incident may be granted; criminal penalties include imprisonment for up to five years and fines of \$250,000 per offense. Attorney's fees and costs may also be assessed. For more information, see [www.copyright.gov](http://www.copyright.gov), and [www.copyright.gov/help/faq](http://www.copyright.gov/help/faq).

Users of University IT resources may use only legally obtained licensed data or software and must comply with all applicable licenses, copyright, trademark and other intellectual property laws. Much of what appears on the internet or is distributed via electronic

communication is protected by copyright law, regardless of whether the copyright is expressly noted. Users of the University computer resources should assume that material is copyrighted unless they specifically know otherwise, and may not copy, download or distribute copyrighted material without permission. Protected material may include, among other things, music, movies, text, photographs, audio, video, graphic illustrations, and computer software.

The University continues to use appropriate technology to reduce and/or eliminate the practice of illegally sharing copyrighted materials. Known vectors used to share files are blocked from the campus. In addition, students are bound by existing University policy that specifically prohibits the use of copyrighted material without the permission of the copyright holder. Violators of the policy are subject to removal of network access and referral to the appropriate disciplinary body.

A list of legal downloading sites is available here: [www.educause.edu/legalcontent](http://www.educause.edu/legalcontent). The University encourages all students and staff to take advantage of these resources.

It is the responsibility of every person who uses University IT resources to download or upload data to make sure that copyrighted work is not misappropriated, and that all necessary permissions are obtained from the copyright holder.

## **Online Protocols**

The University recognizes that the Internet provides unique opportunities to participate in interactive discussions, research and collaboration using a variety of social media and online venues, such as Facebook, Twitter, blogs, wikis, interactive websites, listservs, newsgroups and so forth. However, the use of non-University hosted sites, systems or networks can pose risks to confidential and proprietary information, the University's reputation and brand, and compliance with applicable laws.

Be aware that data mining programs used by off-site hosts may result in the sale of participant data (name, email address, etc) to third parties for commercial purposes. Those permissions are granted by your acceptance of the terms of the third party host site's license.

Users of social media must recognize that the manner in which they communicate, interact and share information online must follow the same rules and guidelines that govern activity in the University community at large.

1. ***Protecting Confidential Information.*** Users must follow all applicable University confidentiality and privacy policies and related laws.

2. *Refraining from Inappropriate or Harassing Comments.* Members of the University community who use online social media are expected to conduct themselves in a manner consistent with the same expectations of dignity and respect that govern other modes of interaction.
3. *Respecting and Protecting Copyrights and Other Intellectual Property.* All restrictions that apply in other contexts regarding copyrights and other intellectual property protections apply to social media postings as well.
4. *University Name and Logos.* The University's name, logos and other marks may not be used in any context without prior written authorization from the Vice President of Operations. Individuals or groups intending to post or otherwise utilize social media officially on behalf of the University must receive prior written approval from the appropriate University official.

## **Network Domain**

Intentionally interfering with normal operation of the network is prohibited, including the propagation of computer viruses or sustained high volume network traffic which substantially hinders others in their use of the network. An example would be:

1. Downloading movies / uploading to external server
2. Downloading music / uploading to external server
3. Downloading any software or electronic files
4. Uploading, downloading or otherwise transmitting commercial software or copyrighted material in violation of its copyright
5. IP address spoofing or IP spoofing: creation of Internet Protocol (IP) packets with a forged source IP address
6. Using the Internet for gambling or illegal activities
7. Using the Internet for on-line games
8. Using the Intranet [LAN] for on-line game
9. Video streaming / torrent usage, etc.

If you are aware of a potential inappropriate use of the network or violation of these policies, please direct the information to [itsupport@xusom.com](mailto:itsupport@xusom.com) and management will diligently investigate.



# Policy on Oversight and Approval of Extramural Electives

## PURPOSE

The XUSOM, Aruba has the responsibility to screen all extramural electives to ensure student safety by assessing potential risks to the health and safety of patients, students, and the community; the availability of emergency care; the possibility of natural disasters, political instability, and exposure to disease; the need for additional preparation prior to, support during, and follow-up after the elective; the level and quality of supervision; and any potential challenges to the code of medical ethics adopted by the home institution. To this end, the following policies and procedures will guide the oversight and approval of extramural electives.

## POLICIES AND PROCEDURES:

Students are permitted to take certain electives at non-XUSOM Affiliated institutions. These electives may be completed during the clinical years of our curriculum. To receive credit, the school must provide oversight and final approval of these electives.

Applications for all extramural electives must be completed via the SMS

## EXTRAMURAL ELECTIVES

1. Students must request permission for extramural electives at least 3 months prior to the first day of the elective. Students must provide a course description and Syllabus to the clinical dean be considered for approval.
2. The XUSOM will only approve electives taking place in a safe, academic or clinical environment. The XUSOM will not approve electives where the safety of students or patients is at risk including if the area is usually prone to natural disasters, poor availability of emergency care, political instability, exposure to disease (more than the expected at any clinical site), the level or quality of supervision is inconclusive or if there seems to be any potential challenges to the code of medical ethics.

## STUDENT SAFETY

For extramural, the XUSOM requires an affiliation letter or agreement stipulating that the host institution is expected to commit to and provide evidence of:

1. Mechanisms in place to ensure student and patient safety: The elective is not in an area prone to natural disaster, political instability or on highly infectious environment.
2. System for level supervision that is adequate and appropriate.

3. Availability of emergency care. The tenets of professional ethical conduct endorsed by the host institution and its clinical sites.

## STUDENT AND ELECTIVE ASSESSMENT

1. Student evaluations by faculty must be filled out in the approved XUSOM Student Evaluation Form and returned, directly from the host-institution, in either hardcopy or electronic format, to the clinical dean's office. Evaluations handed in by the student will not be accepted.
2. Students will be required to fill out an Extramural Course Evaluation at the end of rotation. The School of Medicine uses evaluation data provided by participating students to assess elective experiences in an ongoing fashion.

## Policy on Continuous Quality Improvement

### POLICY STATEMENT

As part of commitment to the highest standards of quality, XUSOM will engage in a process of continuous quality improvement (CQI) to ensure that the medical education program activities and the administrative activities align with the XUSOM's mission, vision, goals and Strategic Plan, and to ensure compliance with accreditation standards.

### PURPOSE

1. This policy ensures that the Xavier University School of Medicine is engaging in a continuous and intentional process aimed at supporting medical educational program improvement and ensuring a positive outcome during accreditation review.
2. To describe the processes that will be used, the frequency of monitoring, and the committee responsible for managing the process and receiving/acting upon the results.
3. This policy also ensures the medical school complies with Accreditation Commission on Colleges of Medicine (ACCM) standards for Continuous Quality Improvement.
4. To ensure that all of the above supports the XUSOM's achievement of its programmatic and institutional goals and objectives.

### SCOPE

1. Continuous Quality Improvement efforts related to the educational mission of the school are the responsibility of the CARQI Committee who are under the purview of the Chief Academic Officer.

2. All employees, faculty, administrators, support staff, and non-employees are responsible for complying with this policy and, when appropriate, participating in the CQI process.

## PROCEDURES

Monitoring of XUSOM's medical education program will occur regularly. Areas of monitoring include, but are not limited to:

1. Engage in ongoing monitoring of ACCM accreditation standards
2. Coordinate quality improvement initiatives associated with deficiencies in meeting ACCM standards
3. Identification of risk areas based on current ACCM Standards
4. Ongoing citations of Standards from prior accreditation visits
5. Institutional strategic plan objectives that impact the medical education program, services, or resources in such instances where they overlap or align with accreditation standards

**Policy Contact:** Chair, CARQI Committee

**Updated:** August 2021

## Exposure to Infectious and Environmental Hazards Policy

### Purpose

The purpose of the Medical Student Exposure to Infectious and Environmental Hazards Policy is to promote the health, safety, and well-being of medical students. This policy establishes XUSOM requirements for preparing, preventing, and responding to exposure incidents, and ensures that the MD program meets the following ACCM accreditation standards:

10.2.7. Medical students may be exposed to infectious and environmental hazards during their educational program. The school has a policy in place that informs all students about methods of prevention, the procedures for care and treatment to be followed after potential exposure BEFORE undertaking any educational activities that would place them at risk. The school also informs students who may have an infectious/environmental disease or disability of any implications for their educational activities.

### Principles

XUSOM acknowledges that its faculty, staff, and students can be exposed to infectious and environmental hazards. As such, the development and implementation of this policy is guided by the principles of preparedness and safety.

## **Definitions**

Exposure Incident: refers to an injury or exposure to an infectious and environmental hazard.

## **Scope of this Policy**

This policy applies to all students applying to or registered in the MD program, faculty and staff at XUSOM irrespective of the geographically distributed site to which they are currently located.

## **Policy and procedures:**

### **1.0 Preparedness of students: Education and Training**

The faculty will provide education and training to all students in appropriate methods to prevent the transmission of communicable diseases, including blood-borne pathogens, that is consistent with the CDC's guidelines for standard and additional precautions.

Medical students should be introduced to the concepts of infectious and environmental hazard, prevention, and control in their basic science of MD program. Furthermore, medical students should be educated in universal precautions and techniques for infectious and environmental hazards prior to beginning clinical rotations.

The students starting clinical rotations should complete Blood borne Pathogen Certification - Annually

The following are the certifications that students are required to complete:

For OSHA:

[https://www.cprtoday.com/course\\_outline.php](https://www.cprtoday.com/course_outline.php)

For Infection Control:

<https://blxtraining.com/courses/infection-control/>

Additional student self-study is encouraged via the following internet sites:

## **2.0 Prevention of Environmental Hazards**

Medical students can be exposed to infectious and environmental hazards. They are expected to take reasonable precautions to avoid environmental hazards and take appropriate preventative measures (Universal precautions) to protect themselves and from infectious disease.

It is the responsibility of all faculty, staff, and medical students to notify the Deans in a timely manner of the existence of any infectious or environmental hazards that might affect the medical students, other faculty or staff.

### **Universal Precautions**

As students enter patient care settings, it is important for students to establish common sense habits to protect themselves and their patients from the spread of infectious agents. The commonly used term for the methods used is universal precautions – universal in that one uses these precautions with all patients, not just those with known or suspected infectious disease. The agents associated with many infectious diseases are transmitted by superficial physical contact; others require intimate contact with blood or other body substances (e.g. Hepatitis B and C, HIV).

All students enrolled in the XUSOM must complete the school's program on universal precautions. The purpose of this program is to ensure that students have been informed of the appropriate handling of blood, tissues, and body fluids during medical school. Opportunities for training in universal precautions are included as part of a required pre-orientation online session, all clinical courses and experiences, and all required clerkships. As part of professional development, students are responsible for incorporating these into routine practice while in patient care situations, and for being certain they understand what is available at each hospital.

The following precautions are to safeguard both students and patients, and are appropriate for the level of patient contact starting in basic science of the curriculum:

- Immunizations: Required for matriculation into medical school are the vaccine recommendations according to CDC.

- Hep. B vaccine: Students are Obligated to comply with hepatitis B immunization policies and requirements as outlined by the Immunization policy. This policy requires that all students receive the hepatitis B vaccine and test positive on the subsequent quantitative serology titer. Further testing is provided for those students who still do not respond to a second series of the vaccine.
- Students are mandated to comply with the Communicable Disease Protocol according to the most current CDC recommendations.
- Required to use standard precautions and additional practices in order to prevent the spread of blood-borne pathogens and other infections.
- Routine hand washing: Hand washing is performed frequently to protect both patients and health care workers. Hands are washed before and after touching patients, performing invasive procedures, and eating; hands are also washed after glove use, working with bodily substances, using the toilet, and the computer. Skin is a natural barrier to infectious agents, and products that protect and promote skin integrity can be used. It is important to establish the practice of hand washing upon entering a patient's room, before touching the patient, when leaving, and before eating.

Additional precautions that may be required in specific clinical settings include:

- Barrier protection
- Gloves are worn for anticipated contact with all body substances and are changed between patients.
- Gowns and/or plastic aprons are used to cover areas of the skin or clothing that are likely to become soiled with body substances.
- Facial barriers, including masks, glasses/goggles and face shields are worn whenever splashing or splatter of body substances into the mouth, nose, or eyes is likely to occur. Specialized masks and individual respiratory devices are also used for certain airborne diseases such as meningococcal meningitis and tuberculosis.
- Other barriers such as hair covers, shoe covers, and boots may be used when extensive exposure to body fluids may occur. (e.g., cystoscopy, vaginal delivery, multiple trauma).
- Sharps management: Sharps management refers to safe use of sharp agents such as needles, scalpel blades, etc. Dispose of them in appropriate rigid, impervious containers, and learn to handle them safely.

The healthcare environment may cause students to be exposed to airborne infectious conditions. Students receive training during orientation and annually thereafter regarding the use of particulate respirator masks to decrease the likelihood of exposure.

### **Radiation Precautions**

- Ionizing radiation is produced during the performance of many diagnostic imaging studies. Students should make an effort to minimize their exposure to ionizing radiation through time, distance and shielding.
- Time: Seek to minimize the amount of exposure to ionizing radiation. Pay special attention to exposure during procedures using fluoroscopy.
- Distance: When ionizing radiation is in use, stay as far away from the source as practical.
- Shielding: Always make use of any physical barriers (lead glass, lead aprons) that are available.
- Ionizing radiation presents special hazards to developing fetuses. Pregnant students should consult with the Deans for further guidance.

### **3.0 Exposure to Environmental Hazards**

Medical students in basic science who experience an exposure incident should notify the Deans in a timely manner. Further as suggested by the deans, a timely follow-up has to be done directly to the deans.

Medical students in clinical rotations who experience an exposure incident should follow the reporting and follow-up requirements of the relevant hospital environmental health and safety policies then in effect.

#### **Protocol**

This serves to instruct students about what to do in case of a bodily substance (blood, tissue, or body fluids) exposure, e.g. a needle stick, or an environmental exposure (e.g., a spill, solvents, radiation), including how to receive appropriate counseling and prophylactic treatment:

#### **Exposure Instructions:**

- DO NOT PANIC: Needle stick and other types of exposures are common, and risks can be appropriately mitigated.
- Time matters so proceed swiftly as follows.
- Remove all soiled clothing.
- Wash wounds and skin with soap and water (>5 minutes).
- Flush mucous membranes copiously with water (>2 minutes).
- Write down the following information on “source patient:” Name, hospital or clinic number, date of birth, and patient location.
- Notify supervising physician/clinical preceptor/Program director, deans, and CAO.
- Report to Occupational Health/Emergency Department for blood/body fluid exposure for:
  - Risk assessment of exposure
  - Baseline laboratory work
  - Occupational health evaluation of “source” patient
  - Institution of post-exposure prophylaxis (PEP) if appropriate (within one to two hours of exposure).

Students should follow up as directed by their treating healthcare provider. Ongoing follow up may take place at the initial treating facility or the student may be referred to a healthcare provider with expertise in infectious disease.

All students who experience an injury or exposure at a clinical site must submit appropriate documentation to the Office of Student Affairs as soon as possible. Students should not delay prompt evaluation and treatment to complete paperwork.

#### **4.0 Reporting of Environmental Hazards**

Medical students are required to disclose, as per school policy, if they are potentially exposed to a blood-borne pathogen in a clinical setting and provide a blood specimen if indicated.



In addition to the complying with the local authority reporting requirements, medical students who experience an exposure incident should also submit an Incident Report the Clinical chairs, Deans, and the CAO. The students at the clinical rotation should follow the reporting requirements of the respective hospitals.

**Contact:**

- Dr. Prasad, Dean of Student affairs: [nvijaayshankar.md@xusom.com](mailto:nvijaayshankar.md@xusom.com)
- Dr. Richard Pestell, Dean of Clinical Sciences: [rpestell.md@xusom.com](mailto:rpestell.md@xusom.com)
- Dr. Ahmad Abazid, Assistant Dean of Clinical Sciences: [abazid.md@xusom.com](mailto:abazid.md@xusom.com)
- Dr. Dubey, CAO: [dubey.md@xusom.com](mailto:dubey.md@xusom.com)

Students are ethically and professionally responsible for knowing their serological status with respect to blood-borne pathogens and to inform the Deans if they are positive for a blood-borne pathogen infection.

The faculty and administration should maintain confidentiality to the greatest extent possible regarding information disclosed by students concerning their serological status and disclose relevant information only with appropriate consent.

The deans/CAO may set up an Expert Review Panel for guidance, keeping the name of the student confidential. Disclosure may be necessary if there is reason to believe that the infected individual has declined or has failed to follow the provisions of this policy in regards to personal notification of appropriate personnel or fails to respond within a reasonable amount of time to a recommendation that they personally notify the person in charge of a particular clinic or department.

## **5.0 Effects on Medical Student Learning Activities**

Students are expected to be in a state of health such that they may participate in the academic programs, including patient care, without posing a risk to themselves or others.

Medical students whose learning activity is interrupted as a result of an exposure incident should contact the Deans as soon as possible. Upon verification, the Chair in collaboration with the Deans should communicate with related faculty regarding the medical student's absence and, where necessary, to accommodate an alternative educational or clinical activity.

## **Fitness for Clinical Contact**

Students are professionally and ethically obligated to inform the deans of any blood-borne infection.

The opportunity to participate in direct patient care carries with it the responsibility to ensure that patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol.

It is the responsibility of faculty, residents, medical students, and XUSOM staff members who know of or observe student behavior that has the potential to place a patient, other medical students, staff or the student him/herself at risk to immediately report the concern to the course or clerkship director and the Deans.

XUSOM educates future physicians while adhering to procedures established by the Centers for Disease Control to maintain the health and safety of patients while protecting the personal rights of students with contagious infections and/or diseases. The School, in consultation with the clerkship directors, monitors, and, when appropriate, modifies clinical activities of infected students who may pose unwarranted risks to patients.

Infections that must be reported to the clerkship director and the deans include, but are not limited to: viral hepatitis, HIV/AIDS, varicella, rubeola, mumps, rubella, influenza, acute bacterial conjunctivitis, pertussis, tuberculosis and scabies. In all instances, every effort is made to maintain the integrity and equivalency of the student's modified educational experience.

### **Medical students infected with blood-borne pathogens:**

May pursue their studies only as long as their continued involvement does not pose a health or safety hazard to themselves or others. It is expected that all students can be accommodated as needed with some modification to their program of study to reduce the risks of blood-borne pathogen transmission.

Will have their condition reviewed and monitored by an Expert Review Panel at the request of the Deans/CAO.

May have clinical duties or clinical exposure modified, limited or abbreviated based on recommendations from an Expert Review Panel as outlined in the CDC guidelines – particularly as it relates to the performance of exposure prone procedures and the status of the blood borne infection (e.g. viral loads etc.).

Required to immediately disclose if they accidentally expose a patient to their blood-borne pathogen in a clinical setting. Pre-notification to patients is neither suggested nor required.

Must be offered advice and counseling that will assist them regarding clinical practice and career choices.

Have the right to appeal decisions made by the Deans or Expert Panel by submitting, in writing to the Grievances Committee, a proposed amendment to the decision and the rationale supporting such amendment. The student may submit additional documentation from their personal physician or other health care provider in support of their appeal. In the case where the student's appeal is denied by the Grievances Committee, the student may appeal to CAO.

## **6.0 Financial Responsibility**

Financial costs for investigations, post-exposure prophylaxis, and ongoing treatment should the consulting Infectious Diseases physician deem it warranted, will be covered via the health insurance plan or borne by the student.

## **7.0 Administration Responsibilities**

The Deans and CAO, are responsible for providing oversight to the overall administration of the Medical Student Exposure to Infectious and Environmental Hazards Policy at XUSOM. They are also responsible for the implementation, monitoring, maintenance, and evaluation of the Medical Student Exposure to Infectious and Environmental Hazards Policy. This includes the development and stewardship of the standard operating procedures associated with this policy.

Handbook and By-laws Committee is responsible for evaluating, reviewing, and updating this policy every three years.

## **8.0 Non-compliance**

Instances or concerns of non-compliance with the Medical Student Exposure to Infectious and Environmental Hazards Policy should be brought to the attention of the Deans and the CAO.

**Policy Contact:** Dean of Student Affairs

**Policy updated:** December 2021

## **Roles and Responsibilities: Faculty**

**Title:** Instructor, Assistant Professor, Associate Professor, or Professor of (discipline)

**Supervisor:** Chief Academic Officer, Dean of Clinical Science / Basic Science

**Classification:** Faculty

**FTE:** 0.50 to 1.0 Full-Time Equivalent

**Overview:** This is a core faculty position with teaching and other faculty responsibilities dedicated to the Xavier University School of Medicine.

### **Duties and Responsibilities:**

#### **1. Coordination of Instruction**

- Coordinate course(s) in discipline(s) of expertise or as assigned by the Dean or his designee.
- Develop syllabi describing course objectives and expectations of students for successful course completion.
- Develop course schedule.
- Develop course content in assigned courses.
- Submit syllabi, student evaluation results and course grades to the designated academic administrator at the requested and scheduled times.

#### **2. Student Instruction and Evaluation**

- Deliver course content instruction in the form of lectures, reviews, demonstrations, conferences, tutorials, laboratories, computer-aided instruction and other means as appropriate.
- Be available and publicize availability to students for answering questions and augmenting instruction.
- Begin and end scheduled classroom and laboratory instruction periods on time.
- Prepare students to pass the portion of the Step 1 USMLE examination pertaining to the assigned discipline.
- Evaluate student comprehension and mastery of course content.

### **3. Student Advisement**

- Serve as requested as a student mentor
- Serve as requested as an advisor to student organizations.

### **4. Committees and Governance**

- Participate as a member of faculty committees.
- Participate as a member of the Faculty Senate.
- Participate as a member of additional committees, councils and boards as elected and assigned.

### **5. Collegiality**

- Foster collaboration and good will among the various campus constituent groups.
- Foster collaboration among the various academic disciplines.
- Mentor, as appropriate, other more junior faculty members.
- Contribute as practical in a positive way to the local community.

### **6. Professional Development**

- Continually maintain existing and develop new faculty skills.
- Through reading, study, conferences and other means, remain current in contemporary science of the discipline.
- Participate as practical in conducting and publishing scholarly research and other activities.

### **7. Compliance with Institutional Policies**

- Be present at assigned classes, labs and other assigned instructional activities.
- Begin and end scheduled classes, labs and other instructional activities on time.
- Attend required College functions.

8. Perform other duties and responsibilities as directed by the Chief Academic Officer, Dean or requested by the Faculty Senate.

### **Qualifications:**

1. An earned doctorate or other appropriate advanced degree in a subject area related to the assigned discipline.
2. Has an awareness and comprehension of contemporary scientific information within assigned discipline.

3. Years of experience equal to or greater than that required by institutional policy for the appointed academic rank.
4. Excellent written and oral communication skills using the English language.
5. Commitment to the mission and values of the University as described in the Mission and Values Statements.
6. Experience in the delivery of patient care is desired.

**Title:** Visiting faculty

**Supervisor:** Chief Academic Officer, Dean of Clinical Science / Basic Science

**Classification:** Faculty

**FTE:** Less than 0.50 Full-Time Equivalent

**Overview:** The visiting faculty may be individuals who are faculty, identified or recommended by the Deans or the system chairs, who can make significant contributions to teaching and learning by virtue of their training and academic qualifications.

**Duties and Responsibilities:**

1. Coordination of Instruction

- Coordinate course(s) in discipline(s) of expertise or as assigned by the Dean or his designee.
- Develop syllabi describing course objectives and expectations of students for successful course completion.
- Develop course schedule.
- Develop course content in assigned courses.
- Submit syllabi, student evaluation results and course grades to the designated academic administrator at the requested and scheduled times.

2. Student Instruction and Evaluation

- Deliver course content instruction in the form of lectures, reviews, demonstrations, conferences, tutorials, laboratories, computer-aided instruction and other means as appropriate.

- Be available and publicize availability to students for answering questions and augmenting instruction.
- Begin and end scheduled classroom and laboratory instruction periods on time.
- Prepare students to pass the portion of the Step 1 USMLE examination pertaining to the assigned discipline.
- Evaluate student comprehension and mastery of course content.

### 3. Student Advisement

- Serve as requested as a student mentor
- Serve as requested as an advisor to student organizations.

### 4. Committees and Governance

- Participate as a member of faculty committees.
- Participate as a member of additional committees, councils and boards as assigned.

### 5. Compliance with Institutional Policies

- Be present at assigned classes, labs and other assigned instructional activities.
- Begin and end scheduled classes, labs and other instructional activities on time.
- Attend required College functions.

6. Perform other duties and responsibilities as directed by the Chief Academic Officer, Dean or requested by the Faculty Senate.

### **Qualifications:**

1. An earned doctorate or other appropriate advanced degree in a subject area related to the assigned discipline.
2. Has an awareness and comprehension of contemporary scientific information within assigned discipline.
3. Years of experience equal to or greater than that required by institutional policy for the appointed academic rank.
4. Excellent written and oral communication skills using the English language.
5. Commitment to the mission and values of the University as described in the Mission and Values Statements.
6. Experience in the delivery of patient care is desired.

## **Roles and Responsibilities: Administrators**

**Title:** Chief Academic Officer (CAO)

**Supervisor:** President

**Classification:** Administration

The Xavier University School of Medicine's Chief Academic Officer is appointed by the Board of Trustees, upon recommendation of the President.

### **Administrative**

- Reports to the President and the Board of Trustees via regularly scheduled meetings
- Serves on the executive leadership team of the University
- Engage in Strategic Planning initiatives
- Engage in Continuous Quality Improvement initiatives
- Supervises all Deans, Assistant deans and other administrative officers
- Supervises all Department chairs
- Oversees all Departments, Affiliated Hospitals and Clerkship sites
- Ensures diversity of faculty, students and senior administrative staff
- Ensures that local and system-wide policies, including Academic Senate regulations, are observed

### **Faculty Affairs**

- Presides over the School of Medicine faculty
- Approves recruitments for faculty
- Approves and signs tentative offer letters for faculty
- Approves searches for Faculty, department chairs
- Adjudicates faculty grievances in conjunction with academic personnel and legal counsel

### **Education**



- Responsible official for accreditation by the Accreditation Commission on Colleges of Medicine (ACCM) and New York State Education Department (NYSEd)
- Responsible for oversight of Medical Education, including the planning, implementation and evaluation of the education program for medical students
- Responsible for oversight of master's programs and nursing program

### **Research**

- Responsible for review/approval of requests for research equipment or infrastructure improvements
- Responsible for review/approval of research affiliations

### **Clinical**

- Direct report from the VP of Academic Affairs & Dean of Clinical Science (VP&DOCS) Assistant dean for Clinical Science.
- Oversees all Departments, Affiliated Hospitals and Clerkship sites

### **Fiduciary**

- Approves budgets for Medical Education and all departments
- Proposes to the President, dean's delegated contracts and affiliation agreements

### **Infrastructure (Space, Equipment)**

- Responsible for the allocation of the learning space
- Approves space renovation and improvement projects
- Reviews equipment purchase requests

### **Community Engagement:**

- Assuring active engagement and collaboration with community partners to improve health through partnership, outreach, and health advocacy.

**Title:** Dean of Basic Sciences

**Supervisor:** Chief Academic Officer (CAO)

**Classification:** Administration

The Xavier University School of Medicine's Dean of Basic Sciences is appointed by the Board of Trustees, upon recommendation of the Chief Academic Officer.

### **Administrative**

- Reports to the Chief Academic Officer
- Serves on the executive leadership team (Deans Cabinet)
- Supervises all System Chairs, and Chairs of the Committees
- Oversees all the academic activities and learning environment
- Ensures diversity of faculty, students and senior administrative staff
- Ensures that local and system-wide policies, including Academic Senate regulations, are observed
- Review the School Policies, Procedures and Recommendations for Appointment, Promotion and Retention of the Faculty Members

### **Faculty Affairs**

- Presides over the School of Medicine faculty
- Approves appointment of Organ system chairs, Committee chairs
- Adjudicates staff grievances in conjunction with Chief Academic Officer and other Deans
- Evaluation of the new faculty and periodic evaluation of faculty
- Responsible for annual appraisal of faculty
- Review the School Policies, Procedures and Recommendations for Appointment, Promotion and Retention of the Faculty Members

### **Education**

- Responsible for oversight of Medical Education, including the planning, implementation and evaluation of the education program for medical students
- Review the School Policies, and Procedures

### **Others:**

- Have such other duties, responsibilities, and authority as may be delegated from time to time by the CAO or the President.

**Qualifications:**

- Full-time faculty member with experience in undergraduate medical education with at least five years in an administration role
- MD or PhD degree

**Title: Dean of student affairs**

**Supervisor:** Chief Academic Officer (CAO)

**Classification:** Administration

The Xavier University School of Medicine's Dean of Student Affairs is appointed by the Board of Trustees, upon recommendation of the Chief Academic Officer.

- Reports to Chief Academic Officer
- Provide leadership, oversight and evaluates the operations and activities of services offered by the Office of Student Affairs.
- Plan, design, develop and deliver student programs and services that reflect the goals of the University.
- Provide leadership for ensuring quality in all aspects of the University's non-academic student experience with a clear focus on successful student outcomes.
- Recommend, develop and implement policies, procedures and practices that foster and promote student success.
- Recommend operational structures, personnel, and resources to ensure a student-centered environment at all levels.
- Facilitate and Support student organization or University activities and special events through attendance and/or participation.
- Coordinate training and education for the University staff and faculty communities to ensure proper understanding of and connection to resources provided by the Office of the Dean of Students.
- Prepare appropriate reports; analyze and evaluate data, outcomes and metrics to be used in strategic decision making.
- Schedules all student conducted meetings and tracks follow-up communications, sanctions and reports.
- Works collaboratively with faculty, staff and senior leaders on campus to include representatives of various University colleges/departments.
- Act as Chair of Grievances Committee

**Qualifications:**

- Full-time faculty member with experience in undergraduate medical education with at least five years in an administration role
- MD or PhD degree

**Title:** Assistant Dean of Student Affairs

**Supervisor:** Dean of student affairs

**Classification:** Administration

The Xavier University School of Medicine's Assistant Dean of Student Affairs is appointed by the Board of Trustees, upon recommendation of the Chief Academic Officer.

- Reports to Dean of Student Affairs
- Provide leadership, oversight and evaluates the operations and activities of services offered by the Office of Student Affairs.
- Provide leadership for ensuring quality in all aspects of the University's non-academic student experience with a clear focus on successful student outcomes.
- Recommend, develop and implement policies, procedures and practices that foster and promote student success.
- Facilitate and Support student organization or University activities and special events through attendance and/or participation.
- Function as the primary facilitator of all undergraduate hospitalizations, and medical leave exit and return requests; track all necessary paperwork in coordination with university Health and Student Services.
- Act as Chair of Faculty Development Committee and oversee all the Faculty development initiatives
- Act as Chair of Promotions and Progress Review Committee
- Responsible for overseeing the Student Mentoring Program. Assign Faculty mentors to every student.
- Collect maintain the Student mentoring reports from the Faculty
- Oversee the Student Wellness Initiatives

**Qualifications:**

- Full-time faculty member with experience in undergraduate medical education with at least three years in an administration role
- MD or PhD degree

**Title:** Dean of Graduate Medical Education

**Supervisor:** Chief Academic Officer (CAO)

**Classification:** Administration

The Xavier University School of Medicine's Dean of Graduate Medical Education is appointed by the President, upon recommendation of the Chief Academic Officer.

- Reports to Chief Academic Officer
- To support successful training experiences for resident by collaboratively working with the XUSOM offices of pre-clinical and clinical education, and student affairs.
- Have an integral role in the continuum from recruitment to medical school, education, and placement of students into residency programs, providing input into all areas.
- In this collaborative role, he/she will provide a supportive working environment and resources to prepare the students for the next step in their careers.
- Develop a professional development plan for junior faculty engaged in GME program leadership.
- Use a scholarly approach to the development and evaluation of programs.
- Collaborate with XUSOM curriculum committee and the Deans in strategic planning processes and implantation and to enhance and promote mutual advantages across the continuum of medical education.
- Participate and assist in the accreditation and quality control of the MD program and resident's progression.

**Qualifications:**

- MD degree

**Title:** Associate Dean of General Professional Education

**Supervisor:** Chief Academic Officer (CAO)

**Classification:** Administration

- Develop policies and procedures to integrate basic science education to clinical science education

- With the Associate & Assistant Deans, Clinical chairs and Program Directors, continuously enhance student assessment and program evaluation practices in basic science and clinical science
- Mentor and support the professional development of team members and of other partners engaged in enhancing teaching and learning
- Provide intellectual support to ensure adherence and maintenance of the program's accreditation status and institutional self-study
- Provide support to inspire and motivate administrative and academic staff towards team building, leadership and conflict resolution
- Negotiate skillfully with all stakeholders
- Provide evidence to demonstrate achievement of program goals improving outcomes of educational programs and program end-users
- Use a scholarly approach to support the development of educational and evaluation programs
- Demonstrate the effectiveness of the office through the dissemination of innovations and outcomes in presentations and publications
- Collaborate closely with other educational leaders to ensure integration and seamless delivery of educational programming for students throughout the School of Medicine

**Title:** Chief Compliance Officer (COO)

**Supervisor:** Chief Academic Officer (CAO)

**Classification:** Administration

The Xavier University School of Medicine's Chief Compliance Officer is appointed by the President, upon recommendation of the Chief Academic Officer.

- The Chief Compliance Officer (COO) is appointed by the Chief Academic Officer (CAO) following approval of the President. The COO reports to CAO & the VP of Academic Affairs & Dean of Clinical Science (VP&DOCS).
- Supervise registrar department.
- Review all clinical logs for timely completion and accuracy and report any irregularities and on compliance from students. Issue noncompliance warnings to students and work with registrar for disciplinary measures.
- Review rotation feedback forms from students for timely completion and compile data received to be reported to appropriate departments.

- Review all preceptor evaluations received for compliance with school policies and report any irregularities.
- Review and complete all ECFMG verification forms submitted from current and former students for proper compliance with school policies.
- Review and verify all USMLE licensing exam requests from students for proper compliance with school policies to be eligible.
- Review Chats and other electronic messages if and as required.
- Review all transcripts/withdrawal/transfer requests for compliance with school policies to be eligible.
- Issue non compliance warnings to students for failure to follow school policies including but not limited to; extended Med 6 LOA, extended Clinical LOA, extended Completing Clinical LOA. Work directly with registrar on discipline for such non compliance .
- Review and complete all Licensing paperwork and educational verification for current and former students for proper compliance with school policies.
- Review all MSPEs and ensure accuracy in all reported data before submitting.
- Periodically review and maintain list of all licensing requirements for US States and Canadian provinces.
- Consistent review of student handbook, faculty handbook, and clinical manual for accuracy with all applicable laws and regulations. Report on any updates and or suggestions to appropriate department.
- Authenticate and certify all faculty credentials including foreign degrees and programs.
- Issue warnings for non compliance of University policies to all faculty and staff in consultation with CAO
- Review all committee meeting and department meeting minutes and report any compliance issues to President.
- Investigate complaints made from students, parents, faculty or any other situation involving University personnel.
- Review all accreditation paperwork for accuracy and compliance.
- Verify all ACGME credentials of hospitals
- Participate in meetings with appropriate departments via Video Conferencing.
- Be available to travel to Campus and Hospitals if required for site visits of Accreditation or Government authorities.

# **Recruitment, Promotions and Evaluations**

## **Recruitment and Appointment of New Faculty**

Faculty recruitment is primarily done by advertisement in reputable medical journals (e.g., Academic Physician, Chronicle of Higher Education), the local newspapers (as per Antillean/ Aruban Labor Law) and on the University website. Applicants' CVs are reviewed by the CAO, the Dean of Basic Science and of Clinical Science and referred to the Credentials Committee. Faculty members who teach in the discipline for which the applicant is being considered may be consulted. In the case of an on-site interview, the applicant meets with appropriate Administrative and Faculty personnel. Following completion of the interview process and verification of the applicant's credentials and references, a recommendation is made to the Chief Academic Officer regarding whether the applicant qualifies for the position at the XUSOM.

## **Equal Employment Opportunity**

No person will be excluded from employment, be denied the benefits of, or otherwise be subjected to discrimination based on race, color, gender, religion, creed, national origin, sexual orientation, age or handicap in any activities conducted by the XUSOM.

## **Faculty Rank, Promotion and Tenure Policy**

### **Introduction**

### **Overview of faculty rank, promotion and tenure policy**

In presenting this policy on faculty rank, promotion and tenure at Xavier University School of Medicine, it is important to consider current faculty rank at the time of this policy; as such in making this recommendation the following considerations must be taken into account:

1. No faculty member who currently holds an academic rank should be reduced in rank by the adoption of this policy
2. Any faculty member who has currently been employed by the University for a period of time prior to the adoption of this policy, should have all time subsequent to 01 May 2008 credited towards advancement in terms of tenure and promotion

It is the overriding goal of this policy to enhance the recruitment and retention of qualified faculty into the University community, and not to penalize any currently serving faculty member by adoption of such.



## **Academic freedom and responsibility**

In all educational activities, each faculty member has the freedom and the responsibility to choose the material and the format that will, in his or her judgment, best serve the objectives of the specific course syllabus, as well as of the educational program of Xavier University School of Medicine. The faculty member has the right to express opinions on matters pertinent to the subject to the appropriate Dean; he or she has the responsibility to make clear the distinction between information and opinion.

Each faculty member has the freedom to determine how to make contributions to his or her field, in education, research, or scholarship, and the responsibility to adhere to the ethical standards and the evidentiary criteria generally accepted by professionals in that field.

It is the duty of the administrative officers and of the trustees of XUSOM to assist and protect the faculty in the exercise of these responsibilities.

## **Standards of faculty conduct**

By accepting membership in the university, an individual joins a community committed to free inquiry, intellectual honesty and respect for the dignity of others, and which is open to constructive change. The welfare, indeed the survival, of the academic community rests on the willing consent given by its members to the principles that guide their conduct. They all, faculty, students, administrators and staff, have the responsibility to take care that the highest standards of integrity be adhered to in the conduct of all academic affairs.

The university affirms the right of its members to organize and join associations, to convene and conduct public meetings, and to advocate and publicize their views by verbal means. It is entitled to expect from them that they maintain and affirm a continuing concern for the interests of the university as a whole.

Violations of standards of faculty conduct which can result in sanction include, but are not limited to: engaging in fraudulent or otherwise unethical conduct in academic affairs, or encouraging or tolerating such conduct in other members of the university; misuse of authority to harass, intimidate, or defame others; interference with the normal performance of duties and functions of members and invited guests of the university; theft or willful destruction of property of the university or of its members.

## **Tenure**

## Application for tenure

Regular faculty members other than instructors and assistant professors are appointed as either tenure-track or non-tenure track, according to the provisions of this Policy. It is understood that most regular appointments of new faculty, unless specifically stated, are to be tenure-track appointments. The period of tenure-track before the award of tenure shall be based on the continued performance of the faculty member at a level which is consistent with the highest standards of the profession, and which are the same as those listed for consideration of promotion from assistant to associate professor.

An appointment with tenure extends without limit in time and assures the appointee of continued service without the need of recurring appointments. Tenure is instituted to recognize that the appointee has established himself or herself permanently in the regular activity of XUSOM and of the general academic community. Tenure is institution-wide in scope: once it is granted to a faculty member, subsequent faculty appointments at XUSOM, whether by promotion or by transfer to another academic unit or otherwise, shall also be made with tenure.

The period of tenure-track performance shall be not later than 72 months, beginning 01 May 2008 and thereafter. At the completion of 36 months of service at the grade of assistant, associate or full professorship, those wishing to apply for tenure shall make such application in writing to the respective Dean, with copies being sent to the Chief Academic Officer. For faculty who serve in both the medical and premedical programs, application should be made to both Deans. The respective Dean(s) shall then within fifteen days of application, appoint a committee consisting of themselves and at least two other teaching faculty who will make a recommendation to the Chief Academic Officer on whether to recommend tenure of the faculty member based upon their past performance and potential for future contribution to XUSOM as well as the profession. The recommendation of this committee shall be made within an additional fifteen days of the tenure request.

Following receipt of the recommendation by the committee for or against tenure, the Chief Academic Officer shall either endorse the decision of the Committee, or reject such. If the recommendation is to award tenure, and the Chief Academic Officer concurs, the Chief Academic Officer shall then recommend that the President of the University confer tenure on the said faculty member. If the recommendation is to not award tenure then the Chief Academic Officer may accept or reject the decision. If accepting such, the Chief Academic Officer will make recommendations to the applying faculty member on how they can strengthen their application for tenure, and state a period of no less than 12 months before

the faculty member may again apply for tenure. If rejecting the proposal by the Committee that tenure not be awarded the faculty member, then the Chief Academic Officer makes recommendation to the Committee on appropriate changes to the Committee's decision.

The Committee may in turn accept these changes, or reject such by appealing directly to the President of the University, whose decision is final.

Faculty members applying for tenure are allowed the right of appeal of any negative decisions by either the Committee or the Chief Academic Officer by appealing directly to the President of the University for reversal of previous decisions. The decision of the President is final.

## **Termination**

A faculty appointment with tenure will terminate only if and when one of the following circumstances occurs: (1) retirement; (2) resignation; (3) death; (4) dismissal for cause, upon one or more of the grounds stated below (5) termination due to bona fide financial stringency of the entire institution so severe as not to be capable of relief by less extreme measures.

## **Dismissal for Cause**

A person holding a faculty appointment with or without tenure may be dismissed for cause from employment by the university on one or more of the following grounds:

1. Demonstrable incompetence – such as consistently poor performance of students on internal and NBME Shelf exams, consistently poor student and/or peer evaluations, and so forth
2. Moral turpitude – such as inappropriate romantic or sexual relationships with students
3. Violation of the criminal law – such as it places the institution or members of the university community in jeopardy
4. Persistent and willful violation of standards of faculty conduct – such as excessive tardiness to class and other university activities, disrespectful attitude towards other members of the university community, and so forth

To dismiss a faculty member for cause, there must be concurrent findings by the Chief Academic Officer and the duly constituted ad hoc Faculty Review Committee that this action is justified, and these findings must have been arrived at by following in good faith university procedures. For the dismissal to become effective, these findings must be concurred in and approved by the President of the University and the Board of Trustees.

Should the charges aimed at the dismissal for cause of a faculty member appear to the President of the University to involve gross misconduct, meaning that they are of such gravity and of such a nature as to render the person unfit for continuing association with students, or to constitute an immediate and substantial danger to life or to property of the university or of members of the university community, the President of the University may, at the time he or she initiates the process aiming at dismissal by formulating those charges or at any later time during the process, suspend the faculty member with pay.

A dismissal becomes effective when notice of the final decision of the Board of Trustees is given to the dismissed faculty member by the President of the University in writing by first-class mail to his or her last known home address. The dismissed faculty member shall have pay revoked from the date the decision is made by the Board of Trustees and the first-class mail notice is sent.

## **Sanctions**

Sanctions other than dismissal may be imposed on a faculty member on the same grounds listed in the Dismissal for Cause section, or for knowingly committed violations of standards of faculty conduct that are not of such gravity or of such a nature as to merit dismissal. Such sanctions shall be imposed by the Chief Academic Officer following the procedures prescribed in the subsection on Procedure of the present section of this Policy.

Sanctions that may be imposed in this manner include, but are not limited to: reduction in salary; embargo on the consideration of salary increases for a specified period of time; prohibition of proposing, through the university, some or all sponsored research or other grants for a specified period of time; censure; public apology to the university community; or probation. Sanctions imposed shall not exceed 180 days. In order for sanctions to be lifted, input must be provided to the Chief Academic Officer on performance by the faculty member during the period of sanction by the Faculty Development Committee. The imposition of a sanction is not a subject of public announcement. When the very nature of the sanction requires disclosure (e.g. public apology), the disclosure shall be made only to the extent strictly required.

## Procedures for dismissal

### Initiation

A procedure aimed at dismissing a faculty member for cause shall be initiated by the President of the University, or his appointee, after consultation with the appropriate Department Head, Dean(s), and the Chief Academic Officer.

The decision to initiate the procedure may be preceded in some cases, when permitted or required under policies established by the university, by a formal process of inquiry, or of inquiry and investigation. The President of the University, or his appointee, shall initiate the procedure by communicating to the faculty member in writing a summary statement of the grounds on which a dismissal for cause or the imposition of another sanction is sought, as well as the specific nature of the proposed sanction, and advising the faculty member of the procedure to be followed and of the options available to him or her.

### Suspension

If the evidence leading the President of the University, or his appointee, to initiate a procedure for the dismissal for cause of a faculty member appears to the President of the University to involve gross misconduct, as defined in the section on Dismissal for Cause of this Policy, the President of the University may, when initiating the procedure or at any later time during the procedure, suspend the faculty member with pay. The suspension shall become effective upon notification in writing to the faculty member. The Faculty Review Committee shall be informed of the suspension. A suspension may be revoked by the President of the University at any time. If not revoked earlier, a suspension shall remain in effect until the final disposition of the initiated procedure.

### Statement of charges

Within fifteen days of the completion of the proceedings of the Faculty Review Committee, or if the communication to the President of the University of the faculty member's waiver of the appointment of an Faculty Review Committee, the President of the University, or his appointee, if he or she has decided to continue the initiated procedure, shall communicate to the faculty member in writing a statement of charges, which is a formal statement specifying the grounds upon which dismissal for cause or the imposition of sanctions is sought, the particular charges made on those grounds, the proposed disposition (dismissal for cause or another specific sanction), the detailed procedure to be followed and the procedural rights accorded to the faculty member.

If the charges in a procedure for dismissal for cause involve gross misconduct, as defined in the subsection on Dismissal for cause of the present section of this Policy, the statement of charges shall include a declaration to this effect, whether the President of the University has, in consequence of these charges, suspended the faculty member or not. The statement of charges shall in particular inform the faculty member that a hearing on the charges will be conducted by the Faculty Review Committee at a specified time and place. The time of the hearing shall be set not later than forty-five days after the communication of the statement of charges.

No later than ten days before the date set for Faculty Review Committee hearing, the faculty member should respond in writing to the statement of charges, in order to answer the charges made there; at that time, the faculty member may also indicate whether he or she waives the holding of the hearing before the Faculty Review Committee

### [Faculty Review Committee policies](#)

The President of the University, or his appointee, shall promptly provide the Faculty Review Committee with the statement of charges and with the faculty member's response, and the Committee shall begin its examination of the case by considering these documents. Whether a hearing is to be held or the holding of a hearing is waived by the faculty member, the Faculty Review Committee may request relevant information from any person it considers appropriate, and it shall have access to all the relevant documentation under the control of the university.

If a hearing is to be held, it is the faculty member's privilege to decide whether the hearing shall be private or open to the university community. If any facts are in dispute, the testimony of witnesses and other evidence concerning the charges in the President of the University's statement of charges shall be presented at the hearing. The President of the University or a university officer of the President of the University's choice may attend the hearing in person, and the President of the University may designate a representative to assist in developing the case. The Ad Hoc Committee determines the order of proof, conducts the questioning of witnesses, secures, if necessary, the presentation of relevant evidence and controls the course of the hearing.

The faculty member shall have the option of assistance by counsel. The Faculty Review Committee may assist the faculty member, if necessary, in securing the attendance of witnesses at the hearing. The faculty member and his or her counsel, as well as the President of the University's representative, shall have the right to question all the witnesses who testify in person at the hearing. The faculty member has the right to be confronted by all witnesses testifying in support of the charges. When a witness is unable to appear at the

hearing, a sworn deposition, made in the presence of the faculty member and his or her counsel, who shall have the right to question the witness, may be admitted as evidence. All the evidence admitted shall be duly recorded, and a transcript of the hearing shall be prepared.

### Decision of the Faculty Review Committee

The Faculty Review Committee shall make its decisions in conference on the basis of the evidence collected and the arguments of the President of the University's representative and of the faculty member and his or her counsel.

On each of the charges contained in the President of the University's statement of charges, the Faculty Review Committee shall decide (a) whether it finds that the charge is contained within the grounds listed in the subsections on Dismissal for cause and Sanctions of the present section of this Policy, and, if so, (b) whether it concurs in the President of the University's finding that the charge has been established. Unless the Committee's decision is affirmative on both points with respect to at least one charge, it shall find that the charges are not substantiated against the faculty member.

An affirmative decision on any of the points referred to in the preceding paragraph shall be reached if and when agreed on by members equaling or exceeding in number two-thirds of the total number of members participating in the consideration of the case.

If the Faculty Review Committee does not find that the charges against the faculty member are not substantiated, it shall then decide whether it concurs in the disposition proposed by the President of the University, such as dismissal for cause or some other specific sanction. The Committee may, instead, decide to recommend a reasoned proposal of a sanction less severe than that proposed by the President of the University, or for a sanction equally severe but, in the Committee's judgment, more appropriate to the case.

If in the statement of charge the President of the University makes a charge of gross misconduct by the faculty member, as defined in the subsection on Dismissal for cause, the Faculty Review Committee, if and when concurring in the finding that one or more of the charges have been established and are properly grounded, shall also decide on whether it agrees that gross misconduct has been established. An affirmative Committee decision on this point necessarily implies concurrence in the President of the University's finding that dismissal for cause is justified.

A decision by the Faculty Review Committee must be agreed on by a majority of the members participating in the consideration of the case.

## Appeal for reconsideration

If the Faculty Review Committee finds that the charges against the faculty member are substantiated, the faculty member may lodge an appeal for reconsideration. For an appeal for reconsideration to be heard, written notice of the intention to appeal must be given to the Office of the President of the University and the chairman of the Faculty Review Committee within ten days of the communication of the Faculty Review Committee report. When notice of the intention to appeal for reconsideration is received, the President of the University shall constitute an Appeal Committee to hear the appeal. The Appeal Committee shall consist of two deans, two members appointed by the Executive Body of the Faculty Senate, chosen among those current or retired faculty members of XUSOM who do not hold administrative positions; and, to be chairman of the Appeal Committee, the President of the Faculty Senate.

When hearing an appeal for reconsideration, the Appeal Committee shall review all the proceedings in the case and shall provide an opportunity for oral or written argument by the President of the University or his or her representative and by the faculty member and his or her counsel. The Appeal Committee has the power to require the Faculty Review Committee to reconsider its decisions on those points and in response to those objections specified by the Appeal Committee. A decision to require reconsideration shall be made only if supported by the votes of at least three members of the Appeal Committee.

The decision of the Appeal Committee, whether to require or not to require reconsideration, shall be communicated to the President of the University, the Chief Academic Officer and the faculty member.

When required to reconsider its decisions, the Faculty Review Committee shall proceed to do so by taking into account the stated objections, and receiving new evidence and hearing new argument if necessary. It shall then make its decisions on the reconsidered points by the same procedure as before, and shall record them in an appropriately confirmed or amended report. The report shall be communicated to the President of the University, the faculty member and the members of the Appeal Committee.

## Disposition

If the final Faculty Review Committee report recommends exoneration of the faculty member, the procedure shall terminate without further action, except as regards the



disposition of the records, as provided below. If the final Faculty Review Committee records approval for dismissal for cause is justified, the President of the University shall submit these concurrent findings to the Board of Trustees for the Board's concurrence and approval.

## Records

When the procedure ends with the exoneration of the faculty member, or with an informal agreement before a decision by the Faculty Review Committee, all records of the case under the control of the university shall be destroyed within thirty days after the outcome is communicated to the faculty member. If the final Faculty Review Committee report does not exonerate the faculty member, all records pertaining to the case, that are under the control of the university shall be kept for whatever length of time is necessary to satisfy legal. At the expiration of that length of time, the records shall be destroyed. If the final disposition of the case is the imposition of a sanction other than dismissal for cause, the Statement of Charges, final Faculty Review Committee report, and the final decision shall be made part of the faculty member's personnel record, and kept there so long as he or she is employed by the university, and destroyed upon the termination of employment.

## Faculty Rank Structure & Recommended Salary Ranges

### Terminal Degree

In discussing the degree requirements for each academic rank the term terminal degree is used. Terminal degree refers to the highest academic degree available for a field of study. For the purpose of this policy, this degree is a doctorate in subject related to the professor's field of instruction and/or research.

In academic fields, the typical terminal degree is the doctor of philosophy (PhD or DPhil); other academic degrees which are considered terminal, include the doctor of public health (DrPH or DPH); doctor of science (DSc); doctor of health sciences (DHS DHSc, or DrHS); doctor of professional studies (DPS); doctor of management (DM); doctor of education (EdD); doctor of business administration (DBA); and doctor of arts (DA).

Medical professional degrees for non-physicians which are considered terminal include the advanced practice nurse doctorate (DNP, DNAP, DNS, DNSc); audiologist (AuD); dentist (DMD or DDS); clinical laboratory science/medical technology (DCLS); pharmacist (PharmD); physical therapy (DPT, DPhysio); podiatrist (DPM, DP, PodD); psychologist/counselor (PhD, PsyD, ClinPsyD, or EdD); and veterinarian (DVM, VMD).

Medical professional degrees for non-physicians which are not considered terminal include the bachelor of dentistry degree (BDent, BDS, BDSc, or BChD); dental masters degrees related to advanced practice such as endodontics or orthodontics; bachelor/master of pharmacy (BPharm, BScPhm, PharmB, or MPharm); physician assistant master's degree (MPAS, MPS, or MS); bachelor of podiatric medicine (BPod or PodB); bachelor/master of physical therapy (BSPT or MSPT); and bachelor of veterinary medicine (BVS, BVSc, or BVMS).

Medical professional degrees for physicians which are considered terminal include the doctor of medicine (MD or DM) or the doctor of osteopathic medicine (DO) as awarded primarily in the United States. Medical professional degrees for physicians which are not considered terminal include the bachelor of medicine bachelor of surgery degree (MBBS, BMBS, MB BChir, BM BCh, MB ChB, BM, or BMed). Physicians holding these non-terminal medical degrees may satisfy the requirement for a terminal degree by earning an MD, DO, PhD, or one of the other accepted terminal degrees.

Professors who do not hold a terminal degree may be awarded tenure and be promoted; however, they may not be promoted to full professor without the terminal degree. Adjustments to this policy must be made jointly by the President of the University and the CAO at the recommendation of the appropriate dean of either the medical or premedical program.

### **Instructor / Lecturer**

The rank of Instructor / Lecturer is an entry-level position for the University. The rank of Instructor / Lecturer may be given to those with specialized assignments, adjunct faculty, or visiting faculty. Requirements include the following:

1. Degree: Candidates may or may not have the terminal degrees appropriate for their disciplines
2. Years in Rank: Candidates do not need a minimum number of years in a lower rank
3. Criteria: Candidates should show promise of moving toward excellence in the criteria appropriate to their work assignments

### **Assistant Professor**

The rank of assistant professor is the primary entry-level position for employment as a faculty member at the university. Requirements include the following:

1. Degree: Candidates may or may not have the terminal degrees appropriate for their disciplines; however, in the absence of an appropriate terminal degree, evidence must be presented that the candidate fulfills either academic, professional or industry related experience which makes them appropriate for the academic appointment, including working towards a terminal degree
2. Years in Rank: Candidates do not need a minimum number of years in a lower rank unless the initial appointment was at the instructor level, in which case they must have a minimum of 1 year in rank
3. Criteria: Candidates should show promise of moving toward excellence in the criteria appropriate to their work assignments

### Associate Professor

The rank of associate professor is the mid-career faculty rank at the University. Requirements include the following:

1. Degree: Candidates should have the terminal degrees appropriate for their disciplines; however, in the absence of an appropriate terminal degree, evidence must be presented that the candidate fulfills either academic, professional or industry related experience which makes them appropriate for the academic appointment, including working towards a terminal degree
2. Years in Rank: Under usual circumstances, candidates must serve at least three years as assistant professor, including the year when the promotion will be considered at the University level, before they are eligible for promotion to associate professor
3. Criteria: Candidates must show clear and convincing evidence of emerging stature as a significant contributor to the educational and other missions of the university, society and profession

### Professor

The rank of professor is the highest rank at the University. Requirements include the following:

1. Degree: Candidates must have an appropriate terminal degree for their disciplines
2. Years in Rank: Under usual circumstances, candidates must serve at least seven years associate professor, including the year when the promotion will be considered at the University level, before they are eligible for promotion to professor
3. Criteria: Candidates must show clear and convincing evidence of high levels of attainment in the criteria appropriate to their work assignments and the missions of the university, society and the profession

### **Adjunct / Part time Faculty:**

Individuals who are employed to provide curricular / expert consultation, serve on committees, guest lecture, and/or collaborate on research projects.

1. Degree: Candidates must have an appropriate terminal degree for their disciplines
2. Appointment and Term: All Adjunct / Part time Faculty appointments will be made as needed. The arrangement is for a year and may be renewed. However, dismissal of appointment may occur at any point in the term. They are not eligible for promotions, and / or benefits.
3. Criteria: The Adjunct / Part time Faculty may be individuals who hold appointment / position outside of the Xavier University School of Medicine or they may be external to the university and hold appointment with local industry, at other academic institutions, or work for local and state government agencies. Salary will be based on experiences and qualifications. If the appointee does not hold a current academic rank, the committee shall use academic accomplishment to determine rank.

### **Visiting faculty:**

The visiting faculty may be individuals who are faculty, identified or recommended by the Deans or the system chairs, who can make significant contributions to teaching and learning by virtue of their training and academic qualifications.

1. Degree: Candidates must have an appropriate terminal degree for their disciplines
2. Appointment and Term: They are invited by the CAO to participate in teaching and paid an honorarium apart from their hotel and airline tickets. The arrangement is for a year and may be renewed.

3. **Criteria:** The visiting faculty may hold appointment / position outside of the Xavier University School of Medicine or they may be external to the university and hold appointment with local industry, at other academic institutions, or work for local and state government agencies. Salary will be based on experiences and qualifications. The terminal degree of the visiting faculty must be in the discipline area that they would be teaching or in the area requested by the dean.

## **Criteria for promotion and tenure**

Appointments, promotion and tenure shall be based on teaching, research and other scholarly activities, and contribution to society as discussed in the following sections.

### **Teaching**

Teaching communicates knowledge to students and develops in them the desire and skills necessary to continue learning. The University distinguishes between routine classroom performance and contributions to teaching that draw upon the teacher's depth and breadth of scholarship. Teaching includes not only formal classroom instruction, but also advising and mentoring of students. Effectiveness in teaching is reflected by student learning and improvements in the learning environment and curriculum. Evidence of teaching effectiveness may include, but is not limited to, any combination of the sources listed below, including:

1. Preparation of innovative teaching materials, instructional techniques, curricula or programs of study
2. Collaborative work on interdisciplinary courses, programs and curricula within the university
3. Effectiveness shown by student evaluations and accomplishments
4. Performance of students on uniform examinations or in standardized courses
5. Successful direction of individual student work such as independent studies, special student projects and student seminars
6. Evidence of effective advisement of students
7. Peer evaluations by colleagues/supervisors who are familiar with the candidate's teaching, have team-taught with the candidate, used instructional materials designed by the candidate, or have taught the candidate's students in subsequent courses

8. Selection for teaching/supervising special courses or programs
9. Other activities as deemed appropriate by the Faculty Development Committee in consultation with the Chief Academic Officer

### Research and other scholarly activities

Research, scholarship and creative accomplishments are the studious inquiry or examination, especially critical investigation or experimentation that have as their purpose to improve the development, refinement and application of knowledge. These examinations may include revisions of accepted conclusions, interpretations, theories or laws in light of newly discovered facts, or the practical applications of such new or revised conclusions, interpretations, theories or laws. Inquiry and originality are central functions of the University. Faculties are to discover new ideas, to fashion new interpretations of enduring ideas, and to participate in the application of these ideas. Consequently, faculty should conduct research or engage in other creative activities appropriate to their disciplines and to disseminate the results of their work through media appropriate to their disciplines. Interdisciplinary and collaborative works are valid forms of scholarly activity, and will be judged as such, as long as each candidate gives clear evidence of his/her participation in each instance.

Evidence of research, scholarship or other creative activities includes, but is not limited to, the sources listed below, including:

1. Research and/or scholarly publications (indicate if peer-reviewed), including books, parts of books, reviews, book reviews, monographs, bulletins, articles, and other scholarly works published in refereed journals, discipline-specific publications, articles published in professional publications, research reports to sponsors, accepted manuscripts, research notes and bulletins
2. Funded projects, grants, commissions and contracts
3. Presentation of research papers before professional meetings
4. Other evidence of research or creative accomplishments as appropriate
5. Record of participation in and description of seminars and workshops, including continuing education, as well as presentations at such

6. Description of outreach or other activities in which there was significant use of candidate's expertise (e.g. consultant, reviewer for refereed journal, peer reviewer of grants, speaker, service to government agencies, professional and industrial associations, educational institutions)
7. Description of new courses and/or programs developed
8. Description of new computer software, video or multimedia programs, or substantial assistance with university information technology (IT) operations
9. Application of research scholarship in the field, including the development of new community outreach programs, technology adopted in the field, technical assistance provided to outside agencies
10. Other evidence of impact on society of research scholarship and creative accomplishment
11. Election to offices, chairmanships, committee membership and other activities and important service to the University of Professional Associations
12. Evidence of continuing education on the part of the faculty member, including, but not limited to the taking of courses, attending conferences, self-directed study, attainment of additional degrees, certificates or diplomas, and so forth
13. Other activities as deemed appropriate by the Faculty Development Committee in consultation with the Chief Academic Officer

#### Research Incentives for Promotion

##### A) Instructor to Assistant Professor

At least 2 research papers publication in indexed journals

##### B) Assistant Professor to Associate Professor

At least 4 research paper publications in indexed journals on cumulative basis with minimum of 2 research publications during the tenure as Assistant Professor

##### C) Associate Professor to Professor

At least 6 research papers publications in indexed journals on cumulative basis with minimum of 2 research publications during the tenure as Assistant Professor and 2 research publications during the tenure as Associate Professor

## Contributions in service to Society, the University and the profession

Service to society refers to the function of applying academic expertise to the direct benefit of external audiences in support of the university mission. It can include applied research, program and project management and technical assistance, or other endeavors. A faculty endeavor may be regarded as service to society, the university and the profession for purposes of promotion and tenure if the one or more of the following conditions are met:

1. Service to society includes, but is not limited to work which can be demonstrated to show the following:

- a. There is utilization of the faculty member's academic and professional expertise
- b. There is a direct application of knowledge to, and a substantive link with, significant human needs and societal problems, issues or concerns
- c. The ultimate purpose is for the public or common good
- d. New knowledge is generated for the discipline and/or the audience or clientele

2. Service to the University includes, but is not limited to:

- a. Participating in university committee work and/or governance
- b. Contributing to administrative support work
- c. Developing, implementing or managing academic programs or projects

3. Service to the profession includes, but is not limited to:

- a. Offices held and committee assignments performed for the university or outside organizations
- b. Organization of or participation in professional conferences
- c. Editorships and the review of manuscripts in professional association and learned societies publications
- d. Review of grant applications

## Recommended salary ranges



It is recognized that salary ranges vary widely across academic institutions in terms of foreign medical education in the Caribbean Basin. However, certain trends regarding remuneration have emerged when researching base net salaries of those highly regarded academic institutions whose standard of success XUSOM aspires to in their continued effort to offer high quality medical education.

As such, the following salary ranges are recommended averages, after local taxes, and not including benefits packages:

1. Full Professor \$72,000 to \$86,000 Gross per annum
2. Associate Professor \$65,000 to \$71,000 Gross per annum
3. Assistant Professor \$48,000 to \$64,000 Gross per annum
4. Instructor \$41,000 to \$48,000 Gross per annum

### Additional recommendations

In addition to suggested salary ranges, in an effort to enhance faculty recruitment and retention within the scope of tenure, the following recommendations are made:

1. Travel Allowance – After the appointment of tenure, and an additional five years of service with the University, faculty shall be eligible for a round-trip airline ticket from Aruba to their home of record on an annual basis
2. Academic Sabbatical – Workload and availability of faculty permitting, after the appointment of tenure, and an additional five years of service with the University, faculty shall be eligible for a one semester academic sabbatical with pay; this benefit is based upon the availability of additional faculty to handle the workload of the professor on academic sabbatical; additionally, faculty may not take an academic sabbatical as their last semester of employment with the University, and a return to normal teaching and other duties is anticipated at the end of such; faculty shall be eligible for subsequent academic sabbaticals with every subsequent five years of service under the same conditions
3. Cost-of-Living Allowance – An annual COLA increase shall be given to faculty members in order to offset year inflation increases in accordance with the yearly Consumer Price Index (CPI) as set by the US Department of Labor’s Bureau of Labor Statistics, but not to exceed five percent; this benefit shall be reserved for faculty holding the rank of assistant professor and above

4. Other Benefits – Other financial or additional benefits as deemed appropriate by the University administration in recognition of continued service to the University following tenure

### Qualifications for Rank

This table lists examples of activities that may satisfy those guidelines. Guidelines should be treated as optional steps that may be met to qualify for promotion to the applicable rank. Candidates for more advanced ranks should be expected to satisfy more guidelines than candidates for less advanced ranks. The relative value of selected activities and accomplishments to the various ranks is depicted with "\*" symbols. Additional guidelines activities and accomplishments should be established and accepted at the discretion of the Faculty Promotion Committee.

Criteria	Examples of Activities and Accomplishments	Instructor	Asst. Professor	Assoc. Professor	Full Professor
FTE		Part or Full-Time	Full-Time	Full-Time	Full-Time
Qualifications		Masters or Doctoral Degree	Masters or Doctoral Degree	Doctoral Degree	Doctoral Degree
Work experience		0 years	0 - 3 years	3 - 7 years	5 or more years
Teaching	Positive teaching evaluations by Dean or representative	**	**	***	****
	Positive teaching evaluations by colleagues	**	**	***	****
	Positive teaching evaluations by students	*	*	**	***
	Delivers or exceeds required teaching load	*	*	*	*
	Students perform well on USMLE	*	*	**	***
Student Evaluations	Prepares fair and diagnostic examinations	*	**	***	****

	Maintains good records of student performance	**	**	***	****
	Uses student performance to improve course	**	**	***	****
	Submits timely grades	**	**	**	**
<b>Student Advising</b>	Advisor to student organizations	*	**	***	****
	Academic advisor to individual students	*	**	***	***
<b>Committee Service</b>	Serve on XUSOM Committees	*	**	***	***

### **Procedures of application for Promotion**

The faculty wishing to apply for promotion shall make such application in writing to the respective Dean, with copies being sent to the Chief Academic Officer. For faculty who serve in both the medical and premedical programs, application should be made to both Deans. The respective Dean(s) shall then within fifteen days of application, appoint a committee consisting of themselves and at least two other teaching faculty who will make a recommendation to the Chief Academic Officer on whether to recommend promotion of the faculty member based upon their past performance and potential for future contribution to XUSOM as well as the profession. The recommendation of this committee shall be made within an additional fifteen days of the promotion request.

Following receipt of the recommendation by the committee for or against promotion, the Chief Academic Officer shall either endorse the decision of the Committee, or reject such. If the recommendation is to award promotion, and the Chief Academic Officer concurs, the Chief Academic Officer shall then recommend that the President of the University confer promotion on the said faculty member. If the recommendation is to not award promotion then the Chief Academic Officer may accept or reject the decision. If accepting such, the Chief Academic Officer will make recommendations to the applying faculty member on how they can strengthen their application for promotion, and state a period of no less than 12 months before the faculty member may again apply for promotion. If rejecting the proposal by the Committee that promotion not be awarded the faculty member, then the Chief Academic Officer makes recommendation to the Committee on appropriate changes to the Committee's decision.

The Committee may in turn accept these changes, or reject such by appealing directly to the President of the University, whose decision is final.

Faculty members applying for promotion are allowed the right of appeal of any negative decisions by either the Committee or the Chief Academic Officer by appealing directly to the President of the University for reversal of previous decisions. The decision of the President is final.

## Faculty Evaluations

All faculty members will receive annual performance evaluations by the Dean or his/her designee. Supplementary evaluation methods will include evaluations by students and self. The main objective of evaluations is to encourage and recognize high quality work from its faculty as well as to enhance faculty member's strengths and correct any weakness. Annual performance evaluations also serve to clarify the faculty member's duties and responsibilities. Results from both primary and supplementary evaluation sources will be considered for the purposes of raises, bonuses, promotions and/or tenure.

New faculty will receive performance evaluations during the first two months of employment. Annual evaluations will be completed between September 1 and November 30 or during the month preceding the employment anniversary date of hire. All evaluations will be recorded on standardized evaluation instruments approved by the President of the Faculty Senate or his/her designee for that purpose. All evaluation results will be maintained in a personnel file established for each faculty member and preserved permanently in the faculty member's employment record.

## Students Evaluation of Faculty

All students will be given the opportunity to evaluate their professors during the standardized process of Course Evaluations. A standard evaluation form (see Appendix C) is available for all students to complete for the main lecturer(s) of every course in which they are currently enrolled. The evaluations take place on designated days during the term. After final grades are submitted and the term is officially completed, the results are run through a conversion program that converts students' raw responses, computes averages for every item, and calculates an overall average. Professors are then provided with a hardcopy of their results. Results of student evaluations are used primarily for professional development purposes.

# Professional Responsibilities and Demeanor

## Academic Freedom

Faculty at the Xavier University are assured of academic freedom – the right to freely study, discuss, investigate, teach, and publish – given the constraints of accepted standards of professional responsibility and within the constraints of the content- coordinated curriculum of the University. Professionally responsible behaviors include, but are not limited to, the following:

1. Faculty members have the latitude to discuss and present their subjects in the classroom in their own style. Faculty must carefully present various scholarly views relating to their subjects and avoid presenting substantially unrelated material.
2. Given their unique position of influence, faculty must ensure the accuracy of the information they convey and show respect for others' opinions. When necessary, faculty must ensure that students are aware that their personal views are not necessarily the opinion of the University.
3. Faculty must function with the understanding that:
  - their actions and speech reflect on the University as an institution and thus can harm the reputation of the University and its affiliates; and
  - they work as part of a multidisciplinary team with a goal of teaching within a content- coordinated curriculum. As such, faculty must conform their teaching to fit within the overall curriculum that has been established and work in conjunction with other faculty in this endeavor.

## Academic Regulations

Faculty members are expected to be familiar with the academic regulations of this University as detailed in this document and in the Student Handbook (downloadable from <http://www.xusom.com>).

## Confidentiality

Information shared to and between faculty members is strictly confidential and must not be shared with students (e.g., grades of other students, comments made by other faculty, etc.) or to others.

## Dress Code

Faculty should always be in business attire during standard working hours and during any University-sanctioned events on campus.

## E-mail Accounts

University e-mail accounts (xusom.com) are established for all members of the faculty. IT staff will assist new faculty in accessing their account. Members of the faculty are expected to check their email account(s) for school-related messages at least once per day. (See [Appendix F](#))

## Faculty Grievances Policy

Members of faculty have the right to seek assistance from the President of the Faculty Senate in resolving egregious circumstances. Such circumstances must include acts that violate their rights as a faculty member. Following the official filing of a grievance by a faculty member, processing of the grievance will progress according to a formalized standard protocol.

Grievances are formal, written complaints alleging that the rights of a faculty member have been violated. Grievances filed by faculty are to be viewed seriously and with reverence by the Administration. In addition, those against whom grievances have been filed are inherently deserving of prompt yet just processing of the complaints.

### Procedures:

1. Written, signed grievances must be addressed to the President of the Faculty Senate and filed with the administration of the University.
2. The Faculty Senate will review the grievance to determine whether action is warranted. Such action may include the facilitation of informal conciliatory discussions among the parties in conflict.
3. The Faculty Senate may appoint an Ad hoc Grievance Coordinator and a Grievance Investigator. The Grievance Coordinator may establish an Ad hoc Grievance Committee over which he/she will preside. The Grievance Coordinator may authorize the Grievance Investigator to conduct interviews with and solicit written statements from all parties who may bear knowledge relevant to the grievance and its investigation.

4. With completion of the investigation, the Grievance Investigator will file a Grievance Report with the Grievance Coordinator. The report will summarize relevant facts and may contain recommendations related to official action.
5. Based on the report of the Grievance Investigator, the Grievance Coordinator may invoke or otherwise recommend disciplinary measures to senior University Administration.
6. The decisions of the University Administration are final.

## **Faculty Offices and Availability**

Each faculty member is provided with office space and high speed Internet access. Voice communication over the internet is in violation of the University's contract with the school's Internet provider and thus is strictly prohibited. Given issues of security and confidentiality, students must not be left unattended in faculty offices. Furthermore, students are not permitted to use A-V equipment in the faculty offices (e.g., computers, photocopiers, etc.) without direct faculty supervision.

Faculty is expected to be available outside of class hours to answer students' questions. Faculty should staff posted office hours at least two hours per week. Office hours should be scheduled at times when students are not taking other courses. Such meetings should take place in faculty offices. Faculty members must have a printed sign for their office door that indicates the faculty member's name, course title, and contact information (e-mail or phone #), so that students know when the faculty member is available for consultation and/or how to get in touch with him/her to make an appointment outside of office hours.

## **General Demeanor & Addressing Colleagues**

Faculty should be respectful and courteous of their colleagues including the support staff, both in personal and in written communications.

Unprofessional demeanor is possible grounds for disciplinary action against a faculty member. When in the presence of students, professors should address other faculty members using their appropriate titles. Students are also expected to address faculty members using their appropriate titles.

## **General Faculty Expectations**

All the faculty are required to carry out teaching, research, clinical and administrative duties as may be assigned by the Dean or the CAO. Specific assignments may vary from time to

time, depending upon the academic needs of the School and the faculty members' areas of capability. Every effort is made to assign duties which afford satisfaction to the faculty member in his/her professional work, consistent with the purposes and best interests of the institution.

Faculty must be aware of the technical requirements for the MD program as described in the Student Handbook and must be aware of the Mission, Vision and Program Educational Objectives of the University.

Further details of roles and responsibilities of the faculty has been mentioned in the Appendix: [Roles and Responsibilities: Faculty](#).

## Sexual Relations between Faculty and Students

Given the power differential between faculty and students, a sexual relationship between a student and a faculty member is never considered consensual (unless the student and faculty member are married). Therefore, sexual relations between a faculty member and a student are prohibited. Faculty who violate this policy will receive immediate termination from the University.

## Special Events, Special Lectures, Committees & Other Teaching Responsibilities

Faculty is expected to attend Orientation day and the White Coat Ceremony and Recognition Day. Faculty must obtain special permission from the Dean to be absent from these important events.

The faculty members are expected to serve on Committees and to actively participate in the development of a coordinated Basic Sciences and/or Clinical Sciences curriculum. The latter entails working with other faculty to coordinate topics in his/her own course with topics taught in other courses within the same term. As the need arises, faculty may also be asked to assist in teaching other courses that are within the faculty member's competence.

## Vacation & Sick Time

Vacation time must be taken within lecture-free periods. Faculty are not permitted to take vacation during the semester.

It is mandatory that all faculty are at campus by 8am on the first day of orientation for each semester. Orientation dates are post on the academic calendar on the school website.



Cancelled or delayed flights are not excused reasons to miss orientation. Faculty who are not present on the first day of orientation will be considered on an unpaid leave of absence from the last day of the previous semester. You will need to be approved by the CAO to return to work.

Faculty who are traveling outside of Aruba during semester breaks must submit their travel itinerary 2 weeks prior to leaving to HR.

Unapproved leave may result in termination and or suspension without pay.

Professors who are too ill to teach class must inform the Dean so that appropriate coverage can be arranged.

## Visiting Prospective Students

After authorization from the Dean, Prospective students are welcome to attend classes during their visit to Aruba. Faculty should permit their attendance as long as their attendance is not disruptive to the class.

## Working Hours

Standard working hours for XUSOM are from Monday to Friday, 8:00am until 5:00pm.

**\*XUSOM, Aruba reserves the right to use all photos, videos and media of employees or former employees taken at any and all University events for marketing and advertisement purposes in perpetuity.**

## Lectures

### Preparation

**1. Syllabi:** System chairs must submit by e-mail a copy of their course syllabus to the Assistant dean of the Curriculum Development & Planning prior to the start of each new term. The document must list the objectives of the course, the general time line for covering course material, the textbook pages and/or chapters that will be covered each lecture, and an explicit grading policy. The course syllabus must be made available to students on the first day of class via a restricted student web site.

**2. Teaching Supplies & Work-Related Business:** In order to obtain general office supplies, instructors must complete a Supply Requisition Form and submit it to Administration. All teaching items that need to be ordered must be requested using an ordering spreadsheet

at the appropriate ordering time. The ordering spreadsheet must be submitted to Administration by the indicated deadline. Purchase requests will be reviewed for approval by Administration and then ordered by purchasing staff. Orders must provide specific detailed information including the source, brand, item number, and cost of the item. Long-distance faxes and postage for mail will be offered free of charge to faculty members when such communications relate directly to professional responsibilities at the XUSOM.

**3. Work Repair Requests & Equipment Maintenance:** The need for repairs should be reported to an Administrative Assistant by phone, in person or by e-mail as soon as the problem has been discovered. For faculty who utilize microscopes, the following protocol should be followed: 1) a label should be placed on each disabled microscope indicating the nature of the dysfunction. This will help guide the Facilities staff in their efforts to repair the problem; 2) the microscopes should then be placed on the bench in the back of the Lab;

**4. Photocopying:** For cost containment, faculty should use photocopiers judiciously (i.e., minimize bulk photocopying). Professors may make the photocopies themselves or submit a request for an Administrative Assistant to do the photocopying. Faculty must not use computer printers as a means of duplicating non XUSOM related documents.

**5. Lecture Notes:** Course lecture notes should be made available to students on the File Server as an electronic copy, which students may access from computers in the Internet Lab as well as from off-campus computers. IT personnel will set up faculty computers with the ability to transfer their lecture notes to the File Server. Faculty members are responsible for keeping their files updated and organized on the File Server. Faculty has to upload the lecture notes before the actual lecture day. Faculty should not permit students to access their course notes from the classroom computer. For cost-containment purposes, faculty members are discouraged from distributing photocopies of their lecture slides or supplementary material to their students.

**6. Course Textbook:** Faculty may request a change to his/her course textbook. The request should be submitted to the Dean of Basic Science at least a full term in advance of the term that the textbook is requested to be used. Once approved, the new text will be advertised to students on the virtual bookstore list that the University has established as well as the website.

## In-Class

1. Format: Class sessions are typically divided into two 45-minute blocks. Lectures begin on the hour. After approximately 45 minutes of lecture, students should be given a 15minute

break. Lectures should finish 15 minutes before the end of the second hour so that students have a short break before the following class begins. Professors should utilize the full time allotted for lecture. Lectures should not run past the time allocated for the course. It is the responsibility of the Faculty to ensure that all material is adequately covered during the time allotted. Thus, under normal circumstances, professors are not free to hold class sessions or labs on weekends or before or after classes during the week. This practice would bias against those students who are unable to attend the unofficially scheduled events. However, if a professor cancels a class due to illness, then Administration must be notified, and the missed class time must be made up before the end of the term.

2. Recording Devices: Professors may allow students to take notes via electronic means during lectures. However, video or audio recording of lectures by students is strictly prohibited.

3. Internet Use during Class: All classrooms have wireless internet connections. Faculty may choose to restrict Internet access by students during their particular class. If this policy is imposed, then it must be added to the course syllabus. Students who violate the course policy can be dealt with on an individual basis by the professor or with Administration, when necessary.

#### 4. Attendance

a) Course Enrollment Roster: Prior to the first day of classes, an enrollment roster for every course will be circulated. Faculty should diligently check the accuracy of the enrollment roster. By the end of the second week of classes, all faculty members should report to a registrar whether their list is accurate and the nature of any inaccuracies. If a student's name does not appear on the enrollment roster, then the student is not officially registered in the course and will not be allowed in class. The student has to be sent to the registrar or the person in charge of finance and has to be cleared to be allowed back to class.

b) University Attendance Policy (as per Student Handbook): The Xavier University School of Medicine requires 90 % attendance by all of its students. Attendance to classes is expected to enhance academic performance. Attendance in all classes will be monitored by the faculty. Attendance monitoring will be used as a tool by which to help assess the possible reason why a student may not be performing optimally in a given class. At the time a student is identified as demonstrating poor academic performance and lack of attendance, the professor in charge of the course is responsible for meeting with the student and re-iterating the attendance policy. This documentation will be put

in the student's academic file. Since full attendance is expected of students, a student who misses over 10% of lectures in a given course has not fulfilled the requirements of the course. Thus, once this limit has been exceeded, the student's attendance record will be reviewed by the Dean. The student faces course withdrawal and is required to retake the entire course with full attendance.

c) Attendance Monitoring & Enforcement: Students arriving more than ten minutes late or leaving early will be marked as absent for the entire class session. Faculty will take attendance daily. Faculty must submit their attendance records daily via the SMS.

d) Uniform and ID monitoring: Faculty is responsible for making sure that all students are in complete uniform with ID while inside their respective classes or within the campus. Students who are not in complete uniform can be given a verbal warning for the first offense, or be sent out to see the Dean of Student Affairs on the second offense and be marked absent for that day. (New students can be excused from wearing their complete uniform for the first week of classes.)

5. Food and Drink in University Facilities: Food and beverages are not allowed in the classrooms, library or labs. Drinking water is allowed in the classrooms and Medical Library. Exceptions for eating in a classroom will be made for special occasions and prior arrangements will be made for extra cleaning on those days. No eating or drinking is permitted in the Test Center.

6. Classroom use by Students: Students are allowed to use classroom A-V equipment (including the computer and LCD projector) to give presentations. However, this is allowed only under the direct supervision of the course instructor.

7. Classroom A-V Protocol: At the end of each lecture, professors should turn off the classroom computer and put remotes, microphones, models, and any other removable teaching paraphernalia into the podium and lock it. Professors who teach in the last time slot of the day should turn off the computer, not just log off. At break and in-between lectures, the LCD projector bulb should be turned off— it should not be left running for the next lecturer.

Professors are responsible for reporting any A-V malfunctioning to an Administrative Assistant or an IT staff member immediately. (Requirement for clearing the white board after the interactive session)

## Term Length

Every term is 15 weeks in length. In general, final exams are held during week 15. Professors must hold class up through and including the Wednesday of the 14th week of each term. The Thursday and Friday of week 14 are Exam Preparation Days in which no classes are held. Subject to change as needed.

## Student Misconduct

Inappropriate, unprofessional, and/or unethical behavior by students during class (e.g., verbal or physical abuse, chronically difficult or antagonistic behaviors, cheating on exams) must be reported in writing to the Dean of Student Affairs. Professors may temporarily remove a student from class and be sent to the Dean of Student Affairs in an acute situation until an investigation can ensue (for further information, see section on Disciplinary Action in the Student Handbook).

## Course Grading

### Minimum Number of Exams

Course grades are based on a minimum number of exams. For Pre-Med, there are two regular exams and one final exam. For Basic Science courses, refer to System Chair.

Unless modified by Administration, grades for students must be based on the number of exams as outlined above.

### Weighing of Exams and Activities

For Pre-Med, the three examinations during the term will be weighted as follows, unless approved by the Dean otherwise:

a. First examination .....	25%
b. Midterm examination .....	25%
c. Final examination .....	35%
d. Quizzes/ Presentations/ Term papers	15%
Total .....	100%

For MED grades calculation, please refer to the Course syllabus.

## **Examination Protocol**

### **General Objectives**

1. Professors will create examinations that fairly, adequately, and accurately test important material from their course.
2. In general, professors should test on material that has been covered in class. Professors should avoid testing students on topics that have not been discussed at all in class. If an exam question is derived from sources other than the contents of the lecture and/or class notes, the professor is obliged to precisely indicate to students what material will be examined, where the information is to be found, and to what level of detail the student should know the material. Any in-class discussions, including those in response to student questions, are eligible for exam questions.
3. Test questions should be of sufficient complexity and appropriate style to prepare students for the USMLE and for professional medical practice.
4. During examination, there should at least be two proctors present at all time.
5. Proctors should be at the test center 10 minutes before the scheduled exam time.

### **Time Schedule**

1. Integrated Quiz: All exams within a term are generally held as a single integrated exam on a scheduled day. The Friday of the last week of classes is a universal Exam Preparation day in which no classes are held. The exact date that lectures will be held each week should be specified in the course calendar at the beginning of the term.
2. Comprehensive Quiz: For every system with NBME finals, a comprehensive quiz is scheduled 4-6 days before the NBME. Comprehensive quiz may NOT be given on any other day than those scheduled by the Dean of Student Affairs. If a change is necessary, a rescheduling may occur only with prior approval by the Dean of Student Affairs.
3. Laboratory Exams: Faculty may opt to give lab exams. If given, lab exams generally are held the week preceding the week in which the written exam for the course is to be given.
4. Final Exams: Final exams will be held during the last week of each system.

## Format

Final exams must be comprehensive. Final exams count for 50% of the actual grade for the system.

The following are guidelines regarding test construction:

- All regular and final exams may be multiple-choice questions. The minimum number of possible answers for multiple-choice questions is four or five.
- Given the present style of USMLE Step I questions, at least 50% of exam questions should be written in problem-solving clinical vignette format (e.g., —A 29year-old patient presents with... || ) rather than just a pure fact-based question (e.g., —Which of the following is true? || ).
- Questions should be original questions constructed by the faculty member. However, faculty members may use other sources as a guide to how to write appropriate USMLE-style questions.

Several types of multiple choice questions are **prohibited** due to their lack of use on the USMLEs.

These include:

- a. —Which of the following statements is FALSE? (Or —Which of the following statements is NOT true?)
- b. —All the following are true EXCEPT:
- c. Questions that have more than one correct answer (e.g., —a and b are true)

Professors must assume that questions from previous exams have been circulated amongst the students through unsanctioned tape recording or photographing of exam debriefing sessions.

Thus, professors are responsible for generating new questions. An effective way of dealing with the fact that a select group of students may have access to former exam questions is to make old exams openly available to all students. If this option is chosen, then faculty must ensure that new exams have questions that are rephrased sufficiently differently from previous exams so that the student has to do more than just memorize the correct answer from previous tests. In addition, any old exams that are circulated should not have the correct answers noted. New tests must also be of sufficient breadth so that students do not just study material restricted to the known test items.

Lab Exams: Professors who opt to give lab exams are permitted to ask oral, multiple choice, short answer, or fill-in-the-blank questions. Essay questions are not allowed.

## Time Allotment

All exams must be completed within the time slot allotted for the exam, even if no exam immediately follows. Students are given approximately 80 seconds per question. Except for the final exam, more time may be allotted at the discretion of the system chair. For tests that do not automatically terminate when time expires (e.g., lab exams), students must discontinue working on exams when the instructor indicates that time has expired for completing the test. Students who disregard this policy will incur academic penalty.

## Students with Learning Disabilities

Students who request extra time for computer exams due to a learning disability must provide appropriate documentation (e.g., a recent psychological evaluation) of their disability to Administration when they arrive on island (or at least 2 weeks prior to the first exam in which extra time is to be granted). Professors cannot grant extra time until a Dean has provided written approval of the student's request. If approved by a Dean, the student is entitled to receive 50% extra time for computer exams. No extra time is given for practical exams.

## Clarification of Questions during Exams

It is at the discretion of the instructor whether questions by students shall be entertained during exams. However, faculty are discouraged from doing so due to a tendency to reveal too much information during the clarification process, which gives an unfair advantage to the questioning student. Nonetheless, if questions are permitted, then professors should take caution not to be leading or to provide hints when responding to questions.

Professors are not allowed to tell students whether their answers are correct or to provide any other clues. If faculty member gives any elaboration or correction of a question to a student, then this same information must be given to ALL students.

## Academic Honesty during Exams

Academic honesty should be promoted in the following two ways: First, professors are recommended to use the —randomize question order option when giving quizzes/exams so that students have different versions of the same test. Second, a proctor must be physically present at all times during the examination. Students suspected of academic dishonesty must be referred to the Dean of Student Affairs.

## Recording of Exam Scores

As an essential backup in case the server fails during computerized tests, faculty must write (or have every student write) the student's score on the student's login/password sheet



when the exam is finished. Professors may require students to sign the score form. Students are not permitted to log off the exam until the faculty member has personally viewed the score on the monitor. Professors must firmly and clearly instruct students not to log off until the professor has viewed the score from the monitor. Students must be warned that failure to follow this protocol may result in a severe academic penalty (e.g., a 0 for the exam).

## Claims of Incorrect Exam Scores

Occasionally, a student challenges the accuracy of his/her score at the end of a test. If this happens, students are NOT allowed to rewrite the exam. Once a student sits through the exam review, the student typically realizes the source of his/her errors. If the student still insists that the score is wrong after the general exam review, the faculty member may print and review the student's exam responses with the student. Students who continue to claim an incorrect score after these steps have been taken must be referred to the Dean of Student Affairs.

## Post-Examination Protocol

### 1. Reporting of Grades to Students & Exam Review

During the next class session following exams, professors will provide students with their exam grades.

Faculty should take precautions to ensure that grades remain confidential. The Family Rights and Privacy Act in the U.S., which this University is compelled to comply with in order to meet accreditation standards, prohibits this type of disclosure without consent of the student. Specifically, faculty should take care to:

- Avoid mentioning the name of the student who received the highest score in the class or the names of student who earned a specific grade.
- Avoid declaring publicly that a student should be able to perform at a higher level on the next exam.
- Avoid showing any student another student's grades.
- During the post-examination session, professors must review the answers to the exam questions with the students.

2. Reporting of Grades to Registrar for Premed students is required. Professors should submit a record of their students' grades to the System Chairs within 24 hours after the test has been administered. Appendix J provides the specific format that must be followed when submitting grades. The information must be submitted as an e-mail attachment and as a signed hardcopy.

3. Final Grades: Final exams are not debriefed with students. Faculty is responsible for reporting final exam grades to their students—Administration will not disseminate this information. Faculty may post their final grades in a confidential manner of their choosing on the University bulletin boards or by giving each student individual written feedback. Faculty should be available after final exams to answer students' questions or concerns about their final marks.

4. Calculating Grades and Changing Grades: Computation of grades is based solely on mathematical principles. Faculty does not have the discretion to raise or lower grades based on non-mathematical factors.

If an error in mathematics has been made, then a submitted grade can be changed. In order to change a submitted grade, a faculty member must complete a Change of Grade Form, available from the Dean upon request. The form must be signed and dated and include a precise description of the error that was made. Change of grade forms will be accepted up to one month after the date of the exam in question. The Dean of Basic Science may approve a grade change after this time but only in exceptional circumstances and with irrefutable evidence that a grade error has been made.

## Policy for proctoring at the Test center

1. The proctors should arrive at the test center 15 min before the scheduled time of examination.
2. Attendance of all the students should be sought by the first set of proctors / system chairs before the beginning of the examination.
3. A minimum of 1 proctor/25 students should be present at all times in test center during an examination.
4. Proctors are discouraged bringing Cell phones, laptops, food items, and drinks into the test center.
5. The proctors should ensure that the students are appearing in a proper attire with ID cards for the examination.
6. The Proctors should ensure that the students do not carry electronic gadgets (mobile phones, smart watches, tablets) into the center. Simple calculators can be permitted on need basis after approval by the system chair.
7. Proctors should ensure that the students don't carry any food items, drinks and are not chewing a gum during the examination.
8. Tardiness of no more than 15 min is permitted for the students for any exam. The students arriving later than 15 min of the scheduled time are not to be allowed to enter the examination.

9. Every student going for restroom, food or water break has to be accompanied to the proctor.
10. Faculty to be seated only in the assigned area, if necessary during the examination.

## Exam Grading Policy

### General

1. Grading Scale: The following grading scale is used:

**Honors** = 90% to 100%

**Pass** = 70% to 89%

**Fail** = below 70%

2. Distribution of Scores: The goal is to have exam results fall along a bell-shaped distribution without the need to adjust raw examination values.

1. The average raw score for an exam should approximate 75%.
2. Assuming a normal distribution of scores, the majority of students should earn scores falling within 1 standard deviation (SD) in either direction of the mean with relatively fewer students earning scores falling beyond 1 SD in either direction of the mean. Thus, the following distribution of grades is expected on an exam:
3. 16% of the class with scores in the Honors range (i.e., greater than 1 SD above the mean)
4. 34% of the class with scores Passing (i.e., within 1 SD above the mean)
5. 34% of the class with scores Passing (i.e., within 1 SD below the mean)
6. 16% of the class with scores in the Fail range (i.e., greater than 1 SD below the mean)

### Score Adjustments

For various reasons, the need to adjust raw examination scores may exist. Thus, the following adjustments may be allowed:

1. Curves: To correct for examination difficulty, a professor may need to add a constant value (i.e., a curve) to raw examination values. The following are guidelines regarding curving: A curve can only be applied in consultation with the Dean of Basic Sciences. A rationale basis must be provided to justify the application of a curve. With the goal of having a mean exam score of 75% with results falling along a normal distribution as described previously, the possibility of curving will be entertained only if: 1) the class average is less than 75% and/or 2) if more than 16% of students in the class fail an exam.

2. Deleting & Re-Grading of Questions: The goal is to avoid the need to delete or to re-grade exam questions. Nonetheless, the following are guidelines for the rare occasion when these practices may be deemed necessary:

i) General:

In order to delete or to re-grade an exam question, the Course Director must first consult with the Dean of Basic Sciences.

ii) Deleting Questions:

Questions should not be deleted because a question was difficult, since this practice results in inequities to students' grades. Specifically, students who actually answered the deleted (—difficult) question correctly get penalized compared to students who got the question wrong. Application of a curve is a more equitable method to deal with difficult questions.

In the case of a flawed question, then the question may need to be eliminated. When an exam question is deleted the exam question no longer exists— a student cannot get the item right or wrong. A NEW exam has been created. The grades must be calculated on the basis of this NEW exam.

Students must be advised that the grades that are displayed on the computer monitor immediately after the exam are raw results. The final official results will be announced during the next class session.

iii) Re-grading Questions:

An alternative approach to deleting a flawed question would be to give students credit for the flawed item. For example, if a question had two right answers, then a professor could give credit to those students who put either of the two choices.

This re-grading of a question would circumvent the need to actually eliminate the question—the exam would still be scored out of the same number of original questions.

Adjustments for unusually High Exam Averages: Exam averages that are unusually high may indicate that the exam was not of sufficient difficulty to meaningfully assess the students' mastery of a subject

## Evaluation of Exam Results

After each exam, all faculty must submit all their exam files (the bank, test, and score files) to the Registrar.

Professors who wish to adjust in any way their raw exam scores must also submit a detailed written explanation for each alteration being requested.

If necessary, the Dean may appoint a committee to: 1) review the specific adjustments requested by individual professors; and 2) analyze the data from all exams. The Committee will then: 1) advise the Dean of Basic Sciences regarding the request for a score adjustment; and 2) provide constructive feedback to Course Directors regarding their exam construction.

Once approval for a score adjustment has been given by the Dean, then the System Chair may provide students with the final (adjusted) version of their exam grade.

As feedback after each exam, a summary table of exam averages and score adjustments for each course will be constructed and circulated to all members of the faculty.

## Faculty By-Laws

### Introduction to By-laws

#### Preamble

XUSOM operates under the direct responsibility of the Chief Academic Officer hereafter referred to as (CAO). The CAO is appointed by the President of XUSOM, subject to Board of Trustees approval. The Faculty are subject to the statutes of XUSOM and operate in accordance with such statutes and policies. This document sets forth a fuller statement of the operating structure of XUSOM.

#### General Provisions

Conflict of Interest. Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. Declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

## **Parliamentary Authority**

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the conduct of business in the Faculty Senate, and the standing committees, in all cases to which they are applicable, and in which they are not inconsistent with these Bylaws and any special rules of order that the Faculty Senate and the standing committees may adopt.

## **By-laws of Faculty Senate**

### **Section 1. Faculty Senate**

#### **Section 1.1 Purpose.**

As an advocacy body, the Faculty Senate develops and recommends policies and procedures that will foster professional growth and actions along with appropriate utilization of faculty and provides advice and assistance concerning matters of the advancement of the University. In an effort to enhance the advancement of the University, the Faculty Senate will encourage collegiality among the faculty and positive interactions between the faculty and other University constituencies. To this end the Faculty Senate may from time to time provide awards and recognition, sponsor enrichment and social activities, participate in University and community events and other activities that will strengthen the University. The Faculty Senate has the responsibility with respect to academic matters to determine requirements for admission and graduation, curriculum and academic programs, scholastic standards required of its students, and exercise additional powers necessary to provide adequate instruction and supervision of its students. The Faculty Senate also bears the responsibility for advising their respective deans on "matters involving academic policy, including priorities, resource and salary allocation, and budgets". The Faculty Senate reports their recommendations to the Chief Academic Officer and President of the University or his/her designee for final approval.

#### **Section 1.2 Organization.**

The Faculty Senate shall contain members who may be elected to serve as officers and appointed to serve on committees.

##### **1.2.1 Membership.**

The Faculty Senate includes all full-time and part-time faculty from the Basic Sciences and Clinical Sciences who perform their services for the MD program. Membership shall include those duly appointed persons whose titles, however otherwise modified, are: Lecturer, Instructor, Assistant Professor, Associate Professor, or Professor. Faculty members who have been appointed to an Assistant Dean or Dean position (excluding the Dean of Basic Sciences and the Dean of Clinical Sciences) retain their rights as voting members of the faculty. The president of XUSOM, the CAO, the Dean of Basic Sciences and the Dean of Clinical Sciences are non-voting ex officio members of the faculty. This means that they can attend meetings if they choose to but do not vote on official matters involving the faculty senate.

#### **1.2.1 Officers.**

The Officers of the Faculty Senate shall include a President, Vice President and Secretary. The Executive Committee of the Senate is a standing committee and shall consist of the Officers of the Senate. The Executive Committee shall plan the meetings and activities of the Senate and will be responsible for conveying proposed changes to the administration. The executive committee provides a direct connection between the faculty and the administration.

#### **1.2.2 Committees.**

The Faculty Senate shall maintain Standing and Ad Hoc Committees as needed to perform its purposes.

#### **1.2.3 Line of Authority.**

The Faculty Senate shall report to the Chief Academic Officer.

##### **1.2.3.1 Officers.**

##### **1.2.3.2 Nomination.**

In the month of October of each year, a Nominating Committee shall present to the Faculty Senate the names of candidates for the positions of President, Vice President and Secretary. Nominees are required to have been at XUSOM for a minimum of TWO consecutive semesters to serve on a committee.

##### **1.2.3.3 Election.**

In the month of December of each year, a meeting of the Faculty Senate shall be convened to elect Senate Officers. The names of the nominees submitted by the Nominating Committee

shall have been made known to the faculty one week in advance of the meeting. The current President shall convene the meeting, announce the names of the nominees and call for the nomination of additional candidates for all offices. Upon approval of a motion to close nominations, each faculty member shall cast one vote for a candidate for each office. The votes shall be cast by ballot. The ballots shall be counted by the Secretary and the candidates for each office receiving the largest number of votes shall be announced at the meeting. In the event of a tie, the balloting for that office shall be repeated until a candidate receives a majority of the votes.

#### **1.2.3.4 Effective Date of Office.**

Elected officers will take office at the end of the meeting in which they were elected.

#### **1.2.3.5 Duties of the Officers.**

(a) The President leads the Executive Committee and shall convene the Faculty Senate in regular and special sessions. The President shall, in consultation with the members of the Executive Committee, prepare an agenda for Senate meetings. The President as the leader of the Executive committee shall conduct the meetings of the Senate.

(b) The Vice President shall perform the duties of the President of the Senate in the absence of the President. The Vice President shall also act as the chairperson of the Faculty Handbook Review Committee, as well as the Treasurer of the Faculty Senate.

(c) The Secretary shall cause that the actions of the Senate be recorded and dispersed to the Faculty and the Chief Academic Officer of the University. Items that were voted on and approved by the Faculty Senate that await action by the President of the University should be summarized after the minutes.

#### **1.2.3.6 Duration of Office.**

All officers will serve for a period of one year unless their employment as a faculty member ends, they resign as an officer, or are removed from office by a vote of 2/3 of the faculty.

#### **1.2.3.7 Filling an Unexpired Term.**

If an office becomes vacant, the Executive Committee shall recommend to the Dean of Basic Sciences an ad interim officer until a special election can be conducted within thirty days after the vacancy occurs. The newly elected officer will take office immediately.

#### **1.2.3.8 Successive Terms.**

No officer shall serve more than three successive terms.



## **Section 1.3 Committees of Faculty Senate.**

### **1.3.1 Appointment and Ratification of Committees Members.**

The President of the Faculty Senate in consultation with the Officers shall appoint the members of the committees. At the meeting following the appointment of a member to a committee the members of the Senate will be invited to ratify the appointment of the committee members with a hand vote. The CAO will assign the Committee Chairs.

### **1.3.2 Committee description.**

#### **1.3.2.1 Standing Committees:**

The standing committee of the faculty senate are:

- a. The Executive Committee of the Senate is a standing committee and shall consist of the Officers of the Senate. The Executive Committee shall be formed at the conclusion of the meeting at which the Officers were elected and shall function for one year. The Executive Committee shall plan the meetings and activities of the Senate. The Secretary will cause minutes of the Executive Committee to be recorded and distributed to the members of the faculty at the discretion of the President of the Senate.
- b. Curriculum Committee shall evaluate the Curriculum and recommend to the Faculty Senate, policies, procedures, actions and plans pertaining to the curriculum. Students from both the Basic and the Clinical Sciences usually serve on the committee (By-laws Section 2).
- c. Admissions Committee The purpose of the committee is to select a sufficient number of well-qualified students that best represent the mission of the Institution. The Committee has the complete and final authority to evaluate and admit medical students. The selection of students will be unbiased and not be influenced by political or financial factors (By-laws Section 3).
- d. CARQI Committee was established as a part of Continuous quality improvement policy to ensure that the medical education program activities and the administrative activities align with the XUSOM's mission, vision, goals and Strategic Plan, and to ensure compliance with accreditation standards (By-laws Section 4).
- e. Research Committee oversees all the research activities and to promotes research which can improve teaching-learning activities in the institution. The committee actively seeks the cooperation of other organizations in the island and abroad to develop research skills and aptitude (By-laws Section 5).

- f. Faculty Development Committee shall recommend to the Faculty Senate, policies, procedures, actions and plans on such issues as faculty recognition and professional enrichment (By-laws Section 6).
- g. Grievances Committee is in charge of hearing all appeals/grievances, hearing cases of alleged unethical behavior within or outside the classroom and outside the school premises pertaining to all disciplinary matters recommending resolution of appeals/grievances. (By-laws Section 7).
- h. Financial Aid and Scholarship Committee (By-laws Section 8)

#### **1.3.2.2 Ad hoc Committees:**

- a. Bylaws Committee is an ad hoc committee and shall be appointed by the President of the Senate in consultation with the Executive Committee as needed, to consult with standing committees to review and recommend revisions to these Bylaws. The Committee shall consist of not less than two members.
- b. Faculty Handbook Review Committee is an ad hoc committee, and shall be appointed by the President of the Senate in consultation with the Executive Committee
- c. Faculty Enrichment/Entertainment Committee is an ad hoc committee, and shall be appointed by the President of the Senate in consultation with the Executive Committee and chaired by the Secretary of the Faculty Senate

#### **1.3.4 Committee Reports.**

Each standing and ad hoc committee should be invited to report its progress at each regularly scheduled meeting of the Faculty Senate.

#### **1.3.5 Meetings**

##### **1.3.5.1 Schedule of Meetings.**

The Faculty Senate will meet each December to conduct elections. The Senate should meet monthly in regular sessions. Special meetings may be called by the President or upon the request of five or more Members.

##### **1.3.5.2 Rules of Order.**

All meetings shall be conducted in accordance with the most recent edition of Robert's Rules of Order.

##### **1.3.5.3 Meeting Agendas.**

Agendas of Senate meetings will be prepared by the President of the Senate in consultation with the Executive Committee. Additional items may be introduced from the floor and added to the agenda upon the majority vote of the Senate.

### **Section 1.4 Quorum.**

A simple majority of the total membership of the Faculty Senate shall constitute a quorum. A quorum shall be required to take any action.

#### **1.4.1 Faculty Senate Actions.**

##### **1.4.1.1 Amendments to Bylaws.**

The Bylaws shall be amended as deemed necessary by the Executive Committee. Proposed amendments to the Bylaws shall be presented to or developed by the Bylaws Committee which may submit proposed amendments in writing to the President of the Senate. Bylaws may be amended upon approval by two-thirds of the members of the Faculty Senate provided that the proposed amendments have been distributed to the Senate not less than ten days in advance of the vote. Amendments to the Bylaws require approval by the President of the University or his/her designee.

##### **1.4.1.2 Faculty Policies and Procedures.**

The Faculty Senate will maintain a periodical review of policies and procedures that pertain to the faculty. Proposed revisions to the policies upon approval by a majority of the members of the Senate, must be submitted to the Chief Academic Officer for approval.

##### **1.4.1.3 Faculty Handbook.**

The Faculty Senate, with assistance from the Faculty Handbook Review Committee, shall assist the Deans in maintaining a Faculty Handbook that shall contain these Bylaws, the Code of Conduct and other information, policies, procedures and guidelines that are commonly used by the faculty. The Faculty Handbook Review Committee should assist the Deans in ensuring that all faculty members have access to a current edition of the Faculty Handbook.

##### **1.4.1.4 Faculty Collegiality.**

In an effort to enhance the advancement of the University, the Faculty Senate will encourage collegiality among the faculty and positive interactions between the faculty and other University constituencies. To this end the Faculty Senate may from time to time provide awards and recognition, sponsor enrichment and social activities, participate in University and community events and other activities that will strengthen the University.

#### **1.4.1.5 Faculty Senate Funding.**

To accomplish those functions designed to advance the University, the Faculty Senate may request funding for Senate projects and activities. Such requests shall be submitted by the President of the Senate to the Chief Academic Officer. The Executive Committee of the Faculty Senate shall submit a yearly budgetary request to Administration by the 1st of November of each year for anticipated expenditures for the subsequent year.

## **Section 2. Curriculum Committee**

### **Section 2.1 Mandate and Responsibilities**

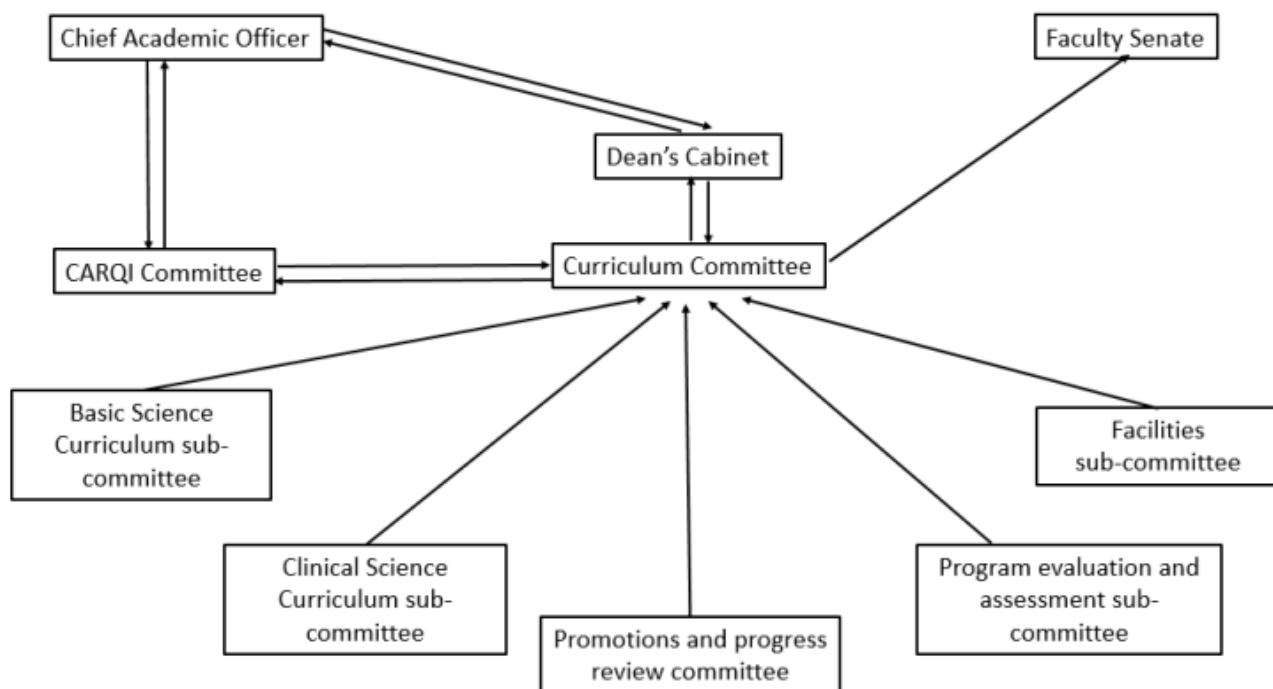
#### **2.1.1 Mandate**

Curriculum Committee is responsible for identifying the curricular content, integration and implementation of all components in both Basic and Clinical science program. Along with this the committee sets up the Educational objectives required in each course, method of instruction and assessment methods to measure the achievement of these objectives. The mandate of the Curriculum Committee is to coordinate the design, management, approval, integration, evaluation and enhancement of a dynamic curriculum that ensures students are equipped with the necessary knowledge, skills and attitude and behavior to get into the residency program. This Mandate of Curriculum Committee is in alignment with standard 6.2 of the revised ACCM standards.

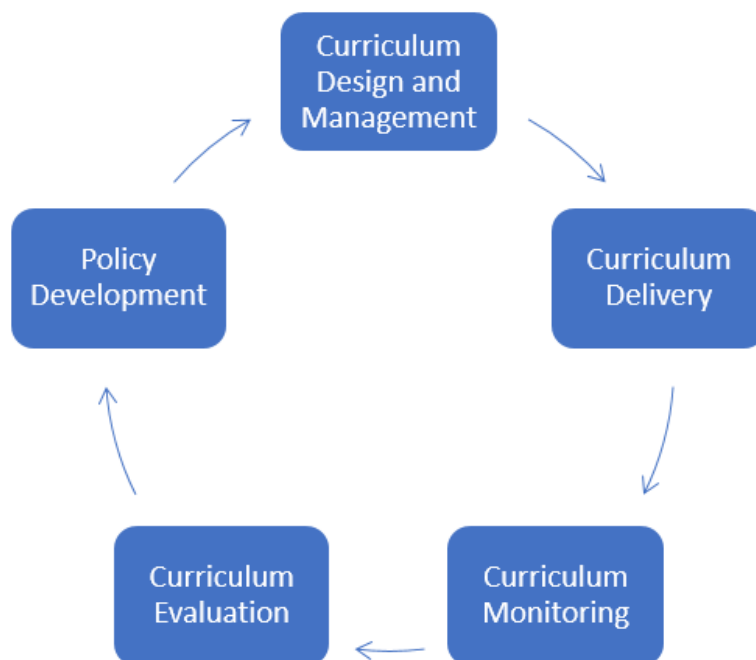
#### **2.1.2 Organization of the committee:**

The following organizational chart defines the organizational hierarchy of the committee:

**Table 2.1: Organization of the Curriculum Committee**



**Table 2.2: Functions / Responsibilities of Curriculum Committee**



### Section 2.1.3. Responsibilities:

The functions/ responsibilities of the curriculum committee are formed in alignment with standards 6.2, 6.3 and 6.4 of revised ACCM standards.

**2.1.3.1 Curriculum Designing:** The Curriculum Committee is responsible for structuring the curriculum in a manner that addresses the established goals, competencies and educational objectives of the medical school. The curriculum committee designs the academic program for the semester approves the academic Calendar which will guide the system chairs to coordinate the activities of the organ system. The committee will ensure that the curriculum complies with the accreditation standards and provide evidence for such compliance.

**2.1.3.2 Curriculum Review:** The committee will constantly review, evaluate and periodically update the curriculum ensuring that there is comprehensive coverage of all the content/competencies throughout the curriculum. The efficient way of reviewing the curriculum is by mapping of learning objectives of each organ system and clerkships to educational objectives, educational objectives to competencies and competencies to the school's mission. The committee works closely with all the system chairs and discusses whether the content or competencies distribution in the organ system is logical and coherent.

**2.1.3.3 Curricular Integration:** The committee will ensure that there is adequate vertical and horizontal integration of the curriculum. This integration will ensure that the students are taught everything from a clinical perspective. This two-way integration will also help students understand the content better, as correlation and interpretation are better.

#### **2.1.3.4 Curriculum Delivery and Monitoring**

**2.1.3.4.1 Scheduling:** The curriculum committee is responsible for preparing and dynamically revising checklists that define action plans/expectations for system chairs for the smooth running of the system. The curriculum committee in liaison with the sub-committee will prepare a schedule for 2 weeks. This schedule is discussed in the bi-monthly integration meeting for any conflicts, identify lacunae of topics and prevent unwanted redundancy.

**2.1.3.4.2 Timely Assessment:** The curriculum committee creates, approves and shares the Academic Calendar with the system chairs and the faculty. This calendar will guide the system chairs and the faculty on the conduction of Assessment. Students are assessed by both formative and summative assessment, but the academic outcome is decided by the summative assessment.

**2.1.3.4.3 Monitoring:** The committee closely monitors the content of the syllabi of individual systems. These syllabi specify the content and workload of the respective system. The syllabi will clearly state the standard for the content depth and content relevance dynamically and temporally.

### 2.1.3.5 Curriculum Evaluation

The curriculum committee work and provide relevant evidence towards the school's compliance with those accreditation standards that are directly or indirectly relevant to the curriculum. Timely Evaluation of curriculum is one of the major standards set by most of the accrediting agencies and hence this component becomes a very important responsibility of the curriculum committee.

Curriculum Evaluation is done under 3 subheadings

- a. **Process Evaluation:** Student feedback at the end of every clerkship or at the end of every organ system is used to prepare a report on the process. Block Evaluation report for every organ system (in Basic Sciences) and Clinical Clerkship Data report at the end of a specific clerkship (in Clinical Sciences) are the tools to review the Educational process. These reports are used by the curriculum committee to find the lacunae in the process and address them subsequently.
- b. **Outcome Evaluation:** Student summative scores in the assessments form the basis for outcome evaluation. The following assessment scores are used by the committee for its outcome evaluation.
  - i. Student scores on internally developed examinations
  - ii. Results of USMLE / NBME Exams
  - iii. Student performance in CCSA1 / CCSA2
- c. **Need Evaluation:** Any deficiencies/shortcomings noted either in process evaluation or outcome evaluations are noted, discussed and addressed under "Need Evaluation."

### Section 2.1.4 Policy Development and Communication

**2.1.4.1 Defining and implementation of policies:** The Curriculum Committee defines and implements policies for Curriculum design, Curriculum content, Methods of delivery of the curriculum, Duration of delivery of the curriculum, Review of the curriculum and recommends them to the Deans, for perusal and approval.

**2.1.4.2 Directing the functioning of the sub-committees:** The curriculum committee is authorized to direct the functioning of the basic science and clinical science sub-committees and to request the sub-committees to convene meetings when required.

**2.1.4.3 Liaising with teaching faculty:** Establishing a faculty leadership structure that functions towards the achievement of curricular goals and compliance with accreditation standards

Timely communication to all teaching faculty either directly or through the established faculty leadership, about revisions, if any, to the curricular structure and content.

## **Section 2.2 Leadership & Membership**

**2.2.1 Appointment:** The members and the chair of the committee are appointed by the Chief Academic Officer based on their academic qualification, academic rank in the institution and experience in Medical education.

**2.2.2 Leadership:** The Curriculum Committee is led by the Chair. Where the Chair is absent for any reason, an Acting Chair may be appointed by the Chair.

**2.2.3 Responsibilities of Members:** All members will participate actively in the committee by reviewing all pre-circulated material. The members will ensure to attend at least 70% of the meetings and also participate in working groups as requested by the chair.

**2.2.4 Term of Membership:** Appointed members will normally serve a three-year term following which their membership can be renewed.

## **Section 2.3 Meeting Procedures**

**2.3.1 Frequency and Duration of Meetings:** Meetings will be held at least once every semester. Additional meetings may be convened in a semester at the call of the Chair.

**2.3.2 Conflict of Interest:** Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. The declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

### **2.3.3 Decision-Making:**

- a. Decisions that establish modifications to the curriculum/ curriculum committee policies, directions to subcommittees, directions to faculty members will be discussed in the context of specific motions.
- b. Motions shall be passed by a majority vote of members and recorded in the minutes.
- c. Where consensus-based decision-making is required, everyone involved in the decision must agree on the individual points discussed before they become part of the decision. The following principles apply during consensus-based decision making:
- d. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally.



- e. Everyone may not be satisfied with consensus-based decisions but everyone's ideas should be reviewed thoroughly. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.
- f. Arguments over individual ranking or position will be avoided. However, a position will be presented as lucidly as possible, respecting the feelings of all groups
- g. A 'win-win' approach will be adopted. When an impasse occurs, the next most acceptable alternative for both parties will be looked at.
- h. Views that have no basis in logic or the supporting data shall not be entertained.
- a. Holding of different views by group members shall be considered natural and healthy.

#### **2.3.4 Communication**

- Agenda and minutes of committee meetings are to be distributed to the committee members by Secretary.
- Minutes are normally distributed electronically to all members within one week of meetings.

### **Section 2.4 Evaluation**

Terms of reference will be reviewed by the Curriculum Committee periodically

### **2.5 Responsibilities of sub-committees:**

#### **2.5.1 Basic science sub-committee:**

- a. All system chairs are members of the basic science sub-committee by default.
- b. System chairs are appointed every semester by the Dean, Basic science, in consultation with the Chair, curriculum committee.
- c. The Secretary of the main curriculum committee will chair the sub-curriculum committee by default.
- d. Student representatives of Years 1 and 2 are appointed by the CAO based on the academic performance of the student.
- e. The basic science sub-committee will support the main curriculum committee by convening meetings as requested by the latter.
- f. The basic science sub-committee will support the main curriculum committee by proposing suggestions for dynamic modifications of the basic science curriculum.
- g. A consensus reached during the sub-committee meetings will be passed to the main committee for final approval.

#### **2.5.2 Clinical science sub-committee:**

- a. All Clinical chairs are members of the clinical science sub-committee by default.

- b. Clinical science chairs are appointed by the Dean, Clinical science, in consultation with Dean, Basic science and Chief academic officer. The term of clinical chair-ship will continue for as long as deemed necessary by the Dean, Clinical science.
- c. The Chair and the Secretary of the clinical sub-committee are appointed by the Dean, Clinical science in consultation with the Dean, Basic science and Chief academic officer on an annual basis.
- d. Student representatives of Years 3 and 4 are appointed by the CAO based on the academic performance of the student.
- e. The Clinical science sub-committee will support the main curriculum committee by convening meetings as requested by the latter.
- f. The Clinical science sub-committee will support the main curriculum committee by proposing suggestions for dynamic modifications of the clinical science curriculum.
- g. A consensus reached during the sub-committee meetings will be passed to the main committee for final approval.

### **2.5.3 Promotions and Progress Review Committee**

#### **2.5.3.1 Purpose**

The Promotions and Progress Review Committee monitors the progress of students throughout the MD program and promotes only those students to a higher term, who are performing at an acceptable level, and graduates only those who successfully complete the program. In the process of these reviews, the Promotions and Progress Review Committee will make the final decision as to whether a student is allowed to advance with or without probation or if a student will be repeating a semester with academic probation.

The decisions made by the Committee can be appealed to the Grievances Committee or the Chief Academic Officer. The decision made by the CAO is final.

#### **2.5.3.2 Duties and Responsibilities**

1. The Promotions and Progress Review Committee shall ensure the formulation and application of effective procedures for the evaluation of student performance, which is defined to include both academic achievement and professional competence.
2. Upon receipt of the final course grades, the Committee shall review the progress of all students and shall certify that each student has met the stated criteria for academic advancement in all phases of the curriculum.
3. Academic advancement must be certified by the Committee for the promotion of students into each phase of the curriculum following matriculation.

4. The Committee shall determine, a course of remediation for each student for whom performance deficiencies have been identified, and shall notify those students and the faculty mentor with performance deficiencies, and in writing, of the required course of remediation.
5. The Committee shall have the authority to:
  - a. place a student on academic probation or warning,
  - b. establish the duration of warning or probation,
  - c. prescribe appropriate steps for the remediation of a student's performance deficiencies,
  - d. remove a student from academic probation or warning, and
  - e. recommend suspension/dismissal of a student to the Deans and CAO.
6. The Promotions and Progress Review Committee in association with the Appeals Committee shall have the authority, to hear grade change appeals and provide appropriate recommendations.
7. The Committee shall meet with any student whose academic progress is a cause of concern that future difficulties may ensue, and may provide recommendations to the student to ensure a greater chance of success.
8. The Committee shall seek to ensure that course grades are reported to the student and the School of Medicine Registrar in a timely manner.
9. Annually, the Committee shall recommend to the Faculty Senate the candidates for the degree of Doctor of Medicine.
10. The Committee shall prepare a comprehensive report of the number of students promoted, required to repeat a course, placed under probation, suspended, dismissed, every semester. This report has to be submitted to the Chair of Curriculum Committee, Dean of Student Affairs and CAO.

#### **2.5.3.3 Membership:**

Membership consists of 3-5 members from the following:

1. Assistant Dean of Student Affairs is the Chair of the Committee
2. Chair of Curriculum Committee
3. Assistant Deans
4. Clinical Chairs or Organ System Chairs
5. Senior Faculty or Administrators

#### **2.5.3.4 Meetings**

The Promotions and Progress Review Committee meets twice a semester OR at the call of the Chair. Members are expected to attend all meetings in person or via teleconference.

#### **2.5.3.5 Quorum**

A quorum of the committee shall consist of either 3 members or 5 members to conduct business.

#### **2.5.3.6 Lines of Accountability**

The Promotions and Progress Review Committee is accountable to the Curriculum Committee, Deans and the Chief Academic Officer. The Bylaws of the committee will be reviewed by its members annually and changes may be suggested to the Bylaws committee and the Faculty Senate.

#### **2.5.3.7 Minutes and Reports**

Minutes of notes of all meetings are kept in the Office of the Student Affairs. Minutes are circulated to all members.

#### **2.5.3.8 Academic Sanctions:**

##### **2.5.3.8.1 Letter of warning**

The following is a list of reasons why a student would automatically be issued a letter of warning:

- a. Fail in a single course
- b. Attendance shortage in the first course of the semester or during mid-semester review
- c. Have professionalism or ethical issue
- d. When a student is noted to have a deficiency in their clinical skills over several clerkships or courses (e.g., difficulty synthesizing clinical information)
- e. When students take more than 4 months of LOA after their Basic Sciences and/or Clinical Rotations

##### **2.5.3.8.2 Academic probation**

The following is a list of academic difficulties for which a student would automatically receive academic probation:

- a. Students who have two or more backlogs at any stage in Basic Sciences shall be required to repeat a semester with academic probation.
- b. Attendance shortage for 2 or more courses in a semester
- c. Repeated ethical and professional misconduct as deemed by the Promotions and Progress Review Committee

- d. During clinical rotations, if they receive F in a clerkship or course. The student will not progress in the phase until they have completed remediation of the clerkship or course. The period of probation will continue until they have successfully completed the phase.
- e. Any student who repeats a phase will be recommended to be placed on academic probation while they are repeating the phase.

#### **2.5.3.8.3 Academic probation serves the following functions:**

- a. It is official documentation that the student is deficient in areas related to academic performance;
- b. It provides a pathway and defines a timeline that the student must follow to regain good standing. This may include, but is not limited to, remediation, maintaining appropriate performance standards and/or adhering to professional expectations;
- c. It describes the consequences that will result if a student does not meet stated expectations during the period of academic probation.
- d. Self-reflection after discussion with the faculty mentors, Deans and/or Chair of Promotions Committee and submit an academic plan of remediation to the Promotions and Progress Review Committee in writing.

#### **2.5.3.8.4 Repetition**

Repetition allows the student to repeat a phase of the curriculum.

There are two primary reasons for repetition.

1. Students may voluntarily repeat a semester/course because of specific events (e.g., health, personal or family issues). This voluntary repetition should be submitted to the Grievance's Committee and Promotions and Progress Review Committee. In these cases, the student can be allowed to repeat the semester/course without any academic penalties at the discretion of the Grievances Committee.
2. Repetition of a semester/course as recommended by the Promotions and Progress Review Committee, due to a concern that the student has not mastered the academic skills of that semester/course. The following is a list of actions for which the Promotions and Progress Review Committee would require a student to repeat a phase or course in the curriculum:
  - a. Required remediation of two or more courses at any stage in Basic Sciences

- b. Grade of F during clinical rotations.

#### **2.5.3.8.5 Suspension**

Suspension is considered for serious academic issues when the Promotions and Progress Review Committee has information regarding the student's academic performance or professional behavior that would support the student benefitting from a period to manage external distractions or other concerns. The period of suspension is recommended by the Promotions and Progress Review Committee and will include the conditions for restarting the medical school curriculum. Students who are on academic suspension cannot proceed to the next phase, and can only re-start their program after the concerns that placed them on suspension have been resolved.

#### **2.5.3.8.6 Dismissal**

Dismissal is considered for either serious breaches in professional conduct or academic concerns including repeated failure of a course and/or clerkship.

The following is a list of actions that would automatically lead to dismissal:

- a. Any student in the Basic Sciences who has repeated a course/semester consecutively 3 times.
- b. In the Clinical Rotation, any student who receives F in any courses 2 times consecutively.
- c. A total of 4 F's during the MD program accrued from the Basic Sciences.
- d. The Promotions and Progress Review Committee would recommend dismissal for a professionalism violation that the Promotions and Progress Review Committee members consider gross negligence which could include negligence that, in the mind of the committee, could have led to the death or serious injury of a human, or behavior in the clinical setting that is grossly inappropriate by the standards of the profession.
- e. When students take more than the recommended time (as mentioned in the student handbook) to complete their Basic Sciences, Clinical Rotations, USMLE Step 1 and/or USMLE Step 2

### **Section 3. Admissions Committee**

#### **Section 3.1 Description and Charge**

- 1. The charge of the Admissions Committee is to [select a sufficient number of well-qualified students that best represent the mission of the XUSOM, Aruba](#)
- 2. The Committee has the complete and final authority to evaluate and admit medical students.

3. The selection of students will be unbiased and not be influenced by political or financial factors.
4. The Committee reports to the Deans (Basic Sciences and Clinical Sciences) and Chief Academic Officer

### Section 3.2 Membership

- A. The admission committee is a standing committee. Members are recommended by the Deans and the Chief Academic Officer makes the appointment.
- B. Committee members serve one-year terms and may be reelected with no maximum term of service.
- c. The committee consists of Chair, Secretary, Admissions Coordinators, Faculty, and general members

### Section 3.3 Duties

- a. The Chair will have authority of the committee and designate assignments as needed. The Chair will be the signatory on all acceptance letters and welcome the students to the University.
- b. The secretary will take the minutes for the meeting and distribute the minutes to the committee prior to the next scheduled meeting. They will review applications and move forward with those students that meet our qualifications for the interview process. The Secretary will review all acceptance and rejection recommendations from the faculty and make their recommendation to the Chair.
- c. The Admissions Coordinators will be required to attend all meetings. They will review applications and move forward with those students that meet our qualifications for the interview process. They will keep the committee aware of trends in applications, issues with applications, common questions from applicants, and general questions from prospective students.
- d. Faculty members, including the Chair, are required to attend all committee meetings. Faculty members will be responsible for interviewing prospective students that have been recommended for interview by the Secretary and the Admissions Coordinators. Faculty members will complete a prospective student interview assessment and make their recommendation to the committee of acceptance, rejection, or defer. Faculty members will report back to the committee trends in interviews, issues, or areas of improvement to the interview process, and recommend changes that will benefit the students and the University.
- e. General members will be responsible for making recommendations to the committee, updating the committee on possible improvements based on feedback.

### Section 3.4 Actions

1. The faculty members of the committee are responsible to interview each applicant, evaluate each interviewed applicant, complete the file and send a recommendation for admission or rejection.
2. The committee is responsible for periodic evaluation of the policies and procedures of admission and suggests changes

### Section 3.5 Procedures

- a. All applicants whose primary application has been verified by the admission staff in the Aruba office, are invited to complete the application file.
- b. Applicants are assigned to a member of the admission committee for an interview.
- c. The interviews may be by telephone, Skype, Zoom, or in-person at the office in Woodbury, NY, or in Aruba.
- d. The faculty members use a standardized form to give a rating to each student. The scoring considers the academic qualifications, attributes and personal experience along with evaluation of personal statements and LOR.
- e. The members, each independently, review and render their decisions (accept, defer, or reject) and provide supporting comments.
- f. With a combination of acceptable GPA and acceptable interviews, the applicant is offered conditional acceptance
- g. Once accepted, the student is informed of the process of registration and travel to Aruba for the Basic Sciences
- h. Details of admission policies and procedures are published on the school website and included in the faculty handbook.

## Section 3.6 Meeting Procedures

### 3.6.1 Frequency and Duration of Meetings

Meetings will be held at least once every semester. Additional meetings may be convened in a semester at the call of the Chair.

### Section 3.6.2 Quorum

A simple majority of the total membership of the committee shall constitute a quorum. A quorum shall be required to take any action.



### **Section 3.6.3 Conflict of Interest**

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. A declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

### **Section 3.7 Lines of Accountability**

The Admissions Committee is accountable to the Deans and the Chief Academic Officer.

### **Section 3.8 Minutes and Reports**

Minutes of notes of all meetings are kept with the Chair of Admissions. Minutes are circulated to all members.

### **Section 3.9 Revision**

By-laws will be reviewed and revised by the Admissions Committee annually, and presented in Faculty Senate for approval.

## **Section 4. CARQI (Continuous Review of Accreditation Standards and Quality Improvement) Committee**

### **Section 4.1 Purpose**

1. The CARQI Committee will identify and establish priorities for CQI efforts that are founded on accreditation standards and that directly impact undergraduate medical education at XUSOM.
2. Evaluating elements that are the focus of current quality improvement efforts which may be identified by the ACCM standards or identified internally.
3. Establishing action plans/working group/task force in preparation for the submission of self-study documents.
4. To ensure that XUSOM complies with Accreditation Commission on Colleges of Medicine (ACCM) standards.
5. To ensure that XUSOM complies with other relevant components of accrediting bodies such as the NYSED, in particular those pertaining to educational effectiveness, assessment, and program evaluation.
6. To ensure that all of the above supports the XUSOM's achievement of its programmatic and institutional goals and objectives.

## **Section 4.2 Membership**

Membership to the CARQI Committee should reflect a broad range of stakeholders across all aspects of the educational program. The makeup of the Committee is intentionally flexible in order to respond effectively to the needs of the medical school. The Committee will be composed of 5-9 members. It is also expected that appropriate members who serve on the Committee will also serve as members of the Executive Task Force during Institutional Self-Study periods, whenever possible.

At a minimum, membership should consider stakeholders from the following areas:

1. Administrative leadership Deans, Assistant deans, Chairs and co-chairs of standing committees
2. Faculty representation with preclinical and clinical teaching/educational roles
3. Administrative Staff and/or Registrar
4. Medical Students

Membership shall be reviewed annually and final decisions regarding membership will be made by the CAO.

Decisions to add or remove members will be at the discretion of the CAO, in consultation with the Chair of CARQI.

## **Section 4.3 Lines of Accountability**

The CARQI Committee is accountable to the Curriculum Committee, Deans and the Chief Academic Officer.

## **Section 4.4 Procedures:**

1. Reviewing performance and monitoring the data including, but not limited to, the most recent version of the ACCM annual database, cohort database, previous accreditation reports, ACCM standards, Independent Student Analyses, and internally generated data.
2. Providing support to committees or areas where a CQI recommendation has been made

3. Based on the deficiencies, areas of need and priorities, develop and recommend Quality Improvement Action Plan (QIAP) to the CAO. QIAP report consists of the following

- the purpose and scope of the plan
- the quantifiable goals and outcome measures
- responsible individuals
- description of how the effectiveness of the QIAP will be measured

4. Monitor the results from QIAPs regularly.

5. Establish and support Executive Task Force during Institutional Self-Study periods.

## **Section 4.5 Meeting Procedures**

### **4.5.1 Frequency and Duration of Meetings**

Meetings will be held at least once every semester. Additional meetings may be convened in a semester at the call of the Chair. The Chair will send out the agenda before each meeting.

### **4.5.2 Quorum**

A simple majority of the total membership of the committee shall constitute a quorum. A quorum shall be required to take any action. The members from remote locations will partake in the committee proceedings via web conferencing.

### **4.5.3 Conflict of Interest**

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. A declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

## **Section 4.6 Minutes and Reports**

The secretary will take minutes to summarize each meeting and distribute the minute electronically to all Committee members within one week after the meeting.

## **Section 4.7 Revision**

By-laws will be reviewed and revised by the CARQI Committee annually, and presented in Faculty Senate for approval.

## **Section 5. Research Committee**

### **5.1 Mandate:**

The Research Committee of Xavier University School of Medicine has the mandate to promote research in the institution especially research that can improve teaching-learning activities in the institution and which can benefit the local Aruban community. The committee actively seeks the cooperation of other organizations on the island and abroad to develop research skills and aptitude.

### **5.2 Composition:**

- a. Chair: The chair of the Committee is appointed by the Chief Academic Officer.
- b. 3-5 faculty members: The Chair, in consultation with the deans, appoints the other members to the committee.
- c. Students.

### **5.3 Responsibilities:**

- a. The committee works closely with the institutional review board to promote ethical research in the institution.
- b. To monitor the research activities.
- c. The committee requests the school administration to support research by providing modest requirements, such as the software and other support. Authors may also be supported by the publication charges.
- d. The committee has student members to encourage research among students.
- e. The committee works closely with the student-run Society for Research to encourage research events.
- f. One of the members is in charge of sessions on Critical Appraisal of Scientific Literature which is important in inculcating a critical attitude of scientific inquiry among students.
- g. The committee in association with the Society for Research organized a XUSOM Research Day. After an introductory session about a research topic faculty and students present their posters in the school auditorium. The posters are judged by invited judges from outside the institution and prizes are awarded to the best poster in the faculty and the student section.

- h. The committee works closely with the editorial team of Xavier times, the school newsletter and the Dean of Student Affairs to disseminate information about research events and research projects conducted in the institution and published in various journals.

## **Section 5.4 Meeting Procedures**

### **5.4.1 Frequency Meetings**

Meetings will be held at least once every semester. Additional meetings may be convened in a semester at the call of the Chair. The Chair will send out the agenda before each meeting.

### **5.4.2 Quorum**

A simple majority of the total membership of the committee shall constitute a quorum. A quorum shall be required to take any action. The members from remote locations will partake in the committee proceedings via web conferencing.

### **5.4.3 Conflict of Interest**

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. A declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

## **Section 5.5 Lines of Accountability**

The Research Committee is accountable to the Deans and the Chief Academic Officer.

## **Section 5.6 Minutes and Reports**

The secretary will take minutes to summarize each meeting and distribute the minute electronically to all Committee members.

## **Section 5.7 Revision**

By-laws will be reviewed and revised by the Research Committee annually, and presented in Faculty Senate for approval.

## **Section 5.8 Institutional Review Board**

### **5.8.1 Mandate:**

The Institutional Review Board (IRB) of Xavier University School of Medicine has the mandate to ensure that all approved research proposals meet internationally agreed standards for conducting research and that all research is conducted ethically and no harm to the research subjects ensues due to the conduct of the research.

#### **5.8.2 Terms of Reference:**

The chair of the IRB is appointed by the Chief Academic Officer (CAO). The chair in consultation with the CAO appoints other IRB members. The IRB has designed a proposal submission form that researchers can use to submit research proposals. The researcher has to complete the form and submit to the IRB for review as [xirb@xusom.com](mailto:xirb@xusom.com). The IRB has also prepared a form that reviewers can use for reviewing proposals. The reviewer submits their reviews to the chair through email. Based on the recommendations of the members, a proposal may be either accepted or the authors may be asked to revise the same. All correspondence is electronic and the IRB aims to provide a first decision within 2 weeks of proposal submission.

The IRB works in close co-operation with the research committee to promote ethical research in the institution. As the institution is small, there may be a certain degree of overlap of membership between the Research Committee and the IRB.

### **Section 6. Faculty Development Committee**

#### **6.1 Mandate**

The chief academic officer, the Deans, both Basic Science and Clinical science and the assistant dean of curriculum committee assign the XUSOM Faculty development Committee the responsibility in the planning, organization, promotion and advancement of the professional development of faculty members across the Xavier University School of Medicine in consistence with accreditation and current educational standards.

#### **Section 6.2 Purpose**

- a. To facilitate the acclimatization of new XUSOM faculty to the school, the place and the academic system
- b. To improve the quality of XUSOM faculty in creating resource materials for learning, in facilitating student learning in the classroom, providing

comprehensible information at lectures and other instructional sessions, in inspiring students to be independent learners of additional information and as innovators in providing medical education

- c. To improve the quality of XUSOM faculty as student assessors and evaluators
- d. To equip XUSOM faculty with high throughput and advanced technologies for teaching
- e. To encourage research and scholarship among XUSOM faculty and encourage XUSOM faculty to be proactive facilitators to tap the research and scholarly acumen of students

### Section 6.3 Policy

The faculty development committee shall present multiple development modules to the faculty under five broad categories-

- a. **Professional development:** This is a category that includes two modules- an acclimatization module and an orientation module.
  - i. The acclimatization module is a 'Welcome to XUSOM' gesture by the committee to help a new faculty get adjusted to the new school and the new place. The Chair of the Faculty Development committee shall identify a few existing faculty and convene a meeting with these faculty and the newly joined faculty on the new faculty's first day at XUSOM. The Chair shall delegate roles to the identified existing faculty to familiarize the new faculty to the school and the school's working team, to check on the faculty's problems and needs in the first month.
  - ii. The orientation module is a mandatory module to be completed by the faculty. The Chair, Curriculum committee shall academically mentor the new faculty about the curriculum, teaching-learning methodologies and assessment policies followed in XUSOM. The new faculty shall also be given a soft copy of the Faculty handbook.
- b. **Instructional development:** This is a category that offers multiple modules in teaching-learning and student evaluation. Every faculty is expected to complete all mandatory modules and 50% of the optional modules as specified in the activities table for every semester.
- c. **Organizational development:** This is a category that offers mandatory journal club sessions and online CME modules on Access Medicine. Every faculty is required to complete 10 credits each year.

- d. **Leadership development:** This is a category that offers outdoor team-building and leadership sessions at least once a year. Every faculty is mandatorily required to attend these sessions.
- e. **Faculty remediation:** The Senior administration (CAO and Academic Deans) shall be responsible for the identification of faculty performance problems at an early stage and suggesting faculty remedial sessions to be implemented by the Faculty development committee. System feedback by students, Faculty feedback by students and faculty annual appraisal form submitted by the faculty shall be identification benchmarks of faculty performance.

## **Section 6.4 Leadership & Membership**

- 1. Chair: Assistant Dean of Student Affairs
- 2. Secretary: Appointed by the CAO
- 3. Faculty Representatives: Appointed by Chair in consultation of CAO
- 4. Expert Advisor, Faculty Development

## **Section 6.5 Responsibilities:**

- a. Advising on the planning, development, implementation and evaluation of a professional development program for faculty members, clinical preceptors and residents as teachers.
- b. Promote the professional development of faculty members in their roles as educators, researchers, service providers and administrators.
- c. Advice on innovations, best-evidence, scholarship and special initiatives/ approaches to advance faculty development, foster faculty engagement and enhance access to faculty development.
- d. Update and share information related to accreditation standards and/or professional initiatives that impact faculty development.

## **Section 6.6 Term of Membership:**

Appointed members will normally serve a three-year term and extendable for another term

## **Section 6.7 Meeting Procedures**

**6.7.1 Frequency of Meetings:** Meetings will be held at least once every semester. Additional meetings may be convened in a semester at the call of the Chair.



**6.7.2 Conflict of Interest:** Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. A declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

### **6.7.3 Decision-Making**

- a. Decisions that establish modifications to the committee policies, directions to faculty members will be discussed in the context of specific motions.
- b. Motions shall be passed by a majority vote of members and recorded in the minutes.
- c. Where consensus-based decision-making is required, everyone involved in the decision must agree on the individual points discussed before they become part of the decision. The following principles apply during consensus-based decision making:
  - i. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally.
  - ii. Everyone may not be satisfied with consensus-based decisions but everyone's ideas should be reviewed thoroughly. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.
  - iii. Arguments over individual ranking or position will be avoided. However, a position will be presented as lucidly as possible, respecting the feelings of all groups.
  - iv. A 'win-win' approach will be adopted. When an impasse occurs, the next most acceptable alternative for both parties will be looked at.
  - v. Views that have no basis in logic or the supporting data shall not be entertained.
  - vi. Holding of different views by group members shall be considered natural and healthy.

### **6.7.4 Communication**

- a. Agenda and minutes of committee meetings are to be distributed to the committee members by Secretary.
- b. Minutes are normally distributed electronically to all members within one week of meetings.

## **6.8 Revision of By-laws**

By-laws will be reviewed and if necessary revised by the Faculty Development Committee periodically and presented in Faculty Senate for approval.

## **Section 7: Grievances Committee**

### **Section 7.1a Mandate:**

The Grievances Committee holds the responsibility of addressing all the student grievances related to academic, non-academic, and disciplinary issues, and violation of professionalism, teacher learner environment, code of conduct and non-compliance towards ACCM accreditation standards. It is of utmost importance to maintain the learning environment free of harassment, discrimination and provide fair and equal opportunities to all students by providing them a forum to express their grievances and seek redressals.

**Section 7.1b Membership:** The Grievance Committee shall abide by the University statement on Academic Freedom, Responsibilities and Policies that govern the School of Medicine.

Xavier University maintains an ongoing Grievances Committee. The Committee shall consist of three to five (3-5) members of the Faculty Senate:

1. Dean of Student Affairs is an ex-officio member and chair of the Committee
2. Two Faculty members from the Basic Sciences Program
3. Two Faculty members from the Clinical Sciences Program
4. Where required, Deans of Basic and Clinical Sciences shall be requested to act as an ex officio, non-voting member

In addition, the Clinical Chairs Committee shall serve as a subcommittee of the Grievances Committee and shall provide a recommendation for appeals involving any student in the Clinical Sciences.

**Section 7.2 Responsibility:** Matters appropriate for consideration by the Grievance Committee include, but are not limited to matters relating to:

- a. Discrimination, harassment, improper treatment related to gender, race, religion, sexual orientation, or disability.
- b. Non-compliance with accreditation standards
- c. Alleged unethical behavior within or outside the classroom and the school premises

- d. Violation of established academic policies and regulations (e.g. examination policies, advisory policies, registration policies, probation, dismissal, etc.);
- e. Violation of student's academic freedom;
- f. Failure to meet obligations;
- g. Arbitrary and capricious grading practices;
- h. Grievance related to ethical or behavioral violations or Sexual harassment;
- a. The appeal of being placed on Academic Probation or dismissal from the program.
- j. Disciplinary matters on and off-campus
- k. Violation of policies mentioned in the Student and Faculty Handbooks
- ax. Non-compliance towards ACCM standards
- all. Financial and procedural matters may not be appealed to the Promotions and Grievances Committee

## **Section 7.3 Procedures of the Committee**

It is a recognized right of the student to be granted due process following any disciplinary action. Students have a right to appeal any adverse action.

### **7.3.1 Referral/Appeal to the Grievances Committee**

- a. All matters to be addressed to the Committee must be submitted in writing to the Chair of the Committee (appeals@xusom.com) and all materials must be fully documented.
- b. The statement must include a summary of not more than one typewritten page stating the specific policy or policies violated or the exact nature of the grievance, the specific actions upon which it is based, and the remedy being sought. Supplementary materials may be presented to support the grievance.

### **7.3.2 Informal Resolution**

Before submission of a written complaint, the student/faculty member should attempt to resolve the matter through negotiation with the appropriate party or immediate superior (e.g., Faculty, Clinical Preceptors, Chairs). If negotiation is unsuccessful, the student/faculty member may take the matter to the next in authority (e.g., Deans or the CAO).

### **7.3.3 Formal Complaint**

The student shall discuss the grievance with the faculty member involved who shall attempt to resolve the grievance and shall render a written decision to the student promptly after receipt of the grievance. Copies of the grievance shall also be forwarded to the Deans and the Grievances Committee. The grievance should be presented to the faculty member involved, as soon as possible after the grievant feels that an abridgment of the grievant rights has occurred, but in no case shall it be later than (5) working days following the grievant knowledge of the act, event, or commencement of the conditions which is the basis for the grievance, except in the case of final grades then no later than the fifth (5) day of the next semester.

If the grievance is not resolved, the student may submit the grievance in writing, within five (5) working days of the grievant receipt of the decision of the faculty member involved, to the Grievances Committee. Within five (5) working days of receipt of the appeal, the Grievances Committee will schedule a hearing, notifying the student and the faculty member(s) of the time and place of the hearing (see hearing Procedure). In the case of a dismissal, the student must submit a written appeal outlining the reasons for the appeal to the Chair of the Grievances Committee within five (5) days of receiving the dismissal letter. Within five (5) working days of receipt of the appeal, the Grievances Committee will schedule a hearing, notifying the student and the faculty member(s) of the time and place of the hearing through emails and telephone calls (see Hearing procedure). Students awaiting action on their dismissal appeal to Grievances Committee may attend classes, however, academic credit will only be granted if the appeal is granted.

#### **7.3.4 Hearing Procedures**

- a. Prior to the hearing, the Chair of the committee shall notify the affected parties in writing, outlining the concerns before the committee. All written materials must be available to the committee members and affected parties forty-eight (48) hours before the hearing. The student shall notify the chair forty-eight (48) hours before the hearing who his/her advocate(s) will be.
- b. The Chair of the Grievances Committee has the right to question all participants on pertinent matters.
- c. The student has the right to be present throughout the entire hearing, except during the deliberation and final recommendations of the committee. She/he has the right not to testify or appear, though the committee shall proceed with its deliberations and recommendations. However, at any time any of the committee members may request an executive session in which case, all non-committee members will be asked to leave.
- d. Students may select an advocate to appear with the student at the hearing, the advocate may be a faculty member, staff member, or student. The advocate does not have deliberation privileges. Under no circumstances will legal counsel be permitted.

- e. Witnesses may elect not to make verbal presentations, but rather submit a written statement that must be submitted to the chair seventy-two hours prior to the hearing giving the chair time to distribute to all concerned.
- f. Once people are finished presenting collateral information, they will leave the hearing room. Recommendations of the committee will be by majority vote, though consensus will be sought.

#### **7.3.5 Documentation:**

- a. Prior to the hearing, the student and involved parties have the right to access information that will be used by the committee in the hearing.
- b. All material(s) distributed at the hearing shall be returned to the chair of the committee at the conclusion of the inquiry. These materials will be stamped confidential and are not for distribution. The materials will be placed in a file in the office of the Dean of Basic Science or his/her Appointee.
- c. The Chair of the Grievances Committee will ensure that all necessary packets of pertinent information are filed.
- d. This is not a legal process, and the rules of evidence and discovery do not apply. The process will be guided, at the Chair's direction, by notions of fairness and reason.

#### **7.3.6 Voting/Report:**

The Grievances Committee shall decide the merits of the complaint and, where appropriate, recommend remedial actions or sanctions. All findings and recommendations by the Grievances Committee shall be decided by a vote of two-thirds of the members of the Grievance Committee. The Chair of the Grievance Committee or his or her designee shall reduce to writing the findings and recommendations of the Grievance Committee and send the report to the Dean. The report should include the facts upon which the Committee's decision is based. The report should be signed by the Grievance Committee members. In the event that two-thirds consensus cannot be reached, the grievance will be referred to the Deans and/or Chief Academic Officer for decision. All deliberations of the committee are, by nature, confidential.

#### **7.3.7 Notice of Grievance Committee Findings:**

The chair will send the student written notification within five (5) working days. A copy of the decision will be forwarded to the faculty advisor and Chief Academic Officer.

#### **7.3.8 Appeals against the recommendations:**

- a. Decisions made by the Grievances Committee can be appealed.

- b. Appeals of the recommendation(s) made by the Grievances Committee must be instituted in writing within ten (10) working days of receipt of the Committee's recommendation to the Deans.
- c. The appeal of the Committee's decision to the Dean must be in writing and must explicitly identify the basis for appeal
- d. The decision of the Dean may also be appealed to the Chief Academic Officer whose decision is final.
- e. If a student is dismissed from the program, he/she cannot enroll in or attend classes pending resolution of the appeal process.

#### **7.3.9 Confidentiality:**

All deliberations of the Grievances Committee are, by nature, confidential.

#### **7.3.10 Conflict of Interest:**

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. A declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

#### **7.3.11 Revision of By-laws**

By-laws will be reviewed and if necessary revised by the Committee periodically, and presented in Faculty Senate for approval.

#### **Non-Compliance towards ACCM standards:**

Issues related towards non-compliance of ACCM standards can be directly reported to ACCM via [office@accredmed.org](mailto:office@accredmed.org)

*Last reviewed: August 2021*

*Approved in Faculty Senate: November 2021*

# Appendices

## Formal complaint form against Discrimination

### Formal complaint form against Discrimination

(To be filed within ninety (90) days of the alleged occurrence)

1. Name of Complainant:
  
2. Department:
  
3. Today's Date:
  
4. Name of person (s) accused of the alleged occurrence:
  
5. Department:
  
6. Date of alleged occurrence (Write the day, date, time and location):
  
7. Name of Person(s) who witnessed alleged occurrence:
  
8. Please write a detailed description of the occurrence:
  
  
  
  
  
  
  
  
  
9. What remedy are you seeking?

# Suicide Prevention and Awareness Program

Working group:

1. Dr. John Kulpa, Suicide Prevention Coordinator
2. Dr. Prasad.VN, Dean of Student Affairs
3. Dr. Jeremy Rae, Assistant Dean of Student Affairs

## Introduction:

The death of a medical student by suicide is devastating, shocking, and stressful to all the people involved. It is estimated that about 300-400 physicians kill themselves every year, a rate double that of the general population. Xavier University School of Medicine (XUSOM), Aruba acknowledges the seriousness of the suicide threat among Medical Students and Physicians. Protecting the health and well-being of the student community is an important mandate and an ethical imperative for XUSOM.

Because it is impossible to predict when a crisis will occur, preparedness is necessary. Furthermore, prevention programs and policies can help to deter suicide. Suicide is preventable, and we acknowledge that the deans, faculty, mentors, peers, and staff of XUSOM play a key role in its prevention.

It is important to have procedures and protocols for prevention of suicide and early identification of suicide risk among XUSOM students. It is likewise important to have programs in the curriculum that address and destigmatize suicide-related concerns. This document provides guidelines and a program design to facilitate increased awareness of suicide risk and prevention within the XUSOM community.

To address these important issues, XUSOM formed a working group consisting of its deans, experts in medical education, clinicians, psychologists and psychiatrists. Their collaboration resulted in the creation of this document in service of the prevention of suicide among medical students.

The guidelines and program design contained in this document were developed by examining the American Foundation for Suicide Prevention resource, “Model School District Policy on Suicide Prevention”<sup>1</sup> and the Healer Education Assessment and Referral Program, based at the University of California San Diego.<sup>2</sup> XUSOM ensures that these guidelines and the program design are in line with the latest research in the field of suicide prevention and embody best practices to ameliorate the risk of suicide.



## Purpose

The purpose of this policy is to protect the health and well-being of all medical students at XUSOM by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Xavier University School of Medicine:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Recognizes that the rate of suicide is higher among physicians and medical students than in the general population
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide among its medical students
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

This policy is meant to be paired with other policies supporting the overall emotional and behavioural health of students.

## Scope

This policy covers actions that take place in the school and at school-sponsored functions and activities.

This policy applies to the entire school community, including faculty, staff, students, and parents/guardians.

This policy also covers appropriate school responses to suicidal or high-risk behaviours that take place outside of the school environment.

## Prevention

### Policy Implementation

- A Suicide Prevention Coordinator shall be appointed by the CAO or designee.
- The Suicide Prevention Coordinator shall be responsible for planning and coordinating implementation of this policy.
- All faculty and staff members shall report students they believe to be at-risk for suicide to the school Suicide Prevention Coordinator.

### Staff Professional Development

- All the faculty and staff shall receive, at minimum, annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding medical student suicide prevention.
- The professional development shall include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.
- Additional professional development in risk assessment and crisis intervention shall be provided.

### Medical Student Suicide Prevention Programming

- Student-centred education materials shall be integrated into the curriculum across all the semesters.
- Additional small group discussion sessions will be designed and administered as a part of the curriculum. Administering large group sessions in the auditorium, rather than these small group sessions, is to be avoided.
- Minimum of one lecture every year will be delivered to the students.
- The content of these materials/lectures/small group sessions shall include the importance of safe and healthy choices and coping strategies focused on resilience building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself and others, and how to engage school resources and refer friends for help.

### Publication and Distribution

- This policy shall be distributed to the student at the time of enrolment into XUSOM and be included in the student and teacher handbooks, and on the school website.
- All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

### Validation of Knowledge, Attitude, and Practices

- Knowledge, attitude, and practices will be assessed by questionnaire on an annual basis for all administrators, faculty, staff, and students of XUSOM.

## Intervention

### Assessment and Referral

- When a student is identified by a peer, educator, or other source as potentially suicidal (i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation), the student shall be seen by the Suicide Prevention Coordinator, faculty mentor, and/or psychological counsellor, within the same day to assess risk and facilitate referral if necessary.

### For At-Risk Medical Students

- School staff shall continuously supervise the student to ensure their safety until the assessment process is complete.
- The CAO, deans and school Suicide Prevention Coordinator shall be made aware of the situation as soon as reasonably possible.
- The Assistant Dean of Student Affairs / Suicide Prevention Coordinator / CAO / deans shall contact the student's parent or guardian, as described in the [Parental Notification Involvement](#)
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local emergency department.

### Engagement of Law Enforcement

- When a student is actively suicidal and the immediate safety of the student or others is at risk (such as when a weapon is in the possession of the student), school staff shall call 911 immediately.
- The faculty/staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located.
- School faculty/staff may tell the dispatcher that the student is a suicidal emotionally disturbed person, to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

## Parental Notification and Involvement

The Assistant Dean of Student Affairs / Suicide Prevention Coordinator / deans / CAO shall inform the student's parent or guardian on the same day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (unless notifying the parent will put the student at increased risk of harm).

Following parental notification and based on initial risk assessment, the Assistant Dean of Student Affairs / Suicide Prevention Coordinator / deans / CAO may offer recommendations for next steps based on perceived student need. These can include, but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

## Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, the Assistant Dean of Student Affairs / Suicide Prevention Coordinator / deans / CAO shall meet/discuss with the student's parent or guardian and, if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back.

Following a student hospitalization, parents may be encouraged to inform the Assistant Dean of Student Affairs / Suicide Prevention Coordinator / CAO / deans of the student's hospitalization to ensure increase the likelihood of a successful re-entry.

- Any necessary accommodations shall also be discussed and documented.
- The student is required to submit a fitness certificate from psychological counsellor / psychiatrist.
- The Suicide Prevention Coordinator shall periodically check-in with the student to help with readjustment and address any ongoing concerns, including social or academic concerns.
- The administration shall disclose to the faculty and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments.

## In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until the patient is shifted to emergency
2. School faculty/staff shall supervise the student to ensure their safety
3. Faculty/staff shall move all other students out of the immediate area as soon as possible
4. Contact the student's parent or guardian (refer [Parental Notification and Involvement](#)).

## Out-of-School Suicide Attempts

If a faculty/staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

1. Call 911 (police and/or emergency medical services)
2. Inform the student's parent or guardian (refer [Parental Notification and Involvement](#))
3. Inform the school Suicide Prevention Coordinator, CAO and deans

If the student contacts the faculty/staff member and expresses suicidal ideation, the faculty/staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

## After a Suicide Death

### Development and Implementation of a Crisis Response Plan

The crisis response team, led by a Suicide Prevention Coordinator/deans/CAO, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all suicides whether it be student (past or present), staff, or other prominent school community member. A meeting of the crisis response team to implement the plan shall take place immediately following word of the suicide death, even if the death has not yet been confirmed to be a suicide.

## Action Plan Steps

### Step 1: Get the Facts

- The cause of the death by suicide has to be confirmed before an announcement is made.
- If the cause of death has been confirmed as suicide but the parent or guardian prefers the cause of death not be disclosed, the school may release a general statement without disclosing the student's name.
- If the parents do not want to disclose cause of death, an administrator from the school who has a good relationship with the family shall be designated to speak with the parents to explain the benefits of sharing mental health resources and suicide prevention with students.
- If the family refuses to permit disclosure, the school may state "The family has requested that information about the cause of death not be shared at this time."

### Step 2: Assess the Situation

- The crisis response team shall consider how the death is likely to affect other students, and determine which students are most likely to be affected.
- The crisis response team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide.
- The crisis response team shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support.

### Step 3: Share Information

- Inform the faculty and staff about the death in an all-staff meeting.
- The crisis response team shall provide a written statement for staff members to share with students and also assess staff's readiness to provide this message in the event a designee is needed.

### Step 4: Avoid Suicide Contagion

- Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or batchmates), physical proximity (close friends) and pre-existing mental health issues or trauma.
- The crisis response team shall work with faculty to identify students who are most likely to be significantly affected by the death, or who exhibit behavioural changes indicating increased risk.
- In the faculty meeting, the crisis response team shall review suicide warning signs and procedures for referring students who present with increased risk.

- For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a non-judgmental, open way that encourages dialogue and help-seeking does not elevate risk.

#### Step 5: Initiate Support Services

- Students identified as being more likely to be affected by the death will be assessed by a psychologist to determine the level of support needed.
- The crisis response team shall coordinate support services for students and staff in need of individual and small group counselling as needed.

#### Step 6: Develop Memorial Plans

- Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
- Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and shall have prevention resources available.

#### Step 7: Postvention as Prevention

- Any additional changes in policies, procedures, or curriculum will be discussed in the committee meetings and amendments made as needed.
- Emphasis will be laid on future prevention of suicides and changes to policies, programs, or curricula will be brought addressed in this way.

### Additional helplines and support

There are additional support options available to students. For example:

1. National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

[suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

2. The Trevor Lifeline: 1-866-488-7386

[thetrevorproject.org/get-help-now](https://thetrevorproject.org/get-help-now)

3. Trevor Lifeline Text/Chat Services, available 24/7

Text "START" to 678-678

4. Crisis Text Line: Text “HOME” to 741-741

crisistextline.org

## References:

1. American Foundation for Suicide Prevention, American School Counsellor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention.
2. Downs N, Feng W, Kirby B, McGuire T, Moutier C, Norcross W, Norman M, Young I, Zisook S. Listening to depression and suicide risk in medical students: the Healer Education Assessment and Referral (HEAR) Program. Acad Psychiatry. 2014 Oct;38(5):547-53. doi: 10.1007/s40596-014-0115-x. Epub 2014 Apr 5. PMID: 24705825.

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## Student Evaluation of Faculty sample sheet



### STUDENT EVALUATION OF FACULTY

Professor Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Your responses to this questionnaire will assist us further improve teaching-learning at XUSOM. It will serve this purpose best if you answer the items carefully and honestly. The instrument has been modified keeping in mind the recent changes in the curriculum and teaching-learning at XUSOM. Your feedback should be constructive enabling the faculty member to improve his/her performance as a teacher, guide and facilitator. The scale being used is

1 = strongly disagree with the statement    2 = disagree    3 = neutral    4 = agree and  
5 = strongly agree with the statement.

	1	2	3	4	5
<b>Attitude toward student:</b>					
The teacher was concerned with whether the student understood important concepts.					
The instructor showed respect for all students.					
The instructor recognized students' difficulties in understanding new material.					
I felt free to ask the teacher for help.					
The teacher helped students discover their self-learning potential.					
<b>Subject matter presentation:</b>					
The instructor showed enthusiasm toward the subject.					
The instructor used helpful examples and references.					
The instructor explained difficult concepts in a simple manner.					
The presentation was well sequenced and the teacher did not hurry through the class material.					
The teacher welcomed questions and comments.					
<b>Interactive lectures</b>					
The instructor came to the session well-prepared.					
The instructor presented concepts and ideas clearly.					
The material was presented according to a logical framework.					
The instructor did a good job of answering students' questions.					
The instructor was willing to explain material which the class did not understand.					
The instructor encouraged interaction.					
The teacher used humor to facilitate student learning.					
The instructor succeeded in creating an enjoyable & effective learning environment.					
<b>Grading practices:</b>					
The exams were fair.					
The exams mainly addressed the must know areas.					
The instructor clearly indicated what material the exam would cover.					

	1	2	3	4	5
<b>Teacher effectiveness:</b>					
The instructor has advanced my knowledge of the subject.					
Considering each of the above characteristics, the instructor of this course was effective. (overall rating of the instructor)					
The teacher succeeded in being a role model and inculcating professional values among students.					
<b>Small group learning</b>					
The facilitator succeeded in creating a non-threatening atmosphere.					
The facilitator helped in ensuring harmonious group working.					
The sessions were focused and we left with a feeling of achievement.					
How would you rate the facilitation skills of the facilitator?					

<b>General points</b>					
The teacher was able to address disciplinary issues as they arose.					
Sessions began and ended on time.					
I was stimulated to go home and read more about the subjects being discussed.					
The teacher has succeeded in creating in me a love of the subject/course.					
The teacher succeeded in developing my ability for critical analysis and reflection.					
The power points used during the sessions and the material posted on class notes were of good quality.					
The material being covered by the teacher integrated well with other material being covered at the same time.					
The teacher succeeded in making it clear why we are learning the material being taught.					
The teacher made me believe in my abilities as a student.					
The teacher communicates positive energy and enthusiasm					
The teacher is continuously learning and improving himself/herself.					

Mention TWO important suggestions to help the teacher further improve both as a teacher and as a facilitator \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for completing the questionnaire. It is much appreciated!**

## Charter for Teachers at XUSOM

As teachers we believe in the power of medical education to make a difference to the practice of medicine and to the healthcare of communities.

As teachers we are committed to give our students the best education possible for them to lead fulfilling, purposeful and productive lives as healthcare professionals.

We set high standards for every learner and respond to individual needs. We challenge students to be all that they can be as doctors, to set demanding goals for themselves and to work as effective members of the healthcare team.

We have expertise in teaching and learning and provide opportunities that engage each student's capacity to learn. We help our students to achieve the learning outcomes expected of them.

We provide a stimulating and supportive learning environment. We help to create medical school education settings that welcome students and foster the achievement of the prescribed learning outcomes including appropriate attitudes and professionalism.

We inspire learners to discover the joy of learning, drawing them into a world of knowledge, skills, ideas and creativity. Our ambition for all is a life-long engagement with learning.

Our practice as a teacher reflects the essential balance between conserving and renewing the best of current teaching practice and anticipating and developing new approaches.

We take responsibility for advancing the professionalism and scholarship of medical education.