



Warren Alpert Medical School of Brown University Faculty Handbook

The policies and procedures described herein pertain to clinical departments in the Division of Biology and Medicine.

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Organization of The Warren Alpert Medical School of Brown University

The relationship between the Warren Alpert Medical School (the “Medical School”) and its affiliated organizations are described in individual affiliation agreements. The affiliation agreements include:

1. Policies on employment and compensation for faculty employed by affiliated institutions¹
2. Program planning affecting educational offerings of the University and patient care in the affiliated institutions
3. Scholarly aspects of faculty careers and the role of research in clinical departments
4. The relationship between the affiliated institute’s leadership and the clinical department Chairs in departments whose faculty are located in multiple institutions
5. Graduate medical education (“GME”)² and the responsibilities of the University and the affiliated institutions for those Brown-affiliated GME programs

Departmental Leadership

Each Department is headed by a Chair appointed by the Dean of Medicine and Biological Sciences for a renewable term. The Chair serves as the Department's chief academic officer and reports to the Dean of Medicine and Biological Sciences on all academic and departmental administrative matters. The Chair oversees all faculty appointments, evaluations, reappointments, promotions, and terminations. The Chair implements University and Division of Biology and Medicine (“the Division”) policies. The Chair is responsible for the academic quality of the faculty in the Department, the professional development of faculty, and for the Department's adherence to the principles of diversity and inclusion.

Each Department is responsible for:

1. Developing an academic plan for research, teaching and clinical services
2. Developing a formal system of faculty teaching evaluation, and implementing this system
3. Annual review of junior faculty and review of senior faculty at mid-term of reappointment or promotion

¹ “Affiliated institutions”: hospitals, clinics, and /or other healthcare organizations affiliated with The Warren Alpert Medical School

² “GME” or “GME programs”: residency, research fellowship, teaching fellowship



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4. Initiating faculty appointments, reappointments, and promotions
5. Medical student education and course evaluation
6. Graduate Medical Education
7. Participation in undergraduate and graduate programs

Each Chair is expected to develop the collegial structure and review mechanisms that enable the department to meet its commitments to research, teaching, advising and/or mentoring, and clinical service. In general, the administration of hospital resources and the management of GME programs are controlled by hospital administration.

Roles and Responsibilities of Clinical Department Chairs

The Department Chair is the Department's chief academic and administrative officer, responsible to both the faculty of the Department and to the University. These dual roles require that the Chair interpret University policies to the members of the department and ensure their effective execution and at the same time represent individual and group concerns of department members to hospital administration and the University.

University and Medical School Administration

The Chair is expected to lead the development and enhancement of departmental clinical, educational, and research activities, in accordance with the vision and mission of the Alpert Medical School and its teaching affiliates.

The Chair is responsible for maintaining the quality of the faculty by protecting their interests and rights as individuals and as professionals, scholars and educators and for supporting their professional development. The Chair is responsible for annual evaluation of junior faculty and periodic evaluation of senior faculty members of the department. The Chair supervises procedures for recruiting, interviewing and appointing new faculty members and for the department's adherence to the principles and purposes of diversity and inclusion.

The Chair is responsible for the development of departmental recommendations regarding contracts for faculty other than for him/herself and receives and evaluates all requests for leaves. The Chair is responsible for all aspects of departmental administration, including space, finances, support and mentoring of faculty and trainees, and clinical activities. The Chair is expected to serve as a role model for the department by demonstrating institutional citizenship through participation in governance and in committee activities of the department, the medical school, the affiliated hospitals, the University, and the profession at large. The Chair will also serve as role model for and champion of diversity, equity, and inclusion and the assurance of a



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safe and respectful work environment.

The Chair's accomplishments are expected to be excellent with regard to clinical, educational, and scholarly activities and will thus provide an example for faculty and trainees.

In order to ensure the effectiveness of Clinical Department Chairs, each Chair will undergo a formal review of his or her performance one-year before the end of their terms, as described below. The Dean of Medicine and Biological Sciences makes recommendations for Chair reappointments to the Provost.

Vision, Leadership and Strategic Planning

The Chair is expected to provide visionary leadership of the department and to oversee the departmental strategic planning so as to improve the quality of the clinical, educational, and research programs. Such planning should be in accord with the overall visions for the University, the Medical School, and the affiliated hospitals. The Chair is also responsible for the academic development of the Department, the performance of its faculty in the principal areas of academic endeavors and the status of each of the teaching affiliates that is under the jurisdiction of the Department.

Educational Programs

The Chair is responsible for all educational offerings of the Department. The following delineates these responsibilities further.

For Undergraduate and Medical Program Courses

Under the oversight of the Medical Curriculum Committee, and in consultation with the Dean of Medicine and Biological Sciences and the Senior Associate Dean for Medical Education, the Chair appoints course leaders; approves new courses; and initiates, plans, and coordinates joint hospital and campus educational efforts.

For Graduate Medical Education (GME)

The Chair holds ultimate responsibility for the educational quality of the University affiliated residencies and fellowships for which the Department is home. The Chair works closely with the sponsoring institution and its GME committee to ensure quality of these programs. In the case of multiple-site residency training programs in one Department, it is the individual Chiefs of Service who are responsible while the Department Chair serves as the overall leader. In order for a residency or fellowship program to be a "Brown" program, the Chair of the Brown Department sponsoring the Residency or Fellowship program must comply with the relevant policies and



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procedures. (See Policy on Approval and Continuance of Brown Graduate Medical Education Programs)

For Continuing Medical Education (CME) Courses

The Chair approves all CME offerings by the Department and works with the Associate Dean for Clinical Affairs, as appropriate.

Clinical Programs

The Chair is responsible for the overall planning and assessment of the quality of clinical programs within the Department and for attending to the Department's service delivery capability insofar as it affects the academic program of the Department. This task normally is carried out in cooperation with the Chiefs of Service, the Division Directors and, as appropriate, the leaders of specialty programs within the discipline. The Chair, in conjunction with the Dean of Medicine and Biological Sciences, may be actively involved in the development and implementation of faculty practices within the Department.

Research Programs

The Chair has the overall responsibility for research activities within the Department, an important aspect of which is protecting the faculty's interests as professional scholars and promoting their professional development. The Chair is responsible for evaluating the Departmental research programs. Department Chairs also identify cooperative research activities and facilitates implementation with other Sections and Departments. The Chair is expected to build the departmental research base and to increase the departmental research funding. Recognizing that a faculty member's research may be conducted through an affiliate hospital and/or the University, the Chair works to facilitate these arrangements.

Other Scholarly Activities

The Chair is responsible for fostering faculty participation in other scholarly activities, including engagement with professional societies, publications, advocacy work, and other innovative contributions.

Academic Plans

In cooperation with the Medical School administration, the Chair participates in strategic planning, which includes departmental academic programs. Final approval of academic plans is the responsibility of the Dean of Medicine and Biological Sciences.



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Faculty Administration

Recruitment

The Chair is responsible for organizing searches for new or replacement faculty positions within the Department. For academic faculty, this requires a Brown University approved search or a pre-select exception. Searches may be carried out in consultation with the hospital's Chief of Service in that Department, the Division Directors, the administrative representatives of the affiliated hospitals and the Office of Biomedical Faculty Administration. The Chair is responsible for approving search plans for all faculty positions within the Department and for obtaining hospital administrative approval if appropriate.

Faculty Evaluation and Record Maintenance

The Chair will maintain all faculty files including all recommendations regarding faculty actions and teaching evaluations. The Chair is responsible for ensuring that a faculty evaluation system is in place and that the evaluation process is followed and monitored.

Annual Reviews

The Chair is responsible for annual evaluation of all academic track faculty at the rank of Instructor or Assistant Professor and for mid-term and reappointment review of all Associate and Full Professors.

Appointments, Reappointments, Promotions, Terminations

The Department Chair is responsible for managing all faculty appointments, reappointments, and promotions according to Alpert Medical School Policies and Procedures. Faculty actions will be processed in a timely fashion. In case of retirement, resignation or death of a member of the faculty, it is the Chair's responsibility to notify the Office of BioMed Faculty Administration in a timely fashion.

Faculty Development and Mentoring

The Chair is expected to foster career development of faculty members and to provide faculty with appropriate and timely mentoring either personally or through senior Departmental faculty. Formal mentoring programs are encouraged.



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Grievance Procedures

The Chair is responsible for initial grievance procedure actions within the Department except where he/she is involved; in this case the responsibility for initial actions rests with the Dean of Medicine and Biological Services. The Chair also is responsible for the administration of [University policies](#) on Equal Employment Opportunity and Affirmative Action within the Department.

Departmental Budgets

Administrative Budget

The Chair is responsible for the development and management of the Department's administrative budget.

Faculty Salaries

The Chair monitors faculty salaries in the department and, along with the Chief of Service, assures that salaries are maintained within current applicable guidelines agreed upon by the University and the affiliated hospitals. For Brown-paid faculty in clinical departments, salaries are determined by the Chair in consultation with the Executive Dean of Medicine for Administration.

Space Utilization

The Chair is responsible for recommendations concerning the space required to accomplish the academic plan of the Department. The Department Chair is responsible for presenting space requirements on campus to the Dean of Medicine and Biological Sciences. Space requirements in the hospitals are presented to the appropriate officer(s) in the relevant teaching hospital partner.

Safe, Inclusive, and Respectful Work Environment

The Chair is expected to lead the Department's commitment to diversity, equity, and inclusion. The Chair oversees activities that fulfill the Diversity and Inclusion Action Plan (DIAP) formulated by the department and works with the Associate Dean for Diversity and Multicultural Affairs to adapt the department DIAP to address specific departmental needs. The Chair is ultimately responsible for facilitating and maintaining a safe and respectful work environment for faculty, staff, house staff, students, and other trainees.



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Other Administrative Duties

The Chair is responsible for recommending to the Dean of Medicine and Biological Sciences the appointment of Associate Chair(s) and/or division directors. The Department Chair convenes meetings of the Department faculty. The Chair makes committee assignments within the Department and recommends Department faculty for committee assignments outside the Department. The Department Chair maintains records of department faculty research reports and publications. The Chair develops and reports on the Diversity and Inclusion Action Plan for the Department. The Chair reports to the Dean of Medicine and Biological Sciences on the academic status of the Department.

Performance Review for Clinical Department Chairs (see Appendix)

The performance of the Chair and the Department will be reviewed periodically by the Dean of Medicine and Biology Sciences (DMBS) and the Health System President. These reviews typically take place at the mid-point and in the year prior to reappointment. The purpose of the Chair Review is to assess the academic and clinical performance of the Department and the Chair's leadership. It will also provide a basis to formulate and evaluate short and long term goals for the Department. Clinical Department Chairs are also subject to review for renewal of their faculty reappointment; a concurrent review of his or her faculty appointment must take place and must be positive in order for a Chair to continue in the role.

Chairs prepare a succinct Report (no more than five pages) that focuses on the topics outlined below. It should describe the strengths, weaknesses and needs of the Department. This Report is submitted *no later than two weeks* before the scheduled Review meeting with the DBMS and the health system president.

Roles of Chiefs of Service and Division Chiefs

The Chief of Service and/or Division Chief evaluates the academic performance and progress of the faculty under her or his jurisdiction, and submits these reviews to the Department Chair under the procedures established for each Department. In consultation with the Department Chair, the Chief of Service and/or Division Chief reviews faculty salaries, receives and evaluates requests for academic leaves, and organizes regular and timely evaluations of the faculty in their service area.



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Function	Chief of Service/Division Chief	Department Chair
Vision, Leadership and Strategic Planning	Develops plan in collaboration with CEO and Department Chair	Reviews/approves/submit to the Dean of Medicine and Biological Sciences
Medical Faculty Affairs	Initiates and advises Department Chair on faculty recruitment, appointments, promotions, evaluation, and retention.	Reviews/recommends to Dean of Medicine and Biological Sciences (junior faculty) and to the Dean and CMFA (senior faculty)
Faculty Salaries	Makes recommendations based on faculty member's performance	Reviews to assure compliance with University/affiliated hospitals' guidelines and equity issues.
Medical Student Education	Under the direction of the Medical Curriculum Committee oversees pre-clinical and clinical programs within the University and Departmental guidelines, at the direction of the Chair	Develops and implements guidelines, evaluates quality, coordinates with other educational programs (e.g. standard curriculum in multi-site clerkships).
<u>Graduate Medical Education Programs</u>	<ul style="list-style-type: none"> Serves as Site Director or designates the Site Director(s) In Conjunction with the Program Director, ensures educational quality and adherence to credentialing authority, sponsoring institution and University standards 	Chair is responsible for oversight for department GME programs
Research Programs	Promotes and supervises research programs at affiliated institutions	Promotes the development of research programs in the affiliated institutions that collectively result in the appropriate breadth and depth for University



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	Department. Fosters interaction and cooperation of related research efforts among the University and its affiliated institutions.
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Departmental Promotions Committees

The committee membership should be representative of the department faculty with regard to gender, institutional employer, and discipline. The committee is responsible for establishing departmental Standards and Criteria in conjunction with the Chair. The committee is also responsible for reviewing all candidates for senior level appointment and promotion to the rank of Associate Professor and Professor in all tracks, as well as Assistant Professors in the Research Scholar and Teaching Scholar Tracks in the final year of the third term. The committee reviews the dossiers for promotion and votes on the action. A written summary of the committee's review plus the vote is then forwarded to the Department Chair. The summary should include the reasons for abstentions, recusals, and negative votes. Only Professors can vote on appointments and promotions to the rank of Professor. Professors and Associate Professors may vote on appointments and promotions to Associate Professor. Committee members who are closely associated with candidates should recuse themselves from voting.

Standing Committees

Medical Faculty Executive Committee (MFEC)

The Medical Faculty Executive Committee (MFEC) serves as a central steering committee for the hospital-based faculty of the Warren Alpert Medical School. Its charge includes investigation of matters of particular concern to the medical faculty, including grievances. The MFEC membership includes faculty representatives from all of the hospitals that are part of the Medical School. Ex-officio members of the committee include the Dean of Medicine and Biological Sciences, the Dean of Medical Faculty Affairs, the President of the University (or his/her representative), and representatives from the administration of each hospital or hospital system. MFEC membership can be viewed on the [University Faculty Governance site](#).

Biology Curriculum Committee

The charge of this committee is to review and recommend new undergraduate and graduate-level courses, consider curricular changes and oversee the programs and policies leading to



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fulfillment of undergraduate concentrations in the Biological Sciences. This committee makes its recommendations to the Program in Biology Faculty, to the College Curriculum Council, and in matters concerning graduate-level courses, to the Graduate Council.

Continuing Medical Education Advisory Committee

The charge of this committee is to assist the Continuing Medical Education Office in the development of standards and policies necessary to produce high quality educational programs. Its responsibilities include needs assessment, long-range planning, and consideration of ethical issues and co-sponsorship issues in Continuing Medical Education.

Medical Committee on Academic Standing & Professionalism (MCASP)

The charge of this committee is to implement promotion policies and procedures for medical student evaluation in all phases of the curriculum. MCASP monitors students' progress, and approves students' promotion from one phase of the curriculum to the next. MCASP reviews all cases of academic deficiency and cases of ethical misconduct (both academic and professional). After deliberation, the committee recommends action, including warnings, probation, return to good academic standing, and dismissing students from the Medical School. For students with extenuating circumstance, MCASP may grant extensions to the requirements that Medical School be completed within a certain number of years. Each spring, it recommends students for graduation and awards.

The MCASP will also oversee the academic progress of students through the Program in Liberal Medical Education (PLME). A subcommittee of the MCASP, the PLME Academic Affairs Committee (AAC), will review the academic progress and performance of all PLME students at the end of each regular semester during their undergraduate years and is empowered to place students on academic warning based on their established criteria. Final decisions to place PLME students on academic probation or to dismiss from PLME may also be made by the PLME Academic Affairs Committee, but must be approved by the MCASP. The PLME AAC may recommend action to the MCASP, which is done as a motion.

Medical Curriculum Committee

The charge of this committee is to review and approve new courses, evaluate all Medical School required courses and clerkships, consider and approve major curricular changes, and supervise the implementation of the curriculum leading to the medical degree. The PLME AAC will oversee PLME undergraduates' educational planning and accomplishments while they are still formerly enrolled in the College, and will report to the Dean of the College, the FCEL, as well as to the Dean of Medicine and Biological Sciences, Senior Associate Dean for Medical Education, the



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Medical Curriculum Committee, and the Medical Committee on Academic Standing and Professionalism.

In addition to these standing committees, various ad hoc committees or working groups will be appointed by Medical Curriculum Committee or the Dean of Medicine and Biological Sciences for special purposes.

Clinical Faculty Advisory Committee (CFAC)

The mission of the Clinical Faculty Advisory Committee (CFAC) is to represent the clinical and clinician educator track faculty and to acknowledge and promote their essential role in the success of the academic/educational enterprise at the Warren Alpert Medical School of Brown University.

Office of Women In Medicine and Science (OWIMS) Advisory Board

Office of Women in Medicine and Science (OWIMS) Board members provide input on program planning, attend Board meetings and OWIMS events, and encourage female and male colleagues to attend programming. The mission of OWIMS is to advance the academic progress and professional development of its women faculty, house officers, students and trainees through education, advocacy, mentoring and networking. Faculty are invited to apply for the OWIMS Board in the fall semester and the current Board elects new members to serve a 3-year term from January to December with the option for one term renewal. The OWIMS Board meets approximately quarterly.

Committee on Medical Faculty Appointments (CMFA)

The Committee on Medical Faculty Appointments (CMFA) is the University review body for faculty actions for non-tenure track faculty in the Medical School Clinical Departments and for (Research) faculty in Biology departments. This committee is chaired by the Senior Associate Dean of Academic Affairs who reports directly to the Dean of Medicine and Biological Sciences on behalf of the committee. The Dean provides his/her review of the candidates to the Provost for approval by the President and Corporation.

Faculty Promotions and Appointments

At the Department Level

The promotion dossier is reviewed first at the department level. The Division Director and Chief meet with the faculty member, and with the Department Chair to determine if the dossier is complete, goals have been met, and that the faculty member is ready for promotion review. The



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annual review is part of this process. In many departments, the departmental promotions committee initially reviews the faculty dossier and makes recommendations to the Chair as to whether the candidate should proceed with promotion. Departments are encouraged to use the promotion criteria materials developed by BMFA outlining the [Faculty Standards and Criteria for Faculty Ranks and Tracks](#).

Junior Level Promotions

Regardless of track, junior level promotions (Instructor to Assistant Professor) are based on the recommendation of the Department Chair to the Senior Associate Dean for Academic Affairs.

Senior Level Promotions

Promotions to Associate Professor and Professor in all faculty tracks are reviewed by the Department Promotions Committee, the Department Chair, CMFA, the Dean of Biological and Medical Sciences, the Provost, and the President of the University to determine that all criteria and University guidelines have been met.

[Senior-level appointments / promotions dossier](#) (for senior-level dossiers)

STEP 1: The departmental promotions committee reviews all candidates for senior level promotion. The committee solicits letters from external referees asking for their assessment of the candidate. The committee meets to review the promotions dossier, and votes on the appointment or promotion. A written summary of the discussion, including the vote, is forwarded to the department chair. The reasons for abstentions, recusals, or negative votes should be explained in the summary.

Only Professors may vote on professorial appointments and promotions. Professors and Associate Professors may vote on promotions to Associate Professor. Committee members who are closely associated with candidates are required to recuse themselves from voting.

STEP 2: The department chair reviews the candidate's dossier and the promotions committee recommendation. The chair either forwards the dossier with a recommendation to move forward to CMFA or determines that the candidate is not ready for appointment or promotion. The Chair can recommend that the candidate be considered for another track. The Chair is asked to present the dossier to CMFA as part of the CMFA review process.



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[Navigating Promotions for Clinical Department Faculty at Brown University](#)

Process

Once a candidate's dossier has been reviewed and approved at the departmental level, the department administrator electronically submits the dossier to the Academic Affairs Coordinator to launch the CMFA review.

CMFA meets semimonthly between September and May. CMFA members vote on each candidate and their recommendations are forwarded to the Dean for review. The Dean presents each candidate to the Provost for review. The Provost submits recommendations to the President who, in turn, submits the recommendations to the Corporation. The appointment/promotion is not final until the Corporation has voted. The effective date for the appointment or promotion is usually July 1 and is for a five year renewable term.

Mandatory Review

Assistant Professors in the Research Scholar and Teaching Scholar tracks in their third three year term **MUST** be reviewed for promotion. This third term is called the "up or out" term. Promotion review occurs during the second year of the third term (year 8) as Assistant Professor. If it is determined that a faculty member is unlikely to be promoted in their assigned track they may be given the option to switch to a track without an "up or out" term limit. This requires that the faculty member meet the criteria for appointment in that track.

Waiver Notice

Assistant Professors in the Research Scholar and Teaching Scholar tracks in the eighth year of their appointment may request to waive the one year written notice of a non-renewal through their Department Chair. This request is reviewed by the Senior Associate Dean for Academic Affairs. A written response will be sent to Chair and faculty member.

Annual Review of Academic Faculty

The annual review process for faculty is intended to provide timely evaluation of faculty academic performance and to set expectations for future performance. By establishing clearly defined, mutually agreed upon goals, a faculty member can apportion her or his effort in a manner consistent with the defined objectives. The assessment of performance provides the feedback which allows both the faculty member and her or his Service Chief and Department Chair to determine if the previously agreed upon goals



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were achieved. This process of retrospective review and prospective goal setting is intended to call attention to the academic role, and to facilitate advancement.

Affiliated institution employment, subject to institution review, is also an integral component of the faculty appointment. While elements of employer review are beyond the scope of the faculty review, the faculty review includes teaching, research and University service.

All full-time faculty in the Research Scholar, Teaching Scholar and (Research) tracks, at the rank of Instructor and Assistant Professor, shall undergo an annual review of their academic achievements.

All full-time faculty in the Research Scholar, Teaching Scholar and (Research) tracks, at the rank of Associate Professor and Professor shall undergo a similar review at the mid-point of their term of appointment.

The review will take place within the Department in which the faculty person holds her or his appointment. In the case of a joint appointment, the primary Department shall be responsible for the review. The secondary Department Chair may be represented at their discretion.

To initiate the review process, the faculty member's immediate supervisor will meet with the faculty member to discuss her or his past year's accomplishments and to agree upon the goals for the following year. The immediate supervisor will then discuss the goals and assessment with the appropriate Chief of Service. If necessary, further discussion will be held with the faculty member. The immediate supervisor or Chief will complete a department review form or the BioMed Faculty Administration [faculty review form](#) and forward this to the Department Chair. The Chair of large departments may wish to appoint an Annual Review Committee and delegate the "final review" to this committee.

When agreement is reached on the review, the supervisor, chief or committee will forward this document to the Department Chair for additional comments and approval. Once approved by the Chair, the review will then be forwarded to the faculty member. The faculty member may add a written comment as part of the final report, and these comments shall become a part of the official record. The faculty will then sign the review and return it to the Department Chair. The Chair is responsible for insuring that the review is maintained in the faculty member's departmental file.



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The annual review process will evaluate the past year's performance by comparing the faculty member's accomplishments against a set of objectives enunciated at the time of the previous years' review. In the case of a first-year review, expectations should be established in writing for the first year of employment by the faculty person's Chief of Service and immediate supervisor in consultation with the Department Chair.

Clinical accomplishments relevant to the academic goals of the Department are germane to the annual review process and should be cited.

The review process must be completed by the end of each academic year. A copy of the review should be sent to BioMed Faculty Administration.

Term Extensions

Individuals whose career path has been interrupted by illness, maternity leave, parental issues/ leave, adoption, caring for a sick child or other close family member, career changing circumstances, or other serious circumstances may request up to three one-year extensions. These requests must be approved by the Department Chair and the Senior Associate Dean for Academic Affairs. The requests must be submitted within one year of the qualifying event.

Termination/Non-Renewal of a Faculty Appointment

Faculty appointments may be terminated at any time based on the recommendation of the Department Chair. All faculty should be notified of the termination or non-renewal of their appointments by the Department Chair in advance of receiving notification from BMFA. In recommending termination or non-renewal of a faculty appointment, the Department Chair should submit a complete and concise departmental recommendation delineating the basis for the termination/nonrenewal.

Among the possible grounds for termination/non-renewal of a faculty appointment are the following (***this list is not all-inclusive***):

- Services no longer needed by the Department or Alpert Medical School
- No longer providing the required number of teaching or service hours
- Failure to improve teaching after receiving notice of need for improvement
- Scientific misconduct
- Academic misconduct
- Not adhering to University rules, regulations and policies regarding faculty conduct



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- Unprofessional behavior
- Failure to provide required or adequate documentation for reappointment
- Provision of false documentation relevant to reappointment
- Failure to fulfill established academic departmental responsibilities

Teaching Scholar, Research Scholar, (Research), and Clinician Educator faculty appointments are all contingent on the faculty member maintaining their employment in a Brown-affiliated institution. If a faculty member in any of these tracks is no longer employed by an affiliate institution, their faculty appointment in this track will terminate. In this instance, the Department Chair, at her or his discretion may or may not consider switching the faculty member to the Clinical track, which does not have the employment by an affiliated institution requirement. (Research) faculty employment may be contingent on external funding. In the situation where a faculty member loses funding during their term appointment, their faculty appointment may be terminated without notice.

If it is anticipated that a faculty appointment will not be re-renewed at completion of the current term, the faculty member should receive advance notice 12 months before the expiration of their term (if in a 3 or more year term appointment), or by 9 months before the expiration of their term (if in a fewer-than-three-year term). Such notice should be provided by the Department Chair.

Emeriti

Faculty may be recommended by the Dean of Medicine and Biological Sciences for designation by the Corporation as emerita/emeritus (e.g. Professor of Medicine Emeritus) upon their retirement.

Upon retirement, faculty at the rank of Professor or Associate Professor shall be recommended to the Corporation for the emerita/emeritus title.

Other faculty, e.g. Assistant Professors, may be recommended for emerita/emeritus status by their Department Chair provided that they have served a minimum of fifteen (15) years at Brown University, and upon approval by the Dean of Medicine and Biological Sciences and the Corporation.

Secondary Appointments

Each faculty member is recruited with a primary appointment in a Department. Secondary appointments can be considered when a department wishes to recruit an individual with the intent of meaningful interaction with another department including:



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- Participating in meaningful research activities between the two departments
- Maintaining an active program of scholarship consistent with the criteria of the Department granting the secondary appointment for the academic rank of the faculty member
- Participating in regularly scheduled educational activity for trainees (post-graduate trainees and/or medical students) between the departments. (Evaluations relating to this teaching role are to be included in the faculty member's dossier at the time of reappointment or promotion).
- Participating actively in seminars and faculty meetings sponsored by the secondary Department

The primary and secondary appointment must be at the same faculty rank and will carry the same term end date as the primary department appointment. Department recommendations will be forwarded to the Office of BioMed Faculty Administration which will process the faculty action at the University level.

Guiding Principles of Professional Behavior

The mission statement of the Warren Alpert Medical School of Brown University exhorts the members of the Medical School community to view medicine “as a noble profession rather than a trade to be learned.” We seek to graduate physicians who are socially responsible and committed to improving health care in their community, the nation and the world. We also affirm that “our graduates must be scientifically well-educated, but capable of approaching problems from a variety of perspectives, drawing upon the methods of analysis of the humanist, the social scientist and the behavioral scientist.” To these ends, we strive to create and sustain a learning environment that nurtures the full development of our intellectual and professional values. The Guiding Principles of Professional Behavior is informed by the altruistic tradition of medicine and proclaims our highest aspirations regarding what it means to be a professional in the context of our academic and clinical environments.³

Patient Advocacy

Our first responsibility is to provide the most appropriate care for each individual while respecting that patient's values. Socially responsible physicians also should improve the health

³ The Guiding Principles is a vision statement of our professional beliefs. It is not intended to be a code of conduct for the Medical School community.



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of families and advocate for better health care for all. Students and faculty participate in community outreach and advocacy and cultivate respect for cultural diversity. Faculty serve as role models and mentors for students, residents and fellows in striving to improve health care in the community, and to ensure that all patients regardless of their socioeconomic position receive quality health care.

Respect for Others

Professionalism requires recognition of and respect for other persons. In the clinical setting, we are respectful and responsive to patients, their families, peers and our healthcare colleagues. In the academic context, faculty and administrators demonstrate respect by teaching or communicating in a thoughtful and sensitive manner. Students, residents and fellows reciprocate by participating constructively in teaching sessions and by providing and responding to appropriate feedback to and from faculty and administrators.

Ethical Practice

In maintaining the public trust, all members of the Medical School community strive to sustain the highest standards of academic and personal honesty, compassion, integrity, altruism, and dependability. The Medical School promotes moral development by acting ethically and by setting and maintaining the highest ethical standards for faculty, staff and students. We take responsibility not only for our own behavior but that of our professional colleagues. In daily conduct with patients and with each other, we are fair and truthful. We act in a compassionate manner. In our professional communications, we report accurately and objectively, particularly when documenting patient care and in conducting research. When appropriate, we provide complete disclosure of self-interest and avoid and appropriately manage conflicts of interest.

Self-Care and Self-Awareness

Recognizing that devotion to the profession can only be sustained in a life that is meaningful and balanced, the Medical School expects its members to attend to their own health, emotional and social needs, and well-being. Reflective professionals are aware of their obligation to themselves, their family, their community and patients to maintain good health. They are thoughtful about what in their lives has personal meaning including their professional and personal values, priorities and commitments.

Autonomy and Academic Freedom

The Medical School respects the autonomy of patients, students, residents and fellows. In caring for patients, we honor and uphold the principles of informed consent and shared decision-making. We understand and respect the professional boundaries of the physician/patient and the teacher/student relationships. Our trainees are encouraged to shape their own learning—to



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develop leadership skills and to pursue career and outside interests. As a community, we support the exercise of freedom of speech and academic freedom. Such free and open communication may be required to advocate effectively for patient care.

Lifelong Learning

As members of the Warren Alpert Medical School of Brown University community we have a continuing commitment to excellence in clinical practice and in scholarship. We are committed to lifelong learning through participation in continuing education, and to facilitating ongoing opportunities for students, residents, fellows and faculty to participate in professional development that enhances innovation and creativity in their teaching and scholarship.

Statement of Faculty Responsibilities

The purpose of this statement is to describe the general principles that guide research, teaching, clinical care and service by faculty members and to identify specific responsibilities that are associated with these principles. More specific information may be found in the "Standards and Criteria for Rank" found in the [Handbook on Academic Administration](#). Faculty members are urged to consult these documents which are available from the Department Chair or BMFA.

The Division of Biology and Medicine is part of a University in which scholarship, teaching, and clinical expertise are important obligations of faculty. An appointment as a faculty member is based on the achievements and promise of an individual as a scholar, a teacher, and a clinician, and carries the commitment to a career in which these activities are fully integrated. Faculty members also are expected to contribute to the governance of the University, the Medical School, the Department, and to the affiliated organizations. The final authority on University affairs is the Corporation of Brown University, but the Corporation relies on the faculty to recommend the policies of teaching, research, and governance that define the Medical School and the University. The policies are implemented by the Senior Administration (President, Provost, and Deans) to serve the mutual benefit of the University, Medical School, and the scholarly community.

Although faculty members generally are expected to be equally committed to scholarship, including research, teaching, and clinical excellence, faculty members may, on occasion or in different intervals of their careers, devote considerably more time to one of these areas or to administration. Chairs of Departments and Directors of Institutes, Programs and Centers, in consultation with the Dean of Medicine and Biological Sciences and Associate Deans, are expected to oversee the distribution of research, teaching, and clinical responsibilities for individual faculty members to maximize the effectiveness of the academic unit. Chairs and



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Directors also are expected to judge the degree to which the faculty members meet their responsibilities, and to make recommendations to the Dean of Medicine and Biological Sciences.

Faculty Disciplinary Actions

Medical School faculty are members of an academic community in which integrity and trust are as important as professional competence and scholarly achievement. Standards for faculty conduct are consistent with those of the University and the broader professional community. These standards have worked over time to meet and respond to contemporary concerns as well as long held medical community standards of conduct. This document pertains to non-tenure track faculty in clinical departments. This document does not replace existing policies requiring employment of academic faculty by affiliated organizations.

General Principles observed in addressing allegations subject to disciplinary action:

- Medical School faculty maintain academic and professional standards consistent with the highest traditions of teaching, research, and patient care
- Medical School faculty are responsible to the public, to the academic community and to affiliated institutions and agencies
- Enforcement of the standards is necessary to protect the rights and reputations of all individuals, including those alleged to have engaged in misconduct and the individual who has made the allegation
- Allegations will be resolved carefully and objectively providing appropriate opportunity for all parties with legitimate interests to be heard as promptly as possible

Grounds for Disciplinary Action

Disciplinary procedures provide an administrative mechanism to determine whether actions by a faculty member breach the standards. Grounds for disciplinary action include, but are not limited to, the following:

- Incompetent performance of professional duties
- Neglect of academic duty
- Misconduct in research, including falsification, fabrication, or theft of data or samples
- Unauthorized use of privileged information
- Abuse of authorship
- Significant failure to comply with federal, state, or University rules governing research
- Conviction of a felony



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- Unprofessional conduct sanctioned by a lawfully constituted authority, such as, but not limited to, loss of the license to practice or limitations on license to practice medicine in Rhode Island or elsewhere
- Sanction by a professional entity such as a hospital, grant- funding agency, or professional society
- Unlawful conduct that obstructs the orderly functioning of the Medical School
- Gross personal misconduct
- Other egregious conduct that violates the [Faculty Rules and Regulations](#) of Brown University

Scope of Sanctions

University sanctions for violations of the standards of conduct should be commensurate with the seriousness of the misconduct. Conduct which is egregious, willful, repeated, or in violation of law may be grounds for immediate suspension or termination. Disciplinary actions against faculty may include the following:

- Reprimand (with or without notice to the faculty member's file)
- Probation (always noticed to the faculty member's file)
- Suspension (always noticed to the faculty member's file)
- Dismissal (always noticed to the faculty member's file)

Procedures for Addressing Allegations of Misconduct

1. Any allegation of misconduct brought to the attention of the Dean must be in written form with sufficient detail for the nature of the alleged misconduct to be identified. No anonymous complaints will be accepted, although at the complainant's request, reasonable efforts to maintain anonymity will be made. Strict confidentiality will be maintained regarding all proceedings until a decision has been reached regarding disciplinary action(s), if any. The Department Chair will be notified unless there is a compelling reason why this should not occur.
2. Allegations may be submitted by individuals, organizations or entities. Formal notification of sanction by the State or another organization shall not require a separate complaint.
3. The Dean or designee (e.g. Senior Associate Dean/Department Chair) will review all allegations of misconduct and determine whether it is appropriate to initiate a formal investigation. If the allegation involves the Chair, the Dean or another uninvolved designee (e.g. Associate Dean) will review the allegations. The Dean's designee will report to the Dean regarding the review of the allegations. Review of allegations will be completed within 30 business days of the complaint.
4. If the matter involves behavior at an affiliated organization, the Dean will have the option of asking the affiliated organization to investigate the allegation and report their findings to the



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- Dean or the Dean may decide that the University should perform its own investigation. The decision about faculty status remains with the Dean.
5. If the matter involves competence to hold a valid license to practice medicine, the Dean will refer the matter to the Board of Licensure and Discipline of the relevant state. The decision about faculty status remains with the Dean.
 6. If the matter involves scientific misconduct, then the existing University policy on scientific misconduct will be followed.
 7. If after the review by the Dean and his/her designee described above, it is determined that a matter is appropriate for University investigation, the Dean will notify the faculty member and the Department Chair of the charge in writing. The faculty member will be invited to respond in writing regarding the allegation(s).
 8. The Dean will convene an ad hoc Investigation Committee composed of at least three faculty members at or above the faculty rank of the faculty member under discussion, at least two of whom must be members of a different department. The faculty member will have the right to appear before the Investigation Committee as part of the investigation procedure. The faculty member may be accompanied by another Brown faculty member, if it is so desired. Faculty may not be accompanied by legal counsel at meetings of the ad hoc Investigation Committee. The Investigation Committee will report in writing to the Dean regarding the validity of the charges.
 9. Upon receipt of the report of the Investigation Committee or the results of the investigation by another body, the Dean may take one of the following actions:
 - a. The Dean may find that there is no basis in the charge and close the matter.
 - b. The Dean may uphold the charge.
 - c. If the misconduct is minor, a reprimand may be issued.
 - d. If the misconduct is serious, the Dean will determine the sanction, as defined above.
 10. If the Dean is not able to come to a decision, the Dean shall forward the report of the Investigation Committee along with a report to the Provost of the special circumstances precluding the Dean from making a decision.
 11. The Dean will report the decision regarding faculty status to the Provost who will review the action and report to the President. The Provost may agree or disagree with the recommendation of the Dean.
 12. If the faculty member under discussion contests the Dean's review, then the matter will be referred to the Provost who will reach a decision and determine the disciplinary action to be taken, if any. The faculty member has 30 business days after notification of the action on faculty status to appeal the Dean's decision to the Provost.
 13. If the allegation involves misconduct on the part of the Dean, the matter will be referred by the individual who has received the complaint to the Provost, who will investigate and resolve the matter.
 14. The faculty member has the right to appeal in accordance with Brown University's Grievance Procedures (See section on [Medical Faculty Executive Committee](#)). Any appeal must take place within 30 days of a final decision on faculty status by the Dean and/or the Provost.



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15. The ultimate authority for determination of whether the individual remains on the faculty rests with the President and the Corporation.

Notifications Regarding Findings

The Dean will notify any governmental agencies or offices in accordance with requirements for such notifications. Notices include, but are not limited to, the following:

- Federal regulations relating to research require notice to the Office of Scientific Integrity of plans to conduct an investigation
- If the faculty member has an appointment with a university affiliated organization, the Dean will inform the organization of any disciplinary actions taken
- If the faculty member is licensed to practice, the Dean will inform the State of any disciplinary actions taken

PERFORMANCE REVIEW of the DEPARTMENT and CHAIR

I. GENERAL

A. What were your major goals when you began your current term of appointment?

1. Which of these goals has been met? What obstacles were overcome in doing so?
2. Which goals have not been met? What obstacles prevent you from accomplishing as yet unmet goals?

B. What do you want to accomplish in the next two-years? Be specific and describe resources needed in the next five years.

II. RESEARCH

A. Describe the strengths and weaknesses of the research program.

1. Describe the Department's record of external grant funded research by year over the last five years and specify the percentage of research funded by federal grants, foundations, and industry partners? What percentage of this research was funded by the NIH, Department of Defense, Department of Veterans Affairs, or NSF?
2. Discuss the number, subject and outcome of **new** grant applications (both intramural and extramural) since the last performance review.
3. Enumerate the yearly number of peer-reviewed publications from the Department for each of the last three years.

B. Which three departments in other medical schools do you consider the Department's academic peers and why?

C. Describe the department's strategic plan for research growth and long-range goals. What are the plans for growing the research enterprise and for increasing extramural funding? Which are (is) the most "successful" research programs in the Department and what is the "stage" of development of these (this) programs? i.e., nascent, mature, or senescent?

III. EDUCATION

A. Describe the strengths and weaknesses of the educational program.

1. Discuss the current status of GME accreditation. If there were deficiencies at the most recent ACGME review, describe them and the rectification plan.
2. Report on results of postgraduate education.
 - a. The proportion of residents/fellows who will be pursuing an academic career and proportion of senior residents who will be matriculating to a fellowship;
 - b. The performance of residents on in-service examinations and the performance of current and graduate residents on Board-certification examinations.
 - c. The percentage of residents and fellows who are women and/or members of historically underrepresented groups.
 - d. The percentage of residents and fellows who stay in the Brown system after training.

B. Describe the department's strategic goals and objectives for education and training.

Information provided by the Dean's office

1. *Alpert Medical School Education*
 - a. *Faculty Teaching Roles;*
 - b. *Student Evaluation of Instructors;*
 - c. *Core Clerkship Evaluations*
2. *Residency and Fellowship Training*
 - a. *Biannual GME filing and GME program metrics*
3. *PhD candidates and Post-doctoral Trainees*

IV. FACULTY

A. Describe the strengths and weaknesses of the Faculty, major leadership changes and recruitment needs. In so doing, report

1. Frequency of department-wide faculty meeting(s).
2. Proportion of academic track Assistant Professors who have had a career ("annual") review with you (or Division Chief) in the last 12 months.
3. Faculty recruitments since the last performance review. Specify the percentage of new faculty who are women and/or members of historically underrepresented groups.
4. Faculty departures since the most recent performance review and results of exit-interviews. Specify the percentage of departed faculty who are women and/or members of historically underrepresented groups.
5. Plans for faculty recruitment and program expansion/development.

B. Describe the Departmental plan for faculty career development and programs that enhance faculty productivity.

C. Please list faculty awards from national level professional organizations and nominations for Honor Professional Societies. Examples include: Association of American Physicians; American Society for Clinical Investigation; American Academy of Arts & Sciences; National Academy of Medicine (formerly, Institute of Medicine); American Association for the Advancement of Science (Fellow Program); Lasker Award.

D. Discuss the diversity of the Departmental faculty and trainees, and how it compares to its national peers.

1. Total number of faculty; number of women faculty; number of faculty from historically under-represented groups.
2. Total number of trainees; number of women trainees; number of trainees from historically under-represented groups.
3. Mentoring and Promotions: *(Information provided by the Dean's Office)*
 - a. *Promotions in the past year;*
 - b. *Faculty by Track/Rank (years at current rank)*

4. Recruitment (Completed and Open Search results) and Departures

5. Other Faculty accomplishments and highlights

V. CLINICAL SERVICE

A. Describe the strengths and weaknesses of Department's clinical operations, and how the Department will address challenges and opportunities related to improving the quality of care, access, and patient satisfaction scores.

B. Describe the Department's strategic goals for patient care, clinical service, and community service.

Information provided by Hospital Administration

1. Critical Operations Data, e.g., Discharges and Lengths of Stay, Budgeted v. Actual; Outpatient Volumes, Budgeted vs. Actual

2. Quality Improvement Programs: National quality measures; Satisfaction Scores: inpatient and outpatient; Hospital Improvement Initiatives

VI. DIVERSITY AND INCLUSION ACTION PLAN

A. Describe the Departmental plan to utilize best practices to enhance diversity among both faculty and trainees.

B. Describe the Departmental plan to utilize best practices enhance inclusion of under-represented groups in departmental educational, research, and clinical activities.

C. Describe your department's progress in fulfilling the goals of your Diversity and Inclusion Action Plan.

VII. PERSONAL ACCOMPLISHMENTS OF THE CHAIR