The meeting was called to order by the Chair of the Faculty Assembly, Dr. Jeffrey Akman (Vice President for Health Affairs and Dean, School of Medicine and Health Sciences).

A quorum of more than 50 faculty members was established. This number met the requirements for conducting Assembly business (25) and voting on changes to the Faculty Bylaws (50).

Professor Steve Charnovitz of the School of Law was named Parliamentarian by unanimous consent.

The minutes of the March 16, 2015 SMHS Faculty Assembly meeting were unanimously approved.

I. Approval of Changes to SMHS Bylaws. The following changes (underlined and in red) were approved unanimously by the Assembly:

A. Roles of the Committee on Undergraduate Medical Education Curriculum (CUMEC).

X. FACULTY ASSEMBLY COMMITTEES
B. Standing and Special Committees
2. Standing Committees
d. Committee on Undergraduate Medical Education Curriculum (CUMEC).

The CUMEC shall advise the Dean and provide oversight on the establishment and review of the goals, objectives, and evaluation of the undergraduate medical education program. Specific charges include:

- Respond to directives from the Dean;
- Develop curricular vision and strategy;
- Analyze current medical education trends and curricular innovations;
- Initiate and approve educational policies;
- Implement and manage curricular development and change including the proposal and allocation of resources to implement curricular change;
- **Manage the horizontal and vertical integration across the entire undergraduate medical curriculum.**
- Ensure that the various committees have the necessary tools (i.e. updated curriculum database) to manage horizontal and vertical integration and continuous process improvement;
- Assess curricular and institutional outcomes, including student achievement of the program objectives;
- Make periodic assessments of the program objectives, the entire curriculum, each curricular sequence, and all courses;
- Ensure that faculty are apprised of appropriate teaching strategies and technologies, and other faculty development programs; and
- Prioritize the work of the standing subcommittees.

The CUMEC shall consist of four (4) faculty members from the clinical departments; three (3) faculty members from the basic sciences; two (2) faculty from Pre-Clinical Subcommittee (the Chair and one committee member); two (2) faculty from Clinical Subcommittees (the Chair and one committee member); one (1) faculty from the Theme Sub-Committee (the Chair); and four (4) student representatives from years 1, 2, 3, and 4 as voting members. Members of the CUMECC may be at any of the professorial ranks. Additionally, the Dean shall appoint decanal non-voting and ex-officio members to the CUMEC whose roles and responsibilities pertain to the undergraduate medical education program.

To accomplish its charge, the CUMEC shall appoint the chair of subcommittees or ad-hoc task forces as required to achieve its charge.

**Standing Sub-Committees of the CUMEC:**

1) **Preclinical Curriculum Subcommittee**

Responsibilities:
- Manage horizontal and vertical curricular integration of the preclinical sequence;
- Monitor student achievement of course and program objectives;
- Participate in periodic reviews of preclinical courses and the preclinical curriculum;
- Participate in efforts to improve vertical integration between the preclinical and clinical curriculum;
- Propose educational innovations or policies to the CUMEC; and
- Respond to direction from the CUMEC.
Voting Membership: Chair (appointed by the CUMEC); all Preclinical Course and Block Directors; and two (2) student representatives from each preclinical class.

*Ex Officio* Membership: The CUMEC or dean may appoint ex officio nonvoting members necessary to support the work of the subcommittee (i.e. Discipline and Content Directors).

2) Clinical Curriculum Subcommittee
Responsibilities:
- Manage [horizontal and vertical](#) curricular integration of the clinical sequence;
- Monitor student achievement of course and program objectives;
- Participate in periodic reviews of clinical courses and the clinical curriculum;
- Participate in efforts to improve vertical integration between the preclinical and clinical curriculum;
- Propose educational innovations or policies to the CUMEC; and
- Respond to direction from the CUMEC.

Voting Membership: Chair (appointed by the CUMEC); Clinical Years Course and Clerkship Directors; two (2) student representatives from each clinical class.

*Ex Officio* Membership: The CUMEC or dean may appoint ex officio nonvoting members necessary to support the work of the subcommittee (i.e. Discipline and Content Directors).

3) Theme Subcommittee Responsibilities:
- Manage [interdisciplinary horizontal and vertical](#) curricular integration of the themes across the entire undergraduate medical curriculum;
- Check for gaps and redundancies in the curriculum;
- Monitor student achievement of course and program objectives related to specific themes;
- Participate in periodic reviews of the curriculum;
- Propose educational innovations or policies to the CUMEC; and
- Respond to direction from the CUMEC.

Voting Membership: Chair (appointed by the CUMEC); all Curricular Theme Directors; one (1) member each from the pre-clinical and clinical subcommittees; one (1) student representative from Year 1; one (1) student representative from Year 2; two student (2) representatives from Year 3; and one (1) student representative from Year 4.

*Ex Officio* Membership: The CUMEC or dean may appoint ex officio nonvoting members necessary to support the work of the subcommittee (i.e. may include course and clerkship directors who deliver content across the curriculum).
B. New Additions to Section IX. MEETINGS OF THE FACULTY ASSEMBLY.

IX. MEETINGS OF THE FACULTY ASSEMBLY
D. Voting Requirements

8. A majority of votes cast shall be required to elect candidates on the first ballot. If a run-off ballot is required, the ballot shall include the names of the candidates receiving the most votes down to one more name than the number of vacancies to be filled. However, if there is a tie among those receiving the least votes warranting inclusion on a run-off ballot, then all such names shall be included. A plurality shall be sufficient to elect on the run-off ballot.

9. Positions on the University Faculty Senate shall be apportioned based on the proportional distribution of the regular faculty among the Basic Science Departments, Clinical Departments, and Health Sciences Departments, provided that each category of departments is allocated at least one position.

II. Approval of Changes to Guidelines for Appointment, Reappointment, Promotion, and Tenure. The proposed changes to the Guidelines were approved unanimously by the Assembly. (See Appendix for full, proposed text and a guide to changes being proposed)

III. Executive Committee Report. The report of the Executive Committee was presented as circulated in advance of the Assembly by Executive Committee Chair Michael Berrigan. (See Appendix for the report)

IV. Dean’s Report. Dean Jeffrey Akman provided a brief update to the Assembly on the School’s progress in implementing its strategic plan.

V. GWU Faculty Senate Report. Anton Sidawy provided an update on recent resolutions passed by the University’s Board of Trustees related to the Faculty Code and the Faculty Organization Plan. The Faculty Senate is also preparing a number of resolutions to be considered by the University Faculty Assembly.

VI. New Business. No new business was brought before the Assembly.

The meeting was adjourned at 6:08 pm.

Respectfully submitted:

Jeffrey Sich
Executive Director, Faculty Affairs
GUIDELINES FOR APPOINTMENT, REAPPOINTMENT, PROMOTION AND TENURE

I. Tenure and Non-Tenure Accruing Positions in the SMHS

Faculty in the SMHS are appointed in tenure-accruing and non-tenure-accruing positions. Tenure may be awarded at the ranks of associate professor and professor to regular, active-status faculty members appointed on the tenure track who have fulfilled the necessary requirements for promotion and who have demonstrated long-term promise and potential for continued productivity in teaching, scholarship, and service and continued loyalty to the university.

II. Regular Active-Status Faculty Ranks

There are four regular, active-status ranks: professor, associate professor, assistant professor, and instructor. Each regular, active-status rank may be tenure-accruing or non-tenure-accruing as specified in the original letter of appointment.

III. Terms of Regular, Active-Status Faculty Appointments

A. Tenure-Accruing Appointments

1. All appointments or reappointments to regular, active-status positions shall be for a specified term except for those that confer tenure. The total of such terms, including all full-time service at the rank of instructor or higher in this or other recognized institutions of higher learning, shall not exceed seven years. The following provisions apply: A faculty member with more than three years previous full-time service at another institution may be appointed at the rank of associate professor without tenure for up to four years, or at the rank of professor for up to three years as a term or condition of the initial appointment, even though the total period of service in the academic profession is thereby extended beyond seven years.

2. Leaves of absence to engage in authorized teaching or research activities at another institution shall be included in this seven year period.

3. Leaves for study toward a degree, leaves for military or for personal reasons, and defense leave shall not be included in this period. A partial leave for family or medically-related purposes of sufficient duration may justify an appropriate partial extension of the probationary period. Requests are made through the department chair to the dean.

4. A faculty member of the rank of assistant professor or higher who will not be granted tenure at the end of the final year of his or her maximum term of appointment shall be so notified in writing no later than June 30 preceding the year in which his or her
appointment will expire in accordance with Article V, Section B (Faculty Code), thereof. However, if a decision on tenure has not become final by such June 30 deadline due to a failure to resolve an administrative nonconcurrence with a faculty recommendation, despite good faith efforts in accordance with Section B.4. of the Procedures for Implementation of this Code, the June 30 deadline may be extended for up to 60 days, provided the appropriate administrative officer has given written notice of such extension to the faculty member no later than the original June 30 deadline. A faculty member who does not receive notice of denial of tenure by the date required under the preceding two sentences shall not be granted tenure at the end of his or her pending term of appointment but instead shall be granted a one-year extension of such term. If not notified by June 30 of the final year of the non-extended term of appointment that tenure will not be granted, he or she will acquire tenure at the end of the extended term.

5. Faculty appointed in a tenure-accruing status may transfer to a non-tenure-accruing status. The request to transfer must be made before the point of tenure review. Requests for transfer must be made in writing and approved by the department chair, the Dean, and the Provost. Faculty may not transfer from non-tenure-accruing status to tenure-accruing status without having participated in a national search. A faculty member who has been awarded tenure may transfer to non-tenure status at any time.

6. Tenure is not awarded prior to the conclusion of the designated probationary period nor is promotion to associate professor awarded prior to the award of tenure except under very rare circumstances.

B. Non-Tenure Accruing Appointments. All appointments or reappointments to regular, active status, non-tenure-accruing positions shall be for a specified term agreed to by the faculty member and the school. The faculty member may be reappointed to the same or higher rank for as many terms as the needs of the school may require. The Dean and chairs are encouraged to employ multi-year contracts for productive faculty in non-tenure-accruing positions.

IV. Stated Periods by Rank for Regular Tenure-Accruing Appointments

A. Instructors. Instructors may be appointed for an initial period of one year and may be reappointed for not more than three additional one-year periods. No reappointments shall extend any individual’s total period as an instructor beyond four years unless an extension of up to two years is recommended by the dean and conferred by special action of the Board of Trustees. Tenure shall not be conferred at this rank.

B. Assistant Professors. Assistant professors may be appointed for not more than three years and may be reappointed without tenure for one or more additional periods. Tenure shall not be conferred at this rank.

C. Associate Professors. Associate professors may be appointed with tenure, or for a period of not more than four years without tenure, and may be reappointed, with or without tenure, for one or more additional periods.
D. Professors. Professors may be appointed with tenure, or for a period of not more than three years without tenure.

Appointment/Promotion

A. General

The SMHS has established criteria as described herein on which appointment and promotion shall be based. Each department chair, at the time of the annual report, will inform faculty members whether they are making satisfactory progress toward promotion and tenure when applicable. Longevity in rank per se is neither necessary nor sufficient grounds for promotion. For each successive faculty rank greater efforts and contributions to the school and university are expected.

1. In tenure-accruing positions. Appointment or promotion in tenure-accruing positions shall be dependent upon professional achievement in teaching, scholarship, and service (e.g., clinical, professional, public). Tenure is reserved for members of the faculty who demonstrate excellence in scholarship, teaching, and engagement in service and who show promise of continued excellence. Excellence in teaching and engagement in service are prerequisites for tenure, but they are not in themselves sufficient grounds for tenure. Tenure is reserved for faculty members whose scholarly accomplishments are distinguished in their fields, and a candidate’s record must compare favorably with that of candidates in similar stages in their careers at peer research universities in the candidate’s field.

2. In non-tenure-accruing positions. Appointment or promotion in non-tenure-accruing positions shall be dependent upon professional achievement in teaching, scholarship and service (e.g., clinical, professional, public). For appointment or promotion, the candidate must be assessed as very good to excellent in two of these three areas, although some evidence of activity is expected in the remaining area. In addition, all candidates are expected to contribute some level of meaningful service to the institution.

3. What are teaching, scholarship, and service?

   Teaching. Teaching is an essential responsibility for all faculty. It includes formal lectures, small-group education, and/or one-on-one teaching. Teaching includes teaching in the classroom, virtual classroom, hospital, clinic, laboratory, physician’s office, public health practice settings continuing education and other settings, and may include training of staff other than students. The effective teacher leads students to think purposely and critically, broadens the interest of students, seeks out innovative techniques and transmits knowledge effectively. The following are representative examples of evidence of teaching achievements:

   - Course, clerkship director
   - Housestaff or graduate program director
   - Program coordinator for medical, public health, and/or health science students
- Major responsibility in a course
- Preparation and presentation of material in a well-organized, effective manner
- Display of educational leadership
- Development or implementation of innovative teaching techniques
- Mentoring and training students (undergraduate, graduate, medical), residents, fellows, junior faculty and other trainees
- Excellent teaching evaluations from learners
- Participation in curriculum planning (professional, graduate) or evaluation
- Participation on Ph.D. doctoral committees (dissertation reader, oral examiner)
- Participation in the design, organization, implementation of a course or teaching program
- Teaching awards
- Director or educational planning committee membership of a continuing education course
- Continuing education speaking engagements
- Invited participation in educational programs
- Invited participation in professional organization educational programs
- Member of a board (e.g., USMLE) exam question writing team
- Member of a specialty board qualifying exam question writing team

Scholarship. Scholarship in SMHS can be defined as those activities that systematically advance the teaching, research and/or practice of medicine, biomedical sciences, and/or health sciences through rigorous inquiry that 1) is significant to the profession or discipline, 2) leads to new knowledge or new insights or approaches to existing knowledge 3) and is disseminated for evaluation and critical review by other scholars. In addition to traditional research, also called the scholarship of discovery, the faculty in the SMHS equally values the scholarship of integration, application, and teaching and learning.

SMHS recognizes the importance of multi-disciplinary and team science in scholarship. When scholarship pursued in this fashion results in multi-authored publications, the specific contribution of the candidate must be clear and significant. This can be achieved in the research narrative statement, the chair’s evaluation, reference letters and/or annotations on the CV. The role in the project, rather than order of authorship is regarded as most important.

Participation in multi and interdisciplinary collaborations is recognized not only by publication but also by provision of specific expertise to address a research question and by leadership of one or more teams. The role and effort of the candidate along with the accomplishments and success of the team should be detailed by the candidate in the CV and / or in the research narrative statement.

Scholarship is assessed by several measures, including, but not limited to, the number of publications in peer-reviewed quality journals; reviews, books, book chapters and monographs; the number of invited seminars and lectures; and the number of editorial boards and grant review panels served on. The overall quality of publications takes
precedence over their quantity. The impact of publications on the profession as
determined by letters of evaluation, number of citations and awards or special
recognition of the work by others is important. The number of grants may provide peer-
reviewed evidence of the candidate’s work and creativity. The quality and quantity of
scholarly products are expected to increase with increasing academic rank. Scholarly
activities (routine teaching assignments, participation in conferences, using the literature
to inform your teaching and practice, etc.) are not the same as scholarship as defined
above and are not sufficient to demonstrate excellence in scholarship.

The following are representative examples of evidence of achievements in scholarship:

- Senior author sustained publications and manuscripts in press in peer-reviewed
  journals
- Generation of reports and/or policy analyses for government and private agencies
- Co-authored publications where a significant contribution has been made to the
  work
- Abstracts accepted and presented at peer-reviewed scientific meetings
  (international, national, regional)
- Independence from postgraduate or fellowship mentor
- RO1 funding
- Other similar federal funding (e.g., NIH, HRSA, EPA, USDA, FDA, NSF) as a PI
  or co-PI
- Program project/Specialized Center of Research (SCOR) or Clinical and
  Translational Science (CTSA) project director
- Peer association or private foundation funding as a PI
- Pharmaceutical, health foundation or other similar contract funding
- Invited memberships/fellowships in peer scientific societies
- Letters of recommendation from impartial, senior, nationally/internationally
  recognized faculty/referees in the candidate’s field of expertise that support the
  significance or impact of the candidates scholarship
- National/international scientific awards
- * Appointment to study sections (e.g., NIH, HRSA, EPA, USDA, FDA, NSF) and/or
  research committees
- * Appointment to similar national peer organization research committees
- * Editor, associate editor, or editorial board member of peer reviewed journal
- * Regular ad hoc reviewer for peer reviewed journals
- * Chair/member of national peer association scientific program committee
- * Session chair of national peer association scientific sessions
- * Abstract reviewer of national peer association scientific sessions
- * Executive/board member or committee chair/member of national peer
  association
- Invited published reviews, book chapters, monographs
- Invited seminars and lectures
- Demonstration of a degree of cooperativeness, as evidenced by, for example, by
  the initiation of formal collaborative research ventures with colleagues or by
  provision of service to research programs
Service. Service is a part of academic life and some level of meaningful participation is expected of all faculty at all levels. While excellence in service alone is not sufficient for promotion to any level in the tenure track, excellence in professional or clinical service may be a major criterion for promotion in the non-tenure track. The quality and quantity of service are expected to increase with increasing academic rank. The following are representative examples of evidence of achievements in service:

a. Professional Service

- Consultantships to governments, health policy groups, health advocacy groups, national/international public health organizations, health services research and policy organizations
- Identification and coordination of responses to health needs in the surrounding communities, the District, and the nation, including increasing public awareness of disease prevention and health maintenance, organizing the provision of continuing education to practicing health care professionals, and devising strategies to provide health care to underserved and underfinanced populations
- Initiation of or participation in health care delivery and/or scholarship that is oriented to rural populations, minority or geriatric populations, or any other targeted population with documented health care needs
- Leadership in national/international groups dealing with health care policy, health care planning, health care reform, and health care legislation
- Evidence of a positive impact on communities and populations
- Leadership and active participation in continuing education to health professionals at the local, regional, or national level
- Leadership in scientific and professional organizations.
- Items marked with an asterisk (*) under evidence of achievements in scholarship may also provide evidence of professional service achievements

b. Clinical Service

Recognition by peers and patients

- Patient referrals from other physicians and patients
- Clinical consultation by peers and professional colleagues, including documented acknowledgment by peers as a premier consultant and requested consultant involvement in complex clinical problems
- Evidence of a positive clinical impact on the division, the department, the medical school, or the hospital (e.g., quality improvement, patient safety, etc.)
Professional contributions to patient care

- Introduction of new skills or techniques, including clinical laboratory based technology, that are unique locally or regionally
- Special competencies that improve or extend clinical or training programs
- Introduction, development, and maintenance of new clinical programs

Professional contributions to enhancing the profession

- Leadership and active participation in continuing medical education at the local, regional, or national level
- Appointed or elected leadership or membership on regional or national societies or specialty governing boards
- Leadership in clinical care (e.g., membership on major clinical committees at the local, regional, or national levels)
- Appointed or elected leadership or membership on divisional, departmental, hospital, and/or school service-related governing boards
- Participation in research involving patients, including patients’ questions relating basic biomedical science to patient care, clinical trials, outcomes in investigations, and cooperative groups

c. Public Service

- Community-based service, including guest lectures and/or preparation of materials for paraprofessionals and/or other health professions
- Consultation, education, and public speaking outside the university that brings credit to the university

d. Institutional Service (division, department, schools, university)

- Participation or leadership in divisional, departmental, hospital, school, and/or university committees
- Contributions to the academic management of the division, department, school, and/or medical center, including recommending or developing, for example, policy that relates to faculty affairs, student affairs, academic records, and academic fiscal activities
- Direction of a section, service, or laboratory considered to benefit the division, department, hospital, school, medical center and/or university

B. Specific

1. Appointment/promotion to the rank of assistant professor

For appointment/promotion to the rank of assistant professor, the candidate must have attained the highest appropriate degree in the specific discipline or field.* The candidate must have demonstrated professional competence in a specific discipline or field, and
must have demonstrated potential for excellence in teaching, scholarship, and service for appointment/promotion to this rank in the tenure track, and demonstrated potential for excellence in any two of these areas in the non-tenure track with potential for some contribution in the remaining area. Appointment is made upon recommendation by the chair with approval by the Dean and review by the school APT committee is not required. The chair must submit the candidate’s dossier to the dean for action.

* additional board certification requirements exist for appointment/promotion to this rank in the clinical departments.

2. **Appointment/promotion to the rank of associate professor**

For appointment/promotion to the rank of associate professor in the tenure track, the candidate must have a sustained record of professional achievements that demonstrate a pattern of growth leading to or demonstrating excellence in teaching, scholarship, and service (e.g., clinical, professional, public). In addition, all candidates are expected to contribute some level of meaningful service to the institution. To demonstrate excellence, the candidate should be recognized regionally and/or nationally, as appropriate to the discipline.

For appointment/promotion to the rank of associate professor in the non-tenure track, the candidate must have a sustained record of professional achievements that demonstrates a pattern of growth leading to or demonstrating excellence in two of the three areas of teaching, scholarship and service. Some evidence of activity is expected in the remaining area. To demonstrate excellence, the candidate should be recognized regionally and/or nationally, as appropriate to the discipline.

3. **Appointment/promotion to the rank of professor**

For appointment/promotion to the rank of professor in the tenure-track, the candidate must have a sustained record of professional achievements demonstrating excellence in teaching, scholarship, and service at an increasingly higher level. To demonstrate excellence, national and/or international recognition in one of the three areas as appropriate to the discipline is required.

For appointment/promotion to the rank of professor in the non-tenure track, the candidate must have a sustained record of professional achievement demonstrating excellence in two of the three areas of teaching, scholarship or service at an increasingly higher level, with some evidence of activity is expected in the remaining area. National recognition in one of the three areas as appropriate to the discipline is required.

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Approved by the Executive Committee of the SMHS Faculty Assembly-May 28, 2015
Approved by the SMHS Faculty Assembly-September 21, 2015
SMHS
Proposed Changes to APT Guidelines
—Summary—

1. **Language clean-up**
The current guidelines were written when SMHS was part of the “Medical Center” and applied to SMHS, Public Health and Nursing. Much of the language reflects that structure. Language was changed throughout to reflect our single school structure such as changing “appropriate dean” to “dean”. These types of changes do not substantively change the criteria.

2. **Requirements for promotion in the non-tenure track**

**OLD** – The faculty member must be judged very good to excellent in TEACHING plus SERVICE or TEACHING plus SCHOLARSHIP with “some activity” in the remaining area

**NEW** – Faculty can be promoted by being judged very good to excellent in any two of the areas; teaching is not required to be one of the two. The requirement for “some activity” in the remaining area remains.

**NEW** – Some meaningful service to the institution is required for all candidates regardless of the two areas that demonstrate excellence.

**Implication** – This allows faculty to be promoted based upon their professional role in their department. The criteria do not specify named tracks such as “clinician educator” or “clinician scientist” but allows non-tenure track faculty to essentially create their own track with any combination of 2 out of 3 teaching, scholarship and service. It adds the institutional requirement for everyone.

3. **A definition of scholarship**

**OLD** – There is no definition of scholarship in the current criteria. The criteria only lists examples of scholarship such as peer reviewed publications, abstracts, white papers, books, research grants, etc.

**NEW** - Scholarship is defined as any professional activity that

1. Advances the profession through inquiry
2. Leads to new knowledge or new insights or approaches to existing knowledge
3. Is disseminated for evaluation by other scholars.

**Implication** - Even with the new definition, the most straightforward way to demonstrate scholarship is with peer reviewed research publications. However, for faculty who do non-traditional scholarship (health policy, quality improvement, advocacy, etc.) their professional activities can be evaluated as
scholarship as long as the three components of the definition are met – even if it does not result in a peer-reviewed publication.

4. Recognition of the BOYER MODEL OF SCHOLARSHIP

OLD – some of the existing criteria were consistent with the Boyer Model but it was not formally recognized or referenced

NEW – the forms of scholarship under the Boyer model are explicitly stated as being recognized:
   A) The Scholarship of Discovery- often described as traditional empirical research
   B) The Scholarship of Integration – which can be demonstrated with systematic reviews, team science activities, published monographs and books.
   C) The Scholarship of Application – which includes participation in clinical trials, scholarly approaches to quality improvement, developing centers of excellence and scholarly approaches to consulting
   D) Scholarship of Education – which includes educational research and developing curricula, teaching strategies or assessment tools that are adopted on a larger scale beyond GW

Implication – This gives a broader approach as to what constitutes scholarship and is consistent with models that are commonly used at other Schools of Medicine and Universities.

5. Recognition of TEAM SCIENCE as a legitimate form of scholarship

OLD – Team science was never formally recognized and the examples of scholarship listed in the old criteria did not include team science approaches to scholarship

NEW – The APT criteria explicitly recognize the value of Team Science and collaborative research. The contribution of the faculty member to a project or publication is regarded as most important- not order of authorship. Additionally, the expertise that a faculty brings to a successful team science project is itself considered scholarship in addition to any resulting publication.

Implications – Collaborative research and team science are becoming the norm nationally and often are expected in some federal grant programs. Collaborative research and Team Science is commonly regarded to be the best approach to solving complex scientific and medical problems. This change in criteria is consistent with criteria often used in other institutions and gives appropriate recognition to faculty who are successful in the new research climate.

6. Ways to demonstrate Excellence in Teaching

NEW – the following examples were added:
   A) Implementation of innovative teaching techniques (not only developing them)
   B) Excellent teaching evaluations from learners
   C) Serving on the educational planning committee of a CME course (not just director)
7. **Ways to demonstrate Excellence in Service**

   **NEW** – quality improvement and patient safety activities are now listed as examples of ways to demonstrate excellence in clinical service

8. **Criteria for promotion to the level of Associate Professor in the tenure or non-tenure track**

   **NEW** – candidate should be recognized regionally or nationally in their discipline

9. **Criteria for promotion to the level of Professor in the tenure or non-tenure track**

   **NEW** – national or international recognition in one of the three areas is required
Executive Committee Leadership: 2015-16
Chair:    Michael Berrigan (Anesthesiology & Critical Care Medicine)*
Vice Chair:    Margaret Plack (Physical Therapy & Health Care Sciences)*

*second year of one-term appointments

Actions Taken

Recommended changes to SMHS Bylaws for consideration by Faculty Assembly on September 21, 2015.
- Changes to language in Committee on Undergraduate Medical Education charge to provide consistency in language prior to LCME Site Visit.
- Addition of Sections 8 and 9 to the Election Procedures.

Appointed Search Committee Members for 0.3 FTE Assistant Dean for Student Affairs position.
Elizabeth Cobbs, M.D., Professor of Medicine, Chair*
Ramez Andrawis, Assistant Professor of Urology
Tenagne Haile-Mariam, Assistant Professor of Emergency Medicine
Katherine Kennedy, Professor of Pharmacology & Physiology
Linda Lesky, Associate Professor of Medicine, Diversity Advocate
Mohamed A. Mohamed, Associate Professor of Pediatrics
Travis O'Brien, Associate Research Professor of Pharmacology & Physiology
Arnold Schwartz, Professor of Pathology
W. Scott Schroth, Associate Dean for Administration, Ex-Officio Member

Katherine Chretien, Associate Professor of Medicine was selected following an open, internal search.

Appointed Search Committee for Associate Dean of Student Affairs and Administration position.
Robert Shesser, MD, Search Committee Chair, Professor and Chair of Emergency Medicine
Jillian Catalanotti, MD, Associate Professor of Medicine
Karen Williams, MD, Associate Professor of Anesthesiology & Critical Care Medicine
Jeffrey Rosenstein, PhD, Professor of Anatomy & Regenerative Biology
Doug Nixon, MD, PhD, Professor and Chair of Microbiology, Immunology, & Tropical Medicine
Mary Ottolini, MD, Professor of Pediatrics
Mary Corcoran, PhD, Professor of Clinical Research & Leadership
Margaret Plack, EdD, DPT, Interim Chair of CRL; Professor of Physical Therapy & Health Care Sciences

Ex officio Members
Gary Little, MD, Medical Director, GW University Hospital; Assistant Professor of Emergency Medicine
Steve Farmer, PhD, MD, Associate Professor of Medicine

Search in progress,
Approved SMHS Policies.
Code of Conduct (SMHS, GW MFA, GWUH)
Policy on Inclement Weather
Policy for Medical Student Health Insurance and Immunizations
Policy for Separation of Academic/Health Professional Roles in the Provision of Health Treatment
Policy for Student Absence for Medical and Dental Care
Policy on Access to Student Records
Policy on Student Occupational Exposures
Policy on Diversity and Inclusion
Regulations for M.D. Candidates for Classes of 2016 and 2017
Regulations for M.D. Candidates for Classes of 2018 and Beyond
GWU Social Media Policy
GWU Mistreatment Policy
Coursework Requirements for M.D. Degree for Class of 2016 (pending approval by MSEC)
Coursework Requirements for M.D. Degree for Class of 2017 (pending approval by MSEC)
Coursework Requirements for M.D. Degree for Class of 2018 and Beyond (pending approval by MSEC)
Policy on GW SMHS M.D. Program Technical Standards
Policy on Appointment of Teaching Faculty in Medical Student Education
Committee on Admissions Mission Statement

April 23 Meeting
Provost Steven Lerman provided an overview of the challenging 2015 and 2016 University budgets and an update on changes being considered in faculty governance of the University. He then responded to questions from Executive Committee members.

May 28 Meeting
Proposed Changes to SMHS Guidelines for Appointment, Promotion and Tenure were approved by a vote of 10-0; approval by SMHS Faculty Assembly will be recommended.

June 25 Meeting
- Made appointments to Standing Committees by a unanimous vote. See Appendix.
- Established an ad hoc committee to review mission and structure of the Committee on Masters and Doctorate Graduate Programs by unanimous vote.
APPENDIX

Standing Committee Appointments:

Committee on MD Program Admissions.
- Clinical or Basic Science Faculty Member (2 positions)
  Zachary Litvack, Assistant Professor of Neurological Surgery
  Samantha Easley, Assistant Professor of Pathology

Committee on Appointments, Promotions, and Tenure (APT).
- Basic Science Faculty Member (1 position)
  Mary Ann Stepp, Professor of Anatomy and Regenerative Biology
- Clinical Science Faculty Member (2 positions)
  Victoria Shanmugam, Associate Professor of Medicine
  Anton Sidawy, Professor of Surgery

Committee on Health Sciences Curricula.
- Health Science or Basic/Clinical Science Faculty Member involved in teaching H.S. students (3 positions)
  Carol Rentas, Assistant Professor of Clinical Research and Leadership
  Mark Elliott, Associate Professor of Biochemistry and Molecular Medicine
  Kris Lehnhardt, Assistant Professor of Emergency Medicine
- Health Science or Basic/Clinical Science Faculty Member involved in teaching H.S. students (1 position)
  Paige McDonald, Assistant Professor of Clinical Research and Leadership (replacement for Attila Hertelendy)

Committee on Undergraduate Medical Education Curriculum (CUMEC).
- Clinical Science Faculty Member (1 position)
  Benjamin Wood, Assistant Professor of Surgery
- Basic Science Faculty Member (1 position)
  David Leitenberg, Associate Professor of Micro., Immuno., & Tropical Med.

Committee on Health Sciences Student Evaluation.
- Health Science Faculty Member (2 positions; must be at rank of Assistant Professor or higher)
  Susan Okun, Adjunct Assistant Professor of Clinical Research and Leadership
  Marisa Birkmeier, Assistant Professor of Physical Therapy and Health Care Sciences

Committee on Medical Student Evaluation (MSEC).
Temporary appointments made; Final selection tabled until July meeting.

Committee on Research.
- Basic Science Faculty Member (2 positions);
  Chiara Manzini, Assistant Professor of Pharmacology & Physiology
  Jeffrey Bethony, Professor of Microbiology, Immunology, and Tropical Medicine
- Basic, Clinical or Health Science Faculty Member (2 positions)
  Gurusher Panjrath, Assistant Professor of Medicine
  Catherine Bollard, Professor of Pediatrics

Committee on Masters and Doctorate Graduate Programs.
Selection tabled until receipt of report from ad hoc committee.

Committee on the Learning Environment.
- Clinical Faculty Member (4 positions; at least one from Children’s National Health System);
  Charles Samenow, Associate Professor of Psychiatry and Behavioral Sciences
  Scott Cohen, Associate Professor of Medicine
  Jeremy Kern, Assistant Professor of Pediatrics
- Basic Science Faculty Member (1 position);
  Tracy Yarbrough, Associate Professor of Physiology & Pharmacology
- Health Science Faculty Member (1 position)
  Susan Dunphy, Assistant Professor of Physician Assistant Studies