



**MOREHOUSE**  
SCHOOL OF MEDICINE

# FACULTY HANDBOOK

Updated June 2020

# ACKNOWLEDGMENT

[To be returned to the Office of Faculty Affairs and Development]

I hereby acknowledge that I have received a copy of the Morehouse School of Medicine faculty handbook updated June 2020. I understand that I am to promptly read the contents of this faculty handbook which set forth the terms and conditions of my appointment and where applicable, my employment. This faculty handbook supersedes and replaces any previous faculty handbooks. I understand that if I have any questions regarding the contents of this handbook, I should discuss them with my supervisor or the Associate Dean of the Office of Faculty Affairs and Development. I understand that circumstances will undoubtedly require that the policies, procedures, rules, and benefits described in this handbook change from time to time as the medical school deems necessary or appropriate in its discretion, and that those changes will be valid when approved by the appropriate authorities. I understand as changes occur with this document, changes in policies and procedures will be updated on the website as soon as practicable and that such changes will be incorporated in future editions of the faculty handbook. The president and the dean retain the right to make exceptions to MSM policies and procedures when such an exception is determined to be in the best interest of the institution.

\_\_\_\_\_  
Employee's Name (Print or Type)

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

\_\_\_\_\_  
Employee's Signature

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## **1. PURPOSE OF HANDBOOK**

The purpose of this faculty handbook is to provide a ready reference of information that may be of interest to faculty of Morehouse School of Medicine, Inc. (MSM). It has been prepared especially for use by new faculty who seek general information about our institution. At the same time, it is emphasized that any information contained in this handbook is qualified in its entirety by reference to statements of official MSM policy set forth in the *MSM Policy and Procedure Manual* and the *MSM Faculty Bylaws and related Appendices*. These original documents should be consulted if specific questions arise. MSM policies are available in the Library. This handbook is available on the MSM website at: <http://www.msm.edu/Education/FacultyAffairs/EvaluationsandResources.php>

The faculty handbook was prepared by the Office of Faculty Affairs and Development. For information pertaining to student issues, faculty should refer to the Catalog and/or Student Handbook. For information pertaining to fringe benefits, vacation, retirement and other human resources issues, faculty should refer to the Human Resources Policies and Procedures Manual to be used in conjunction with the faculty handbook and employee handbook. To obtain a copy of the Human Resources Policies and Procedures Manual contact HR at 404-752-1600.

MSM policies constitute statements of principle or set forth general guidelines for your assistance, and they are not nor should they be deemed to create contractual commitments by MSM. MSM policies and procedures presented in this faculty handbook are in summary format and may not be exhaustive. MSM may, when necessary, modify or change the policies, procedures, practices or benefits set forth herein. Such changes will be brought to the faculty's attention through periodic updates of the faculty handbook.

General information about faculty matters can be obtained from the Associate Dean of Faculty Affairs and Development or your supervisor.

## **2. HISTORY, MISSION, ACCREDITATION**

### **2.1 Brief History**

In 1973, Morehouse College received a federal grant to conduct a feasibility study. The study focused on the development of a two-year program to train students for careers as primary care physicians who would work in medically underserved areas. The study revealed the severe shortage of African-American and other minority physicians in the United States, and particularly in Georgia. In addition, the study highlighted a general shortage of physicians for rural areas and the inner cities of the nation. To address the critical health manpower needs of the citizens of Georgia and those who reside in medically underserved areas of the nation, the National Medical



Association endorsed the development of a new medical school at Morehouse College. Other organizations, including the Georgia State Medical Association, the Georgia General Assembly, and the Carnegie Council also supported the development of a new medical school at the College. Morehouse College accepted this challenge. It was established as a two-year educational program in the basic sciences in April 1975 as The School of Medicine at Morehouse College.

The charter class of twenty-four students entered a two-year basic science program in September 1978. Those students, and the subsequent two classes, transferred from The School of Medicine at Morehouse College to other medical schools elsewhere in the country to complete their clinical training.

The School of Medicine became independent of Morehouse College in 1981. Morehouse School of Medicine (MSM) received authorization from the Liaison Committee on Medical Education (LCME) in July of that same year, to begin planning for expansion to a four-year degree granting institution. The initial four-year program included a contractual arrangement with Emory University School of Medicine for the teaching of all required third-year clinical clerkships. In April 1985, the LCME granted MSM the authorization to award the Doctor of Medicine degree. The first class of students receiving the M.D. degree from MSM graduated on May 17, 1985. Beginning in August 1990, MSM assumed full responsibility for teaching third-year clerkships in family medicine, surgery, and psychiatry. In 1991, LCME extended the accreditation of MSM for the maximum period of seven years. By 1997, the clinical faculty had assumed responsibility for all clinical courses. In 1998, MSM was again reviewed by the LCME and received full accreditation for another period of seven years, and in 2005 this accreditation was renewed for the period of ten years.

The Graduate Medical Education program was initiated in 1981 when the Family Practice Residency program received accreditation from the Accrediting Council for Graduate Medical Education (ACGME). A Preventive Medicine Residency program is operated in cooperation with the Georgia Department of Human Resources, The Centers for Disease Control and Prevention and the Rollins School of Public Health of Emory University. This program was accredited in 1986. Since 1991, five additional residency programs have been accredited: psychiatry, internal medicine, surgery, obstetrics & gynecology, and pediatrics.

Morehouse School of Medicine is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award doctorate and master degrees. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, telephone 404-679-4500, or visit <http://www.sacscoc.org> for questions about the accreditation of Morehouse School of Medicine.

The initial class of students in the Doctor of Philosophy program entered in July 1992. The first students were enrolled in the Master of Public Health program in September 1995. The first M.P.H. degree was conferred in May 1997 and the first two Ph.D. degrees were conferred in May 1998. The first students were enrolled in the Master of Science in Clinical Research program in 2002,

and the first M.S.C.R. degrees were conferred in 2003. The first Master of Science in Biomedical Research students were enrolled in 2008, and the first MSBR degrees were conferred in 2010.

## **2.2 Mission**

### MSM Vision

Leading the creation and advancement of health equity by: 1. Translating discovery into health equity 2. Building bridges between healthcare and health 3. Preparing future health learners and leaders

### MSM Mission

We exist to: Improve the health and well-being of individuals and communities; Increase the diversity of the health professional and scientific workforce; Address primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

## **2.3 Accreditations**

MSM is accredited for the maximum period of ten (10) years by the Liaison Committee on Medical Education (LCME), a joint committee representing the American Medical Association and the Association of American Medical Colleges, to award the M.D. degree. The LCME has been delegated the authority to accredit U.S. medical schools by the U.S. Department of Education. MSM is certified by the Department of Education of the State of Georgia to award the M.D. degree.

Morehouse School of Medicine is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award doctorate and master degrees. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, telephone 404-679-4500, or visit <http://www.sacscoc.org> for questions about the accreditation of Morehouse School of Medicine.

MSM is also accredited by specialized accrediting agencies for its health professions and graduate medical education programs as listed below.

<u>Accrediting Organization</u>	<u>First Accredited</u>	<u>Last Reaffirmed</u>	<u>Next Reaffirmation</u>
*Southern Association of Colleges and Schools Commission on Colleges (SACS COC)			
Medical Education (MD) Philosophy (PhD) in Biomedical Science Master of Public Health Program (MPH) Master of Science in Clinical Research (MSCR)	1986	2011	2021
Liaison Committee on Medical Education (LCME)			
Medical Education	1978	2013	2021
Council on Education for Public Health (CEPH)			
Master of Public Health Programs	1999	2014	2022
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)			
Clinical Research Center	1997	2018	2021
Accreditation Council for Graduate Medical Education (ACGME)			
Residency Programs			
Graduate Medical Education Institutional Review (GME/IR)	1993	2013	2023
Family Medicine	1981	2010	2020
Internal Medicine	1991	2014	2020
Cardiovascular Disease	2016	2020	2020
Pulmonary Disease and Critical Care Medicine	2017	2020	2020
Obstetrics and Gynecology	1996	2013	2020
Pediatrics	2000	2015	2020
Public Health and Preventive Medicine	1986	2015	2020
Psychiatry	1990	2015	2020
Child & Adolescent Psychiatry Fellowship	2019	2020	2020
Surgery	1993	2013	2020
Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC)			
Center for Laboratory Animal Resources	2005	2017	2021
Accreditation Council for Continuing Medical Education (ACME)			
Continuing Medical Education	1986	2010	2023
**Accreditation Review Commission on Education for the Physician Assistant ARC-PA	See **		

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Georgia 30033-4097, telephone 404-679-4500, or visit <http://www.sacscoc.org> for questions about the accreditation of Morehouse School of Medicine.

\*\*The Accreditation Review Commission on Education for the Physician Assistant has granted Accreditation-Provisional status to the Morehouse School of Medicine Physician Assistant Program sponsored by Morehouse School of Medicine.

### 3. ADMINISTRATION

#### President and Dean

The president of the corporation shall be the chief executive officer and the chief advisor to and executive agent of the Board of Trustees. The president’s authority is vested through the Board of Trustees and includes responsibilities for all the college’s educational, research, healthcare and managerial affairs. The president has ultimate control and authority over the corporation’s fundraising activities. The president is responsible for leading the corporation, implementing all Board of Trustees policies, keeping the Board of Trustees informed on appropriate matters, consulting with the Board of Trustees in a timely manner on matters appropriate to its policy-making and fiduciary functions, and serving as the corporation’s key spokesperson. The president shall have power, on behalf of the corporation, to perform all acts and execute all documents to make effective the actions of the Board of Trustees or its executive committee. All officers of the corporation shall report to the president directly or through another officer designated by the president.

#### 3.1 Executive Management

<b>Executive Leadership Team</b>	
Valerie Montgomery Rice, M.D.	President and Dean
Sandra Harris-Hooker, Ph.D.	Vice President, Executive Vice Dean Academic Administration & Research
John Case, Ed.D.	Senior Vice President, Finance and Operations Chief Financial Officer
Bennie L. Harris, Ph.D.	Senior Vice President, Office of Institutional Advancement
Michael Rambert, J.D.	Senior Vice President, General Counsel and Corporate Secretary
Goldie Taylor, MBA	Chief Marketing Officer
Gregory Antoine, M.D.	Senior Associate Dean for Clinical Affairs and Chief Medical Officer
Daniel Dawes, J.D.	Director of the Satcher Health Leadership Institute and Associate Lead for Government Relations
Monique Guillory, PhD	Chief Administrative Officer/Chief of Staff
David Hefner, Ed.D	Vice President Strategy and Institutional Effectiveness
Martha Elks, M.D., Ph.D.	Senior Associate Dean, Educational Affairs Chief Compliance Officer

### 3.2 Decanal Staff

<b>Decanal Staff</b>	
Gregory Antoine, M.D.	Sr. Associate Dean of Clinical Affairs and Chief Medical Officer
Tabia Henry-Akintobi, Ph.D.	Associate Dean of Community Engagement
Ngozi Anachebe, M.D.	Associate Dean of Admissions and Student Affairs
Erika T. Brown, Ph.D.	Associate Dean of Faculty Affairs and Development
Martha Elks, M.D., Ph.D.	Associate Dean of Educational Affairs
Norberto Fas, M.D.	Associate Dean of Clinical Affairs, VA
Rita Finley, Ph.D.	Assistant Dean for Educational Outcomes
Monique Guillory, Ph.D.	Chief Administrative Officer/Chief of Staff
Sandra Harris-Hooker, Ph.D.	Executive Vice Dean for Research and Academic Administration
James Lillard, Ph.D.	Associate Dean of Research
Sheila McClure, Ph.D.	Sr. Associate Dean for Research Development, Office of Sponsored Research
Stephanie Miles-Richardson, DVM, Ph.D.	Associate Dean for Graduate Education and Public Health
Valerie Montgomery Rice, M.D.	President and Dean of Morehouse School of Medicine
Michelle Nichols, M.D.	Associate Dean for Clinical Affairs
Kennie Shepherd, Ph.D.	Assistant Dean of Admissions and Student Affairs
Erica Sutton, M.D.	Associate Dean for Academic Program and Affiliations
Rahmelle Thompson, DVM	Assistant Dean of Pipeline Initiatives, Executive Director Undergraduate Health Sciences Academy
Yolanda Wimberly, M.D.	Senior Associate Dean for Graduate Medical Education and Associate Dean of Clinical Affairs-Grady Campus

### 3.3 Senior Administrative Staff

Senior Administrative Staff	
Denise Britt	Associate Vice President, Human Resources
John White, MBA	Associate Vice President and Chief of Staff Development and Advancement Services
Patrick Powell, MBA	Assistant Vice President, Volunteer Engagement & Donor Philanthropy
Katherine Napier, Ph.D.	Associate Vice President, Finance & Controller
Alecia M. Bell, J.D., (Interim)	Chief Compliance Officer
Reginald Brinson, MBA	Chief Information Officer
Eboni Martez, MBA	Associate Vice President of Academic Financial Services

### 3.4 Departments, Centers and Institutes

Academic Units	
<i>The academic units of MSM are categorized, in accord with the Association of American Medical Colleges, as “basic science” or “clinical” units.</i>	
<i>The following academic units are part of the basic science components of MSM:</i>	
<b>Department</b>	<b>Chairperson</b>
Microbiology, Biochemistry, and Immunology	Vincent Bond, Ph.D.
Neurobiology	Walter Royal, MD,
Pathology & Anatomy	Lawrence Wineski, Ph.D.
Pharmacology & Toxicology	Gianluca Tosini, Ph.D.
Physiology	Winston Thompson, Ph.D.
<i>The clinical academic units of MSM are:</i>	
<b>Department</b>	<b>Chairperson</b>
Community Health and Preventive Medicine	Beverly Taylor, M.D.
Family Medicine	Folashade Omole, M.D.

<b>Academic Units</b>	
Medicine	Richard Snyder, M.D.
Obstetrics and Gynecology	Roland Matthews, M.D.
Pediatrics	Yasmin Tyler-Hill, M.D.
Psychiatry and Behavioral Sciences	Gail Mattox, M.D.
Surgery	Ed Childs, M.D.
<i>In addition, MSM has a Department of Medical Education- Janice Herbert-Carter, M.D.</i>	

<b>Institutionally Sanctioned Centers and Institutes</b>	
Atlanta Clinical and Translational Science Institute (ACTSI)	Prevention Research Center (PRC)
Cardiovascular Research Institute (CVRI)	RCMI-Center for Clinical and Translational Research
Center of Excellence on Health Disparities (CEHD)	Satcher Health Leadership Institute (SHLI)
Clinical Research Center (CRC)	Southeast Regional Clinicians Network (SERCN)
National Center for Primary Care (NCPC)	Transdisciplinary Collaborative Center (TCC)
Neuroscience Institute (NI)	

<b>Research Resource Programs</b>	
Center for Laboratory Animals Resources (CLAR)	Institutional Review Board (IRB)
Human Research Protection Program (HRPP)	Office of Translational Technologies (OTT)
	Research Portal
	RCMI-Research Center Minority Institutions





## 4.1 Faculty Governance

The *Faculty Bylaws* establish the Faculty Assembly as a forum to promote communication within the faculty, to enable faculty members to participate in the development and evaluation of academic policies and make recommendations to the dean or the Academic Policy Council (APC), to initiate discussion concerning any matter pertaining to the academic life of the medical school, and to help create, maintain and protect an academic environment conducive to growth of scholarship, teaching and service and respect for human rights and dignity.

All members of the faculty (full-time, part-time, and volunteer) at the rank of instructor or above hold voting membership in the Faculty Assembly. Emeritus faculty are also members of the Faculty Assembly. This body meets in regular session three times each year and in called sessions periodically.

The *Faculty Bylaws* establish the Academic Policy Council (APC) as the body responsible for the school's academic policy. The Senior Associate Dean for Educational Affairs chairs the APC, and its other members include the president and dean, associate dean for student affairs, academic department chairpersons, the director of the library, and one student representative (president of the student government association). The Faculty Assembly elects four representatives (two basic science and two clinical science faculty members) to serve staggered two-year terms on the APC. Other members of the administration serve as staff to the APC but have no vote. The APC meets monthly or special sessions as necessary.

## 4.2 Committees of the Academic Policy Council

### 4.2.1 Supports all academic programs and academic governance:

#### **Bylaws Committee**

All matters relating to modification of the Bylaws of the Faculty shall be referred by the APC to this committee which, in turn, shall draft a recommended statement for consideration by the APC.

#### **Committee on Committees**

The committee shall review the composition of all committees of the APC and shall recommend the persons to be appointed to those committees. It shall also recommend annually the person who shall chair each committee.

#### **Extended Professional Education a.k.a. Continuing Medical Education Committee**

The Committee on Extended Professional Development shall review, advise and make policy recommendations on matters related to programs of continued education for physician, nurses and allied health professionals. The Committee shall promote

policies that assure the Extended Professional Education programs of the institution meet or exceed the standards of the Accreditation Council for Continuing Medical Education. The Committee may establish subcommittees to assist with its duties, which may include review of program applications.

**Faculty Appointment and Promotion Committee (FAPC)**

FAPC reviews and recommend to the APC appointments, reappointment and promotions of members of the faculty at the rank of Assistant Professor, Associate Professor and Professor for full time faculty. Adjunct (volunteer faculty) at the rank of Associate Professor and Professor. Additionally, the committee conducts an annual review of the number of Series I and II faculty and reviews the criteria and guidelines of all departments.

**Library Committee**

This committee shall develop and recommend policies for the provision of effective library services for students and faculty. It shall serve, also, as an advisory committee to the director of the library with respect to procedures, selection of monographs and periodicals, and such other matters as the director may bring to its attention.

**Research Development Committee (RDC)**

Facilitate the development and maintenance of institutional biomedical research capability of high quality. Identify and solve issues affecting the research productivity and quality.

**Student Fiscal Affairs Committee**

Establish/approve student expense budgets for all programs. Review student appeals regarding established Financial Aid Policies and Procedures

4.2.2 Doctor of Medicine (MD)

**Admissions Committee**

To interview and select applicants to the MD program whose interests and personal motivation are commensurate with the mission of MSM, and who will be successful in our curriculum. The Committee is committed to increasing the diversity of the health professional workforce in Georgia and will recommend applicants for admission who are more likely to enter the primary care specialties. Faculty will also interview students for the APEX (Academically Prepared for Excellence) program (formerly MD summer program).

### **Curriculum and Evaluation Committee**

The MD Program Curriculum and Evaluation Committee has the integrated institutional responsibility for the overall design, management, implementation, and evaluation of a coherent and coordinated curriculum leading to the MD degree. This Committee of the faculty has central control and operates under decanal mandate as specified by the LCME accreditation standards.

### **MD Students Academic Progress and Promotion (SAPP) Committee**

The Student Academic Progress & Promotions Committee (SAPP) meets to discuss the performance of all medical students in their respective classes, and/or performances on national board exams. The committee is charge with sending letters to students regarding failing performances in their classes. Those letters emphasize suggestions for students to undertake in order to improve their current grades. In addition, the committee is charged with granting student request to retake board exams. The committee is also charged with dismissal of students from the medical program for failure of courses.

#### 4.2.3 MPH Graduate Education in Public Health Committee (GEPH)

The GEPH Committee shall oversee the program of study leading to degrees or certificates in Public Health education. It is the responsibility of the Committee to make policy recommendations concerning admissions, curriculum, evaluation, graduation, progress, remediation, and the possible waiver of course work towards awarding of the MPH degree and public health certificates. It shall also recommend individuals to the APC who will be awarded these degrees. This committee has subcommittees for Admissions, Curriculum, and Student Academic Progress.

#### 4.2.4. Graduate Education in Physician Assistant Studies (GEPAS) Committee

This committee shall oversee the program of study leading to degrees or certificates in public health education. It is the responsibility of the committee to make policy recommendations concerning admissions, curriculum, evaluation, graduation, progress, remediation and the possible waiver of course work towards awarding of the MPH degree and public health certificates. It shall also recommend individuals to the APC who will be awarded these degrees. GEPH appoints subcommittees in the areas of Admissions, Curriculum and Student Academic Progress.

#### 4.2.5 Graduate Education in Biomedical Sciences Program (PhD and MS)

##### **Graduate Education in Biomedical Sciences Committee (GEBS)**

Oversees the program of study leading to the Doctor of Philosophy degree in Biomedical Sciences as well as the Master of Science degrees in Biomedical Research, Biomedical Technology, and Clinical Research. It is the responsibility of the GEBS to make policy recommendations concerning admissions, curriculum, graduation, the assignment of research advisors and the possible waiver of course work towards awarding of the Ph.D. in Biomedical Sciences and M.S. degrees in Biomedical Research (MSBR), Biomedical Technology (MSBT) and Clinical Research (MSCR). It shall also recommend individuals to the APC.

#### 4.2.6 Graduate Medical Education Committee (GME)

The Graduate Medical Education Committee shall provide governance of graduate medical education programs on behalf of the institution. This committee will be assigned the tasks of institutional policy development, program review and the investigation of administrative and academic functioning of residency programs and support of the residency /GME programs in adherence to ACGME requirements and accreditation policies.

### **4.3 Institutional Committees**

MSM recognizes the need to organize itself into certain functional committees, staffed by individuals in key positions for the purpose of providing specific input to the support and operation of critical areas within the institution. To accomplish this task, the following committees are established as standing institutional committees. Each committee shall be required to meet periodically and maintain a record of all such meetings. The results of committee meetings shall be reported in accordance with reporting requirements for the respective committee as defined below.

#### 4.3.1 Executive Leadership Team

The executive council represents the most senior level of management, with responsibility for advising the president on all issues related to the general operations and specific programs of MSM. The executive council works closely with the president in defining the vision and long-range strategic direction of MSM. The executive council also sets broad institutional priorities, assesses the progression of the institution in accordance with the vision and strategic direction, establishes institutional policy and provides leadership in the institutional planning process. The membership shall be appointed by the president.

#### 4.3.2 Leadership Advisory Council

The leadership advisory council is a diverse group of academic and administrative leadership from the institution with the responsibility to provide advice and guidance to the president and dean and senior vice president of academic affairs, and the chief financial officer and senior vice president for administration regarding strategic initiatives, budget policies, administrative and operational processes. The leadership advisory council is co-chaired by the dean and senior vice president for academic affairs and the chief financial officer and senior vice president for administration.

#### 4.3.3 Institutional Effectiveness Committee

The institutional effectiveness committee is a multi-disciplinary committee with responsibility for evaluating the effectiveness of the institutional programs, processes and support services, in accordance with institutional goals and strategic objectives. The committee has responsibility for developing assessment tools to measure programs and support activity outcomes and effectiveness. The committee reports to the president. The president and dean appoints the chairperson and membership. The chairperson serves a term of two years and may be re-appointed to a consecutive two-year term. The membership shall be appointed to serve a staggered three-year term.

#### 4.3.4 Budget Committee

The budget committee shall be a multi-disciplinary group that is responsible for assessing and monitoring the reporting of revenues and expenses, allocating resources in accordance with strategic priorities, and establishing budget policies and operational processes. The budget committee reports to the president. It is co-chaired by the dean and senior vice president for academic affairs and the chief financial officer and senior vice president for administration. The committee membership consists of certain positions that will be permanent and other selected positions that serve a staggered three-year term.

#### 4.3.5 Executive Compliance Steering Committee

The executive compliance steering committee is responsible for approving the MSM's ethics, compliance, and training priorities and has oversight responsibility for MSM's compliance efforts, including fulfilling these priorities. The members of the committee are the president, the dean and senior vice president of academic affairs, the chief finance officer and senior vice president of administration, general counsel, chief compliance officer, associate dean of clinical affairs, associate vice president of human resources, and chief information officer. The chief compliance officer serves as the chair of the committee.

MSM's executive compliance steering committee serves as an open avenue of communication on compliance issues among senior management and various compliance officers including the chief compliance officer. The committee also advises the chief compliance officer regarding compliance and related risk issues and programs to be presented to the audit and compliance committee of the board of trustees.

#### 4.3.6 Information Technology Advisory Committee

The information technology advisory committee is a multi-disciplinary group that is responsible for advising management on technology needs of MSM in accordance with the institutional strategic plan. The information technology advisory committee is chaired by the chief information officer and the executive vice dean. The chief information officer is a permanent member of the committee. The president appoints the membership to serve staggered three-year terms.

#### 4.3.7 Institutional Facilities Planning & Space Management Committee

The institutional facilities planning & space management committee is a multi-disciplinary group that is responsible for advising management on facility needs and reviewing space assignments and making recommendations in accordance with the defined long-range program and operational facility support priorities. The institutional facilities planning & space management committee reports to the president and dean and is co-chaired by the dean and senior vice president for academic affairs and the chief financial officer and senior vice president for administration. The membership to the committee serves a staggered three-year term.

#### 4.3.8 Staff Employee Council

The staff employee council is a diverse group of non-management staff members whose role is to provide advice and guidance to the president and dean and senior vice president for academic affairs, and the chief financial officer and senior vice president for administration on administrative and operational processes. This committee reports to the executive council. The president appoints the chairperson and the membership is recommended from staff members in various departments throughout the school.

#### 4.3.9 Institutional Planning Advisory Council

The institutional planning advisory council is a multi-disciplinary body whose purpose is to develop the action plans for institutional programs and operational priorities, and define strategies and measurable outcomes to fulfill the strategic direction of MSM. The committee reviews comments and solicits input from various constituencies regarding mission statement, core values, environmental assessment and performance measures. The committee reviews institutional effectiveness committee reports and makes recommendations for strategic plan modifications. The assistant vice president for planning and strategic management serves as chairperson. The president appoints the membership to serve a three-year staggered term. The institutional planning advisory council reports to the executive council.

In addition, the Committee on Committees makes recommendations on membership to the following institutional committees:

#### 4.3.10 Institutional Review Board

This committee shall be comprised of members of the faculty and such other persons as may be required by federal, state or local regulations. It shall review all research protocols that propose any participation by human subjects in research activities. It shall require investigators to comply with all applicable federal, state or local requirements in any and all research activities in which human subjects are involved. Due to its regulatory activities, this committee shall be exempt from the rule limiting committee membership to two consecutive three-year terms.

IRB will be independent of the APC in its decision making, but will make an annual report to the APC. The recommendation of MSM faculty members will remain the responsibility of the Committee on Committees.

#### 4.3.11 Institutional Animal Care and Use Committee

This committee, of which the Director of the Center for Laboratory Animal Resources shall be a member (ex-officio non-voting), shall review and make decisions on policies and procedures that will enable MSM and other Atlanta University Consortium (AUC) institutions included in the presidents' Agreement to meet all applicable federal, state or local requirements for the safe and humane treatment of experimental animals. It shall review the costs for the care of animals and make recommendations regarding charges. It shall make recommendations regarding the security of animals against vandalism. Due to its regulatory activities, this committee shall be exempt from the rule limiting committee membership to two consecutive three-year terms.

Institutions receiving PHS funding are required to maintain an IACUC committee that includes a chair, veterinarian, practicing scientist(s), a non-scientist and a nonaffiliated member. Recommendations for MSM faculty members to serve on the MSM IACUC will be made by the IACUC chair for approval by the Committee on Committees.

IACUC will be independent of the APC in decision making, but will make an annual report to the APC. The recommended of MSM faculty members will remain the responsibility of the Committee on Committees.

#### 4.3.12 Institutional Safety Committee

The Institutional Safety Committee will oversee all institutional environmental and health safety issues. It will oversee regulatory compliance with various agencies (EPA, OSHA, USDA, NRC, ATF, NIH, etc.). Membership will be comprised of a full-time safety officer (staff), basic and clinical science researchers, clinicians, institutional administrators and community advocates. This committee will make decisions independent of APC, but will submit annual



reports to the APC. The recommendation of MSM faculty members will remain the responsibility of Committee on Committees.

The full-time staff of the Environmental and Infection Control Committee, Institutional Safety Committee and Radiation Safety Committee will serve as ad hoc members. Due to its regulatory activities, this committee shall be exempt from the rule limiting committee membership to two consecutive three-year terms.

#### 4.3.12.1 Environmental and Infection Control Committee

This committee shall serve as a liaison between various departments, organizations and groups, both inside and outside of MSM, to provide education, information and guidelines on communicable infectious diseases that are of public health concern. The committee shall be composed of clinical and basic science faculty, other teaching and non-teaching employees, as well as student representatives from the medical, graduate and residency programs.

#### 4.3.12.2 Institutional Bio-safety Committee

This committee shall be composed of members of the faculty and such other persons as may be required by federal, state, or local regulations. It shall review all research protocols that propose the use of materials that may pose a biohazard. It shall require investigators to comply with any and all applicable federal, state or local requirements relating to procedures in which materials are used and considered to pose a biohazard.

#### 4.3.12.3 Radiation Safety Committee

The Radiation Safety Committee (RSC) is the governing body for all aspects of radiation protection within MSM and the AUC, including all affiliated research, clinical, instructional and service units utilizing radiation sources in facilities owned or controlled by MSM and the AUC. The RSC will ensure that all possession, use and disposition of radiation sources by MSM/AUC personnel complies with pertinent federal and state regulations and with the specific conditions of licenses issued to MSM/AUC, and that all associated radiation exposures are maintained As Low As Reasonably Achievable (ALARA).

#### 4.3.12.4 Intellectual Property Committee

The Intellectual Property Committee is a standing committee that is charged to advise and recommend policies and procedures for management of intellectual property matters. The Committee shall review invention disclosures and, in each case, recommend that the Institution adopt one or more of the following (**within 60 days from the first scheduled meeting after the disclosure is made**):

1. determine whether the disclosure represents intellectual property that is a trade secret, or whether it is an invention that would require patent protection.
2. ascertain whether the invention disclosure can be adequately evaluated by the intellectual property committee or whether to defer evaluation to an external intellectual property management agency.
3. institute action to protect the disclosed invention as intellectual property of Morehouse School of Medicine.
4. transfer intellectual property rights of the described disclosure to the research sponsor, if such transfer is required by the research agreement.
5. waive ownership of the intellectual property rights regarding the disclosed technology in favor of the inventor and release the inventor from further responsibility to the university with respect to the technology that was disclosed.
6. request additional pertinent information needed for the committee to evaluate the disclosure. In such circumstances, the committee shall deem the disclosure "not adequate" and the calculation of the time frames shall not begin until the requested information is received by the committee.

The members of the intellectual property committee shall be appointed by the dean to serve a three-year term to include an ad hoc member, ex officio representation of legal and the office for sponsored research administration.

#### **4.4 Dean's Advisory Committees**

The dean may consult from time to time with advisory committees regarding matters that relate to the implementation of academic policies.

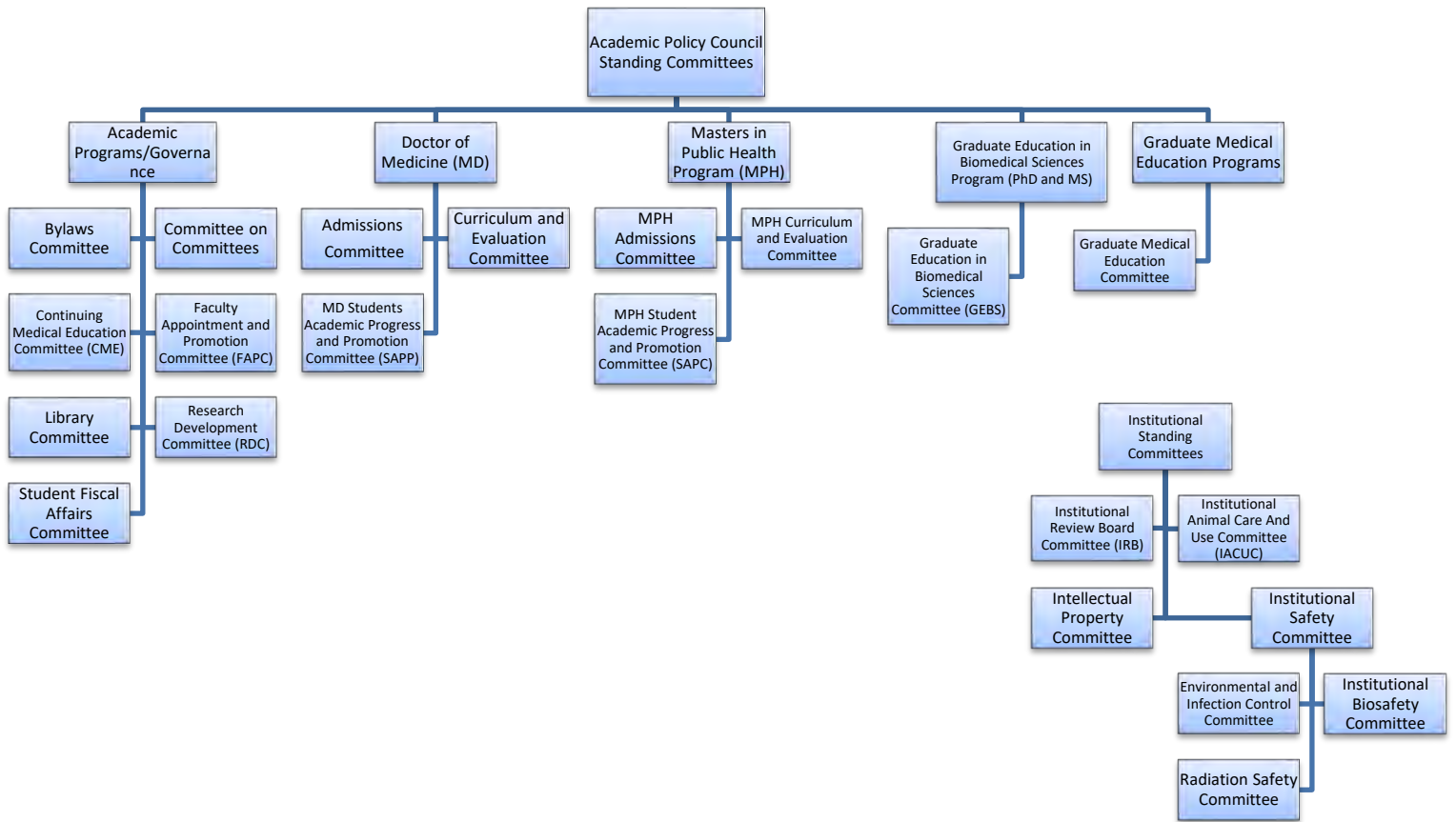
- Basic sciences chair advisory committee
- Clinical sciences chair advisory committee

In addition to basic science and clinical science chairs, there are presently five ad-hoc committees advisory to the president and dean:

- Global Health Task Force  
Charge: Inventory, coordinate and develop global health initiatives and efforts that correlate with MSM policies and procedures. Provide proper library and teaching resources to ensure MSM students, faculty and staff are culturally competent and knowledgeable about health disparities and the innovative health practices in underserved communities globally. Collaborate with various programs, scholars, institutions and organizations to fund, integrate and support the research, education, and execution of those initiatives.

- Academic Informatics Committee  
Charge: Assess academic computing needs. Create policies and monitor trends related to academic computing. Advocate for appropriate new academic computing technologies. Advise the dean and senior vice president of academic affairs on all aspects of academic computing.
- Fiscal Advisory Committee  
Charge: Move the institution forward in the direction of the Strategic Plan by aligning budgeting with planning. Review departmental annual reports for budgetary implications and vet and prioritize requests; meet with department chairs and directors to discuss their budget issues and make recommendations for budget priorities to the budget committee.
- Research Advisory Council  
Charge: Advise on research priorities, policies and procedures, and otherwise guide decision-making on institutional resources that will enhance the MSM research enterprise. Early tasks include establishment of clear and quantifiable research program goals for all research units; establishment of governance of centers and institutes; making recommendations on research bridge-funding and assisting in revising the institutional strategic plan for research.

Although many of the persons on the advisory committees to the dean will also be members of APC, advisory committees have no authority to establish academic policies for MSM.



## 5. PROGRAMS

### 5.1 Instructional Programs

The instructional programs of MSM consist of study leading to the M.D. degree, the Ph.D. degree, the MPH degree, and the MSCR degree. Certificate programs offered are the Master of Science in Biomedical Research (MSBR) and the Master of Science in Biomedical Technology (MSBT). A multidisciplinary clinical and translational certificate in clinical research is also available, as well as a certificate in Public Health.

All Morehouse School Of Medicine faculty and residents must adhere to the following accreditation standard: non-Morehouse medical students who participate in clinical educational experiences (e.g., preceptorships, electives) or medical school courses that also include Morehouse students or residents, must be from medical schools that are accredited by the Liaison Committee on Medical Education (LCME); exceptions to this requirement include activities that are announced to the general clinical community, such as grand rounds and lectures that are open to the general public. Additionally, appointment to the Morehouse School of Medicine faculty must not be used in support of promotional activities related to non-LCME accredited medical schools. If there are any questions regarding these policies, please contact the office of the dean.

#### 5.1.1 Undergraduate Medical Education

The educational program offered by MSM leading to the M.D. degree focuses both on scientific medicine and on meeting the primary health care needs of patients who are underserved. Most first and second year classes are offered in the Hugh M. Gloster Building on the main campus. Clinical instruction is given in hospitals and clinics affiliated with MSM that include Grady Health System, Children's Healthcare of Atlanta at Egleston, Hughes Spaulding and Scottish Rite, Ridgeview Institute, South Fulton Medical Center, West Fulton Mental Health Center, Morehouse Medical Associates, Comprehensive Healthcare Center and Family Medicine Department in East Point. A clinical skills facility is located in the National Center for Primary Care for teaching and assessing clinical skills at all levels. The *Community Health* course utilizes various sites in the community. In addition, clinical preceptorships in health clinics and physician's offices are part of the educational program. The school matriculated an entering class of 56 students in 2009 and has a total enrolled in degree program of 216 students.

The following educational objectives were approved by the APC:

A primary goal of the institution is to provide an academic environment that acknowledges education as the primary function of the institution and that supports and promotes lifelong learning as a foundation for excellence in clinical practice and biomedical science. A major objective of the undergraduate medical program is to graduate students who are competent, caring,

effective health care practitioners. These objectives are linked to specific outcomes in the curriculum.

The undergraduate medical program requires that candidates for the M.D. degree acquire certain knowledge, skills, and attitudes that are essential for functioning in a broad variety of clinical situations. To render a wide spectrum of primary care, a graduate must develop:

- a. Mastery of the basic science concepts necessary for the prevention, diagnosis, treatment and management of common medical problems, specifically:
  - knowledge of the normal development, structure and physiologic function of the body, organ systems, tissues, and cells and their interrelationships;
  - knowledge of the molecular, biochemical, cellular, and physiologic mechanisms that are important in maintaining the body's homeostasis;
  - knowledge of the biochemical, immunologic, pharmacologic, and microbiologic principles related to issues of disease, laboratory tests, and therapeutics;
  - knowledge of the various etiologies (genetic, developmental, metabolic, toxic, iatrogenic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of diseases (pathogenesis), the associated altered structure and function (pathology and pathophysiology) and characteristic pathologic and laboratory manifestations;
  - knowledge of common epidemiologic and risk factors for diseases and the role and impact of psychological, behavioral, social, economic, and cultural factors on health and disease, and;
  - knowledge of the ethical, legal, and economic issues that impact health and medical care.
  
- b. Basic skills including the ability to:
  - perform and record a complete and accurate history, sensitive to patient needs and the nature of the situation;
  - perform and record an accurate and complete physical examination, sensitive to patient needs and the nature of the situation;
  - develop an appropriate diagnostic and therapeutic plan, appropriately using information resources, laboratory and imaging testing;
  - communicate (in writing and orally) effectively and respectfully with peers, faculty, colleagues, and other members of the health care team, understanding the role of consultations and referrals;

- communicate and interact with patients in an effective, respectful, and compassionate manner, including counseling them on risks, prevention, lifestyle and therapy issues;
- obtain, analyze, and use the medical literature and other information resources to address medical questions and to sustain professional growth, and;
- apply techniques of population health, including methods of analysis of the health and health problems of defined populations and development of interventions to improve the health of populations.

Throughout training, a candidate must demonstrate medical professionalism including ethical behavior, moral reasoning, honesty, integrity, dependability, and commitment to service.

Students who complete the undergraduate medical education program obtain an unqualified medical degree. The students must pass:

- all courses in the undergraduate medical curriculum to acquire essential knowledge and develop skills needed for competent medical practice; and
- two certifying medical licensure examinations (USMLE, steps 1 and 2).

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behavior. Thus, in addition to academic requirements, technical standards have been established for admission and graduation from MSM. These standards are published in the student handbook and define aptitude, abilities and skills in the following areas; observation, communication, motor coordination or function, conceptual, intellectual-conceptual, integrative and quantitative abilities, behavioral and social attributes.

Due to the unique mission of the institution, particular effort is made to promote graduate education in primary care areas. In this regard, another objective of the undergraduate program is to have the majority of graduates choose residency training in primary care specialties. Through training sites in rural and inner-city areas, students also discover the special needs of patients in those areas that are historically underserved with regard to physician care.

Through achievement of these objectives, graduates of the M.D. program will be equipped to:

- enter and complete programs of graduate medical education;
- qualify for medical licensure; and
- provide competent, sensitive medical care.

In addition, they should have acquired the motivation and skills necessary for continued learning and for understanding the evolving primary health care needs of underserved patient populations.

MSM has a four-year curriculum. The first two years are predominantly classroom and teaching-lab based. They are called the ‘preclinical’ or ‘basic science’ years. Basic sciences include biochemistry, human morphology (cell biology, histology, embryology, and gross anatomy), physiology, neurobiology, microbiology, pharmacology, pathology, nutrition, and pathophysiology. Also included in the preclinical course is *Fundamentals of Medicine II* (physical diagnosis, psychopathology, community preceptorship, community health, human behavior, biostatistics and epidemiology, and human values). Students must pass USMLE Step I (part of the licensing exam) before starting clinical rotations. This is a national computer-based examination.

The third and fourth years are known as the clinical years. There are basic clerkships of eight (8) weeks in medicine, family medicine, pediatrics, obstetrics and gynecology, and surgery with seven (7) weeks in psychiatry and a yearlong seminar-type course, *Fundamentals of Medicine III*. During the core clerkships, students see patients with faculty and residents and follow very intense 60-80 hour weeks of patient care, lectures, case discussions, etc. USMLE Step II will consist of two parts—a computer-based portion and a standardized patient exam (tests skills with patients) and must be passed to graduate. MSM also requires students to pass an internal standardized patient exam (Objective Structured Clinical Examination or OSCE) at the end of the third year. The fourth year includes seven (7) four-week experiences. Two are required—rural health and ambulatory medicine. There are five (5) electives—and many students take some of them at other American medical schools.

The following statement has been adopted by the Academic Policy Council as an endorsement of specific institutional funding support for undergraduate clinical medical education:

Department chairs should allocate at least 0.5 FTE for undergraduate medical education, separate from resident education.

Additional information about medical students is provided in the Student Handbook. Information about the MD program is available from the Senior Associate Dean for Educational Affairs at 404-752-1881.

### **5.1.2 Graduate Education in the Biomedical Sciences**

The Graduate Education in the Biomedical Sciences (GEBS) program is designed to produce scientists capable of conducting independent research and education programs in the biomedical and clinical sciences. There are four programs available that fall under the purview of GEBS: the Ph.D. Program in the Biomedical Sciences, the MS in Clinical Research, the MS in Biomedical Research and the MS in Biomedical Technology



In order to serve as faculty for GEBS programs, MSM faculty members must be members of the Graduate Faculty. Anyone holding a faculty appointment in MSM (series I, II or III) may serve as a member or associate member of the MSM Graduate Faculty. To become a member, the chair of the faculty member's home department must write a letter to the associate dean for graduate studies requesting consideration for appointment. The letter should be forwarded to the associate dean along with a copy of the faculty member's current curriculum vitae. The associate dean for graduate studies will forward the credentials to the GEBS Committee (GEBSC) for consideration and approval.

Membership Criteria. The criteria for graduate faculty membership have been established by the GEBS. The criteria for membership include:

- a) possession of the terminal degree in one's field, or recognition for substantial and distinctive contributions in biomedical research;
- b) tangible evidence of ongoing productivity in scholarly research and/or creative activity;
- c) a record of continuing publication of research results; and
- d) successful experience in teaching, counseling, and/or direction of students at the graduate level.

Membership Privileges. Members of the MSM graduate faculty may participate in the graduate education program as exemplified by:

- a) organizing, coordinating and teaching graduate level courses;
- b) serving on a graduate student's advisory committee as a member or as the chair;
- c) serving as major research advisor to a graduate student;
- d) serving on the GEBSC or any committees established by the GEBSC.

Faculty who do not meet the criteria for membership may serve as associate members of the graduate faculty.

Associate members of the graduate faculty may teach graduate courses, serve as co-research advisors to graduate students, serve on graduate student advisory committees, and serve on other committees established by the GEBSC.

Review of Graduate Faculty Membership. The qualifications of members of the graduate faculty shall be reviewed at 5-year intervals by the GEBSC. A member who no longer meets the criteria for membership may be appointed as an associate member. An associate member may petition the GEBSC at any time for consideration for appointment as a member of the graduate faculty.

### 5.1.2.1 Ph.D. Program in the Biomedical Sciences

The Ph.D. Program in the Biomedical Sciences degree comprises a core curriculum followed by specialized training in one of a variety of research fields.

The first year of required courses covers fundamental aspects of cell and tissue structure and function and introduces methods, instrumentation, ethics, and writing skills that are critical to success as a professional scientist.

After completing the required courses, students identify an advisor for advanced study and research. Students may study with graduate faculty in a variety of basic and clinical science departments. Several areas of research focus are available, including:

Cancer	Immunobiology
Cardiovascular Science	Molecular Biology
Cell Biology	Musculoskeletal Biology
Developmental Biology	Neuroscience
Eye Research	Reproductive Science
HIV/Infectious Diseases	Space Medicine & Life Sciences

Students then take elective courses and begin research in the advisor's laboratory. Once all courses are completed, students prepare for the two-part qualifying exam for Ph.D. candidacy:

Part 1 - A comprehensive exam covering all courses (core and elective) being applied to Ph.D. degree requirements.

Part 2 - Selecting (with the advisor) a research project and dissertation committee; preparing and defending a research proposal; and dissertation committee approval of the proposal.

The successful Ph.D. candidate then conducts the proposed research under the direction of the advisor and dissertation committee. The candidate finally prepares a doctoral dissertation describing the research in detail, and defends that work in an open forum to qualify for the Ph.D.

The biomedical research laboratories are located in the Gloster Building, the Medical Education Building, the Research Wing and the Multidisciplinary Research Center, all of which are located on the MSM campus. The many state-of-the-art laboratories are supported by core facilities with leading edge instruments and technology for biomedical imaging and image analysis, proteomics, genomics, electron microscopy, molecular biology, HPLC, GC/MS, tissue Culture, hybridoma development, fluorescence-activated cell sorting and other methods.

For information on the Ph.D. Program in Biomedical Sciences, please contact the Associate Dean for Graduate Studies 404-752-1559.

#### 5.1.2.2 Master of Science in Clinical Research

The Master of Science (MS) in Clinical Research degree program is a broad-based multi-disciplinary graduate level program in clinical research designed to prepare clinical faculty for a career in clinical research. The program provides training in the principles and methods of biostatistics; epidemiology, including genetics and clinical trials; outcomes research, including health services research and health economics; and application of these principles/methods to clinical research. The Master of Science (MS) in Clinical Research at MSM is the centerpiece of a Clinical Research Education and Career Development Program (CRECD). The program is designed to address the problem of health disparities through a concerted effort to recruit and train junior faculty clinicians for successful careers in clinical research. The goal of this program is to identify highly motivated clinicians early in their academic career for rigorous curriculum-based training in clinical research, as the foundation for outstanding academic careers in clinical investigation. Other clinical research training opportunities includes the Atlanta Clinical & Translational Science Institute (ACTSI), Research Education, Training and Career Development Program, KL2 (Mentored Clinical and Translational Research Scholars and TL1 (predoctoral training) programs. A 16-credit hour Multidisciplinary Clinical and Translational Certificate in Clinical Research is also available. More information can be found on the MSCR website.

The training opportunities are designed to allow the trainees to complete the programs in 18 months to two years. The schedule is sufficiently flexible to allow optimum participation of trainees with ongoing clinical responsibilities. E-learning facilities are provided to address this challenge and enhance the training experience.

For information, on the Master of Science in Clinical Research Program, please contact the Associate Director, MSCR Program 404-752-8681.

#### 5.1.2.3 Master of Public Health Program

The Master of Public Health (MPH) program focuses on providing unique opportunities for students to become engaged in community-based participatory research, student-directed learning, problem solving, and the development of skills/competencies essential to the practice of public health. The MPH program's career development center offers leadership and developmental workshops on resume preparation, grant writing, public speaking and interview techniques and public health seminars throughout the year.

In order to serve as faculty for the MPH program, one must be appointed to the MSM faculty. To become a member of the MPH faculty a candidate must submit a letter of interest to the Chair of

the department with updated curriculum vitae in the MSM format. The Chair will review the CV to determine the faculty level of appointment (Instructor, Assistant Professor, Associate Professor or Professor for Series I, II, or III) that is appropriate based on the person's academic training, teaching experience, service, research experience and scholarly activity. The Chair will communicate to the candidate the faculty level that is appropriate and request the requisite number of letters of recommendation that identify the faculty series that is applicable.

Once all materials are received the candidate undergoes an internal peer review by the Faculty Promotions Committee within the Department of Community Health and Preventive Medicine. The peer review committee makes a recommendation to the chair. The Chair will then present the materials to the Office of the Dean where it undergoes the final review by the institutional Faculty and Promotions Committee.

The mission of the MPH program is to prepare individuals who will organize and carry out programs to improve the health, quality of life and well-being of communities and people through education, research and service in public health. The program has a particular emphasis on people of color, minorities, the poor, and other underserved populations. The MPH program augments the mission and goals of MSM.

The goals of the Morehouse School of Medicine MPH program are to:

- prepare graduates for leadership positions in various public health professions
- prepare graduates with the ability to address the health needs of communities, regions, and nations with a particular focus on underserved populations
- prepare graduates with skills to be able to effect collaboration with communities
- prepare graduates with knowledge and skills to improve and impact public health policies and practices that promote health and decrease morbidity and mortality among African Americans and other underserved populations
- prepare graduates to discover, develop, and advance knowledge through basic and applied research on problems that disproportionately affect underserved populations
- increase the representation of African American and other underrepresented populations in the public health professions.

The MPH program offers a comprehensive curriculum with four areas of concentration:

- **Epidemiology Track:** The goal is to prepare students as epidemiologists to analyze the health problems of communities and identify approaches to reducing racial and ethnic health disparities.
- **Health Administration & Policy:** The goal is to prepare students for generalist positions in health services administration. Developments in the U.S. healthcare environment

place greater emphasis on prevention, evidence-based management, cost containment and community-oriented population-based training.

- Health Education/Health Promotion: This track prepares students for positions in the private and public sectors as developers and managers of programs designed to prevent disease and promote healthy behaviors.
- International Health: This track prepares graduates to work in disease prevention and education, policy and environmental program positions with governmental and non-governmental organizations.

In addition to the core curriculum, each concentration offers electives from select areas of interest, allowing students to explore in depth one or more aspects of public health relevance to their career goals. Students are also required to complete a 480-hour practicum experience. This worksite experience at a public or private health service organization in the U.S. or abroad allows students to apply classroom theory and competencies to practical situations in the field. In addition, students are required to attend writing workshops, quantitative and qualitative labs and a total of 20 public health leadership seminars.

An additional component of the MPH program is the *Public Health Summer Fellows Program*, which encourages and prepares minority undergraduate and post baccalaureate students to pursue careers in public health at the graduate level. For additional information about the MPH program contact Director, Master of Public Health Program 404-752-1944.

## **5.2 Residency Programs**

All residents are physicians in training and cannot hold faculty appointments at MSM while participating in the residency program. The graduate medical education program of the school was initiated in 1981 when the family practice residency program was accredited by the Accreditation Council for Graduate Medical Education (ACGME). The school currently sponsors seven (7) residency education programs that are accredited by the ACGME. There are approximately 155 residents enrolled in the residency programs.

<i>Year Initiated</i>	<i>Specialty</i>	<i>Duration of Residency</i>	<i>Program Director</i>	<i>Number of Authorized Resident Slots</i>
1981	Family Medicine	3 years	Dr. Riba Kelsey-Harris	18
1986	Public Health/General Preventive Medicine	2 years	Dr. Sonja Hutchins	8
1991	General Psychiatry	4 years	Dr. Deidre Evans-Crosby	16
2019	Child & Adolescent Psychiatry			4
1991	General Internal Medicine	3 years	Dr. Chinedu Ivonye	80
2016	Cardiovascular Disease		Dr. Melvin Echols	6
2017	Pulmonary Disease and Critical Care Medicine		Dr. Gloria Westney	6
1993	General Surgery	5 years		21
1996	Obstetrics/Gynecology	4 years	Dr. Kiwita Phillips	16
2001	General Pediatrics	3 years	Dr. Lynn Gardner	18

#### Non-Standard Fellowship

In May 2010, the Graduate Medical Education Committee (GMEC) approved a Non-Standard (Non ACGME Accredited) Surgical Fellowship in Minimally Invasive Endoscopic Surgery approved by the Society for American Gastrointestinal Endoscopic Surgeons (SAGES). This fellowship is in the department of Surgery and is associated with its General Surgery Residency Program.

#### Clinical Observers

MSM does not permit clinical “observerships” and “clinical externships” that may have direct or incidental patient contact by individuals not appointed to ACGME or A.O.A. accredited residencies. This shall include at a minimum, the taking of histories and physical, patient interviews, ward rounds or other contact. MSM administrators or faculty shall not certify by letter, certificate or recommendation, any participation in MSM residency conferences, lecturers or didactics for the purpose of providing credentials or training.

1. The MSM professional liability policy does not cover individuals who are not a part of the MSM faculty or staff, or those who are not enrolled in or are not participants in educational programs as residents or medical students.
2. MSM accepts applications from individuals who have completed the Fifth Pathway program as described in the resident eligibility section of the ACGME institutional requirements. However, the American Medical Association's Council on Medical Education has withdrawn its support of the Fifth Pathway as a mechanism for eligibility to enter the first year of ACGME-accredited graduate medical education programs. The last Fifth Pathway program class supported was the January 2009 entering class, which ended in December 2009.
3. This policy does not apply to MSM "visiting scholars" or to exchange visitors who are professors or biomedical science researchers. These individuals are covered by the US Citizenship and Immigration Services (USCIS) regulations and policies.

For additional information on MSM graduate medical education and residency programs, go to the Residency Programs page on the MSM website, or contact the assistant dean for graduate medical education or the director of graduate medical education at 404-752-1857.

### **5.3 Multidisciplinary Centers, Institutes and Training Programs**

MSM is a relatively young institution, but the outcomes of our research activities have already resulted in the establishment of major centers, institutes and training programs, including:

- Cardiovascular Research Institute
- Clinical Research Center
- Minority Biomedical Research Program (MBRS)
- National Center for Primary Care
- Neuroscience Institute
- Prevention Research Center
- Research Centers in Minority Institutions (RCMI)
- Satcher Health Leadership Institute

Additional information on each of these programs can be found on the MSM website.

### **5.4 Research Centers at Minority Institutions (RCMI) Program**

Major support for the biomedical research infrastructure at Morehouse School of Medicine is provided through the **Research Centers at Minority Institutions (RCMI) Program**, which is sponsored by the National Centers for Research Resources (NCRR) at the National Institutes of Health. Biomedical research technology cores, shared-use facilities, and other resources (e.g., Information Technology Services - IT) at MSM have been developed with RCMI funds for use

by all MSM scientific investigators.

Institutional resources supported (in part or in full) by the RCMI grant are:

- **Biotechnology Service Lab –**
  - HGB 314 – Multi-use Instrumentation
  - HGB 346 – Autoclave Room/Lab Coat Laundry Room
  - MEB 231 – Multi-use Instrumentation
  - MEB 241 – Multi-use Instrumentation
  - MEB 244 – Monoclonal Antibody Laboratory
  - MEB 246 – Flow Cytometry Laboratory
  - MEB 356 – Multi-use equipment
  - RW 240 – Autoclave Room
  - MEB 2<sup>nd</sup> Floor Chase – Ice Machine/Ultra Low freezer
- **MEB 332-Imaging Lab**
- **HGB 359-Histology Lab**
- **MEB 302, 321-Electron Microscopy Lab**
- **MEB 246-FACS Lab**
- **MRC 123, 126 and 127-Analytical Chemistry**
- **RW 336-Protein Profiling Lab**
- **MEB 211, 217-Sequencing Lab**
- **RW335-Bioinformatics Lab**
- **RW 216-Human Genotyping Lab**
- **RW233-Functional Genomics Lab**
- **HGB Basement-Center of Laboratory Animal Resources (CLAR)**
- **RW 115-Research Media Services**

#### 5.4.1 Additional Research Services

Morehouse School of Medicine offers several specific technical or administrative services primarily for the internal operations. The users are usually charged a fee for the services provided. Examples of such services include core research laboratories, animal care, telecommunications, network services, and graphics. Some of the services are listed below:

- Computerized document/graphics preparation service
- Grant and manuscript editing service
- Integrated PC/Sun computer network and shared use peripherals, including T1 Internet connection
- Luminex Analysis
- Photography/Scientific illustrations service



Additional details on research services and facilities can be obtained on the MSM website under Centers and Institutes.

## **5.5 Continuing Medical Education**

The Morehouse School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor Continuing Medical Education (CME) activities for physicians and award *AMA PRA* Category 1 credits (American Medical Association Physicians Recognition Award). The Office of CME (OCME) manages the CME program with guidance from the CME Committee. It is the responsibility of the OCME to assist MSM faculty and other physicians or institutions in the development and implementation of CME activities. These activities address educational needs of physicians and other health professionals locally, nationally and internationally. All CME activities offered by any entity of MSM must involve the OCME. It is very important that the staff is notified early enough to participate in planning and decision-making to insure satisfactory adherence to the guidelines of the AACME. All MSM activities that receive AMA PRA Category 1 credit must follow procedure. Individuals seeking commercial support/funding for CME activities must register with the OCME prior to making contact with any companies and/ or completing grant applications. Use of CME information for the purpose of receiving commercial support must be handled by the OCME only.

CME activities are presented using the following formats: meetings, seminars, workshops and conferences utilizing current technology, including the internet and teleconferencing. Support services for these activities, including logistics, promotion, and financial management are also available. Record keeping for attendance is maintained in a databank and transcript services are provided. If you are interested in planning CME activities, and would like to offer credit for participation and/or receive commercial support for the event, please contact the CME director at 404-752-1954.

## **5.6 Community Outreach Programs**

Morehouse School of Medicine has received a number of national and local awards for its programs of community engagement. These include the 1999 AAMC Community Service Award, the first Community-Campus Partnerships for Health Award in 2002, the 2004 Outstanding Educational Program Award from the Association of Teachers of Preventive Medicine, and the Prevention Research Centers Outstanding Community-based Participatory Research Award from the Centers for Disease Control in 2002. Local recognition includes a “Health Care Hero” award from the Atlanta Business Chronicle and an “A+” award from the Atlanta Public Schools and the Joseph D. Greene Award in community service from the Healthcare Georgia Foundation.

Education: Community-engaged educational programs for medical students include the community health course, where all first-year students are involved in community projects for a half-day per week throughout the year. Students who excel in the community health course can

pursue Honors in Community Service. Students are placed in community practices or clinics in the first-year preceptorship program, the third-year pediatrics clerkship, and the third-year rural primary care clerkship.

Residents in Family Medicine, Pediatrics, and Preventive Medicine all have experiences in community practices or clinics and with community agencies. Master of Public Health students spend the equivalent of three months with a community agency in their practicum. The Master of Science in Clinical Research Program includes a unique course in community engagement.

Research: Faculty in Ob-Gyn, Pediatrics, Medicine, Family Medicine, and Community Health and Preventive Medicine conduct community-engaged research. This includes both participatory research conducted in the community at large (for instance, through the Prevention Research Center) and research conducted in practice-based research networks in the National Center for Primary Care and the Clinical Research Center. Morehouse leads the Community Engagement Program in the Atlanta Clinical and Transitional Science Institute, an Emory-Morehouse-Georgia Tech collaboration. MSM community-engaged research includes projects in the prevention of heart disease, cancer, violence, HIV/AIDS, substance abuse, asthma, and quality improvement in primary care.

Service: MSM faculty members in every clinical department participate in community service projects. These include both large grant-funded projects (for instance in violence prevention and hurricane response) and volunteer efforts at health fairs and community meetings. Many projects are initiated by students and by student organizations such as SNMA, AMSA, HealthSTAT, and SightSavers. The Center for Community Health and Service Learning makes small grants available to students for community service projects. Groups of medical students, supervised by faculty, travel each year to countries such as Honduras and Haiti to work in rural health centers for a week or two. A team of MPH students participated in relief efforts in Mississippi after Hurricane Katrina. The number and variety of community education, research, and service projects expands continuously. Faculty interested in participating in such projects may inquire the Associate Dean for Community Health for updates.

## **5.7 Faculty Development Programs**

MSM is strongly committed to developing the full potential of all faculty and has a variety of venues to achieve that goal. The Office of Faculty Affairs and Development (OFAD) administers a variety of faculty development opportunities and resources, with travel support for selected external venues.

The federally funded clinical Faculty Development Program began in 1993 in the department of family medicine and currently exists under the auspices of the NCPC. This program is aimed primarily at clinical faculty and includes topics such as teaching in clinical settings, teaching physical exams and procedural skills, using large databases for health services research,

curriculum development, public speaking, and use of projected and non-projected media. Participants produce tangible evidence of their new skills such as a letter to the editor, a case report, concept paper for a grant proposal, and a poster displaying their health services research projects. The program includes a modular (longitudinal) program aimed at our own local faculty and community preceptors, an executive program for faculty from around the nation, and a series of brief workshops open to the general MSM community.

The MSCR program is aimed at developing clinical junior faculty into NIH-class researchers. Information Technology is housed in the Clinical Research Center and includes topics such as biostatistics, medical informatics, research ethics, writing skills, and culminates in the presentation of a mentored clinical research project.

## **5.8 MSM Teaching Academy**

The mission of the Morehouse School of Medicine Teaching Academy is to support teaching excellence through collegial interactions that enhance a scholarly approach to education, strengthen ongoing assessment and innovation, foster faculty career development, improve structural and economic support for educational activities, and consistently recognize excellence in education. Toward this goal, the Teaching Academy sponsors an orientation for new faculty with development sessions including “Writing stellar letters of recommendation”, “Using Turning Point for lectures and research”, and “Writing USMLE-style questions”. In addition, the Teaching Academy has mounted a site on Blackboard entitled “Faculty Development Teaching 101” with resources such as the NBME Question Writing Guide and the AAAS Guide to Career Basics, articles about “Mentoring” and “Creating Memorable Lectures”, and information about coding, teaching methods, and more.

The dean’s office and various departments have sponsored faculty to attend external conferences, workshops, and programs to enhance their careers in academic medicine. These have included the Harvard-Macy Leaders in Medical Education Program, ELAM (Executive Leadership in Academic Medicine Program for Women), and many AAMC and Robert Wood-Johnson sponsored programs.

## **5.9 Sabbatical**

The policy concerning educational (sabbatical) leave is found in Appendix IV of the *Faculty Bylaws*. Two aspects of educational leave are often misunderstood. First, sabbatical leave is not granted automatically, but is awarded upon recommendation of the department chair to the dean based upon review of a career development plan submitted by the faculty member. Secondly, the responsibility for funding the leave resides in the department. Department chairs should begin planning for possible sabbatical leave for a given faculty member well in advance and should have

discussions with the dean concerning mechanisms to be used to fund the leave. Normally, faculty members will be able to secure funding for leave from a variety of sources.

Sabbatical leave may be funded by departmental sources or external grant funds. If your approved sabbatical leave is to be supported (in part) by external grant funds, it would be necessary for you to request permission from the awarding agency to use these funds for this purpose. If your sabbatical leave is not derived from external funds, but you are still the principal investigator of an externally supported project, you may need to inform the awarding agency of your plans for this period. The agency may require assurances of how you will oversee projects during any extended absence. These requirements relative to grant activities also pertain to an extended (non-sabbatical) leave during which you may not have direct oversight for the funded work. In some instances, some institutional funds that are committed to a department can be utilized to fund a leave if other members of the department are able to assume the responsibilities of the member on leave.

## **6. FACULTY RIGHTS, ETHICS, AND RESPONSIBILITIES**

### **6.1 Academic Freedom**

Every member of the faculty shall be entitled to exercise academic freedom. Academic freedom of the faculty is indispensable to the institution in fulfilling its obligations to students and to the other members of the community at large. Institutions of higher education are conducted for the common good and not to further the interests of either the individual faculty member or the institution as a whole. The common good depends upon the search for truth and its free exposition.

Academic freedom is essential to these purposes and applies to both teaching and research. Freedom in research is fundamental to the advancement of truth. The teacher is entitled to full freedom in research and in the publication of the results, subject to the adequate performance of other academic obligations. Publication or research for pecuniary return should be based upon an understanding with the authorities of the institution.

Full time faculty who is salaried by MSM shall obtain approval from the president and dean before engaging in teaching, research or consultation for monetary return paid by individuals or organizations other than MSM. Full time clinical faculty members, who are licensed to practice medicine in Georgia, shall become members of Morehouse Healthcare, and shall abide by the provisions of the Bylaws of that organization with respect to all medical practice activities.

Academic freedom in its teaching aspect is fundamental for the protection of the rights of the teacher in teaching and of the student to freedom in learning. It carries with it responsibilities correlative with rights. A faculty member is entitled to present and discuss with students in the classroom any matter relating to their own field of academic competence. The teacher is entitled to freedom in the classroom in discussing the subject, but should be careful not to introduce into the teaching matter which has no relation to the subject, nor should the teacher fail to present the

subject matter of courses as announced to students as approved in setting up the appropriate curriculum,

Any limitations on the academic freedom specifically related to the objectives of MSM shall be stated clearly in writing to the faculty member at the time of initial appointment. Among the many implicit responsibilities of academic freedom is that of refraining from insistence that students or others accept any controversial point of view as authoritative. Academic freedom does not extend to any kind of abuse or infringement of the rights of others.

The faculty member, as citizen, is also a member of a learned profession. When one speaks or writes as a citizen, he or she shall be free from institutional censorship or discipline, but one's institutional affiliation imposes special obligations. Faculty membership should remember that the public may judge the teaching profession and the institution by faculty comments. As a learned individual and an educator, one should at all times be accurate, exercise appropriate restraint and show respect for the opinions of others. In order that the public not judge one's profession or one's institution by his or her statements, one should make clear that he or she is speaking for themselves alone. When one makes such statements in writing as a citizen, he or she may not use the letterhead of MSM.

Failure of a faculty member to discharge properly the responsibilities cited in the academic freedom statement, as outlined above, may lead to censure or, in grave cases, to dismissal as provided in the section of just cause.

## **6.2 General Faculty Expectations**

Faculty are expected to attend commencement and convocations as they are scheduled throughout the year.

Full time faculty accept responsibility to be available for teaching (e.g. lectures, seminars, preceptorships, attending rounds, advising sessions, reviews, etc.), research and other responsibilities as assigned by the department chairperson. Related activities include providing timely written assessment of performance; obtaining funding through teaching grants, research grants, contracts or other agreements or professional practice, which relieves reliance on institutional general funds for salary support; being available to serve on departmental or institutional committees; and (for clinical faculty) rendering quality patient care and clinical teaching.

Faculty are expected to remain current in their subjects.

## **6.3 Personal Responsibility for Licensure and Certification**

As a condition of employment, clinical faculty are required to acquire and maintain a medical license to practice in the State of Georgia, valid Drug Enforcement Administration certificate, and specialty Board certification in their respective fields as appropriate. The cost associated with obtaining these credentials are considered personal expenses and are not provided by MSM. In addition, MSM does not provide travel or other expenses related to faculty participation in board review courses.

#### **6.4 Teacher/Learner Relationships**

MSM has defined and publicized standards of conduct for teacher/learner relationships and developed guidelines for addressing violations of these standards.

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective healthcare professional. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unflinching honesty. While such expectations are extremely important to the educational mission of MSM, the diversity of members of the academic community combined with the intensity of interactions that occur in the health care setting, as well as in the laboratory or classroom, could lead to incidents of inappropriate behavior or mistreatment.

The institution is committed to maintaining a teaching and learning environment free of discrimination of any kind and all forms of coercion or other mistreatment that interfere with academic freedom or diminish the dignity of any member of the MSM family of students, postgraduate trainees, faculty and staff. It is expected that all members of the MSM family will embrace this standard of behavior in order to foster an effective and supportive learning environment of mutual respect and collegiality among teachers and learners.

For additional information, please refer to *Appendix XIII of the Faculty Bylaws—Teacher/Learner Relationships*.

#### **6.5 Impaired Faculty Policy**

An impaired faculty member is one who because of alcohol or other drugs of abuse, mental disorder, or other medical disorders is unable to participate within the MSM community with requisite skill and safety. It is the policy of MSM to assist impaired faculty while maintaining a balance between the individual's rights and the school's duty to safeguard the public health and effectively discharge its mission.

The complete policy can be found in *Appendix XVI of the Faculty Bylaws*.

## **6.6 Conflict of Interest Policy**

It is the policy of MSM that members of the board of trustees, officers, faculty and staff have a duty, when acting in these professional capacities, to act in the best interest of the institution. These individuals should not take advantage of their knowledge gained there from, for personal or private gain or other personal advantage, either for themselves, or any other person for whom they have an interest, whether personal or financial and whether direct or indirect.

The president and dean shall require each faculty and staff member annually:

1. to review this policy;
2. to disclose any possible personal, familial, or business relationships that reasonably could give rise to a conflict, or a perceived conflict, involving MSM and;
3. to acknowledge by his or her signature on the MSM disclosure form that he or she is in compliance with the letter and spirit of this policy.

## **6.7 Consulting/Compensation by agencies other than MSM**

The *Faculty Bylaws* contain the following statement regarding compensation by agencies other than MSM:

Full-time faculty, who are salaried by the School of Medicine, shall obtain approval from the dean before engaging in teaching, research or consultation for monetary return paid by individuals or organizations other than the School of Medicine.

Full time clinical faculty members, who are licensed to practice medicine in Georgia, shall become members of Morehouse Healthcare, and shall abide by the provisions of the bylaws of that organization with respect to all medical practice activities.

Any outside professional activity undertaken by full time faculty must be conducted with the clear understanding that the faculty member's primary obligation and commitment is to Morehouse School of Medicine.

No full-time employed faculty member shall engage in any compensated professional service, research, or teaching activity, either as a consultant or in any other capacity without prior approval of the chair of his/her department, subject to the ultimate approval of the president and dean. No department chair, center director, or institute director shall engage in any compensated professional service, research, or teaching activity, either as a consultant or in any other capacity without prior approval of the president and dean. Such activity must not involve a conflict of interest or conflict of commitment between the activity and MSM.

## 6.8 Faculty Grievance Procedures

In recognition of every member's right to be fairly heard about any complaint regarding his or her individual employment status, a faculty member with a personal grievance shall use the established grievance procedure without fear of intimidation or reprisal. Briefly, this procedure provides for the resolution of individual complaints within the grievant's department and/or the president and dean's office (informal). If the resolution of the matter is not acceptable to the grievant or the department, an appeal process is available (formal). This appeals process utilizes an ad hoc grievance committee appointed by the dean and may include an appeal of the matter to the president and dean for a final determination.

The "Procedure to be used when a faculty member has an unresolved grievance" can be found in Appendix V of the *Faculty Bylaws*.

## 6.9 Due Process and Grounds for Dismissal

The *Faculty Bylaws* provide for the censure or dismissal of a faculty member for "just cause". They further provide that no member of the faculty may be censured or dismissed for "just cause" without due process. The due process procedures apply only to matters relating to "just cause", and do not apply to procedures regarding non-renewal after the expiration of a faculty appointment. Briefly, this procedure provides that:

- 1) A faculty member must be notified in writing by the dean if he or she is charged with a just cause for censure or dismissal.
- 2) The written notification must include:
  - the specific violation
  - a description of evidence supporting the charge
  - the names of the persons providing the evidence
  - notice that the faculty member charged has the right to a hearing
- 3) If the faculty member desires a hearing, a hearing shall be considered by a faculty committee.
- 4) If the faculty member desires a further appeal, the matter shall be considered by the governing board of MSM.
- 5) The faculty member shall receive their salary throughout the appeal process.

The "Due Process Procedures to govern Hearing for Faculty Prior to Censure or Dismissal for Just Cause" can be found in Appendix II of the *Faculty Bylaws*.



## 7. FACULTY APPOINTMENT AND PROMOTION

The policies governing appointment and promotion of faculty and the guidelines used in determining the appropriate rank are found in the *Faculty Bylaws* and the *Faculty Appointment and Promotion Committee Process and Policies*.

### 7.1 Five Series system

MSM has five series of faculty, known as Series I, II, III, IV and V. Faculty appointed to series I are eligible to receive multi-year appointments and must be full-time. They participate in all three areas of academic endeavors. Faculty appointed in series II must be at least 50% time and are given appointments for one - three years in length. They have major responsibility in at least two but not necessarily all three area of academic endeavors. Series III is reserved for part-time faculty who provide less than 50% effort. The paid faculty are appointed to terms of one year or less. Series IV are volunteer faculty who have paid faculty appointments at other LCME accredited medical schools or regionally accredited universities/colleges. Series V are volunteer faculty who do not hold faculty appointments at other institutions, but contribute to MSM in one or more areas of academic endeavor.

### 7.2 Faculty Titles

The following titles are approved for faculty use:

- Series I: professor, associate professor, assistant professor
- Series II: professor, associate professor, assistant professor, instructor
- Series III: adjunct professor, adjunct associate professor, adjunct assistant professor, and adjunct instructor

Series IV and V: adjunct clinical professor, adjunct clinical associate professor, adjunct clinical assistant professor, and adjunct clinical instructor.

\*“Adjunct” shall be used in the faculty title for faculty in series III, IV or V with the following exceptions

- VA faculty as designated by the Dean of MSM in the letter of appointment as “primary MSM appointed faculty at the VA”
  - Other faculty in similar roles as designed by the Dean of MSM in the letter of appointment as “primary MSM faculty”
- Series IV and V: adjunct professor, adjunct associate professor, adjunct assistant professor, and adjunct instructor.  
\*“Adjunct” shall be used in the faculty title for faculty in series III, IV or V with the following exceptions
    - VA faculty as designated by the Dean of MSM in the letter of appointment

as “primary MSM appointed faculty at the VA”

- Other faculty in similar roles as designed by the Dean of MSM in the letter of appointment as “primary MSM faculty”

### **7.3 Guidelines for Appointment and Promotion**

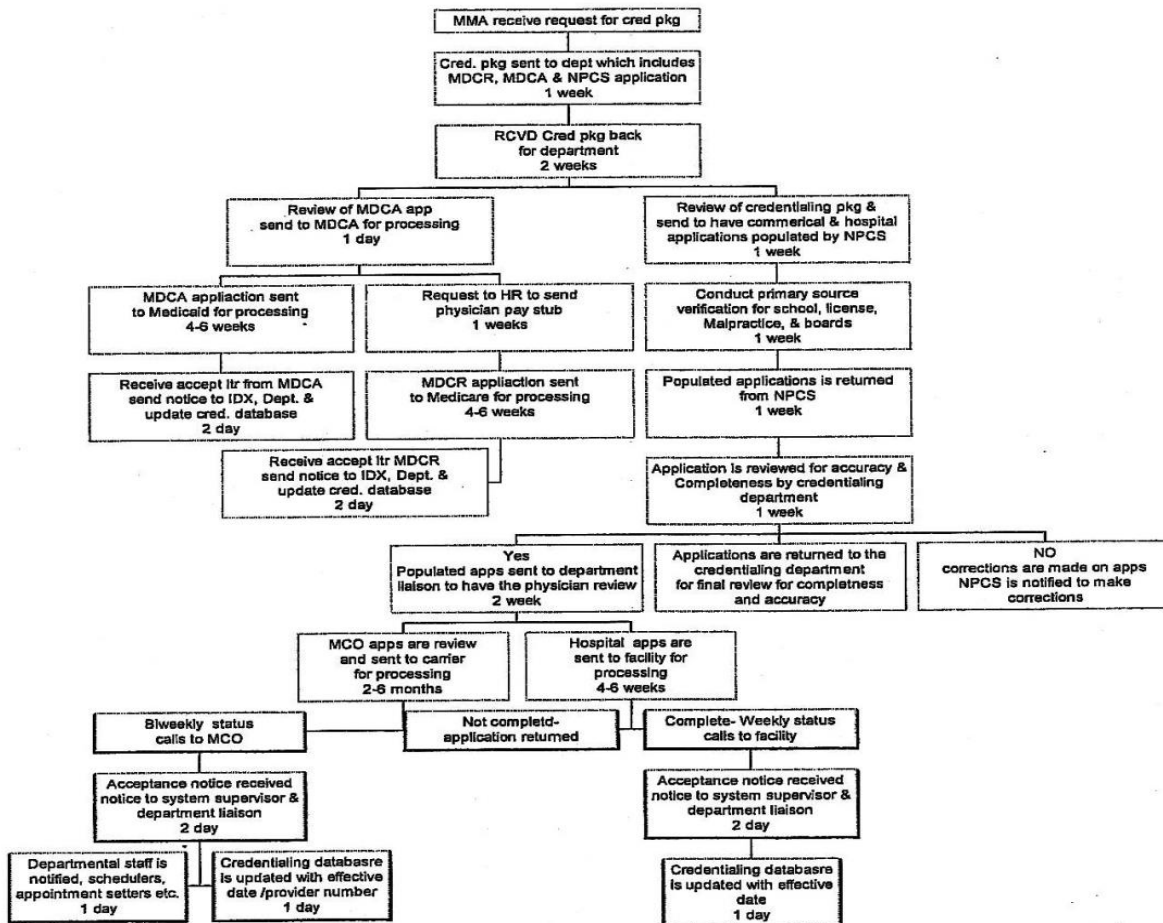
As a general rule, qualifications for faculty appointment or promotion relative to the education, training, achievement, and general level of preparation and effectiveness are the same regardless of series. If the highest degree earned is less than a doctorate, then the candidate’s credentials must be considered exceptional. In exceptional cases, outstanding professional experience and demonstrated contributions to the teaching discipline may be presented in lieu of formal academic preparation. Consideration by the Faculty Appointment and Promotion Committee of those individuals not meeting the minimum eligibility requirements will be given only upon the recommendation of the department chair. The dean must endorse the proposal as a legitimate exception.

Each department shall have a written statement of the specific criteria and procedures for appointment and promotion for each rank that shall be consistent with the general institutional statement of criteria and procedures for appointment and promotion. These guidelines should include a process for providing peer review of credentials and must be developed and approved by the departmental faculty. A minimum of three departmental faculty members at or above the rank sought should participate in the peer review of the credentials. In cases where there are insufficient departmental faculty at the appropriate rank, additional reviewers at the appropriate rank may be recruited from another department. All departmental procedures must be presented to the Faculty Appointment and Promotion Committee and, thereafter, approved by the Academic Policy Council prior to adoption.

7.4 Faculty Appointment and Credentialing Process Timeline

**MSM/MHC FACULTY RECRUITMENT FLOWCHART AND CREDENTIALING TIMELINES**

**Clinical Credentialing Process**



## **7.5 Faculty Records**

The MSM Faculty Systems and Records manager has primary responsibility for maintaining the security and confidentiality of all faculty records related to appointment and promotion. Information from these records may be obtained upon signed request by one of the following: president and dean, associate dean for research affairs, associate dean for educational affairs, associate dean for clinical affairs or departmental chairs for faculty in their respective departments and programs. Such information may also be furnished to the Faculty Appointment and Promotion Committee for use in the review of a faculty member's nomination for appointment and promotion.

## **7.6 Expectation of Continued Appointment**

The academic functions performed by MSM are facilitated by a policy that defines for the faculty what they may reasonably expect regarding continued appointment. Although an academic tenure policy has not been established by the Board of Trustees, it is the Board's desire that the faculty be encouraged to expect continued appointment under the terms set forth in this section.

Faculty members appointed initially to higher academic ranks have had greater experience and have demonstrated greater academic accomplishments than those just entering the field. MSM can rely on the past performance of the more experienced academicians and is willing, therefore, to offer a longer term of initial appointment.

Policies relating to continued appointment apply to the academic appointment only. If the individual faculty member holds a concomitant administrative appointment, the policy is set forth in Article VI, Section 7 of the *Faculty Bylaws*.

### **7.6.1 Series I**

If a decision has been made by a department chairperson (or, in the case of a department chairperson, by the dean) not to continue the academic appointment of a faculty member, a professor shall be given at least 18 months' notice, in writing, by the department chairperson of non-renewal. An associate professor shall be given at least 12 months, and an assistant professor shall be given at least 12 months' notice, in writing, by the department chairperson of non-renewal. For additional details, please refer to the *Faculty Appointment and Promotion Committee Process and Policies*.

## **7.6.2 Series II**

Faculty at the rank of professor shall be given 12 months' notice. Associate professor, assistant professor and instructor appointed in series II must be provided at least a six-month notification of non-renewal.

Faculty members shall be eligible for appointment for a term that falls within the range for their rank. Appointment to series II are for a specified period of time, are subject to annual reviews, and can be, but are not automatically, renewed an indefinite number of times within the guidelines of MSM.

## **7.6.3 Series III**

Part-time series III faculty should be given one-month notice of non-renewal and corresponding termination of salary support.

## **7.7 Special Faculty Titles in the Medical School**

### **7.7.1 Honorary Degrees**

Potential candidates for honorary degrees are reviewed by the Commencement Committee. There is input from the faculty, staff, and students on the committee, and their charge is to coordinate all activities related to commencement and convocation, including the nomination of potential speakers/honorary degree recipients. Names are then submitted to the president, and the president then submits candidates to Academic Policy Council for approval.

### **7.7.2 Endowed Chairs**

This title is used to identify a faculty appointment in an endowed professorial chair. The name of the chair indicates that gifts to help support the position were made in the name of that individual; such names are usually applied to a full professorship but may appear at another rank. Financial support of the endowed chair comes from an endowment established for that purpose.

### **7.7.3 Emeritus**

On recommendation of the appropriate chairperson, a faculty member who has rendered outstanding service to MSM may be appointed to Emeritus status in the same rank and category held at the time such recommendation is made. The individual should have held the rank of at least, Associate Professor for five (5) years. To be Emeritus eligible, the faculty member shall be fully retired from Morehouse School of Medicine, or unable to render further service by reason of permanent disability. A request for Emeritus status shall not include a request for promotion in rank. The recommendation shall be reviewed by the FAPC.

## **7.8 Annual Review of Performance**

Each member of the faculty is evaluated annually using forms approved by the Academic Policy Council. The forms include the Faculty Activity Report (FAR) that faculty complete and forward to the appropriate chair (the president and dean, in the case of chairs). Based in part on this database and other factors, the chair completes a second form, the Chairpersons Annual Evaluation for Faculty (CAEF). The CAEF must be signed by the faculty member, and is forwarded to the dean along with updated curriculum vitae. The FAR is maintained in the departmental files.

## **7.9 Verification of Training**

In fulfillment of accreditation requirements and its own standards, MSM verifies the information shown below. Appointments to the faculty are contingent upon satisfactory verification of this information.

### **7.10.1. Highest Earned Degree**

An official sealed copy of the transcript sent directly to the MSM faculty coordinator by the registrar of the institution granting the highest earned degree is required for all non-M.D. faculty. Copies of diplomas or transcripts are not sufficient. For clinical faculty the following document is required: a certified statement from the Registrar of an accredited institution awarding the M.D. degree sent directly to the MSM Office of the Dean. All international medical graduates must bring their original diploma to the office of the dean and have a copy of the diploma notarized at MSM for their faculty file.

7.10.2. License to practice medicine in Georgia: The possession of a valid and current license to practice medicine is verified via the Composite State Board website and followed up with written correspondence to the Board after December 31<sup>st</sup> of each year. Faculty must use the conferred degree on all official MSM documents.

7.10.3. Verification of Board certification: specialty board certifications are verified via the official American Board of Medical Specialties (ABMS) directory of board-certified medical specialists, which is available in the MSM Library.

7.10.4. Degrees from non-regionally accredited institutions: Those applying for faculty positions who received training leading to the highest earned degree from non-regionally accredited institutions are carefully reviewed to ensure that they have the appropriate training to carry out their functions. In most cases, such persons will have received post-doctoral training in institutions that are regionally accredited, and letters of evaluation from such institutions are reviewed.

7.10.5. Communication Ability: Accreditation requirements stipulate that those who have a teaching function must be able to communicate effectively in the English language.

7.10.6. Indicators of clinical competence: Prior to granting a non-temporary appointment, applicants who will be expected to engage in clinical practice in behalf of the institutions are carefully reviewed for indicators of clinical competence. A report from the National Practitioner Data Bank (NPDB) that lists revocations, probations, suspensions and other regulatory actions is reviewed for each such applicant. In addition, other indicators such as gaps in training and professional service, verification of staff appointments, suspension of privileges, professional liability issues, and drug enforcement status are reviewed.

## **8. ACADEMIC TITLES WITHOUT FACULTY STATUS**

Non-faculty academic titles are available to recognize individuals who provide assistance to the faculty by their contributions to teaching, research or clinical programs of MSM. They are assigned the titles of post-doc fellow, research associate, clinical associate, teaching associate, research scholar, senior scientist, lecturer or visiting scholar. These titles are not faculty titles and, consequently, these appointments do not convey membership in the faculty assembly.

Unless specifically stated otherwise, the terms and conditions of employment for these non-faculty academic positions are described in the *Non-Faculty Academic Personnel Handbook* and are the same as other staff positions

## **9. PERSONNEL POLICIES**

A complete description of policies governing personnel issues is found in the Human Resources Policy Manual. The following is a summary of policies that are specific to faculty.

### **9.1 Exempt Employees**

MSM is subject to the Fair Labor Standards Act of 1938, as amended, commonly known as the Wage and Hour Law. The overtime provision of the law requires that employees classified as non-exempt must be paid at the rate of time and one-half for all hours worked over 40 in the workweek. Employees whose job duties are deemed as professional, executive, or administrative in nature and whose salaries are above a certain minimum are classified as exempt from the overtime provision of the law. Since members of the faculty are automatically classified as exempt employees, they are not paid for overtime.

Assistance in administering the Wage and Hour Law or additional information about it may be obtained from:

Compensation Unit  
Human Resources Department  
404-752-1600

## **9.2 Equal Opportunity Affirmative Action**

MSM is proud to be an Affirmative Action/Equal Opportunity Employer dedicated to furthering the diversification of its workforce. MSM seeks to attract and recruit the highest quality candidates in the job market and is firmly committed to providing equal employment opportunity without regard to race, color, religion, national origin, sex, age, disability, or sexual orientation.

## **9.3 Discrimination, Harassment and Retaliation Policy**

Every MSM employee, faculty, resident and student has the right to work and study in an environment free from discrimination and harassment and should be treated with dignity and respect. MSM prohibits discrimination and harassment against applicants, students, residents and employees on the basis of protected characteristics, including race, color, citizenship status, national origin, ancestry, gender (sex), sexual orientation, age, religion, creed, disability<sup>1</sup>, marital status, veteran status, political affiliation, genetic information, HIV/AIDS status, or any classification protected by local, state or federal law. MSM also prohibits retaliation against members of the MSM community raising concerns about discrimination and harassment.

MSM's policy against discrimination, harassment and retaliation incorporates protections afforded under local, state and federal laws, including Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. Any individual whose conduct violates the Policy will be subject to disciplinary action up to and including termination for employees and expulsion for students.

### **Faculty complaints should be directed to any one of the following individuals:**

- President and Dean 404-752-1740
- Vice President and Executive Vice Dean, Academic Administration and Research 404-752-1728
- Associate Dean for Faculty Affairs and Development 404-752-1742
- Chief Compliance Officer 404-756-8919
- Associate Vice President for Human Resources 404-752-1713

For additional information, please refer to the Human Resources Policy and Procedure Manual on the MSM intranet.



## 9.4 Compensation

The faculty compensation plan includes a base salary and a fringe benefit package.

The standard for faculty compensation is the Annual Survey of Medical School Faculty Salaries published each year by the Association of American Medical Colleges (AAMC). This report lists salary information for faculty who receive only a base salary, and for those who receive a base plus a supplement. For faculty who receive a base plus supplement, there is a special report that indicates the base portion. Data are presented in terms of the 25<sup>th</sup> and 75<sup>th</sup> percentile mean and median and the region of the country, department, rank, and in some cases, sub-specialty, for faculty with M.D. degrees. MSM attempts to set its salaries so that, on average, the 50th percentile for private and public institutions in the Southeast is approached. Adjustments are made for the fact that the AAMC report is issued in September of the fiscal year that follows the academic year to which the salaries pertain. Faculty members who have just assumed a given rank are expected to be in the lower percentile ranges; those with good evaluations and with longer time in rank are expected to be in the upper ranges of the scale. There is considerable variation in salary for a given rank from department to department and across the sub-specialties.

## 9.5 Fringe Benefits

MSM provides an array of traditional benefits such as medical, dental, vision, life insurance, long-term and short-term disability for eligible faculty. Additionally, faculty members may purchase additional life insurance, accidental death and dismemberment insurance and supplemental accident insurance.

MSM participates in several retirement plans designed to meet your varied needs. These plans include: Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), and AFLAC. The college contributes 7.0 percent of the base annual earnings of an eligible faculty member up to the allowable maximum under the law. MSM also offers a tax deferred investment plan that gives you a way to use pre-tax dollars to build your retirement fund.

**For more information, you may contact the Department of Human Resources, Benefits Office: 404-752-1600.**

## 9.6 Extra Duty Pay

“Extra Duty Pay” is usually not an option for full-time clinical faculty. In certain specific circumstances, extra duty pay may apply. Contact the associate dean for clinical affairs or the Department Chairman for further information. Such pay is available only to physicians whose MSM activities are limited to providing night call or weekend coverage for our MSM services, or who are not otherwise on an MSM payroll. Extra duty pay is also available to residents who

moonlight in a Grady clinic, provided such moonlighting is requested and approved in advance by the respective Grady clinic.

## **9.7 Vacation**

Faculty members receive 22 working days of paid vacation each year. These days are provided at the time of appointment. Faculty members are encouraged to take all vacation leave accumulated at the end of a given fiscal year by December 31 of the same calendar year. The maximum leave balance accrued can be no more than two (2) times the employee's annual paid vacation allowance. Leave for department chairs must be approved by the dean. All faculty leave (including grant-sponsored travel) must have prior approval of the department chair. Policy details can be found in the HR Policy Manual on the MSM intranet.

## **9.8 Schedule Modification Policy**

To facilitate at all times the assurance of physician availability for patient encounters, minimization of patient wait time, fostering of good physician-patients relationships and minimization of the need for patient rescheduling, all clinical faculty serving patients through the faculty practice plan must comply with the following policy:

1. Request for non-emergency leave will require four (4) weeks' prior notice. Such leave includes, annual, CME and administrative.
2. Leave requests with less than four (4) weeks prior notice shall require the name of a physician who will provide coverage. Requests from physicians where no such coverage is indicated must identify an on-call physician.
3. All leave requests, including emergency leave, must have prior authorization from the chair or designee of the respective clinical department.
4. The Chairperson and/or Chief (present in Internal Medicine and Pediatrics only) must sign the schedule modification request prior to its approval.
5. All authorized leave requests shall be forwarded to the Medical Director for final approval. The Medical Director will not approve any requests without authorization from clinical chair or designee.
7. Leave request may be delivered to the Medical Director's office via fax to 404-756.5299.
8. In all cases, the requestor shall confirm that the Medical Director is in receipt of the leave request.

9. Emergency requests will be handled on a case by case basis in less than twenty-four (24) hours. The Medical Director shall review the emergency request after departmental or division authorization and communicate approval or denial directly to the requesting physician.
10. The Medical Director will forward all approved leave requests to the scheduling supervisor.
11. In instances where MHC physician scheduling is coordinated with residents' schedules, i.e. Family Medicine authorization and processing of leave requests should be handled at the departmental level. Monthly summary reports of MHC physician leave requests should be forwarded to the Medical Director.
12. The Medical Director will produce a schedule monitoring report on a quarterly basis for distribution to the clinical chairs and MHC physicians.

Before submitting any notice, please note that the scheduling system only goes six months in advance of the present date.

The Medical Director ensures faculty compliance with this policy. Each clinical chair and all MHC physicians shall implement and adhere to this policy.

### **9.9 Holidays**

MSM provides a total of eleven (11) paid fixed holidays per calendar year. The following days have been designated as official School holidays:

New Year's Day  
Martin Luther King, Jr. Day  
Good Friday  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Day following Thanksgiving Day  
Christmas Eve  
Christmas Day  
New Year's Eve

The specific dates for the observance of official holidays will be announced each year. Holidays falling on a Saturday are normally observed on the preceding Friday. Holidays falling on a Sunday are normally observed on the following Monday. The President of MSM, or his/her designee, may elect to shift the date of a holiday or to designate other holidays during the year.

For additional information regarding Holiday Pay, refer to the Policy Manual located on MSM Connect

## **9.10 Sick Leave**

### **PURPOSE**

Morehouse School of Medicine's paid sick leave policy is designed to provide position and salary continuation to employees who are unable to work due to personal illness or injury or to tend to the illness of an immediate family member. For purposes of this policy, immediate family member shall mean the employee's spouse or person who stands in substantially the same relationship, same-sex domestic partner, children, parents, legal wards, regardless of domicile, and any other relative residing in the employee's home.

### **POLICY**

Paid sick leave may be used for the following reasons:

1. when unable to perform job duties as a result of personal illness (includes accident or injury), pregnancy and childbirth, or other medical conditions;
2. when the employee's appointment with a health care provider cannot reasonably be scheduled during non-work hours;
3. to care for an immediate family member due to an illness, injury or disability, pregnancy and childbirth, or medical conditions that require the presence of the employee;
4. for routine medical or dental appointments for immediate family members that cannot reasonably be scheduled during non-work hours.

Paid sick leave may not be used for reasons other than those listed above.

The total amount of approved sick leave an employee may use cannot exceed the employee's sick leave balance. If an illness extends beyond the employee's accrued sick leave, the employee's pay will continue for the period of any accrued vacation. If the employee has used all such paid leave hours, he/she may be granted leave without pay for such purposes pursuant to MSM's Personal Leave of Absence Policy and/or as otherwise required by applicable law.

Employees should refer to MSM's Family and Medical Leave Policy and Short-Term Disability Policy for additional information regarding absences for serious health conditions.

### **GUIDELINES**

#### **A. GENERAL PROVISIONS**

1. Employees who have exhausted their sick leave balances must use their unused vacation leave for any absence due to personal or family illness. Leave without pay may be granted once paid leave is exhausted.

2. If a sick leave request is denied for failure to follow the established call-in procedures or other requirements, the employee must use unused vacation leave to cover the absence or leave without pay if the employee's vacation leave balance is exhausted, to the extent permitted by applicable law.

Eligible employees who become ill or injured and are hospitalized or otherwise confined by a physician during periods of approved vacation may request conversion of that time to paid sick time upon approval by Human Resources.

4. If an authorized holiday falls within a period of absence caused by illness or injury, paid sick leave shall not be charged on the holiday.

5. It is the responsibility of the department head or designee to maintain an accurate record of paid sick time for each eligible employee, confirm that the employee has the requested time available, and to ensure accurate designation of paid sick time used on the employee's time record.

6. Sick leave may be advanced under special circumstances at the sole discretion of the Department Head and Human Resources.

## **B. ACCRUAL**

1. Sick leave is accrued beginning the first month of employment and may be used as accrued. Regular full-time employees accrue paid sick days at the rate of one (1) working day per calendar month of service. Regular part-time employees who work at least 17.5 hours per week accrue paid sick days in a ratio proportionate to the percentage of time worked.

2. Employees are eligible to accrue up to a maximum of 90 sick days.

3. An employee does not accrue sick leave for any full calendar month in which he/she is in an unpaid status.

4. Sick leave does not count towards hours worked for overtime purposes.

5. An employee's sick leave balance may be obtained from MSM's centralized time and attendance system.

## **C. VERIFICATION**

1. When an employee has been out on sick leave for three (3) or more consecutive work days, he/she may be required to submit documentation from a health care provider to Human Resources certifying the medical necessity for the absence and expected date of return to work. Additionally, where an employee has been out on sick leave for more than three (3) consecutive workdays, the supervisor and employee should contact Human Resources to determine whether the employee is eligible for leave under the FMLA.

2. In certain cases, because of job requirements, an employee may be required to provide a statement from his/her health care provider regarding his/her ability to perform stated duties. MSM reserves the right, in situations permitted by applicable law, to require that the employee submits to examinations by a health care provider of MSM's choosing for continuation of payments under this policy.

#### **D. TRANSFER/CHANGE OF STATUS/REHIRE**

1. Sick leave balances (up to the maximum accrual) will transfer when an employee transfers from one MSM department to another.

2. An employee eligible for sick leave who changes to temporary status (less than half-time) is no longer eligible to use sick leave for absences. All accrued sick leave will be retained in the employee's file for use if the employee returns to regular part-time or full-time status.

#### **E. TERMINATION**

No accrued but unpaid sick time shall be paid upon separation from MSM. Such sick time is forfeited at termination.

#### **F. COMPLIANCE AND ABUSE**

##### **1. Review of Time Records**

Accurate time records are essential in monitoring the use of paid sick leave. Regular review by supervisory staff helps to ensure against and detect excessive or inappropriate use, and will allow for intervention and corrective action when abuse is suspected. Supervisors should pay particular attention to the usage of sick leave accruals when authorizing timesheets.

##### **2. Indications of Possible Abuse**

Usage of sick leave accruals as they are earned;  
Usage of sick leave to extend weekends, excessive absenteeism on Mondays and Fridays;  
Usage of sick leave to extend holidays, absenteeism on the day before or after a holiday;  
Usage of sick leave on day previously requested and denied as vacation;  
Failure to produce requested medical documentation.

##### **3. Corrective Action**

Identification of abuse of sick time requires good judgment and discretion on the part of the supervisor. If abuse of sick time is suspected the supervisor is encouraged to have an informal discussion regarding the suspected abuse with an employee. If during this discussion a legitimate use of sick time is not discovered, the supervisor should consult with Human Resources for further direction. Abuse of the paid sick leave policy may result in disciplinary action.

For additional information regarding the Sick Leave Policy, refer to HR Policies located on MSM Connect.

### **9.11 Family Medical Leave Act (FMLA)**

In accordance with federal law, Morehouse School of Medicine (“MSM” or “School”) provides job protected family and medical leave to eligible faculty and staff for up to 12 workweeks of leave during a 12-month period based on qualifying events. Eligible faculty and staff that care for covered service members are eligible for up to 26 workweeks of leave in a single 12-month period.

#### **ELIGIBILITY REQUIREMENTS**

Faculty and staff are eligible for family and medical leave if they meet all of the following requirements:

- A. Been employed for at least twelve months. An employee’s previous time of employment will count towards the twelve-month eligibility requirement as long as the employee’s break in service is less than seven years or if not, the break in service was due to their fulfillment of National Guard or Reserve military service obligations.
- B. Worked 1,250 hours or more during the 12-month period immediately preceding the leave date.
- C. A qualifying event.

#### **EMPLOYEE LEAVE ENTITLEMENTS**

Eligible employees have job protected time off as follows:

- A. Up to 12 workweeks for the following qualifying events:
  - 1. The employee’s own serious health condition that prevents an employee from performing his or her job as certified by a health care provider.
  - 2. The birth of a child, or to care for a newly born child.
  - 3. The placement with the employee of a child for adoption or foster care.

4. To care for a child, spouse, or parent with a serious health condition as certified by a health care provider.

5. A qualifying exigency arising out of the fact that the employee's family member (spouse, parent, son or daughter) is being called to active duty (or has been notified of an impending call or order to active duty) in the Armed Forces Reserves or National Guard in support of a contingency operation. A qualifying exigency includes:

a. **Short-notice deployment.** To address any issue that arises out of short notice (within seven days or less) of an impending call or order to active duty.

b. **Military events and related activities.** To attend any official military ceremony, program, or event related to active duty or a call to active duty status or to attend certain family support or assistance programs and informational briefings.

c. **Childcare and school activities.** To arrange for alternative childcare; to provide childcare on an urgent, immediate need basis; to enroll in or transfer to a new school or daycare facility; or to attend meetings with staff at a school or daycare facility.

d. **Financial and legal arrangements.** To make or update various financial or legal arrangements; or to act as the covered military member's representative before a federal, state, or local agency in connection with service benefits.

e. **Counseling.** To attend counseling (by someone other than a health care provider) for the employee, the covered military member, or for a child or dependent when necessary as a result of duty under a call or order to active duty.

f. **Temporary rest and recuperation.** To spend time with a covered military member who is on short-term, temporary rest and recuperation leave during the period of deployment. Eligible employees may take up to five of days of leave for each instance of rest and recuperation.

g. **Post-deployment activities.** To attend arrival ceremonies, reintegration briefings and events, and any other official ceremony or program sponsored by the military for a period of up to 90 days following termination of the covered military member's active duty status. This also encompasses leave to address issues that arise from the death of a covered military member while on active duty status.

h. **Mutually agreed leave.** Other events that arise from the close family member's duty under a call or order to active duty, provided that MSM and the employee agree that such leave shall qualify as an exigency and agree to both the timing and duration of such leave.

#### **B. Up to 26 workweeks for Military Caregiver Leave if:**

1. The employee is a parent, spouse, son, daughter or next of kin of the covered service member. "Next of kin" means the nearest blood relative other than the covered service member's spouse, parent, son or daughter, who has been granted legal custody by court decree or statutory provisions or a blood relative in the order of priority set by the FMLA regulations, unless the employee has designated in writing as his/her nearest blood relative for purposes of military caregiver leave.



2. The covered service member is:
  - a. Undergoing medical treatment, recuperation, or therapy;
  - b. In outpatient status; or
  - c. On the temporary disability retired list, for a serious injury or illness.
  
3. This leave will not exceed 26 workweeks during a “single 12-month period.” The calculation of the “single 12 month period” begins with the first day the eligible employee takes family and medical leave to care for the covered service member and ends 12 months after that date, regardless of the method used to determine leave availability for other FMLA-qualifying reasons. If an employee does not exhaust his or her 26 workweeks of Military Caregiver Leave during this “single 12-month period,” the remainder of leave is forfeited. A married couple employed by MSM is limited to a combined total of 26 workweeks to care for a covered service member when both are eligible for FMLA leave.
  
4. Eligible employees may not take this type of leave to care for former members of the Armed Forces, National Guard and Reserves or members who are on the permanent disability retired list.

Any leave taken for reasons stated in sections A and/or B will be designated as FMLA leave by the Human Resources Department. The maximum FMLA leave may not exceed 26 workweeks for employees with qualifying events that pertain to both sections A and B in a single 12-month period. Married couples employed by MSM are limited to a combined total of 12 workweeks of leave for the birth or placement of a child or to care for a child after its birth or placement and to care for a parent with a serious health condition when both are eligible for FMLA leave in a single 12 month period. Finally, a married couple employed by MSM is limited to a combined total of 26 workweeks of leave for the birth or placement of a child or to care for a child after its birth or placement and to care for a parent with a serious health condition or to care for a covered service member with a serious injury or illness in a single 12 month period.

## **PROCEDURES**

### **A. Employee Notification**

1. When a qualifying event is known or anticipated, verbal notice should be given as far in advance as possible, followed by written documentation submitted 30 days prior to the leave. Failure to follow timely notification procedures may result in the delay or denial of FMLA leave. Employees must also inform MSM if the requested leave is for a reason for which FMLA leave was previously taken or certified.
  
2. When an incident is immediate or unforeseen, notice should be given as soon as practical when the employee becomes aware of the need for leave.

3. For any requested leave for planned medical treatment, reasonable efforts should be made by the employee to schedule appointments that avoid disrupting his or her department's operations.

#### B. Documentation of Qualifying Event

1. A request for FMLA leave must be substantiated with satisfactory documentation provided within 15 calendar days of the requested leave. If the leave is due to a serious health condition of the employee, employee's family member or covered service member, documentation must be submitted from an appropriate health care provider. If the leave is due to adoption, foster care placement, or active duty leave, documentation must be submitted from the appropriate agency.

2. MSM reserves the right to request a second opinion if it questions the validity of the medical certification. This is done at MSM's expense. If the first and second opinions differ, MSM may request that the employee obtain a final and binding third opinion of a jointly selected health care provider. MSM may request recertification when appropriate but generally not sooner than 30 days.

3. A Certification for a Qualifying Exigency form must be submitted to the Human Resources Department within 15 calendar days of the request for leave. Written documentation such as active duty orders or other military documentation indicating the appropriate military status and the dates of active duty service, along with a statement setting forth the nature and details of the specific exigency, the amount of leave needed, and the employee's relationship to the military member. Qualifying Exigency Leave will be governed by, and handled in accordance with, the FMLA and applicable regulations, and nothing within this policy should be construed to be inconsistent with those regulations.

4. A Certification for Serious Injury or Illness of Covered Service member form must be submitted to the Human Resources Department within 15 calendar days of the request for leave. Written documentation confirming that the covered service member's injury or illness was incurred in the line of duty while on active duty and that the service member is undergoing treatment for such injury or illness must be included with the form. MSM cannot request second/third opinions or re-certifications for leaves to care for a covered injured or ill service member. Military Caregiver Leave will be governed by, and handled in accordance with, the FMLA and applicable regulations, and nothing in his policy should be construed to be inconsistent with those regulations.

5. Upon return from leave from a personal serious health condition, the employee must present a fitness-for-duty certificate from the health care provider so long as notified of this requirement by MSM in the letter of designation. The fitness-for-duty certificate must

certify that the employee is able to return to work and can perform the essential functions of the job. The employee's return to work may be delayed until the certificate is submitted.

6. Failure to follow timely notification procedures may result in the delay or denial of FMLA leave, or disciplinary action, up to and including termination.

#### C. Calculation of Available FMLA Leave

1. All leave requests that are FMLA qualifying events will be counted towards the 12-workweek or 26-workweek entitlement period.

2. FMLA balances are determined on a rolling 12-month period, measured backward from the date FMLA leave is to be used.

3. For leave to care for a covered service member, MSM calculates the 12-month period beginning on the first day the eligible employee takes FMLA leave to care for a covered service member and ends 12 months after that date.

4. For leave to care for a covered service member, the maximum combined leave entitlement is 26 workweeks, with leaves for all other reasons constituting no more than 12 of those 26 workweeks.

#### D. Options for Taking FMLA Leave

1. Twelve workweeks of FMLA leave may be taken all at once, intermittently, or on a reduced-leave schedule. After the first 12 weeks of the qualifying event for birth, adoption or foster care placement, leave cannot be taken on an intermittent or reduced schedule without advance notice, scheduling and departmental approval. Intermittent leave may be taken hourly, daily, or at weekly intervals. An employee is required to work with his or her department to attempt to arrange an intermittent leave or a reduced leave schedule for planned medical treatment that does not unduly disrupt the department's operations.

2. Only the amount of leave actually taken is counted toward the 12 workweeks of leave.

3. An employee may be temporarily transferred to an alternative position with equivalent pay and benefits to accommodate foreseeable leave taken intermittently or on a reduced schedule for planned medical treatment.

4. A department may arrange an alternative work schedule to accommodate an individual's care giving needs if the schedule satisfactorily meets the operational needs, functions and mission of the department. Such an arrangement will not be considered FMLA unless or until FMLA leave is actually taken.

#### E. Use of Accrued Paid Leave

1. An eligible employee must use all applicable accrued paid leave balances, including sick and vacation leave, while taking FMLA leave.
2. Accrued paid leave, workers' compensation, and short-term disability (if applicable) will be counted concurrently with unpaid FMLA leave.

#### F. Continuation of Health Benefits

While an employee is on leave, MSM will continue employee health insurance benefits at the same level as if the employee were working, and the employee's contribution will continue to be deducted from the employee's pay to the extent the employee is receiving pay during the leave period. If an employee is not receiving pay during the leave, or such pay does not cover the employee's full contribution, the employee must pay that contribution by the 30th day of each month to avoid termination of coverage. If an employee fails to return to work upon the expiration of the FMLA leave, MSM may recover its share of the premiums paid for any period of unpaid leave subject to the restrictions of the FMLA.

Use of FMLA leave will not result in the loss of any employment benefit that accrued prior to the start of your leave.

#### G. Employer Responsibilities

To the extent required by law, MSM will inform employees whether they are eligible under the FMLA. Should an employee be eligible for FMLA leave, MSM will provide them with a notice that specifies any additional information required as well as the employee's rights and responsibilities. If employees are not eligible, MSM will provide a reason for the ineligibility. MSM will also inform employees if leave will be designated as FMLA-protected and, to the extent possible, note the amount of leave counted against the employee's leave entitlement. If MSM determines that the leave is not FMLA-protected, MSM will notify the employee.

#### H. Job Restoration

Upon returning from FMLA leave, eligible employees will typically be restored to their original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions.

#### I. Failure to Return After FMLA Leave

Any employee who fails to return to work as scheduled after FMLA leave or exceeds the 12-workweek FMLA entitlement (or in the case of military caregiver leave, the 26-workweek FMLA entitlement), will be subject to MSM's standard leave of absence and attendance policies. This may result in termination if the employee has no other MSM-provided leave available to him or

her that applies to the continued absence. Likewise, following the conclusion of your FMLA leave, MSM's obligation to maintain your group health plan benefits ends (subject to any applicable COBRA rights).

## J. Compliance and Fraud

MSM will not interfere with an eligible employee's right under the FMLA, and will not discharge or otherwise discriminate against employees who exercise such rights. Employees who provide false or misleading information or omit material information in connection with an FMLA leave or who perform work that is inconsistent with their need for leave while on FMLA leave, will be subject to disciplinary action, up to and including immediate termination.

### 9.12 Other Leaves of Absence

Paid time-off from work is also available for eligible faculty for other appropriate circumstances. The procedures for these instances can be found in the HR Policy Manual on MSM intranet.

- Personal Leave of Absence (*Refer to HR Policy # 7.06 – Personal Leave of Absence Policy*)
- Bereavement Leave (*Refer to HR Policy #: 7.07 – Bereavement Policy*)
- Military Leave (*Refer to HR Policy #: 7.08 – Military Leave Policy*)
- Voting Leave (*Refer to HR Policy #: 7.09 – Voting Leave Policy*)
- Jury Duty (*Refer to HR Policy #: 7.10 – Jury Duty and Court Appearances Policy*)

For more information, contact the Human Resources Department at 404-752-1600.

### 9.13 Resignation

Resignations are routinely effective June 30th, the last day of the academic year. Resignations on another date will be accepted only if the individual's instructional and other responsibilities can be fulfilled by other members of the faculty. Faculty who wish to resign, should give notice as early as possible but no later than three months before the respective date. The notice should be submitted in writing to the department chair with a copy to the dean. Failure to provide required notice may forfeit any right to payment of unused vacation and incentive pay (where applicable). Such resignations will constitute concurrent resignation from all secondary faculty appointment and committees of MSM and membership in MHC (when applicable). Resignations shall not be subject to any rights of re-consideration or review at the instance of either party without the concurrence of the other. Unless expressly agreed upon in writing to the contrary, all rights to rank, salary and benefits shall terminate as of effective date of the resignation. If faculty desires a voluntary appointment (Series III), a request in writing from the Chair of the Department is due at the time of the resignation.

## 10. CAMPUS AND FACILITIES

### 10.1 Physical Facilities

The facilities of MSM include teaching and research laboratories, lecture rooms, offices for central administrative and departmental faculty and staff, and storage space located in the following buildings:

<i>Owned Facility</i>	<i>Year Built/ Renovated</i>	<i>Gross Square Feet</i>	<i>Use</i>
Hugh M. Gloster Basic Medical Science Building	1982	95,000	Education, Research and Administration
Medical Education Building	1987	76,000	Education, Research and Administration
Harris Building	1988	22,800	Administration and Special Programs
Maintenance Building	1989	7,500	Maintenance and Storage
Multidisciplinary Research Center	1996	35,500	Basic Science and Clinical Research
Research Wing	2000	43,000	Basic and Clinical Research
National Center for Primary Care	2002	105,000	Administration, National Center for Primary Care and Conference Center
Multi-Disciplinary Research Center Annex	2004	27,000	Basic and Clinical Research Education
Parking Deck	1999	3,000	Public Safety

<i>Leased Facility</i>	<i>Program</i>
1515 Cleveland Avenue Building 500 East Point, GA	Morehouse Healthcare, Inc.
1513 Cleveland Avenue Building 100 East Point, GA	Family Medicine Psychiatry
22 Piedmont Avenue Atlanta, GA	Medicine Clinical Affairs
Grady Health Systems Hospital 80 Butler Street, SE Atlanta, GA	OB Cancer Center
75 Piedmont Avenue Atlanta, GA	Morehouse Healthcare, Inc.
Marietta St. Partners, LLC 56 Marietta Street Atlanta, GA	DITS
Ridgeview Mental Health Foundation 4015 South Cobb Dr. Smyrna, GA	Psychiatry
1800 Howell Mill Road, Suites 275 and 550 Atlanta, GA 30318	Morehouse Healthcare, Inc.

Grady Campus

Grady Hospital 80 Jesse Hill, Jr., Drive  
 Children's HealthCare of Atlanta (CHOA) @ Hughes Spalding  
 Morehouse Medical Associates and Pediatrics- 75 Piedmont Avenue  
 22 Piedmont Avenue (Piedmont Hall on Grady Campus)

East Point Campus

Comprehensive Healthcare Center and Family Medicine Department,  
 East Point, Georgia  
 Buggyworks, Administrative Offices of the Departments of Family  
 Medicine and Psychiatry & Behavioral Sciences  
 Prevention Resource Center

## 10.2 Institutional Space Policy

The allocation of space at MSM is based on an approach that integrates the programmatic priorities with the planning process. Space is considered to be as essential a resource as either dollars or personnel to the accomplishment of goals of the institution and will, therefore, be allocated with the same care as used for these other two major resources. In order to maintain optimal flexibility in current and future space assignments, certain guidelines have been established:

- 10.2.1 The President is the final arbiter of all space issues.
- 10.2.2 Space will be assigned to basic medical, clinical science, academic support and administrative departments on the basis of current faculty, administrative, and support staff demands.
- 10.2.3. A goal inherent in the assignment of laboratory space will be the support of biomedical research of a quality to be competitive for extramural funding. Therefore, initial assignments will be dictated by the potential of a faculty member to compete for funding. Assignments will be reviewed every two years to assess the continued viability of research activities in the competitive funding arena.
- 10.2.4. Unassigned space will remain in the institutional space databank for future assignment. As space is no longer needed by a department, either due to changes in the complement of faculty or staff, or decreased fundability of a faculty member's research, the space will be returned to the office of capital resources for future assignment.

The dean reserves the right to make selective exceptions to these guidelines based on special circumstances. For example, all initial faculty appointments associated with research laboratory space will include a period of three years for the faculty member to obtain extramural research support and/or demonstrate research productivity through original peer-reviewed publications. If no funding is obtained during the three-year probationary period, the laboratory space and equipment will revert to the dean who will evaluate the needs of the department based on total programmatic efficiency and use in consultation with the Institutional Facilities Planning and Space Management Committee. The final decision will rest with the dean.

## 10.3 Parking

All vehicles owned, operated or parked on the MSM campus must be registered with the MSM Department of Public Safety. **The current cost of parking on the main campus is \$480 (or \$600 for reserved parking) per registered year.** A registered year is from July 1st through June 30th. Parking arrangements at other MSM facilities must be arranged separately. Parking Decals must



be properly displayed on your vehicle when driving onto the campus. If your primary work location is off campus, your MSM ID is required to access the parking deck.

For additional information, contact the Public Safety Office at 404-752-1794.

#### MSM ID

MSM ID's MUST be worn at all times while on the main campus. ID's must be worn on the outermost garment and in the torso area of the body. Lanyards and clear ID holders are available in the Public Safety Office.

#### After Hours access to the main campus

When accessing the main campus after hours you must show your MSM ID and sign in at the guard house upon arrival.

#### MSM Public Safety Authority

All employees must obey the lawful commands from all Public Safety officers.

### **10.4 Moving Expenses**

In certain instances, MSM may help defray relocation expenses for full-time faculty recruited to MSM. The governing principle recognizes that relocation is a dynamic issue, the amount of which will depend on many variables, including the moving vendors chosen, when you will arrive, whether you move as one unit with other members of a team or individually. Accordingly, relocation allowances are inclusive of the moving costs of personal items as well as laboratory equipment based upon the lowest of three competitive bids. The move must be performed by a moving firm acceptable to MSM procurement management professionals. Should you choose to move by rental trailer or truck in lieu of a commercial moving firm, the actual rental and mileage charges for the vehicle utilized in the move, as well as reasonable related costs, are reimbursable, not to exceed the costs of a commercial mover. In no case may the amount reimbursed be in excess of the actual cost incurred. Original receipts are required to document the actual cost incurred.

Reimbursement or payment of moving expenses is limited to the cost of moving ordinary and customary personal and household effects, equipment, collections, etc. specifically related to or enhancing your profession or discipline. Reimbursement or payment will not be offered for:

- Transportation of more than one motor vehicle
- Transportation of pets or other animals
- Moving of recreational vehicles, trailers, boats, snowmobiles, airplanes or other non-household items

- House cleaning services or cleaning of carpet, draperies, etc. for either old and/or new residence
- Damage to or replacement of articles moved
- Insurance premium over and above the cost of insurance ordinarily provided by the moving firm
- Any unusual or extraordinary item(s), unless specifically agreed upon prior to the move
- Any personal separate contract with the moving firm for the moving of item(s) not paid for by MSM.

Such persons must remain in the employ of the medical school for a sufficient period of time to justify the expense being made on their behalf. This term would be the minimum of one (1) year for Instructors and Assistant Professors and three (3) years for Associate Professors and Professors. If, for reasons within your control, employment should terminate prior to the completion of the requisite years of service, reimbursement of relocation expenses will be required prior to distribution of the final paycheck.

Morehouse School of Medicine (MSM) complies with federal and state regulations on reporting reimbursement and payment of moving costs as additional income to the employee. Applicable deductions may be claimed by filing the appropriate forms in your annual income tax filing. All federal and state income and/or payroll taxes that might be due on reimbursement or paid moving expenses are your responsibility and will not be paid or reimbursed by MSM.

Morehouse School of Medicine allows reimbursement of receipt supported personal relocation expenses up to 1/24<sup>th</sup> of base salary (X component) for all ranks and series. Those expenses include packing and unpacking household belongings; transporting of household, storage of household goods for a period up to six (6) months, and travel expenses for the candidate and their family in the final move. The reimbursement allocation is not intended to support the total costs of relocation. Expenses higher than relocation allotment may be approved. Relocation of laboratory items will be negotiated.

For additional information, please refer to *Appendix XII—Relocation Expenses* of the *Faculty Bylaws*.

## **10.5 Travel and International Travel**

Guidelines related to travel reimbursement are outlined in the Travel Related Expenses

Reimbursement policy of the MSM Human Resources Policy Manual, subject to periodic revision. Employee travel must be approved by the appropriate department official prior to the trip.

An authorization request for all international travel should be submitted to the dean via Concur prior to the booking or payment of any travel arrangements.

Once this request is approved, an electronic copy will be forwarded to the requestor, and all travel related expenses can be forwarded for processing. To ensure that each request is processed in an expedited manner; a copy of the approved memo should be attached to the supporting documentation for each request. A form to facilitate the international travel process is located on the dean's office webpage.

MSM will not reimburse employees above the prescribed limits for lodging, meals, and other specified costs. If a travel expense statement has not been reconciled within the specified period of time, the amount of any travel advance may be deducted from the employee's paycheck.

## **10.6 Guidelines for Departmental Special Funds**

Departmental special funds were established for two different purposes. The fund for clinical departments was established to give department chairs flexibility and to provide a mechanism for clinical practice income to pay for some of the educational and research costs of the department. It was the expectation that, with time, the fund would support an increasing portion of the non-personnel costs of the department.

The purpose of the departmental special funds in the basic science departments was to provide an incentive for faculty to place a portion of their salaries on grants. There was not an expectation that the departments would support their basic non-personnel costs from the fund, but such funds would supplement the basic department budget by funding simple receptions, costs associated with bringing guest speakers, purchase special equipment or support a sabbatical.

These funds are handled as cumulative funds with the remaining fund balance at the end of any fiscal year being carried over to the next period. Due to the expenditure of these funds for operating purposes, an approximation should be made by each chair of how much of their fund balance will be spend in the fiscal year. Chairs should make every effort to hold to their estimated expenditures, but the expenditures will not be limited within the MSM budget to that amount. The only strict limitation will be total available fund balance.

While chairs have wide discretion over the use of these funds, they are institutional funds to be used to support educational and research purposes within overall MSM mission and guidelines. Requisitions for \$1,000 or more require prior approval by the dean. A report on the use of departmental special funds should be sent to the dean as part of the departmental annual report.

## **10.7 Purchasing Supplies and Equipment**

Requisitions for all materials, supplies, equipment and services purchased are processed through the Office of Purchasing. Authority to commit MSM funds from any source (state, federal, or grant funds or student fees) is vested in this office whose responsibility is to obtain prices on all requisitioned items and issue printed purchase orders. In case of an emergency, however, the faculty member may contact the Office of Purchasing and it may be able to waive certain requirements and issue purchase orders by telephone.

Unless specifically authorized by the Office of Purchasing and appropriate administrative offices, employees may not obligate MSM for any purchase. Those employees who, without prior approval, incur charges against MSM will be held responsible for such charges. Similarly, employees who make purchases with personal funds without prior authority, in expectation of reimbursement from MSM, will ordinarily not be reimbursed regardless of the circumstances.

## **11. RESEARCH**

In keeping with its mission to conduct research in diseases that disproportionately affect minority populations, MSM believes it is important to develop robust research programs that embrace basic, clinical, health services and community-based research endeavors. All extramural grant applications and contracts must be processed through the appropriate offices at MSM. Compliance committees, where appropriate, must have an opportunity to review grants and contracts prior to submission to the sponsoring agency. The grant routing process can be found on MSM Connect under the Research tab.

In all instances, except for some direct fellowship awards, the official “grantee” is MSM. MSM and all those engaged in the expenditure of extramural funds must follow the regulations and guidelines established by the sponsoring agency.

### **11.1 Communication with Federal Agencies**

Principal investigators are encouraged to exchange useful program related information and develop a professional rapport with their program officer. However, questions regarding budget process or other technical requirements should be vetted by an institutional official in the Office of Sponsored Research Administration (OSRA) or Grants and Contracts.

### **11.2 Office of Sponsored Research Administration**

The MSM research enterprise has grown considerably in size, capability and complexity. The number and complexity of the tasks that must be accomplished to coordinate and optimize the value of this growth will continue to increase concomitantly.

The Office of Sponsored Research Administration (OSRA) collects and stores information on awards funded by all public sponsors of research, instruction and service activities of MSM. The OSRA and the Office of grants and contracts are charged with assuring sponsors and the institution that project funds are expended in an appropriate fashion.

#### 11.2.1 Office of Sponsored Research

The Office of Sponsored Research is staffed by a vice president; manages of information services/editor; five (5) research administrators; programmer/analyst; and a proposal developer. The office is designed to assist faculty and others in the identification of funding sources to support their efforts. It is responsible for serving as a liaison between critique of proposals and manuscripts during draft preparation.

The office of sponsored programs is located in the Hugh M. Gloster Basic Medical Sciences building on the main level.

### 11.3 Institutional Assurances

MSM takes seriously its responsibility to assure to external funding agencies that our policies and procedures are in accord with regulations concerning:

- (a) protection of the rights and welfare of human subjects,
- (b) animals which are part of the studies under the direction of our faculty, and
- (c) requirements needed to assure the safety of our facilities in matters relating to biohazards.

Faculty investigators and mentors of other researchers must share in this responsibility. If your work involves any of these matters it is essential that you are aware of the policies and procedures associated with your area and that you formally state that you will follow these policies and procedures.

Frequently your assurance is part of the process required for the transmittal of proposals to external funding agencies. **However, even if external funds are not used in the conduct of such work, it is still necessary for you to obtain appropriate approvals from the committees or offices before you initiate any of the work.** The brief descriptions that follow are not intended to, nor do they replace the complete guidelines or regulations, which are under the aegis of the Office of Sponsored Research Administration (OSRA). These comments are presented as a reminder that you may need to obtain additional information for a particular matter. This information may be available through the OSRA even though the project in which you are involved is not a “research” project.

Given the length of time needed for the internal reviews, you should obtain additional information from the OSRA well before the proposal deadline.

### 11.3.1 Institutional Review Board

The MSM Institutional Review Board (IRB) for the Protection of Human Volunteers in Research is a standing committee responsible for protecting the rights and welfare of people who are volunteers of MSM research activities. The MSM IRB Procedures Manual sets forth the IRB's basic operational procedures and policies.

MSM's IRB policy regarding the use of human volunteers in research states: "All MSM research activities proposing to involve human volunteers must be reviewed and receive written, unconditional approval from the IRB before commencing". Additionally, all principal investigators and key research personnel must take and pass the CITI CORE training in protecting human subjects before initiating any research involving human volunteers. This policy applies to all research, including that in the humanities, and behavioral and social sciences, regardless of whether it is funded or not.

The IRB meets once per month (3rd Wednesday at 1:30 p.m. in the Hugh M. Gloster building, boardroom #205) during the academic year and once each month during the summer to review studies qualifying for full board review. Studies qualifying for exempt or expedited review are considered on an ongoing basis. The IRB, not the researcher, determines the review level.

For forms, application information, study submission deadlines, administrative concerns, and general inquiries, contact the IRB Administrator 404-752-1973.

### 11.3.2 Institutional Animal Care and Use Committee

Animals occupy an essential role in the research and educational efforts of MSM. Out of concern for the welfare of animals, MSM adheres to an ethical system for humane care. Projects involving animals are designed with the express purpose of advancing knowledge. These projects must be under the direct supervision of a qualified scientist. The Institutional Animal Care and Use Committee (IACUC), the Center for Laboratory Animal Resources (CLAR), and the investigator have a shared responsibility to assure the administration of MSM, funding agencies and the public that all animals used in biomedical research and teaching at MSM are maintained in a manner that provides the highest standard of animal care.

All projects and protocols using animals must be reviewed and approved by the IACUC, before beginning the study. All animal studies must be conducted in a humane manner, which avoids unnecessary suffering; appropriate anesthetics and/or analgesics should be used. Euthanasia, when necessary, must be carried out in accordance with the recommendation of a panel of the American Veterinary Medical Association. Attention is also given to the species used, the numbers of

animals required, and alternative models. Administrative approval from the IACUC must accompany each proposal submitted through MSM for external funding.

The Biosafety and/or Radiation Safety Committee is responsible for reviewing research protocols which use radionuclides, toxins, or carcinogenic agents/chemicals, recombinant DNA, or infectious or potentially infectious agents to human and/or animals. The Biosafety and/or Radiation Safety Committee must approve any such use prior to submission to the IACUC.

The Center for Laboratory Animal Resources maintains centralized animal facilities and has an oversight responsibility for satellite animal facilities.

In maintaining and handling animals, investigators must comply with the Animal Welfare Act, PHS Policy on Humane Care and Use of Animals, the principles of the *“Guide for the Care and Use of Laboratory Animals”*, the policies and procedures of MSM and related animal welfare rules and regulations issued by state and/or federal agencies. Copies of these documents are available through the IACUC. Veterinary services are also provided by CLAR for the treatment of sick animals, animal diagnostic procedures and non-routine necropsy assistance as these matters relate to your research efforts. Training in methods of animal-related research and the humane care of animals are provided by the CLAR staff.

Questions about the use of the centralized facilities or the purchasing of animals should be addressed to the Director of Operations 404-752-1724.

For additional information about the IACUC activities or the protocol review process, contact the Chairperson of IACUC 404-752-1709.

### 11.3.3 Institutional Safety

MSM’s Institutional Safety Program is responsible for managing and coordinating efforts related to a wide range of issues at MSM, from helping to ensure that employees and students have a safe, healthy workplace to reducing the Institution’s impact on the environment. MSM’s basic environmental, health and safety programs include the following key elements: Hazard Identification, Accident Investigation, Safety and Health Written Programs, Employee/Student Training, Corrective Action, Employee/Student Communications, and Regulatory Recordkeeping. The laboratories at MSM are generally regulated by the various governmental agencies including; the US. Department of Labor’s—Occupational Safety and Health Administration (OSHA); the U.S. Environmental Protection Agency (EPA); the U.S. Department of Transportation (DOT); the U.S. Department of Homeland Security (DHS); the U.S. Department of Agriculture (USDA); the Centers for Disease Control and Prevention (CDC); the National Institute for Occupational Safety and Health (NIOSH); the Georgia Department of Natural Resources-Environmental Protection Division (EPD); and local agencies, such as the Atlanta Fire Department.

MSM's Institutional Safety Program provides expert consulting services for the institution in the areas including hazardous and biomedical waste management, industrial hygiene and ergonomics surveys, safety program management, laboratory chemical and biological safety management, and environmental management system implementation and development. In addition, the institution has various committees that meet on a regular basis that provide input to the Institutional Safety Committee. These committees include the Institutional Biosafety Committee, the Infection Control Committee, and the Emergency Preparedness Committee.

All questions related to any specific items above should be directed to the Institutional Safety Committee and Biosafety Officer 404-752-5783.

## **11.4 Grants, Contracts and Proposals**

### 11.4.1 Banner Finance System

MSM has a financial system that links MSM's financial processes into one integrated system. Banner includes three primary modules which include Finance, Student and Human Resources. There are sub models, to include Financial Aid and Grants, and contracts. The Research Accounting module is located in the finance module section. The Research module includes both a Pre- and Post- award section that offers proposal creation and development as well as award and account administration and management. Banner provides a self-service section that allows the departments to be independent by submitting and monitoring payment requests and employee personnel forms. Principal investigators and departmental administrators have immediate access to inception to date activities, personnel payments, project period spending and budget balances. Banner also establishes billing and receivable activities for the research administration community.

Finally, Banner delivers a paperless environment by offering electronic requisitions, personnel forms, budget changes and award setups.

### 11.4.2 Pre-Award

Specific instructions for the internal processing of documents about grant administration can be obtained from the Office of sponsored programs.

In general, all proposal applications, letters of intent, contracts and agreements, and draft agreements are to be directed to this office. **The final application is due in OSRA three (3) to five (5) days prior to the submission.** The MSM institutional signature needed for these documents is that of the vice president and senior associate dean for research affairs. In the absence of the signatory authority, these documents may be signed by her designee. Authority for contracts is a responsibility of the vice president and senior associate dean for research affairs. Processing of contracts is handled by the Office of Sponsored Research.



All faculty are asked to contact the Office of Sponsored Research in order to ensure coordination of efforts in securing funds to support the school prior to making contact with a sponsor. If the proposal involves a major private donor, concurrence should be obtained from the office of institutional advancement. Office of Sponsored Research can help in determining what signatures are required.

Adjunct faculty may serve as principal investigator (PI) or co-principal investigator on grants or research projects that involve human subjects and are required to be reviewed and overseen by the by the IRB; provided that MSM is their only faculty appointment and they do not serve in the faculty of another university. Due to differences in research policies and procedures between MSM and other institutions in areas such as human subjects, conflicts of interest, intellectual property, contracting, and assumption of rights; existing studies cannot be transferred to MSM unless MSM renegotiates the contract and the PI agrees to abide by and adhere to MSM policies. The adjunct faculty member needs to submit their proposal through their academic department according to normal procedures.

#### 11.4.3 Post Award Management

Each investigator shares with MSM the responsibility for the prudent management of support funds received from external sources. Grant or contract expenditures must be made in accordance with the regulations and guidelines from the awarding agencies as well as policies and procedures of MSM. Department administrators familiar with these policies and procedures will help you in the management of these funds. Awards are established with individual accounts for administration and reporting in accordance to agencies' regulations. Financial reports are prepared by the office of grants and contracts and transmitted to the sponsoring agency in accordance with the agency's requirements. Gifts or cash donations may be deposited in a non-descript MSM account if the donor does not require specific restrictions to adhere to the use of the funds.

The OSRA provides the following post award management services:

- No cost extension approval and submission
- Carry over approval and submission
- Account setup approval
- Budget change approval

In many instances the responsibility for re-budgeting of awarded funds is held by the principal investigator. Any internal request for actions requiring institutional approval should be sent to the office of sponsored programs. This office will provide programmatic review and approval prior to sending the request to the grants and contracts section for fiscal concurrence. Any requests for re-budgeting must be made, in writing, before initiation of the expenditure. The request must contain sufficient information to justify the action. As a minimum this should contain:

- MSM account number
- amount of funds to be reallocated
- budget category from and to which the change is to be made
- description of expense to be incurred; and
- justification for change with respect to how it will benefit the project

Consult or discuss with grants and contracts staff or your department administrator about matters related to the following research management topics:

Purchasing:

- Purchase of supplies and equipment
- Cancellation of existing purchase order
- Return of products acquired by purchase order for credit or exchange
- Equipment screening prior to purchase
- Equipment leases
- Competitive bidding
- Cost/price analysis requirement for expenditure of federal funds
- Requirements for sole source purchase with federal funds
- Receiving procedures

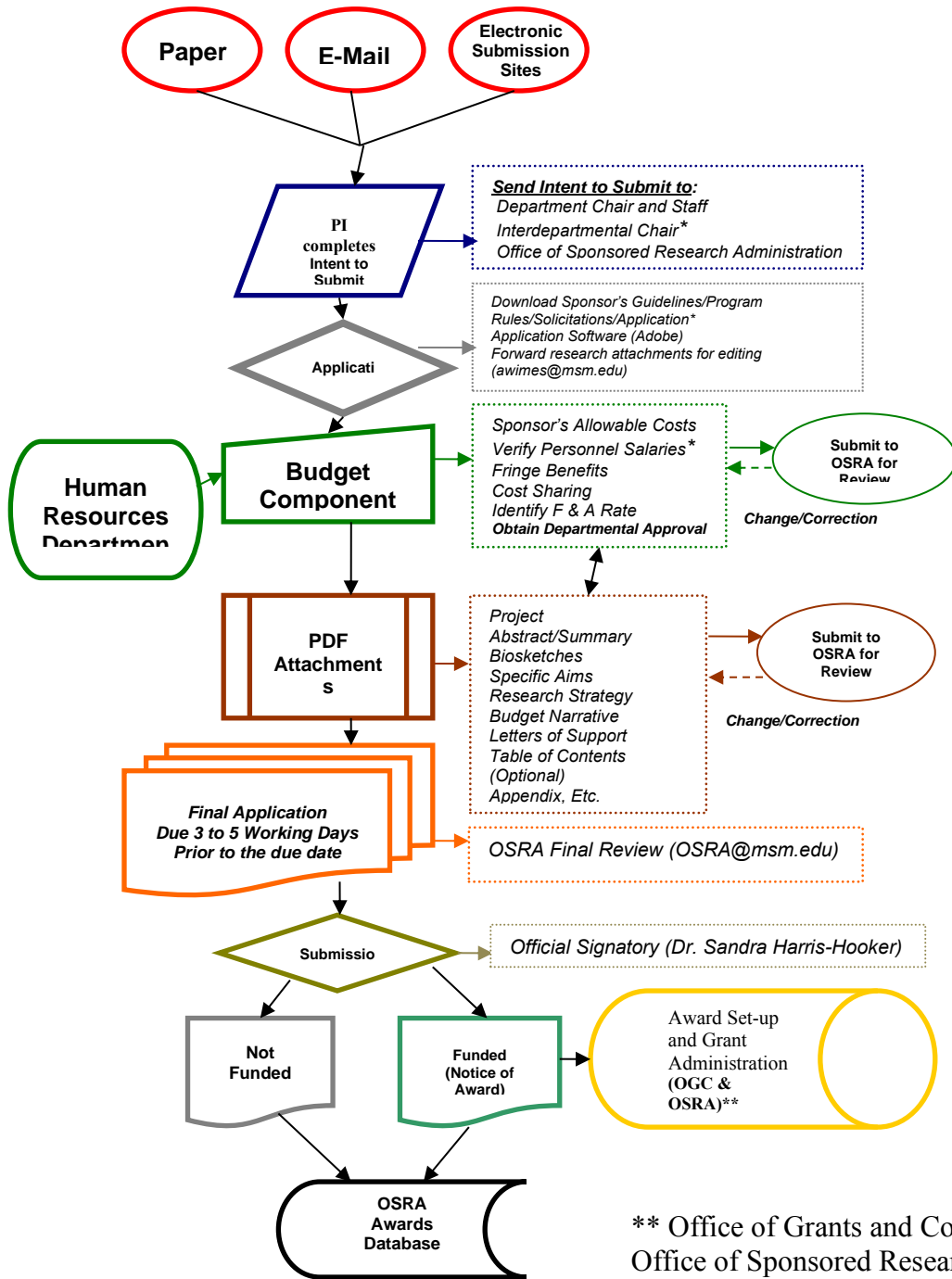
Grants and Contracts:

- Account number setup
- Budget changes
- Award guidelines/cost principles
- Facilities and administration/indirect costs
- Award closeout procedures
- Recording of cost sharing
- Time and effort certification
- Sub-recipient reporting
- Grant transfer
- Subcontracts
- Contracts or subcontracts with industry

The above listing does not include all management areas involved in the administration of research funds. Other important topics include recruitment and employment matters relating to technical staff you may need to hire to work with you on your research projects. The purpose of outlining the general information presented herein is to encourage you to work closely with the administrative staff so you can retain adequate time to perform and direct your research efforts.

#### 11.4.4 Grant Application Submission Workflow Chart

## Grant Application Submission Workflow



\* If applicable

\*\* Office of Grants and Contracts  
Office of Sponsored Research  
Administration

## 11.5 National Institutes of Health (NIH) Public Access Policy

The NIH Public Access Policy implements Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008) which states:

*SEC. 218. The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication: Provided, That the NIH shall implement the public access policy in a manner consistent with copyright law.*

This policy ensures that the public has access to the published results of NIH-funded research. It requires scientists to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central (<http://www.ncbi.nlm.nih.gov/pmc/>). These final peer-reviewed manuscripts must be accessible to the public on PubMed Central in order to help advance science and improve human health.

For additional information, contact the Division Head for Information Services: 404-752-1533 in the Library.

## 11.6 Responsible Conduct of Scholarship and Research

On July 1, 1983, the Academic Policy Council approved a document entitled, "The Maintenance of High Ethical Standards in the Conduct of Research". This document was the school's policy, approved through appropriate channels, concerning a procedure for dealing with alleged research fraud. This original document was updated administratively to bring it into compliance with HHS and PHS requirements.

On May 27, 1993, the Academic Policy Council in reaffirming high standards of conduct in MSM's biomedical research activities approved a procedure for dealing with instances of all alleged misconduct or fraud in research by a faculty or staff member. MSM's current position on this important topic can be found in Appendix X of the *Faculty Bylaws* under the title, "Policy for the Responsible Conduct of Scholarship and Research".

On June 25, 2020, the Academic Policy Council reviewed and reaffirmed the current Appendix X of the *Faculty Bylaws* under the title, "Policy for the Responsible Conduct of Scholarship and Research".

Faculty engaged in research must be compliant with all required compliance standards. Accordingly, you must complete an orientation and training related to intellectual property

practices prior to utilizing the Intellectual Property services identified in Appendix VIII of the *Faculty Bylaws*.

## **11.7 Research Conflicts of Interest**

Relationships between private industry and academic and clinical research endeavors are often essential for fruitful drug and medical device development. Although many of these relationships are constructive, public perception has been undermined by a small minority of academic researchers and clinicians who have been financially compensated by industry for promoting their products. In 1995, the PHS issued regulations requiring institutions that receive PHS funding to develop conflict of interest policies. For this reason, Morehouse School of Medicine and Morehouse Healthcare (“MSM”) have instituted research conflicts of interest policies in order to maintain public trust in basic and clinical research by this institution, as well as serve as a reference to the researcher for maintaining complex and fruitful relationships with industry while maintaining their highest integrity and impartiality in research.

Conflicts of interest are defined as circumstances that create a risk that professional judgment or actions regarding integrity in research, intellectual property, provisional patents filed inside and outside of MSM, quality of medical education, and/or welfare of patients will be influenced by other secondary interests. The severity of the conflict of interest depends on both the probability that professional judgment will be compromised and the resulting potential harm to the integrity of research, medical education or welfare of patients. MSM’s research policies have been invoked to maintain public trust and the integrity of research and clinical practice at MSM by managing potential conflicts through disclosure and independent oversight in a transparent and accountable way.

Of particular concern is research involving human subjects. MSM, and its faculty, staff, and students who conduct research involving human subjects, must commit to the safety and welfare of those subjects and the integrity of the research above their own financial interests or the pursuit of personal gain. The safety and welfare of human subjects, institutional integrity and the public trust are the researcher's highest priority. Any conflict that threatens these objectives must be eliminated or strictly managed. The financial interests of investigators must be managed so that they do not adversely affect participant protections or the credibility of the research protections program. Opportunities to profit from research may affect - or appear to affect - a researcher's judgments about which subjects to enroll, the clinical care provided to subjects, even the proper use of subjects' confidential health information. MSM’s Research Conflicts of Interest Policy establishes standards and procedures to ensure that the design, conduct and reporting of sponsored research and educational activities will not be compromised by any conflicting financial interest on the part of the principal investigator(s) or key personnel by implementing a system for the disclosure, evaluation, and management, reduction, and/or elimination of potential conflicts of interest. This policy complies with federal regulations regarding objectivity in research (21 C.F.R.

Part 54, 42 C.F.R. Part 50 and 45 C.F.R. Part 94), and applies to all medical staff, faculty, staff, residents, interns, students, and trainees of MSM.

It is the policy of MSM that an employee who is responsible for the design, conduct, or reporting of a sponsored research project under the auspices of MSM must disclose financial or other interests that are, or may be perceived to be, related to the project and, when appropriate, work cooperatively with the Vice President for Research Affairs (“VPRA”) and Chief Compliance Officer (“CCO”) to develop and implement plans to manage, reduce or eliminate conflicts of interest. Existing or potential conflicts of interest must be disclosed prior to the submission of a proposal for funding. Actual or potential conflicts of interest that develop during the conduct of a funded project must be disclosed as soon as the conflicts occur. If MSM determines that such interests may affect the design, conduct, or reporting of the project, steps will be taken to manage or eliminate the conflict.

MSM’s Research Conflict of Interest Policy may be accessed at: <http://www.msm.edu>

## **11.8 Faculty/Industry Research Relationships**

The Morehouse School of Medicine and Morehouse Healthcare (“MSM”) is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary health-care needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation. This shared mission requires that faculty, students, trainees, and staff of MSM interact with representatives of the pharmaceutical, biotechnology, medical device, and hospital equipment supply industry (“Industry”), in a manner that advances the use of the best available evidence so that medical advancements and new technologies become broadly and appropriately used. While the interaction with Industry can be beneficial, Industry influence can also result in unacceptable conflicts of interest that may lead to increased costs of healthcare, compromise of patient safety, negative socialization of students and trainees, bias of research results, and diminished confidence and respect among patients, the general public and regulatory officials. Because provision of financial support or gifts, even in modest amounts, can exert a subtle but measurable impact on recipients’ behavior, MSM has adopted a policy to govern the interactions between Industry and MSM personnel.

The policy and guidelines for Interactions with Pharmaceutical, Biotechnology, Medical Device, and Hospital and Research Equipment Supply Industry was established to provide guidelines for interactions with industry representatives for medical staff, faculty, staff, residents, students, and trainees of MSM. Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies on-site, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education. Faculty and trainees also

participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of MSM. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the school.

Therefore, it is the policy of MSM that clinical decision-making, education, and research activities be free from influence created by improper financial relationships with, or gifts provided by, Industry. For purposes of this policy, “Industry” is defined as all pharmaceutical manufacturers, and biotechnology, medical device, and hospital and research equipment supply industry entities and their representatives. In addition, clinicians and their staffs should not be the target of commercial blandishments or inducements – great or small – the costs of which are ultimately borne by our patients and the public at large. These general principles should guide all potential relationships or interactions between MSM personnel and Industry representatives.

MSM’s Policy and Guidelines for Interactions with Pharmaceutical, Biotechnology, Medical Device, and Hospital and Research Equipment Supply Industry Policy may be accessed at: <http://www.msm.edu>

Questions about this policy can be brought to the attention of Vice President and Senior. Associate Dean for Research Administration 404-752-1768 or Chief Compliance Officer 404-756-8919.

### **11.9 Patent Policy/Invention Disclosure Forms**

MSM’s “Policy on Inventions and Patents”, from Appendix VI of the *Faculty Bylaws*, established the procedure by which inventions, discoveries and writings conceived by faculty members are formally presented to administration for evaluation concerning their ability to be patented or copyrighted. The policy also sets forth the mechanism by which MSM shares or allocates revenues from the sale, licensing, lease or other exploitation or commercialization of such intellectual property rights with the inventor(s) or author(s) and the basic and clinical departments in which such were conceived. Forms related to invention disclosure, material transfer agents and memorandum of understanding (MOUs) can be found on the MSM web page at: <http://www.msm.edu>

Questions about intellectual property should be referred to Assistant Dean for Research Affairs (404) 752-1863.

### **11.10 Copyright Policy**

Generally, the members of the faculty shall retain all rights to copyright in published works, which they have authored as a part of their traditional scholarly pursuits. However, in cases where

persons are employed or directed within the scope of their employment to produce specific works subject to copyright, MSM shall have the right to publish such works or to copyright it in its own name. When this occurs, the copyright may be subject to contractual arrangements between MSM and the personnel involved. In those cases where the author requests the use of MSM facilities and/or the participation of personnel, the arrangements should be made through the administrative staff in advance with respect to the assistance that may be appropriately given and the equity of MSM in the finished work.

### **11.11 Research Start Up**

New faculty members who are to have active research programs require supplies, equipment and technical support to conduct research. In order for new faculty members to establish a competitive research program and to qualify for external funding, it is important for the school to see that minimal research needs are provided to establish a laboratory and initial research. The specific needs will vary from faculty member to faculty member and cannot be generally stated.

New faculty with previous research experience, who are being recruited at the senior faculty level (i.e., associate professor or professor) with a research expectation, will normally bring some supplies, equipment and research grant support with them. Even in these cases, it may be important for the school to provide additional funding for laboratory set up. Some of the equipment needs can be met through the use of common equipment available for all faculty use. Some equipment and supplies may be shared with investigators with whom the new member will collaborate. New research faculty who are recruited at the entry level (i.e., coming from postdoctoral positions) will normally not have grant support or equipment and supplies that can be brought to MSM. They will need full start-up support.

It is the policy of the institution to provide adequate start-up funding for new faculty who have been employed to conduct research. The institution will review each case individually and make a determination of funds that are required. The amount of funding to be provided is to be determined by the dean. In making this decision, the dean considers the recommendation of the department chairperson and of the directors of the institutional projects on which the individual will work.

For additional information on research startup packages, contact Office for Sponsored Research Administration 404-752-1768.

### **11.12 Transfer of Grants, Contracts, Resources or Equipment**

In the event that a faculty member terminates employment with MSM to assume a position at another institution, transfer of extramural research grant/contract and research equipment to the new institution may be authorized under the following conditions:



- The faculty member is principal investigator of the grant/contract. Investigator initiated programs are not usually transferrable.
- The research project supported by this grant/contract will not be continued at MSM under a new principal investigator.
- The grant/contract support and equipment requested for transfer will be required for research to be conducted by this principal investigator at the new institution.
- The equipment requested for transfer was purchased totally with funds provided by the research grant/contract to be transferred, as established by appropriate documentation.
- The transfer is in compliance with policies of, and approved by, the grant/contracting agency.
- All MSM policies and procedures related to the transfer process are followed and approved prior to transfer.
- All financial obligations incurred at MSM under the grant/contract are fully satisfied.
- The investigator assumes full financial and physical responsibility for the transfer.
- The OSRA is responsible for approving such transfers.

Once the above conditions are satisfied, the funding agency will provide specific instructions. The policy on grant transfer is set forth in *Appendix XII of the Faculty Bylaws*.

## **12. HEALTH AND SAFETY**

### **12.1 General Safety Plan**

To accomplish its goal of providing a safe and healthy work environment, MSM developed a comprehensive risk management program. The details are contained in the General Safety Manual available through the Institutional Safety Officer. If you are not working in the main MSM buildings, you will be guided by the safety rules of the institution in which you are physically located. Specific emergencies in MSM facilities should be immediately reported by telephone to Public Safety Office 404-752-1794.

### **12.2 Mass Alert System**

MSM ALERT is a mass, urgent notification system, comprised of a variety of methods by which the medical school can notify students, faculty and staff of an active, major campus emergency via:

- Text messages (SMS) to cell phones
- Email
- Voice messages (under special circumstances, emergency alerts can be sent to work, cell and home phones)

When the MSM Department of Public Safety (DPS) determines that there is an active emergency in which the public safety of the campus may be at risk, DPS will initiate an urgent notification through the MSM Emergency Alert system.

In order to receive these urgent notification alert messages, faculty, staff and students must register. Participants may register a variety of devices to receive emergency messages. While participation in this program is voluntary we *strongly* urge every student, faculty, and staff member to participate.

To register, go to <https://www.getrave.com/login/msm> , select “Register Now” and follow the instructions.

For additional information, contact Director of Public Safety or Director of Emergency Preparedness (404) 756-5773.

### **12.3 Fire and Disaster Plan**

Fire prevention education is a primary objective of the office of risk management. Specific information about fire safety and emergency evacuation procedures can be obtained from the departmental or floor fire marshal.

An orderly and neat work area is essential to fire safety. Faulty equipment, especially with respect to electrical wiring, switches and lighting, should be reported to the maintenance department. Any and all gas leaks must be reported. The use and maintenance of fire extinguishers can be coordinated with the office of risk management.

Storage of flammable materials must be appropriate. Gas cylinders should be secured in wall racks. Butane and propane are NOT allowed in any MSM building. You should store flammable liquids only in approved storage cabinets; you should store acids and gases separately from flammable liquids. Flammable items should be stored no closer than 18 inches from the ceiling. Storage of equipment in corridors is a violation of building and fire safety code regulations.

Additional procedures about fire safety can be found in the fire and disaster plan, a copy of which is located in the multi-media center.

For additional information, contact Institutional Safety Officer 404-752-1540.

## **12.4 Environmental Safety**

A medical school environment has unique security and safety responsibilities relating to its biological, chemical and radiological activities. Standing committees of the Academic Policy Council are charged with oversight for these areas; their administrative oversight is under the aegis of the vice president for operations and planning.

Environmental Safety is responsible for biological, chemical, fire, and radiation safety. Furthermore, MSM offers a safety-training program for faculty and staff. If your efforts involve potentially biohazard materials, radioisotopes or radiation emitting equipment, you must obtain the appropriate certification forms before initiating of any work using such materials or equipment.

If your research involves potentially hazardous activities, you should obtain assistance from Biosafety and Radiation Safety Committee Chair (404) 752-1684 or Institutional Safety Officer 404-752-1636.

A copy of the following plans is located in the Library:

- Chemical Hygiene Plan
- Emergency Response Plan
- Fire and Disaster Plan
- General Safety Plan
- Infection Control Policy

## **12.5 Workers' Compensation Insurance**

### **APPLICABILITY**

All regular full-time and part-time employees and residents are eligible for workers' compensation benefits. Temporary workers and student employees are also eligible to receive workers' compensation benefits. Independent Contractors are not eligible to receive workers' compensation benefits.

### **GUIDELINES**

#### **A. Employee Responsibilities**

1. Immediately provide as much information as you can about your injury or illness to your supervisor or departmental designee. This person will assess the situation, assist with arranging proper medical care and begin the injury reporting process.
2. If you require medical treatment, follow the procedures outlined below and go to one of the healthcare providers as set forth on the Panel of Healthcare Providers.

3. Complete the Employee's Incident Report Form. After the Form is completed, it must be signed and sent to the Human Resources Manager for Disability and Leave Services at the Harris Building – Room H-132.

### **B. Supervisor Responsibilities**

1. Immediately assess the incident and then assist the employee in seeking appropriate medical care or necessary treatment for any work-related injury. If an injury is a potential life-threatening emergency, call 911.

2. Complete the Supervisor's Incident Report Form. After the Form is completed, it must be signed and sent to the Human Resources Manager for Disability and Leave Services.

3. Immediately contact the Department of Human Resources if the employee is a temporary employee from a temporary agency, Human Resources will contact the agency to inform the appropriate person of the incident.

### **C. Human Resources Responsibilities**

1. Discuss the facts with the Employee and the Supervisor and determine compensability or non-compensability of each incident.

2. Coordinate efforts for returning an injured employee to work.

## **PROCEDURES**

### **A. First Steps If an Injury Occurs**

The employee's health and safety should be a primary concern at all times. When an incident occurs, these general guidelines should be followed in the event of an incident that causes or almost causes a work injury.

**Emergencies:** Call 911 whenever appropriate and necessary. If the injury requires immediate medical attention, the employee will go to the nearest emergency room, utilizing an ambulance service when needed. Public Safety should be notified if emergency personnel have been contacted (fire, ambulance, etc.).

**Non-Emergencies:** An Employee's Incident Report Form should be completed immediately and send to the Human Resources Disability and Leave Services Manager. A Supervisor's Incident Report Form should also be completed with the assistance of the employee and send to the Human Resources Disability and Leave Services Manager. Once the Human Resources Disability and Leave Services Manager have determined the injured employee needs to see a medical provider, the employee must use one of the physicians on our Panel of Healthcare Providers for treatment.

**Please Note:** All injuries, whether covered by Workers' Compensation or not must be reported to the employee's supervisor. The guidelines in this document are in addition to any local campus related to injuries, illnesses and incident reporting. Any person that knowingly makes false claims

or statements, or conceals facts in order to receive workers' compensation benefits, may be subject to penalties.

## **B. Reporting the Injury**

- STEP 1** Immediately notify your supervisor (within 24 hours) of the injury. The employee must also report incidents that are minor in nature and incidents that could have caused an injury. This will assist the School in possibly avoiding any further incidents in the future.
- STEP 2** With the employee's assistance, the employee's Supervisor will need to complete the Supervisor's Incident Report Form. Once this form is completed, submit it to the Human Resources Disability and Leave Services Manager. If needed, the Human Resources Disability and Leave Services Manager will assist the employee or supervisor in completing the form.
- STEP 3** Seek prompt medical attention from our Panel of Healthcare Providers. If the incident is an emergency, seek immediate medical attention from any doctor (or emergency room). When the emergency is over, you must get follow-up treatment from our Panel of Healthcare Providers.
- STEP 4** If your injury requires accommodations or modified duty for returning to work, please notify the Human Resources Disability and Leave Services Manager and your supervisor. When follow-up appointments are necessary, inform your supervisor.
- STEP 5** **Always inform the Human Resources Disability and Leave Services Manager and your supervisor when you are released to return to work.**

The Human Resources Disability and Leave Services Manager will notify the School's workers' compensation insurance carrier by completing a report through their Online Reporting System. Once this has been completed, a workers' compensation claim number will be generated and forwarded to the employee and the designated healthcare provider. This number will be used to identify the incident and for processing any medical expenses incurred.

### **C. The Claim Process**

1. Once the claim has been submitted through our online reporting system, the claims representative will investigate the injury and the circumstances surrounding it to determine if the claim is compensable. If it is determined that a claim is not compensable, the claims representative will deny the claim and the employee has the right to challenge this denial.
2. If the employee is unable to work due to the injury, the claims representative will monitor the situation and work with the Human Resources Disability and Leave Services Manager with regard to the employee returning to work.

**IMPORTANT: For questions about payment of bills, reimbursements, lost wage benefits, or other financial matters related to workers' compensation, the employee or any treating physician, hospital, pharmacy, or other medical provider should contact the workers' compensation insurance carrier at:**

PMA Insurance Group  
P.O. Box 5231  
Janesville, WI 53547-5231

### **D. The Weekly Benefit**

If you are absent from work less than seven (7) calendar days, then you will be required to use any accrued sick/vacation time for those days.

Employees who lose at least seven (7) calendar days from work as a result of a work related injury are entitled to a weekly loss-of-earnings benefit, equivalent to  $66 \frac{2}{3}$  of the employee's weekly wages up to the maximum as determined by the Georgia Workers' Compensation Act. Employees may elect to use their accrued sick and vacation time in lieu of workers' compensation pay by completing the Election of Salary Form. An employee may not supplement workers' compensation pay with his/her accrued leave.

If the injury causes the employee to miss at least seven (7) calendar days of work, a Georgia Workers' Compensation Wage Statement will be completed by the Human Resources Disability and Leave Services Manager and sent to:

**PMA Insurance Group, 1100 Abernathy Road NE, Bldg. 500 Suite 650, Atlanta, GA 30328**

### **E. Leave Without Pay**

The Family and Medical Leave Act (FMLA) or a medical leave of absence is available to employees who have missed work as a result of a work-related injury. While on this type of leave, the employee will not be eligible to accrue paid leave benefits (e.g., sick, vacation leave.)

**Please Note:** If an employee is eligible for FMLA and his/her absence is because of a work-related injury, this time away from work will count against the Employee's FMLA leave entitlement,

provided the employee's condition constitutes a Serious Health Condition as defined by the FMLA.

For additional information, please refer to MSM's FMLA policy (HR 7.05).

## **12.7 Children on the Premises**

Children in any part of the building must be under the immediate supervision of a responsible adult at all times.

1. Children 12 years and under who visit MSM facilities must be supervised by a responsible adult at all times.
2. Children 12 years and under are not allowed in the school laboratories or animal facility, except in specific instances.
3. Children who participate in sponsored programs that involve laboratory experience may visit MSM laboratories and the animal facility. Children must be supervised by a designated MSM representative at all times.
4. Children are not allowed in classrooms while classes are in session. Brief visits to classrooms are allowed; however, such visits must be supervised by parents or responsible adults.
5. Children are not allowed in the multi-media center, including the audiovisual room, except when participating in a sponsored program, or by special permission of the multimedia staff. Such children must be supervised by a designated MSM representative at all times.
6. Children under the age of 18 are not allowed in the fitness room.
7. Children between the ages of 13 and 18 who enter the building unaccompanied should report to the public safety desk, where the identified party will be contacted to receive his/her guest from the lobby.

## **13. LIBRARY**

The library is physically located on the first floor of the Medical Education Building (MEB) and contains current information resources in the health sciences. Open 102 hours per week, the library has areas for group and individual study. Along the walls are open study carrels, enclosed study carrels, and in the main reading room are tables and chairs for studying and eight (8) public workstations with Internet and Intranet access. In addition to open stacks of books and journals, the library provides access to a selection of electronic resources including books, journals and other databases.

The library uses CyberTools for Libraries as its online catalog of resources. It is the key to locating materials within the collection. You may search for information resources available in



the library by author, keyword, subject and title. Access to CyberTools is available from the eight (8) public workstations or anywhere you have Internet access. For access to MSM Library's electronic resources go to the MSM websites: <http://www.msm.edu/index.php> or <http://myportal.msm.edu>. From the MSM website click EDUCATION and then Library, and from the portal (MSM Connect) click on the Library's tab.

Below are some of the electronic resources provided:

Access Medicine  
BioMed Central  
Clinical Access  
Clinical Key  
GALILEO: Georgia's virtual library  
Institute for Scientific Information (ISI) Journal Citation Reports  
Medline Plus  
E-Journals (MSM E-Journals)  
National Library of Medicine (NLM) Gateway  
OVID (Includes Books@OVID, Journals@OVID, and selected databases)  
PubMed  
Science Direct  
Stat Ref  
UpToDate  
Wiley Online Library

Weekly classes are available for hands-on practice in the efficient use of all of these resources. All faculty, staff, residents, and students with a current MSM identification card may utilize the library space, services, and collections, as well as, borrow materials. Books located in the general collection circulate for 28 days. Bound journals circulate for 3 days. Reference books and unbound journals do not circulate. (**Please do not re-shelve materials after use**). Materials may be renewed twice by telephone at 404-752-1536, or in person at the circulation desk up to **one day before** the due date of the material. The daily fine for overdue materials is \$1.00 per day. Some Instructors place course textbooks and supplemental materials on Reserve (located at the circulation desk). These items are checked out for a 3-hour period. Books on overnight reserve may be checked out 1 hour before closing and must be returned 1 hour after opening. A fine of \$2.50 per reserve item will accrue for every hour that a reserve item is overdue. Thesis (es) are available for a 4-hour check-out period and must remain within the library (no overnight check out).

The library provides 3 copy machines for patron use. Black and white copies are \$0.10 per page and color copies are \$0.75 per page. Copy cards may be purchased in the copier room or you may use coins, \$1.00- and \$5.00-dollar bills. The copiers do not allow double-sided copying.

Printing from the workstations in the library is facilitated via the library's print management system. The same costs noted above apply. You have the option of saving your work to a USB

drive and/or printing elsewhere outside of the library. Also, if you would like to send print jobs from your laptop, please stop by the circulation desk and a staff member will load the software.

### 13.1 Library Hours

Monday through Thursday	8:00 am to 12:00 am
Friday	8:00 am to 10:00 pm
Saturday	10:00 am to 10:00 pm
Sunday	12:00 pm to 12:00 am

Special and holiday hours will be posted.

Library services for MSM faculty and staff residents who work at Grady Memorial Hospital are available through the Grady branch library operated by Emory University. The branch library is located in the Glenn Building.

### 13.2 Library Services

- Bibliographic Search/Research Support Services:

The Information Services Division of the library provides mediated searching of select databases. Requests for this service may be submitted electronically via the MSM-library webpage or under the library tab of the MSM Connect portal. The Information Services Division of the library will verify titles, authors, and sources. Please call 404-752-1536 or 404-752-1533 for details.

Fax service:

Please request assistance at the Circulation desk for use of the library's fax machine.

Interlibrary Loans/Document Delivery Service:

Materials not available in-house will be obtained for faculty, residents & students via Interlibrary Loan within the provisions of the copyright laws. Requests may be submitted electronically via the MSM-library webpage, the library tab of the MSM Connect portal or by filling out the appropriate form in person. Please call 404-752-1528 for details.

### **13.3 Library Facilities**

- Library Study Rooms:

The library has 12 study rooms (located in the 24-hour area) and 2 rooms in the rear of the library (one is noted as a multi-purpose room for meeting/study). *The rooms located in the 24-hour area are for students and residents only.*

The Electronic Computer Laboratory (E-Lab):

The library's E-Lab has 20 workstations and is located on the first floor of the Medical Education Building within the library (#C-144). It is specifically intended to strengthen the institution's research capabilities and provide faculty and students with improved access to and proficiency in the use of information technology in research. The facility can be used by faculty, staff and students. Please call 404-752-1536 or 404-752-1524 to reserve.

### **13.3 Library Smart boards**

Smart boards are available in 5 study rooms and the E-Lab. In order to utilize the functions of the boards in the study rooms, please stop by the Tech Bar in Hugh Gloster for IT staff to load software. If your laptop requires an adapter, you will need to see the library staff for additional software.

### **13.3 Library Dry Erase Walls**

Study rooms, the multi-purpose room and E-Lab all have dry erase walls. Dry erase markers and cloths for cleaning can be obtained at the Circulation desk.

## **14. INFORMATION TECHNOLOGY**

The Information Technology (IT) Department is responsible for the implementation, management and optimization of the information technology infrastructure as well as information technology solutions intended to support and enhance academic, research, clinical and administrative operations. Students, faculty and staff are able to take advantage of a robust wired and wireless enterprise network that extends to classrooms, lecture halls, common gathering areas, the library and laboratories, both on campus and at remote site locations. The network provides access to the Internet, the education and research network, academic, research and clinical applications, email and other resources. The campus network architecture includes a mesh design that offers diversity,

redundancy and high-availability. Users also have the ability to access institution resources remotely by using a virtual private network (VPN) solution. For additional information, contact the service desk at 404-752-1111 or the Chief Information Officer at 404-752-8548.

#### **14.1 Information Technology Policies and Procedures**

All users of MSM computer systems must act responsibly. Computers issued to MSM faculty and staff are to be used to conduct MSM business. All users must comply with the Information Security Policy. To review the Information Security Policy, please click on the following link [sp.msm.edu](http://sp.msm.edu). For additional information on the proper/improper use of technology resources, refer to the computing and electronic communications section of the MSM Human Resources Policy and Procedure Manual.

Electronic communications on MSM's computer systems are not private and security cannot be guaranteed. Any passwords, codes, or user IDs assigned by MSM are designed to protect MSM's confidential information from outside third parties, not to provide employees with personal privacy in the messages. MSM may override or bypass any applicable passwords or codes to inspect, investigate, or search electronic communications. Highly confidential or sensitive information should not be sent through the systems without prior authorization from a managerial employee. Any personal or company-issued devices used for conducting MSM business may be subject to inspection, investigation or search. An employee's refusal to comply with MSM's request for consent to disclosure by a third-party communications provider, or to inspect a personal or company-issued device, may result in disciplinary action up to and including unpaid suspension or termination.

### **15. INSTITUTIONAL ADVANCEMENT**

#### **15.1 Dissemination of Information through News Media**

Public reporting of newsworthy activities is encouraged as both a responsibility in public trust and as a means of helping MSM achieve its objectives as one of the nation's foremost medical schools. All written statements that express the views of the institution should originate from the office of Marketing & Communication. Before issuing any written or verbal statement to the news media, faculty members should notify the Office of Marketing and Communications for appropriate consultation and coordination. No statement having the effect of representing MSM is to be made to a media representative without appropriate administrative approval. Such approval may be obtained from, or questions about publicity may be addressed to the Vice President of Marketing and Communications 404-7522.1761

## **15.2 Printed and Electronic Information Materials**

To ensure projection of a positive institutional image and the graphically uniform presentation and dissemination of printed informational literature or electronically shared information about the MSM and its programs, the office of Marketing & Communication is available to assist you.

The vice president for Marketing & Communication is responsible for review and approval of all printed and electronic materials produced by MSM and/or its programs. This policy applies to, but is not limited to, the following: pamphlets, newsletters, annual reports, catalogues, invitations, educational brochures, leaflets, recruitment brochures, letterhead, business cards, institutional signage, promotional flyers, newspapers, magazines, and videotaped programs.

Authorized printed or electronic materials regarding MSM and/or its programs must be planned in conjunction with the office of Marketing & Communications. Leaflets and flyers should not be taped on entrance ways or in elevator, but must be displayed in a professional manner. For more information on printed and electronic materials refer to the Marketing & Communications website (<http://msmintra.msm.edu/marketingCommunications.aspx>) or contact the Office of Marketing & Communications 404-752.1888.

## **15.3 Event Planning**

Institutional events (Commencement, conferences, receptions, etc.) are hosted by the Morehouse School of Medicine President and managed by the Office of Institutional Advancement & Marketing & Communications. External events are supported by the Office of Facilities Services. For information and resources on effectively planning an event at Morehouse School of Medicine contact [events@msm.edu](mailto:events@msm.edu) or 404-756-1888 or 404-756-5272.

## **15.4 Event Sponsorship**

The purpose of this policy is to establish the framework and guidelines for the creation of productive partnerships between Morehouse School of Medicine and the private sector – sponsorship alliances with corporations, foundations, individuals and other non-government organizations. A sponsorship is about relationship building and is a powerful way to build and strengthen partnerships. It is recognized that such alliances can provide important financial and marketing support to potential partners of the institution while also generating additional revenues to support the mission and mandates.

The reputation and image of Morehouse School of Medicine must be protected, so please be mindful of the significant intrinsic value a sponsorship relationship provides to external entities many of whom benefit from the exposure and association with the institution.

Sponsorship is defined as direct financial or in-kind support for community benefit programs or

special events such as fundraisers (e.g. luncheons, dinners, walks/runs), speaker series, health fairs, or other community outreach. Morehouse School of Medicine sponsors a select number of events that advance strategic priorities and strongly align with the mission to promote health equity and well-being. The opportunities that are ultimately funded will make a positive impact on our communities.

### **Criteria for Consideration:**

Requests must meet university policies and procedures, provide effective community engagement strategies and promote one or more of the following:

- Engagement: academic preparation, collaborative partnerships, community benefit, government relations, health promotion and outreach
- Marketing: align with organizational positioning and current focus areas, appropriateness of target audience, potential to increase awareness, name recognition or new patient volume
- Advancement: fostering external support, stewarding current donors, cultivating new sources of future philanthropic support, supporting initiatives of funders

### **Priority will be given to activities that:**

- specifically enhance our mission and improve the health and well-being of communities
- advance strategic goals and institutional priorities
- elevate the brand and promote public awareness
- address health improvements in key populations areas in which we serve
- support fundraising events for organizations that have close relationships with MSM
- promote schools and neighborhoods in close proximity to the institution and clinical facilities
- increase economic development in our region

Funding is not available for the following: political campaigns, candidates, parties or partisan activities; sectarian, denomination, or religious organizations for support of theological functions.

Due to an overwhelming number of appeals and limited availability of funds, requests may be denied even if they fit criteria. Sponsorship dollars are ***not eligible for charitable income tax receipts.***

## **15.5 Facility Reservations**

To schedule reservations for MSM campus facilities, including lobbies and outdoor spaces please use the Event Management Systems (EMS) on the Faculty and Staff Resources website (<http://msmintra.msm.edu/facultyStaff.aspx>).

## **15.6 Events Calendar/Publicity & Promotions**

To avoid overlapping of important events at MSM, the office of Marketing and Communications coordinates dates and helps faculty promote and publicize all events internally and externally. The office also manages a list of events that is televised at various MSM locations. To promote your next event on the video calendar or the MSM website, visit the Marketing & Communications website on the MSM intranet.

## **15.7 Government Relations**

MSM has an interest in positive interaction with state and federal governmental agencies. Although faculty members are encouraged to be active citizens within both contexts, you should coordinate your efforts through the Office of Government Relations, Policy, & External Affairs if your efforts involve contacting specific government agencies or lawmakers for MSM business. The Office of Government Relations, Policy, & External Affairs serves as the primary liaison to federal, regional, state, and local governments, agencies, and strategic partners. It represents the School before membership organizations, coalitions, associations, consortia, and alliances with whom MSM has common interests. The Office of Government Relations, Policy, & External Affairs is also responsible for strengthening and building positive and effective partnerships to improve understanding and support for the Institution's academic, research and clinical units. It provides critical analysis on the impact of proposed and existing public policies, and works with external partners to develop and implement strategies and programs to achieve the institution's mission, goals and objectives.

You are encouraged to bring such matters to the attention of the Executive Director of the Office of Government Relations, Policy, & External Affairs at 404-752-1833.

## **15.8 Private Gift Solicitation**

The Office of Institutional Advancement directs fund-raising activities to achieve success across the campus. In order to maximize opportunities and success, avoid duplication of effort, and assure adherence to institutional priorities, the Office Institutional Advancement will serve as the coordinating agent for all Morehouse School of Medicine fund-raising to include solicitations of contributions, donations, gifts, or bequests and other planned gifts.

Proposals to individuals, corporations, foundations, and organizations are to be reviewed and discussed with the Office of Institutional Advancement. This does not include requests or proposals for government grants or research contracts with corporations and other organizations, which are to be handled through the Office of Sponsored Research. The Office of Institutional Advancement will work interactively with the Office of Sponsored Research to coordinate, track and record all proposals through the clearance process.

Proposals are to be reviewed after incorporation of various departmental elements and approved by the Department or Program Chair. The final draft is to be reviewed by the Office of Institutional Advancement. All proposals to individuals, corporations, foundations and organizations are review by the Senior Vice President for Institutional Advancement and the Dean. Finally, the President reserves the right to review and authorize any or all proposals before they are submitted to the prospect.

## **15.9 Alumni Affairs**

The Alumni Relations division coordinates all services and activities related to the MSM Alumni Association. MSM faculty and/or staff should not solicit without prior discussion with the Director of Alumni Affairs and/or Senior. Vice President of Institutional Advancement. To contact alumni members, call Director Alumni Relations and Giving at 404-752-1733.

## **16. PROFESSIONAL CLINICAL SERVICE**

### **16.1 Faculty Practice Plan**

Morehouse Healthcare (MHC) is the multi-specialty group practice of MSM's faculty physicians and ancillary health care providers. Incorporated as a not-for-profit Georgia corporation, MHC is established for the benefit of MSM and its clinicians who are engaged in patient care activities. MHC's purpose is to assist MSM in achieving the fulfillment of its patient care, teaching, and research missions by strengthening and coordinating the practice of medicine by MHC members individually and on a departmental basis.

MHC accounts for and distributes, in accordance with MHC bylaws and policies, the patient care income produced by the clinical programs that operate under the auspices of MHC. Such accounting and distribution are conducted in manner consistent with MHC policies and sound business practices.

MHC membership is a condition of employment for full-time MSM clinical faculty appointment. All MSM clinical faculty members are advised that the MHC *Bylaws* may have additional provisions. Faculty members are required to sign a separation employment agreement with MHC.

While holding a *full-time* appointment at the MSM, you are not permitted to practice medicine other than as a member of MHC. Accordingly, all medical services that you provide must be billed through MHC.

For additional information about MHC credentialing, billing and coding, and general operations, please contact the MHC Chief Executive Director at 404-756-1404.



## **16.2 Hospital Privileges**

MSM clinical departments make decisions about hospital medical staff membership. All hospital applications are completed by the department and the department chair. The departmental faculty makes decisions about the hospitals the department will use.

For additional information about hospital relationships, contact the Senior Associate Dean of Clinical Affairs at 404-752-1414.

## **17. MSM/MHC COMPLIANCE PROGRAM (INCLUDING HIPAA)**

Morehouse School of Medicine (“MSM”) is committed to implementing and maintaining an effective, comprehensive compliance program designed to prevent, detect and correct violations of laws, regulations, and institutional policies. To that end, MSM has adopted an institution-wide Compliance Program which provides a framework for MSM compliance with applicable federal, state and local laws and regulations in areas including, but not limited to, HIPAA, billing and reimbursement, the Federal Anti-kickback Statute, the Prohibition on Physician Self-Referrals (the Stark law), conflict of interest disclosures and research, and accreditation standards of various accrediting agencies listed in section 2.3 Accreditation.

The Compliance Program is designed to prevent accidental or intentional noncompliance with applicable laws and regulations; to detect such noncompliance, if it occurs; to discipline those involved in noncompliant behavior; and to prevent future noncompliance, and has the full support of MSM’s Board of Trustees. The program assists MSM’s management at all levels in maintaining and enhancing an environment where ethics are paramount in both strategic and operational decisions throughout the institution, and was developed to incorporate the seven required elements of an effective compliance program as described by the Federal Sentencing Guidelines and recommended by the Office of Inspector General in its compliance guidance. The Compliance Program affects all areas of MSM institutional operations, and all staff, faculty, residents, students, trainees, and contractors of MSM are expected to participate in the Compliance Program and abide by its requirements.

In support of its compliance efforts, MSM has implemented a Code of Conduct that provides guiding standards for our decisions and actions as members of the MSM community. The standards and principles set forth within the Code of Conduct are mandatory. Everyone must remain true to those principles even under internal or external pressure to do otherwise. While the Code cannot address every situation we may encounter, and is not a substitute for individual judgment or personal integrity, it does provide a guide as to how we interact with each other, our patients, those with whom we do business, and the communities in which we work. It is the duty of each member of the MSM community to read, understand, and conduct themselves in keeping with the principles and guidelines set forth in the MSM Code of Conduct.

The Office of Compliance and Internal Audit (“OCIA”) was established to support and enhance this mission by ensuring that MSM conducts its operations in an ethical and legal manner.

The mission of the Office of Compliance and Internal Audit is to build and maintain a culture of compliance that encourages employees, faculty, students, and agents to conduct MSM’s education, research, and clinical activities with the highest standards of honesty and integrity.

We encourage all employees, faculty, staff, and agents of MSM to contact the OCIA at any time with questions or concerns at 404-756-8919.

In addition, any employee or interested party who perceives or learns of an act of non-compliance should either: speak to his/her supervisor or MSM/MHC contact, call the CCIO, or use the MSM Compliance Helpline at 1-888-756-1364. Compliance concerns may be reported verbally or in writing and may be anonymous. If an employee or interested party is unsure whether or not an issue is a compliance matter or has any questions about the existence, interpretation or application of any law, regulation, policy or standard, the issue or question should be directed, without hesitation, to the employee’s supervisor, MSM/MHC contact, the CCIO or through the Compliance Helpline.

For additional information about the MSM/MHC Compliance Program, go to the Compliance website at [http://www.msm.edu/exec\\_offices/compliance.aspx](http://www.msm.edu/exec_offices/compliance.aspx), where you can view the Code of Conduct, relevant compliance policies and procedures, education and training information, and other helpful compliance-related information.

## **18. MALPRACTICE INSURANCE**

If you see patients, malpractice insurance is required. MSM provides professional liability insurance for faculty who perform services on behalf of MSM and MHC. Our professional liability policy contains the following condition:

The individual(s) listed below is insured as long as he/she is a physician on the faculty of the MSM, Inc. and performing services on behalf of MSM or Morehouse Healthcare, Inc.

This condition is viewed as a limitation of coverage by several of the hospitals in which our faculty see patients on our behalf. These hospitals ask that we provide evidence that our full-time faculty, for whom we send a certificate of insurance, are in fact practicing only on our behalf. All professional services must be billed through MHC. Faculty may not directly bill patients or third party payers for services rendered, seek to collect amounts billed by MHC for such services, or seek to bill or collect for such services any amount in excess of the amount billed by MHC for such services. Our insurance does not cover you for services not billed through MHC or not provided on behalf of MSM or MHC. Consequently, full time faculty are not allowed to “moonlight” outside of the practice plan or allow non-MHC physicians to provide coverage for MHC patients at any facility without explicit permission from the Senior Associate Dean for Clinical Affairs and the MHC Executive Director.

For part time clinical faculty, MSM provides medical liability insurance to cover only those patient care responsibilities explicitly stated in your faculty appointment letter. MSM does not provide medical liability insurance to cover responsibility for your private patients. If you see patients unrelated to your responsibilities at MSM, you must secure and maintain, from a carrier approved by the State, Georgia professional liability coverage with limits of not less than \$1,000,000 per occurrence. A copy of the declarations page of your medical liability policy, which covers your responsibility for private patients, is required by MSM before your appointment can become effective. If your coverage lapses, you must notify us immediately, and your appointment to the faculty will become null and void unless other arrangements are made.

Our insurance policy includes tail coverage for activities that occur while you are in the employ of MSM. MSM does not provide prior acts coverage to cover activities that occurred prior to your employment with MSM.

For additional information regarding malpractice insurance, contact the legal office 404-752-1846